



EFFECTIVE SUPPORT FOR CHILDREN AND FAMILIES IN SOMERSET

GUIDANCE FOR
ALL WHO WORK
WITH CHILDREN
AND FAMILIES
TO PROVIDE
EARLY HELP
AND TARGETED
AND SPECIALIST
SUPPORT

THE RIGHT SUPPORT
IN THE RIGHT PLACE
AT THE RIGHT TIME

Published: December 2021
Review Date: October 2023



CONTENTS:

IF YOU ARE
CONCERNED THAT
A CHILD MAY BE
AT RISK OF, OR
MAY BE SUFFERING
SIGNIFICANT HARM
CALL US ON
0300 123 3078

THE RIGHT SUPPORT
IN THE RIGHT PLACE
AT THE RIGHT TIME

SECTION 1: BACKGROUND

Introduction to the guidance	2
What is the aim?	2
Safeguarding and promoting the welfare of children	2
What is early help?	3
Our approach is underpinned by the following values	3
The Somerset early help charter	4
Our principles	4

SECTION 2: PROCESS

What is the process?	6
Indicators of need	6
The Four Part Cycle	7
Continuum of needs and services	8
Child in Need / Child Protection	8
Understanding the indicators of need	25
Consent guidance	29
Completing an Early Help Assessment (EHA)	31
Requesting Involvement from children's social care	32
Step-up step-down protocol	33
What if I have a difference of opinion with another practitioner?	33
Allegations management	33

SECTION 3: KEY ISSUES

Abuse	34
Peer-on-peer Abuse	34
Harmful Sexual Behaviour	34
Risks Outside the Family	34
Modern Day Slavery and Trafficking	35
Child Exploitation	36
Neglect	37
Disguised Compliance	37
Radicalisation and Extremism	38
Emotional Wellbeing and Mental Health	38
Self Injury	39
Pre-birth	39
Young Carers	40
Special Educational Needs & Disabilities (SEND)	40

USEFUL LINKS

USEFUL PHONE NUMBERS



INTRODUCTION TO THE GUIDANCE

This is a guide for everyone who works with, or is involved with, unborn babies, children, young people and their families in order to assist professional judgements around the provision of effective support for children and families in Somerset. This guidance covers unborn babies, children and young people aged 0-19 years, (up to age 25 with special educational needs and disability). It is part of a framework for agencies, including guidance for statutory services (health, education and children's services, including children's social care).

Within Somerset we take a holistic approach to identifying support for unborn babies, children, young people and their families. The Early Help Assessment (EHA) has been devised with partners to guide this work. The EHA is a tool to enable all services to gather information and form a holistic overview of needs, coordinated response/Team Around the School and supports professional judgement to provide the right support, in the right place, at the right time.



WHAT IS THE AIM?

The aim is to assist practitioners and managers in assessing and identifying a child or young person's needs, what type of approach may meet those needs, and the process to follow in moving from an identification of need to the provision of services with the aim that children receive the right support, in the right place, at the right time. It introduces a continuum of need and support, provides information on the approach and gives examples of the factors that may indicate a child, young person and their family need additional support.

It is important that all agencies understand the needs of each individual child or young person within their own context and realise that each situation is unique and specific to that child. This document should assist professional judgements in determining the next actions in meeting those needs and to help everyone to:

- Think clearly and achieve a holistic approach.
- Understand the child in the context of their family and wider community.
- Develop ideas and solutions with children, young people and their families, so that timely support is provided, by the right person/service and to prevent inappropriate escalation in order to access services.
- Empower families to make decisions and changes to their own lives.

It is crucial to ensure a range of service provision is available to meet the needs of children, young people and their families in the community. It is also important to ensure that the appropriate services are accessed to meet those needs in a collaborative way, and that families understand that a change takes place. Where the term **parents** is used, this refers to those who are parents or those who have parental responsibility.

SAFEGUARDING AND PROMOTING THE WELFARE OF CHILDREN

Safeguarding is a term which is broader than **child protection** and relates to the action taken to promote the welfare of children and protect them from harm. Safeguarding is everyone's responsibility. Safeguarding is defined in Working Together to Safeguard Children 2018 as:

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best life chances.

WHAT IS EARLY HELP?

Providing early help is more effective in promoting the welfare of children, young people and their families than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early help is both early in terms of age and early in the cycle of need.

The Early Help Assessment can be used to:

- Guide and support your intervention and support with children, young people and families you support
- Request support from other agencies
- Consider a Team Around the Family approach
- Request involvement from children's social care for safeguarding concerns.

Effective early help relies upon families, communities and local agencies working together to:

- Identify children, young people and families who would benefit from early help.
- Undertake an assessment of the need for early help.
- Provide targeted early help services to address the assessed needs of a child, young person and their family which focuses on activity to improve the outcomes for them significantly.
- Early help should happen as soon as possible, including in the pre-birth period, when difficulties emerge in order to prevent problems from becoming entrenched or escalated.
- Early help is underpinned by universal services to identify the need for support at an early stage for those families who may need it.
- An effective early help offer is the responsibility of all partners.
- All families will have access to co-ordinated early help in accordance with need as soon as difficulties are identified. This support should be personalised, multi-agency, evidence-based and embedded within a whole-family approach. Children and young people in those families will be supported to live safe, healthy and fulfilling lives, and to develop into responsible adult citizens.
- Early help can break the inter-generational cycle of risk and vulnerability in which some families become entrenched.
- Families will become more resilient and develop capabilities to prevent and resolve problems themselves.
- Local communities will become resilient through early help.

OUR APPROACH IS UNDERPINNED BY THE FOLLOWING VALUES:

- Unborn babies, children and young people access and use universal services based on their needs, for example, education, health and care.
- Children and young people have changing needs so it is important that all professionals have a clear and shared understanding of their needs.
- Families receive tailored support that takes into account their needs, culture and patterns of behaviour.
- Children and young people should be offered timely and effortless service responses to meet their changing needs and those of their families.
- Early Help Assessments should be completed in partnership with the child, young person and their family and openly shared and discussed. The assessment belongs to the family.
- An Early Help Assessment (EHA) is a working tool and should be updated regularly by professionals. It is the responsibility of those professionals completing the EHA to keep a copy within their agency so that they can refer back to this as and when required.
- Children, young people and their families have a right to have their voice heard – and this should have a strong influence on what happens next.



THE SOMERSET EARLY HELP CHARTER

HOW WE WORK TOGETHER TO DELIVER EARLY HELP

OUR VISION

Early help is everyone's responsibility; we want children, families, communities and agencies to work together so that families are assisted to help themselves and are supported as soon as a need arises, thereby improving the overall wellbeing and quality of life of all Somerset children, young people and their families.

The early help charter is not about creating new structures or services, but establishing a cohesive, collaborative early help offer delivered jointly by all partners and a commitment to providing the right support, in the right place, at the right time by:

- Working better together in an honest and transparent way with the consent of the child and their family.
- Identifying strengths and needs and finding practical and achievable solutions.
- Providing the right information and advice to enable choice for families so they can be empowered to make positive changes themselves with tailored support where needed.
- Helping families build protective factors and family resilience so that they have the skills, knowledge and ability to meet the children's needs and to prevent situations escalating or recurring.



OUR PRINCIPLES

Within this vision, our early help approach is based on a set of shared principles:

- Parents and guardians with parental responsibility have the primary responsibility to meet the needs of their children. Parenting can be challenging and asking for help should be seen as a sign of strength and responsibility rather than parenting weakness.
- Families tell their story once and receive the right help at the right time resulting in sustainable independence and a positive future for children.
- All practitioners have the right to support and guidance appropriate to meet the needs of children and families they are working with – from their own and partner agencies; enabling practitioners to act with emotional intelligence and work in an open and transparent way with families and with each other, with the confidence to intervene and challenge positively when appropriate.
- Problems may emerge at any point through pregnancy, childhood and adolescence. Consistent early help is provided to prevent or reduce the need for statutory or specialist interventions wherever possible. Early help seeks to meet the need, support the family in meeting the need, resolving the problem and prevent it becoming entrenched.
- Good early help will be achieved when trust is built between families and agencies in a transparent manner.
- Universal and targeted services working with children and adults have a role to act early to prevent needs escalating. Universal and targeted services must remain involved even if a child and family is receiving additional or specialist support so there is a joint, whole-system response to meeting outcomes and needs.
- Families are the building blocks of our communities. As well as providing for the current generation, families bring up the children who will be the future of Somerset.
- Always consider how adult services may be able to contribute to support for families.



CHILD'S DEVELOPMENTAL NEEDS

- Health
- Education
- Emotional & Behavioural Development
- Identity
- Family & Social Relationships
- Social Presentation
- Self Care Skills

CHILD SAFEGUARDING AND PROMOTING WELFARE

FAMILY AND ENVIRONMENTAL FACTORS

- Community Resources
- Family's Social Integration
- Income
- Employment
- Housing
- Wider Family
- Family History & Functioning

PARENTING CAPACITY

- Basic Care
- Ensuring Safety
- Emotional Warmth
- Stimulation
- Guidance & Boundaries
- Stability



WHAT IS THE PROCESS?

Undertaking an Early Help Assessment (EHA) can help the family and those working with them. If concerns escalate the EHA provides a platform of information from which statutory services can make a better assessment of needs/risks.

- As additional needs emerge, the guidance describes the Team Around the Family (TAF) meeting, which is part of the EHA process. These meetings are organised by a lead practitioner who is best placed to link with the family but is also supported by other early help colleagues.
- Other multi-agency information forums are in place such as the Team Around the School (TAS) meetings which should be used.
- If you are concerned that a child may be at risk of, or may be suffering, significant harm you must contact **Somerset Direct** immediately on **0300 123 2224** to discuss the best way to meet those needs. To request involvement of children's social care an EHA is required.
- If you are unsure about whether your concern reaches a child protection level, discuss with your designated safeguarding leads' and they can access the **Children's Safeguarding Leads Consultation Line: 0300 123 3078**



INDICATORS OF NEED

The indicators of need on the following pages are designed to provide practitioners with an overarching view on the level of support and intervention a family might need. They are broken down into three domains (as shown in the diagram on page 5) to assess the child and young person's needs to form a judgement regarding that level of need, remembering that children, young people and their families can be at different levels for education, health and care within the continuum of need diagram. This is not intended to be a tick box exercise, but to give a quick reference guide to support practitioners in their decision-making, including conducting early help assessments, to determine the level of need.

Also remember that need is not static; the needs of a child/young person/family will change over time. Where a plan has been agreed, this should be reviewed regularly to analyse whether sufficient progress has been made to meet the needs and to reassess the level of risk faced by the child or young person. This will be important in cases of neglect where parents and carers can make small improvements, but analysis will need to be undertaken on whether this leads to significant and sustainable improvements for the child/young person.

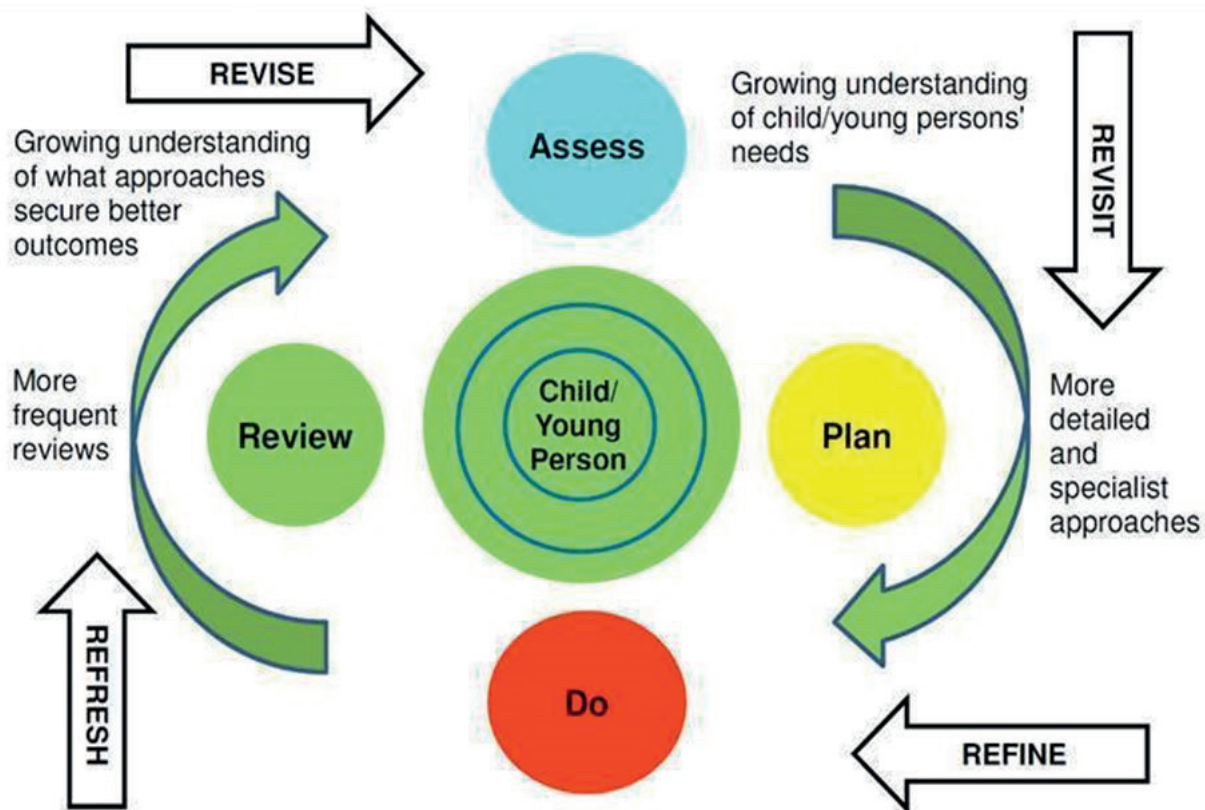
Within Somerset, the Neglect Toolkit has been developed to help you identify and assess children and young people who are at risk of and experiencing neglect. It will help you with the early identification of neglect or in coordinating support for families in need of additional help. You should use this toolkit in partnership with families to support your practice and to help you track improvements, deterioration or 'drift'. You can find the documents here: <https://sscb.safeguardingsomerset.org.uk/working-with-children/neglect-abuse/>

You can also refer to the Pre-birth toolkit and Child Exploitation Screening/toolkit and others. If you are unsure, speak to your safeguarding lead.

If domestic abuse is either suspected or known to be taking place, then the Avon and Somerset Constabulary Domestic Abuse Stalking and Harassment (ASC DASH) Risk Indicator Checklist should be completed by the professional, and referrals made as appropriate to specialist support (see www.somersetsurvivors.org.uk for the referral pathway).

THE FOUR PART CYCLE

This cycle of support continues until the needs of the child/young person are met. This process should be transparent and in co-production with the child/young person and their parents/carers.



ASSESS

Identifying a child/young person as needing support, drawing on assessments and the individual development in comparison to their peers.

PLAN

Appropriate support and intervention provided to meet the identified outcomes for the child/young person.

DO

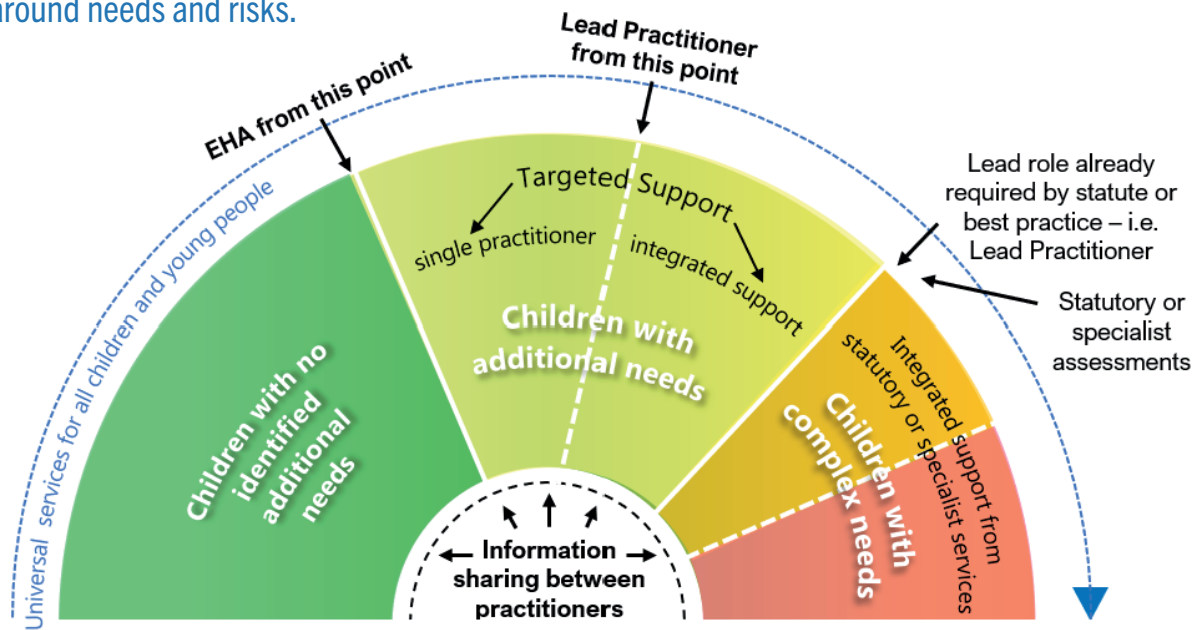
Multi-agency practitioners are responsible for implementing the agreed plan.

REVIEW

Regular review of the effectiveness of support and interventions and their impact on the child/young person's progress.

CONTINUUM OF NEEDS AND SERVICES

The continuum of need is intended to provide professionals with a shared understanding and common language around needs and risks.



CHILD IN NEED / CHILD PROTECTION

A child assessed as being a Child in Need (section 17, Children Act 1989) is one where:

- They are unlikely to achieve, maintain or have the opportunity of achieving or maintaining a reasonable standard of health or development; or
- Their health or development is likely to be significantly impaired without the provision for them of such services; or
- They are disabled.

That is to say, a child whose life outcomes are likely to be prejudiced without some external support and intervention AND where the intervention of children's services will benefit the child.

Where any one of these criteria are met and services are provided under Section 17 by consensual agreement with the parent(s)/carer(s) this should be led by the Local Authority. When assessing a Child in Need and providing services, specialist assessments may be required, and where possible, should be co-ordinated so that the child and family experience a coherent process and single plan of action. Examples of specialist assessments include those undertaken by specialist health providers such as paediatrics or Child and Adolescent Mental Health services (CAMHS).

Alternatively, where the needs presented, which may in themselves still be complex and reduce the likelihood of positive life outcomes, do not require a social work response it may be more appropriate for the family to work with another service, such as Family Intervention Service (FIS) or Children with Disabilities Early Support. This may also be the case where a family feel unable to provide informed consent to work with a social worker under a Child in Need plan but are willing to work alongside another non-social work service.

If there is reasonable cause to suspect that a child is suffering or likely to suffer significant harm child protection procedures should be initiated and these child protection enquiries should always be led by a social worker under Section 47 of the Children Act 1989.

For some children, a request for involvement into a social work team for a Child and Family Assessment may be necessary, even though the outcome may be for the child (and their family) to continue to receive intervention from a non-social work service.

Universal Needs

Additional Needs

Complex Needs

Acute Needs

1. Child's Developmental Needs

This is not intended to be a 'tick box' exercise and practitioners should use their professional judgement. The descriptors are not exhaustive, but guidelines to support practitioners in their decision-making. They include the child's health, family and social relationships, including primary attachment, and emotional and behavioural development that could result in them being more susceptible and vulnerable. Some of the indicators will depend on the child's age.

Further guidance on descriptors and indicators of neglect can be found here: <https://sscb.safeguardingsomerset.org.uk/working-with-children/neglect-abuse/>. See page 6 for a brief explanation of the [Neglect Toolkit](#) and how it should be used.

1.1 The child's health (including unborn babies)

The child or young person is healthy and has access to and makes use of appropriate health and health advice services, including management of any long-term conditions.

The child or young person has a mild physical, mental health condition or disability which affects their everyday functioning but can be managed in mainstream education.

There are growing concerns that the child or young person has not accessed health care and health advice services and suffers chronic and recurrent health problems as a result.

The child or young person has complex health problems which are either attributable to the lack of access to health services or as a result of not accessing medical advice in that the child has not been brought to appointments.

There is a suspicion of Fabricated or Induced Illness/perplexing presentation – see the SWCPP guidance. Children who have had illness fabricated or induced require coordinated help from a range of agencies.

The child or young person undertakes regular physical activities and has a healthy diet and positive mental health.

The child or young person undertakes little physical activity, and/or has an unhealthy diet which is impacting on their health. Some mental health needs but these are largely met.

The child or young person undertakes no physical activity and has a diet which adversely impacts on their health despite support from early help services. Mental health needs are inconsistently supported.

Despite intensive support, no physical activity undertaken, and poor diet is seriously affecting health and causing significant harm, through long term damage such as severe anorexia, obesity or faltering growth as an indicator of severe neglect or intentional starvation. Mental health needs are not recognised or are overlooked in terms of support, which has a negative impact on the child/young person's well-being.

The child is eating

The child can be selective

The child is not provided with/

Despite intensive support, the child is not



Universal Needs	Additional Needs	Complex Needs	Acute Needs
<p>a varied diet that is appropriate for their age and is maintaining an appropriate weight.</p>	<p>with food, however this is not having a negative effect on their height and/or weight.</p>	<p>does not eat a balanced diet, this is affecting their height and/or weight.</p>	<p>provided with/does not eat a balanced diet and this is seriously affecting their health and causing significant harm, through long term damage such as severe anorexia or obesity, unmanaged diabetes or faltering growth as an indicator of severe neglect or intentional starvation.</p> <p>In such cases, where acute needs are identified but immediate harm is not evidenced, the Child In Need support is applied without consent. Neglect Toolkit</p>
<p>The child or young person has no history of substance misuse or alcohol dependency.</p>	<p>The child or young person maybe using drugs/ alcohol socially with the occasional impact on their social and mental well-being.</p>	<p>The child or young person’s drug and/or alcohol use is affecting their mental and physical health and wellbeing.</p> <p>The child is known to be using drugs and/or alcohol.</p>	<p>The child or young person’s drug and/or alcohol misuse is putting the child at such risk that specialist resources are required to reduce and resolve the impact and protect the child in the short, medium and long term.</p>
<p>The child or young person is following an appropriate pattern of development.</p>	<p>The child or young person’s development is delayed but appropriate support is being received.</p>	<p>The child or young person’s development is delayed but appropriate support is not being accessed.</p>	<p>The child or young person’s development is being significantly impaired. Appropriate support not being accessed indicates an inability to engage by parents/carers.</p>

1.2 The child’s learning and employment

<p>The child or young person possesses age-appropriate ability to understand and organise information and solve problems and makes progress in learning.</p>	<p>The child or young person is not consistently able to understand and organise information, and solve problems. This has some impact on development and learning.</p>	<p>The child or young person is unable to understand and organise information, and solve problems. The child is adversely under-achieving or is making no progress with learning despite support strategies over a period of time. Progress is possible with personalised support.</p>	<p>The child or young person’s inability to understand and organise information and solve problems is seriously impacting on all areas of their development creating risk of significant harm. This child requires a high level of specialist support.</p>
--	---	--	--



Universal Needs	Additional Needs	Complex Needs	Acute Needs
<p>The child or young person is undertaking age-appropriate learning opportunities, employment or training, and is equipped to live independently.</p>	<p>The child or young person:</p> <ul style="list-style-type: none"> • has inconsistent engagement in age-appropriate learning opportunities • their competencies in practical and independent living skills are at times delayed and they are not likely to reach their potential. 	<p>The child or young person:</p> <ul style="list-style-type: none"> • is not in education, employment or training (NEET). • is unable to engage/or barriers are in place preventing learning or employment opportunities and is increasingly socially isolated – there is concern that this results from or is impacting on their mental health. • does not possess or neglects to use self-care and independent living skills appropriate to their age. The parent/carer is unable or unwilling to support the child to have an impact on improvement. 	<p>The child or young person:</p> <ul style="list-style-type: none"> • does not engage with learning or employment opportunities, is socially isolated, and is more susceptible to risks outside the home. There is concern that this results from or is impacting on their mental health and the child or young person’s family and professional network is unable to have a significant impact on addressing the child or young person’s behaviour and mental health. • has been unable to develop age-appropriate behaviour and independent living skills and this is likely to result in significant harm. Parents/carers unable or unwilling to support learning or employment opportunities.
<p>The child or young person’s home environment positively supports learning opportunities.</p>	<p>The home environment provides limited support to access learning opportunities. Engagement with learning is inconsistent.</p>	<p>Factors within the family and/or risks outside the home prevent the child/young person from accessing age-appropriate learning opportunities.</p>	<p>Factors within the family and/or risks outside the home make it impossible for the child/young person to access age-appropriate learning opportunities.</p>

1.3 The child’s emotional wellbeing

<p>The child or young person engages in age-appropriate activities and displays age appropriate</p>	<p>The child or young person has low self-esteem which makes them vulnerable to negative influence by peers and/or adults.</p>	<p>The child or young person’s negative sense of self and low self-esteem has contributed to their behaviour that is being negatively influenced by peers and/or adults. For example</p>	<p>The child or young person frequently exhibits challenging behaviour or activities that place them or others at imminent risk of significant harm. There may be triggers which may be socially or emotionally driven.</p>
---	--	--	---



Universal Needs	Additional Needs	Complex Needs	Acute Needs
<p>behaviours and has a positive sense of self and abilities making them resilient.</p>		<p>school non-attendance, risk of school exclusion, risk of exploitation by adults.</p>	<p>There may be multiple risks including high risk of child exploitation, school exclusion, neglect or being a victim to emotional, physical or sexual abuse, or harmful sexual behaviour.</p> <p>The child’s vulnerability may place them at risk of engaging in self-injurious behaviours and/or high risk activities resulting in injury or experiencing further traumas.</p>
<p>The child or young person’s views on sexuality or gender are listened to sympathetically by carers and they are supported to explore these ideas in an age-appropriate manner.</p>	<p>The child or young person’s views on sexuality or gender are treated ambivalently or negatively by carers or they do not feel safe to express them.</p> <p>Parents/carers are reluctant to allow them to access support.</p> <p>There is a risk that their mental health may be adversely impacted.</p>	<p>The child or young person’s views on sexuality or gender are ridiculed or they are not allowed to express them or access support. They are pushed to make decisions which are inappropriate for their age about their long term sexuality or gender.</p> <p>Parents/carers tend to prioritise their own views over those of the child.</p> <p>Their mental health and wellbeing is significantly affected.</p>	<p>The child or young person is bullied or abused because of their views on their sexuality or gender. They are forced to make decisions which are inappropriate for their age and may have long term consequences, e.g. taking puberty blockers.</p> <p>Parents/carers always prioritise their own views and needs over those of the child and are refuse advice and support. The child is not able to access age-appropriate support to explore these issues safely.</p> <p>Their mental health and wellbeing is significantly harmed and there may be long-term consequences.</p>

1.4 The child’s behaviour

<p>The child or young person’s activities are legal.</p>	<p>The child or young person has from time to time been involved in anti-social behaviour.</p>	<p>The child or young person is involved in anti-social behaviour and may be at risk of gang involvement.</p>	<p>The child or young person is currently involved in persistent or serious criminal activity and/or is known to be engaging in gang activities.</p>
--	--	---	--



Universal Needs	Additional Needs	Complex Needs	Acute Needs
<p>The child or young person does not express any sympathy for ideologies linked to violent extremism and is not becoming radicalised.</p>	<p>The child or young person expresses some sympathy for ideologies closely linked to violent extremism but is open to other views or loses interest quickly. There is the potential to become radicalised.</p>	<p>The child or young person is becoming radicalised, expresses beliefs that extremist violence should be used against people who disrespect their beliefs and values.</p>	<p>The child or young person is radicalised, supports people travelling to conflict zones for extremist/violent purposes or with intent to join terrorist groups.</p> <p>The child expresses a generalised non-specific intent to go themselves and/or may have family connections.</p>
<p>The child or young person engages in age-appropriate use of internet, gaming and social media.</p>	<p>The child or young person is at risk of becoming involved in inappropriate or unhelpful internet use or is becoming a victim of negative and harmful behaviours associated with internet and social media use, (such as cyber bullying, trolling, sexual activity or accessing extremist websites, online communication via gaming). Potentially lacks control and is unsupervised.</p>	<p>The child or young person is engaged in or a victim of negative and harmful behaviours associated with internet and social media use, (such as cyber bullying, trolling or sexual activity, accessing extremist websites) including excessive gaming or accessing pornography which is impacting on their development.</p>	<p>The child or young person is consistently using the internet and social media on a very regular basis in ways that place them at risk of significant harm from others including exploitation and links with extremist groups either as a perpetrator or a victim.</p>
<p>The child or young person's whereabouts are always known to their parents or carers.</p>	<p>The child or young person has occasionally run away from home or not returned at the normal time and there are concerns it may happen again.</p>	<p>The child or young person has run away more than once and is considered likely to do this again. This is linked with other concerns such as non-engagement with learning opportunities.</p>	<p>The child or young person persistently goes missing and there is evidence they are at risk of/or being exploited or being drawn into criminal behaviour to the extent that they are at risk of significant harm.</p> <p>The parents/carers are unable or unwilling</p>



Universal Needs	Additional Needs	Complex Needs	Acute Needs
		<p>The parents/carers are unable or unwilling to contain the child or young person within a safe environment.</p>	<p>to contain the child or young person within a safe environment, and may not report concerns where necessary.</p>
<p>The child or young person does not have caring responsibilities or the child's caring role does not adversely affect their development.</p>	<p>The child or young person has some caring responsibilities for member/s of their family and this sometimes impacts on their development.</p>	<p>The child or young person has regular caring responsibilities for member/s of their family and these have an impact upon their development such as missing learning opportunities, persistent lateness and/or appearing unkempt and tired.</p>	<p>The child or young person's caring responsibilities:</p> <ul style="list-style-type: none">• are excessive or inappropriate for the age and ability of the child.• are long term and significant to the extent that their own development is being significantly impaired, such as access to learning opportunities, health and hygiene.
<p>The child enjoys interacting with parents/carers and familiar other people; can be appropriately wary of others; has behaviours and understanding making them resilient and self-protective.</p>	<p>In their interaction with others the child appears unusually friendly and lacks age-appropriate reserve.</p>	<p>The child may show unusual and unexpected levels of affection with unfamiliar people e.g. sitting on their lap, kissing, cuddling.</p>	<p>The child is known to be associating with other people, who are identified as a sexual risk to children or involved in criminal or sexually exploitative behaviour.</p> <p>Often associated with change in behaviour, missing episodes and an increase in possessions that would normally be outside their price range.</p>
<p>The child or young person's behaviour is age-appropriate and the child engages in age-appropriate activities,</p>	<p>The child or young person's behaviour is:</p> <ul style="list-style-type: none">• dissimilar to that which would be expected of a child of their age or stage of development	<p>The child or young person's behaviour is consistently challenging and causing significant disruption to the family's home life and child's ability to engage in learning opportunities, e.g. this could include</p>	<p>The child or young person's behaviour is extreme towards self or others, e.g. assault of others or self which causes significant physical harm.</p>



Universal Needs	Additional Needs	Complex Needs	Acute Needs
e.g. tantrums which are part of normal behaviour for young children.	and can be difficult to manage. <ul style="list-style-type: none"> • may be difficult in one location, e.g. challenging at home, settled at nursery. 	persistent, aggressive and destructive behaviour in a range of settings and environments.	

1.5 The child's social development

The child or young person has friendships and positive social interaction with a range of peers.	The child or young person has limited friendships and limited social interaction with their peers which is impacting on their development.	The child or young person: <ul style="list-style-type: none"> • is isolated, and refuses to participate in social activities. • has such difficulties in communicating and interacting with others that their development is being impaired. 	The child or young person is completely isolated, refusing to participate in any activities to the extent that their development is significantly impaired and requires specialist support.
The child or young person is appropriately shy but is interested in those around them.	The child or young person can be overly shy or nervous for their age. The child may be overly attached to parents/carers.	The child or young person is anxious and nervous around others and this is impacting their ability to socialise	The child or young person's anxiety leads them to actively avoid social situations to the extent that it is significantly narrowing their life experience and socialisation.
The child or young person has good awareness of others and enjoys interacting with peers.	The child or young person has some awareness of others but appears wary of joining in with play or social activities.	The child or young person: <ul style="list-style-type: none"> • has limited awareness of others and their needs and largely plays in isolation at a stage of their development when cooperative play would be expected. • has awareness of others but actively moves away, showing signs of anxiety. 	The child or young person: <ul style="list-style-type: none"> • shows no interest in interaction with their peers. • has an interest in interaction but does not have the skills to make and maintain friendships at an age when they would be expected to do this.



Universal Needs	Additional Needs	Complex Needs	Acute Needs
<p>The child or young person demonstrates acceptable behaviour and tolerance towards their peers and others. Where on occasion this is not the case, this is managed through effective parenting, good adult guidance and universal support.</p>	<p>The child or young person:</p> <ul style="list-style-type: none"> exhibits some aggressive or destructive behaviour which impacts on others and interferes with their normal development. is a victim of discrimination or bullying. 	<p>The child or young person is involved in negative behaviours or exhibits persistent aggressive, bullying or destructive behaviours which impact on others and places them at risk of exclusion from mainstream services or criminality.</p> <p>The child may be attending a PRU or a Local Authority Special School for SEMH (Social, Emotional, Mental Health needs).</p>	<p>The child or young person exhibits negative behaviours, persistently aggressive, bullying or destructive behaviour which places themselves or others at imminent risk and impacts on the health of others and also on their safety.</p> <p>The child or young person may be permanently excluded or not in education which puts them at greater risk of exploitation and/or offending behaviour.</p> <p>The child or young person attends an Independent Maintained Special School for SEMH, or may be out of education.</p>

1.6 Abuse and neglect

<p>The child or young person shows no physical symptoms which could be attributed to neglect.</p> <p>This is a child or young person who is appropriately dressed.</p>	<p>The child or young person shows physical signs which could indicate neglect such as poor hygiene, poor oral health, poor skin care or poor dietary intake.</p> <p>The child or young person or their siblings occasionally appear dirty or unkempt.</p>	<p>The child or young person consistently shows physical symptoms that their physical care needs are not being addressed, they may have poor dental hygiene, poor skin (such as broken skin, unmanaged eczema, pressure wound), early indications of developmental delay, faltering growth or obesity.</p> <p>The child or young person or their siblings consistently appear in dirty clothing inappropriate for the weather and/or they are unkempt, food is lacking or unsuitable. The parents/carers are reluctant or unable to address these concerns.</p>	<p>The child or young person is presenting with repeatedly with poor skin (such as broken skin, unmanaged eczema, pressure wound), developmental delay, poor oral hygiene, faltering growth or obesity. These conditions are attributed to the care provided by parents/carers and/or are persistent and pervasive despite intervention offered to support.</p>
--	--	---	---

Universal Needs	Additional Needs	Complex Needs	Acute Needs
<p>The child or young person has injuries, such as bruising on their shins, which are consistent with normal childhood play and activities.</p>	<p>The child or young person has occasional, less common injuries which are consistent with the parent/carer account of accidental injury. The parents/carers seek out or accept advice on how to avoid accidental injury.</p>	<p>The child or young person has injuries, for example bruising, scalds, burns and scratches, which are accounted for but are more frequent than would be expected for a child of a similar age.</p>	<p>The child or young person has injuries, for example bruising, scalds, burns and scratches, which are non-accidental or resulting from persistently poor supervision. Bruising in non-mobile babies and children is unusual and is highly suggestive of non accidental injuries. Explanation, origins characteristics and history should be explored and considered in a multi-agency forum. Bruising and Injuries to Non-Mobile Children</p>
<p>This is a child or young person is provided with an emotionally warm and stable family environment.</p>	<p>The child or young person sometimes experiences parenting characterised by a lack of emotional warmth and is overly critical and/or inconsistent.</p>	<p>The child or young experiences parenting characterised by lack of emotional warmth and an unstable family environment. Parents/carers may be highly critical of the child/young person.</p>	<p>The child or young person suffers ongoing neglect of their emotional needs and, as a result, is now at high risk of developmental harm and/or sexual or other forms of exploitation either as a perpetrator or victim. The child or young person experiences deliberate humiliation, constant criticism, threats of violence, aggressive name calling, blaming/scapegoating, made to perform degrading acts, prolonged exposure to distressing/traumatic behaviours, or as detailed in section 3.6 their emotional needs are being significantly neglected.</p>

2. Family and Environmental Factors

These tables are not intended to be a 'tick box' exercise and practitioners should use their professional judgement. They are not exhaustive, but are guidelines to support practitioners in their decision-making.

They include access to and use of: community resources, living conditions, housing, employment status, legal status. Also consider radicalisation according to the Prevent duty. For children who are disabled this could include aids and adaptations to the house.



Universal Needs	Additional Needs	Complex Needs	Acute Needs
<p>The family feels integrated into the community and the family uses its financial resources appropriately to meet the family's needs.</p>	<p>The family:</p> <ul style="list-style-type: none">• can experience social exclusion and/or there is an absence of supportive community networks.• can struggle to budget effectively and as a result the child or young person occasionally does not have adequate food, warmth, or essential clothing.	<p>The family:</p> <ul style="list-style-type: none">• is largely socially excluded and isolated to the extent that it has an adverse impact on the child or young person.• does not use its financial resources in the best interests of the child or young person who frequently does not have adequate food, warmth or essential clothing; e.g. expenditure on drugs, alcohol, gambling or other addictive behaviours and/or a perpetrator of domestic abuse means that there are frequently insufficient funds to meet the child's basic needs.	<p>The family is socially excluded and the child or young person is seriously affected but the family actively resists all attempts to achieve inclusion and isolates themselves from sources of support.</p> <p>The child or young person consistently does not have adequate food, warmth or essential clothing and is at risk of physical or developmental harm, including death, as a consequence.</p>
<p>The family's accommodation is stable, clean and warm, and without hazards which could impact the safety or well-being of the child.</p>	<p>The family's accommodation is stable; however the home itself is not consistently clean and is not always free of hazards which could impact on the safety and well-being of the child. The child or young person is affected by low level anti-social behaviour in the locality.</p>	<p>The family's home is consistently dirty and/or unsafe to the extent that it impacts on the child's health and development including its ability to sustain engagement with learning opportunities. The family has no stable home, and is moving from place to place with growing concerns about anti-social behaviour or crime.</p>	<p>The family's accommodation is such that it represents an immediate risk to the safety and development of the child or they are homeless that night.</p> <p>The child or young person is a victim of discrimination or bullying which cannot be managed by universal services.</p> <p>Family members are being detained and at risk of deportation or the child is an unaccompanied asylum seeker.</p>

Universal Needs

Additional Needs

Complex Needs

Acute Needs

3. Parenting Capacity (Including Family Factors)

These tables are not intended to be a 'tick box' exercise and practitioners should use their professional judgement. They are not exhaustive, but are guidelines to support practitioners in their decision-making. They include basic care, emotional warmth, stimulation, guidance and boundaries, stability and parenting styles, beliefs and attitudes, and whether these meet the child's physical, educational, emotional and social needs..

3.1 Parenting during pregnancy and infancy

The parent/carer:

- accesses ante-natal and/or post-natal care.
- is coping well emotionally following the birth of their baby and accessing universal support services where required.
- demonstrates that they are prioritising the safety needs of their baby.
- seeks and responds to safe baby care messages.

The parent/carer:

- demonstrates ambivalence to antenatal and post-natal care with irregular attendance and/or missed appointments and is struggling to adjust to the role of parenthood.
- is not demonstrating consistent understanding of their baby.
- needs regular support and advice regarding safe baby care. There is some evidence the advice given is not being acted upon.

The parent/carer:

- is not accessing antenatal and/or post-natal care or the parent/carer is suffering from maternal mental health issues that have a significant impact on the parent's capacity to meet their child's needs.
- is not adhering to safety advice with regard to keeping their baby safe.

The parent/carer:

- does not access antenatal care and is using drugs and/or alcohol excessively whilst pregnant and/or the parent does not access antenatal care where there are complicating obstetric factors that may pose a risk to the unborn or new born child, pregnant mother, and/or self neglect/risk taking impacting on unborn baby.
- is suffering from severe maternal mental health issues which are causing serious risk to themselves and their child/children.
- is demonstrating practices which evidence indicates will cause harm to their baby such as unsafe sleep practices and inappropriate handling leading to acute risk of harm to the child.

3.2 Meeting the health and practical needs of the child

The child or young

Parent/carer is meeting the

One or more children or young

One or more children or young person's



Universal Needs	Additional Needs	Complex Needs	Acute Needs
<p>person's needs (disability, behaviour, long-term conditions) are fully met, and appropriate provisions are made for food, clothing, drink, warmth and shelter.</p>	<p>child or young person's needs but requires additional help in order to do so.</p>	<p>people's needs (disability, behaviour, long-term conditions) are not always met by the parent/carer, with additional support required, and this is having an impact on the day-to-day lives of the child/children's siblings/parents/carers.</p>	<p>needs (disability, behaviour, long-term conditions) have a significant impact on the day-to-day lives of the child/children and their siblings and/or parents/carers.</p>
<p>Parents/carers do not use drugs or alcohol. OR Parental recreational drug and alcohol use does not impact on parenting.</p>	<p>Drug and/or alcohol use is impacting on parenting, but adequate provision is made to ensure the child or young person's safety. The child or young person is currently meeting their developmental milestones but there are concerns around delay in development if parent/carer drug and alcohol use continues or increases.</p>	<p>Drug/alcohol use:</p> <ul style="list-style-type: none"> • has escalated to the point where it includes binge-drinking, drug paraphernalia in the home, the child worries about their parent/carer. • is overshadowing the care of the child or young person. • of siblings or other household members consistently impacts on the child or young person. 	<p>Parental drug and/or alcohol use is at a problematic level and the parent/carer cannot carry out daily parenting. This could include blackouts, confusion, severe mood swings, drug paraphernalia not stored or disposed of safely, using drugs/alcohol when their child is present, involving the child in procuring illegal substances, and dangers of overdose. Siblings or other household members drug or alcohol use is significantly impacting on the child or young person.</p>
<p>No physical, mental health needs or disability which could affect the care of the child or young person.</p>	<p>Physical and mental health and/or learning disability needs of the parent/carer create an adult focus which at times detracts attention away from the child or young person.</p>	<p>Physical or mental health needs and/or learning disability of the parent/carer take precedence over the needs or the care of their child or young person.</p>	<p>Physical or mental health needs and/or learning disability of the parent/carer significantly affect the care of their child or young person placing them at risk of significant harm, for example, attempted suicide or hospital admission.</p>

Universal Needs

Additional Needs

Complex Needs

Acute Needs

3.4 Protection from harm: Domestic and/or Sexual Abuse

The parent/carer protects their family from danger or harm.

There is no evidence of sexual abuse.

There is a history of sexual abuse within the family or network, but the parents/carers respond appropriately to the need to protect the child or young person.

There are concerns around possible inappropriate sexual behaviour from the parent/carer, extended family or family friends.

The family home has in the past been used on occasion for drug taking dealing, prostitution, inappropriate sexual behaviour or other illegal activities.

The parent/ carer is not consistently able to or willing to protect their child or young person from harm, placing them at risk of significant harm.

An allegation (this could be current or historic) that the child has been sexually abused by a parent/carer/member of the extended family which requires investigation under Section 47 of the Children Act.

The family home is used for drug taking and or dealing, prostitution and illegal activities.

The child or young person is being sexually abused/exploited.

A known sexual offender who is a serious risk is in contact with the family.

Parent/carer has expressed thoughts that they may sexually abuse their child/young person.

The expectant mother or parent/carer is in a healthy relationship (either with a current or ex intimate partner or other family member).

The expectant mother/parent/carer is a victim of abuse assessed as **low risk** (see ACPO DASH in glossary)

The expectant mother/parent/carer has recently (within last 12 months) been a victim of domestic abuse and is a victim of abuse assessed as **medium risk** (see ACPO DASH in glossary).

The expectant mother/parent/carer is a victim of domestic abuse which has taken place recently on a number of occasions and is assessed as **high risk** (see ACPO DASH in glossary).

There are no incidents of violence or abuse in the family and no history or previous assaults by family members.

There are isolated incidents of physical and/or emotional abuse or violence in the family.

The harmful impact of such incidents is mitigated

One or more adult members of the family is physically and emotionally abusive or is coercive and controlling to another adult member/s of the family.

The perpetrator/s show limited

One or more adult members of the family is a perpetrator of persistent and/or serious physical or sexual violence or coercive and controlling behaviour which may also be increasing in severity, frequency or duration.

The perpetrator is emotionally harming



Universal Needs	Additional Needs	Complex Needs	Acute Needs
	by other protective factors within the family.	or no commitment to changing their behaviour and little or no understanding of the impact their violence and abuse has on the child or young person.	children who are experiencing domestic abuse.
The child or young person is in a healthy and mutual relationship appropriate to their age.	There are isolated incidents of physical and or emotional abuse or violence in the child or young person's relationship which is beginning to impact on one or both parties.	One or both children or young people is/are in a physically, emotionally abusive or coercive and controlling relationship. The perpetrator/s show limited or no commitment to changing their behaviour and little or no understanding of the impact of their violence/abuse on the other person.	One or both children or young people is/are a perpetrator/s of persistent and/or serious physical or sexual violence or coercive and controlling behaviour which may also be increasing in severity, frequency or duration. This places either one or both parties at risk of significant harm.
There is no concern that the child or young person may be subject to harmful cultural practices such as female genital mutilation (FGM), honour-based violence (HBV), forced marriage and belief in spirit possession.	There are developing concerns that the child or young person is in a culture where harmful practices are known to have been performed.	There is concern that the child or young person may be at risk of becoming subject to harmful cultural practices.	There is evidence that the child or young person is subject to harmful cultural practices or is at risk of being sent outside the UK to participate in these. FGM Guidance

3.5 Criminal behaviour, anti-social behaviour and imprisonment

There is no history of criminal offences or	There is extremist activity, criminal activity or anti-social behaviour or	Criminal activity relating to serious or violent crime or prolific offending	Substantiated evidence of criminal activity or extremist/terrorist activity relating to serious,
---	--	--	--



Universal Needs	Additional Needs	Complex Needs	Acute Needs
<p>anti-social behaviour within the family.</p>	<p>parental imprisonment within the family and a brief intervention may be needed to reduce the impact on the child or young person.</p>	<p>or extremist/terrorist activity by a member of the family indicates and poses a risk to the well-being of the child or young person. Evidence that an adult who is less than 12 months from their release or who is subject to licence/supervision arrangements and will have parenting responsibilities on release which indicates and poses a risk to the well-being of the child or young person.</p>	<p>violent or sexual offences against adults or children by a member of the family which indicates and poses an immediate risk to the well-being and safety of the child or young person.</p>
<p>The family members are not involved in gangs or organised crime groups or extremist groups.</p>	<p>There is suspicion or some evidence that the family is involved in gangs or organised crime groups or extremist groups which could impact on the welfare of the child or young person.</p>	<p>There is a known involvement in gang activity or organised crime groups or extremist groups either by the child or young person or a significant other within or associated with the family leading to risk of harm to the child or young person.</p>	<p>There is a known involvement in gang activity, organised crime groups or extremist groups which is impacting significantly on the safety and welfare of the child/young person and family.</p>

3.6 Meeting the emotional needs of the child

<p>The child or young person is provided with an emotionally warm and stable family environment. Parenting generally demonstrates praise, emotional warmth and encouragement. There is a warm</p>	<p>Parenting often lacks emotional warmth and/or can be critical and/or inconsistent. Parenting style could impact the child or young person's emotional, behavioural and social development which, if unaddressed, could lead to</p>	<p>The family environment is volatile and unstable. For example, parenting is intolerant, critical, inconsistent, harsh or rejecting and this is having an adverse effect on the child who, due to the emotional neglect they have suffered, is vulnerable to grooming and/or exploitative/controlling relationships with abusive adults or risky peer groups.</p>	<p>The child or young person has suffered long term significant neglect of their emotional needs. Relationships between the child or young person and parent/carer have broken down to the extent that the child is at risk of significant emotional harm. For example, the parent/carer rejects their child or young person from home.</p>
---	---	--	---



Universal Needs	Additional Needs	Complex Needs	Acute Needs
<p>and supportive relationship between the parent/carer and the child/young person which supports emotional, behavioural and social development of the child/young person.</p>	<p>relationship breakdown.</p>	<p>The child or young person's emotional, behavioural and social development being unaddressed has led to the family relationships breaking down and has led to them being at risk.</p>	
<p>Pregnant woman is reporting warmth and love for unborn baby and is positively anticipating parenting a newborn.</p>	<p>Pregnant woman is reporting ambivalence towards her unborn baby and is actively seeking and responding to support and interventions to address this.</p>	<p>Pregnant woman is demonstrating ambivalence towards her baby and despite engagement and interventions is not able to articulate/demonstrate a bond with her unborn baby. She is not engaging with interventions to address this.</p>	<p>Pregnant woman is not able to demonstrate attachment with her baby or is actively trying to cause physical harm to her baby. May include behaviours such as deliberate poisoning or substance abuse.</p>
<p>The parent/carer sets consistent boundaries and gives guidance. There is a positive family network and good friendships outside the family unit.</p>	<p>The parent/carer can struggle to set age appropriate boundaries and has difficulties maintaining the child/young person's routine. The parent/carer has the ability to set appropriate boundaries, however the child/young person cannot always adhere to this. There is limited support from the extended family or community.</p>	<p>The parent/carer is unable or unwilling to judge dangerous situations and/or is unable to set appropriate boundaries despite significant support.</p> <p>The parent/carer has the ability to set appropriate boundaries, however the child or young person is refusing to adhere to this.</p> <p>There is destructive involvement from the extended family or community.</p>	<p>The parent/carer is unable or unwilling to judge dangerous situations and/or is unable or unwilling to set appropriate boundaries. Their child or young person is frequently exposed to dangerous situations in the home and/or community.</p> <p>The parent/carer has the ability to set appropriate boundaries, however the child or young person is refusing to adhere to this and placing themselves at significant risk of harm.</p> <p>The extended family or community has broken down.</p>

UNDERSTANDING THE INDICATORS OF NEED

NEED	Description
<p>Universal Services</p>	<p>Universal provision - children with no additional needs.</p> <p>Children and young people who are achieving expected outcomes and have their needs met through universal service provision. Typically, these children/young people are likely to live in a resilient and protective environment. Families will make use of community resources. Universal services remain in place regardless of which level of need a child is experiencing.</p> <p>In general, children and young people with disabilities will have their needs met through early help and targeted services. However, some children with a high level of need related to severe disabilities may require specialist services.</p> <p>For Children with Disabilities (CWD) please refer to: Effective Support for Children and Young People with Special Educational Need and Disabilities (SEND) and their families in Somerset.</p> <p>https://sscb.safeguardingsomerset.org.uk/effective-support/</p>
Examples of services	What you need to do
<ul style="list-style-type: none"> • Early years (nurseries/child minders/playgroups). • Education/school place/college or educational setting. • GP/Dentist. • Maternity services. • Health visiting service. • School nursing. • Housing. • Community health care. • Youth centres/Leisure Services. • Community and voluntary services. • 3 and 4-year-old nursery funding. • Local offer (Somerset Choices). • Core standards. • Short Break Calendar. • Citizens advice. • Children with Disabilities Early Support Service. 	<p>All children and families should receive universal services, such as health care and education, as well as early years and youth services.</p> <p>Professionals working with families should check if children are in receipt of universal services and take appropriate action where this is not the case or consider whether to step up to increase support to meet greater emerging needs.</p> <p>No formal assessment needed.</p>



Need	Description
<p style="text-align: center;">Additional Needs</p>	<p>Early help – targeted provision - children with additional needs which can be met by a single practitioner/single agency or where a co-ordinated multi-agency response is needed.</p> <p>These are children and young people identified as having an additional need which may affect their health, educational or social development and they would be at risk of not reaching their full potential.</p> <p>A co-ordinated response, such as Team Around the School, may support children, young people and their families. The single assessment process, (EHA), is the tool to use to identify need and plan help for the family. You will need parental consent to share relevant information with other involved practitioners.</p> <p>For Children with Disabilities (CWD) please refer to: Effective Support for Children and Young People with Special Educational Need and Disabilities (SEND) and their families in Somerset.</p> <p>https://sscb.safeguardingsomerset.org.uk/effective-support/</p>
Examples of services	What you need to do
<ul style="list-style-type: none"> • Parenting support. • Team Around the School (TAS). • School holiday and short breaks provision for disabled children. • Extra health support for family members. • School nursing health assessment. • Special Educational Needs (SEN) support. • Help to find education and employment. • Parent and family support advisers. • Drug and alcohol early intervention. • Behavioural/learning support. • Education support services. • Housing support. • Children’s Autism Outreach Team. • Integrated therapy assessment. • 2-year-old nursery funding. • Somerset Supporters Service (for CWD). • Specialist Short Break information (for CWD). • Inclusive play schemes (for CWD). • Parenting advice and support (for CWD). • Equipment and or housing adaptation (via the Occupational Therapy service) (for CWD). • Personal budgets (in the form of Direct payments) (for CWD). • Children with Disabilities Early Support Service. 	<p>Practitioners should talk to the family and consider carrying out an EHA to ensure the child receives the right support, in the right place, at the right time.</p> <p>If a joint agency response is needed, a Team Around the Family (TAF) meeting must take place to agree a co-ordinated response which will be detailed in an action plan with parents as full partners.</p> <p>Early Support Record will be carried out by one of the Children with Disabilities Early Support Teams.</p>



Need	Description
<p style="text-align: center; font-weight: bold; color: white;">Complex Needs</p>	<p>Early help – targeted provision for children with multiple issues or complex needs where a co-ordinated multi-agency response is required.</p> <p>Despite Early Help interventions via a single agency or partnership working these are children and families whose needs are not being met due to their range, depth and significance. This makes them very vulnerable and at risk of poor outcomes.</p> <p>A multi-agency response is required using the EHA framework as in most instances there will be issues for parents which are impacting on the children achieving positive outcomes. These families need a holistic and co-ordinated approach and more intensive intervention and help.</p> <p>The lead practitioner could come from a range of agencies as the key issue will be the quality of the relationship that exists between practitioner and family to assist them to make change.</p> <p>For Children with Disabilities (CWD) please refer to: Effective Support for Children and Young People with Special Educational Need and Disabilities (SEND) and their families in Somerset.</p> <p>https://sscb.safeguardingsomerset.org.uk/effective-support/</p>

Examples of services	What you need to do
<ul style="list-style-type: none"> • Existing or previous EHA. • Existing lead practitioner. • Multiple service provision. • Children with Disabilities Service. • Education, Health and Care Plan (EHCP) in place or requested. • Domestic abuse services. • Overnight short break care. • Prevention Services (Adolescents/Family intervention). • Housing support for temporary and unsuitable accommodation. • CAMHS. • Drug and alcohol treatment and support. • Education Psychology. • Direct payments (after assessment). 	<p>Practitioners should talk to the family and carry out an EHA to ensure the child receives the right support, in the right place, at the right time.</p> <p>A Team Around the Family (TAF) meeting must take place to agree a co-ordinated response which will be detailed in an action plan.</p> <p>If there are concerns about mental health please contact our child’s mental health Single Point of Access (SPA) advice line:</p> <p>0300 124 5012</p>



Need	Description
<p style="text-align: center;">Acute Needs</p>	<p>The child has a high level of unmet and complex needs, or is in need of protection and requires support from statutory services.</p> <p>This will include: Support provided by children’s services. This maybe via a Child in Need Plan or a Child Protection Plan or the child may need to be cared for outside their immediate family full time.</p> <ul style="list-style-type: none"> • Child is/ or may be at risk of significant harm if they remain in their parent’s or carer’s care and requires a Child in Need assessment and support. • Child is assessed as having suffered significant harm requiring a multi-agency Child Protection plan to safeguard them. <p>A social worker will co-ordinate an assessment of the child’s need and a multi-agency response, where it is assessed that on-going support is required. Where it is assessed that the needs are not best met through children’s social care involvement, the social worker will ensure that identified needs are shared to enable support to be offered at the right level as part of a step-down process.</p> <p>Children with complex or severe needs may also require acute health services.</p> <p>For children and young people who are disabled, where there is a more significant need or services required than the Early Support Team cannot provide, or there is a request from the parent or carer for an assessment from the Children with Disabilities Social Work Team, we will introduce you to our Social Work colleagues for a Child and Family Assessment to take place.</p> <p>For Children with Disabilities (CWD) please refer to: Effective Support for Children and Young People with Special Educational Need and Disabilities (SEND) and their families in Somerset.</p> <p>https://sscb.safeguardingsomerset.org.uk/effective-support/</p>

Examples of services	What you need to do
<ul style="list-style-type: none"> • Children’s Social Care statutory involvement. • Fostering and residential care. • Youth Offending Service/Police. • EHCP and maybe attending specialist provision. • Domestic abuse services. • Services for children with profound and enduring disability. • Channel Panel/Regional Police Prevent Team. • Drug and alcohol treatment services. • Child exploitation services, such as Topaz. • Medical PRU. 	<p>All practitioners wishing to request involvement of children’s social care in relation to Child in Need or Child Protection must complete an EHA and submit this to:</p> <p>SDinputters@somerset.gov.uk</p>

CONSENT GUIDANCE

This guidance sets out the issue of consent for practitioners working with families within children's social care under Child in Need plans and/or below the level of statutory social care involvement.

It sets out the need to gain consent from parents or those who have parental responsibility when practitioners wish to:

a) Seek information from practitioners in other services and share information with them.

b) Refer to another agency for assessment and provision of services.

THIS GUIDANCE DOES NOT COVER CONSENT FOR MEDICAL TREATMENT

WHEN CAN I REFER TO CHILDREN'S SOCIAL CARE WITHOUT PARENTAL CONSENT?

If the referral is considered a child protection issue, seeking consent may not be appropriate. In most cases it is appropriate to seek consent. However, there are some cases where it is not. Consent should not be sought if doing so would:

- Place a person (the individual, family member, worker or a third party) at increased risk of significant harm (if a child) or serious harm (if an adult);
- Prejudice the prevention, detection or prosecution of a serious crime - this is likely to cover most criminal offences relating to children;
- Lead to an unjustified delay in making enquiries about allegations of significant harm (to a child) or serious harm (to an adult).

At any stage of a pregnancy where pre-birth vulnerabilities or risks are identified, the Early Help Assessment should still be completed to make best use of this window of opportunity to effect change.

a) Seek information from practitioners in other services and share information with them.


All practitioners should aim to gain consent to share information, but should be mindful of situations where to do so would place a child at increased risk of harm. Information may be shared without consent if a practitioner has reason to believe that there is good reason to do so, and that the sharing of information will enhance the safeguarding of a child in a timely manner. When decisions are made to share or withhold information, practitioners should record who has been given the information and why.

This consent must be re-sought for each episode of work that a practitioner undertakes with a family (for example: if work with a family has finished and then reopens, consent must be re-sought again, unless the need is defined as Section 47 (Child Protection) and parents do not give their consent. In this case, **the welfare of the child** overrides the parental wishes).

Practitioners must make clear to parents which organisations they wish to seek information from and who they wish to share information about the family with.

If anyone in the family home is aged 16 or over their individual consent should be sought to seek or share information about them with other agencies.

If an adult does not consent to information sharing with a particular organisation or any



organisations at all and the concern does not reach a risk of significant harm you cannot seek information from or share information with that organisation until such time as the adult consents. If you are unsure talk to your safeguarding lead or call the Consultation Line.

It is good practice to record in writing which agencies parents (or other people in the household aged 16 or over) have consented to information sharing, and place a copy on the child's record in your respective agency.

b) Refer to another agency for assessment and provision of services.

All practitioners should seek parental consent when they wish to refer to another organisation for assessment or services, where the referral is not in relation to a child protection issue. This consent should be sought for each referral to any organisation that a practitioner makes for a child or their family. Practitioners should make clear to parents which organisations they wish to refer the child or family to and which individuals within the family are the subjects of the referral.

If anyone in the family home is aged 16 or over, their individual consent should be sought to make a referral about, or including them, to another organisation (unless the person is aged 16 to 17 and the referral relates to a child protection issue about them).

You should always talk to parents and carers, when you have a child in need or a child protection concern, unless to do so would place a child at risk of significant harm, to let them know that you intend to share information with other agencies and make a request for involvement to Children's Social Care.

Where consent is not sought the decision and rationale should be clearly recorded on the child's file within the agency making the referral.

A child protection referral from a practitioner cannot be treated as anonymous, so the parent will ultimately become aware of the identity of the practitioner. Where the parent refuses to give permission for the referral, unless it would cause undue delay, further advice should be sought from a manager or your Safeguarding Lead and the outcome fully recorded. If, having taken full account of the parents' wishes, it is still considered that there is a need for referral:

- The reason for proceeding without parental agreement must be recorded;
- The parent's withholding of permission must form part of the verbal and written referral to Children's Social Care;
- The parent should be contacted to inform them that, after considering their wishes, a referral has been made.



EARLY HELP ASSESSMENTS AND CONSENT

For an Early Help Assessment to be effective it should be undertaken with the agreement of the child and their parents or carers, involving the child and family as well as all the practitioners who are working with them.

It should take account of the child's wishes and feelings wherever possible, their age, family circumstances and the wider community context in which they are living.

In cases where consent is not given for an early help assessment, practitioners should consider how the needs of the child might be met. If at any time it is considered that the child has suffered significant harm or is likely to do so (as defined in the Children Act 1989), a referral should be made immediately to Children's Social Care.

This referral can be made by any practitioner.

COMPLETING AN EARLY HELP ASSESSMENT (EHA):

Discuss the EHA and process with the family unless you are making a child protection referral where you feel obtaining consent places the child at greater risk

Establish which other agencies are working with the family from speaking with them to triangulate information to complete your assessment

Universal Needs

No need for an EHA unless additional needs are emerging and EHA required as preventative assessment.

Store on own agency file.

Additional Needs

If joint agency response, share EHA with consent with that agency and update the EHA together with the family.

*Consider TAF

Complex Needs

Lead Practitioner to be identified, TAF to be arranged and completion of joint EHA with the family. Shared ownership of actions agreed.

Acute Needs

Please refer to diagram: "Requesting Involvement from Children's Social Care"

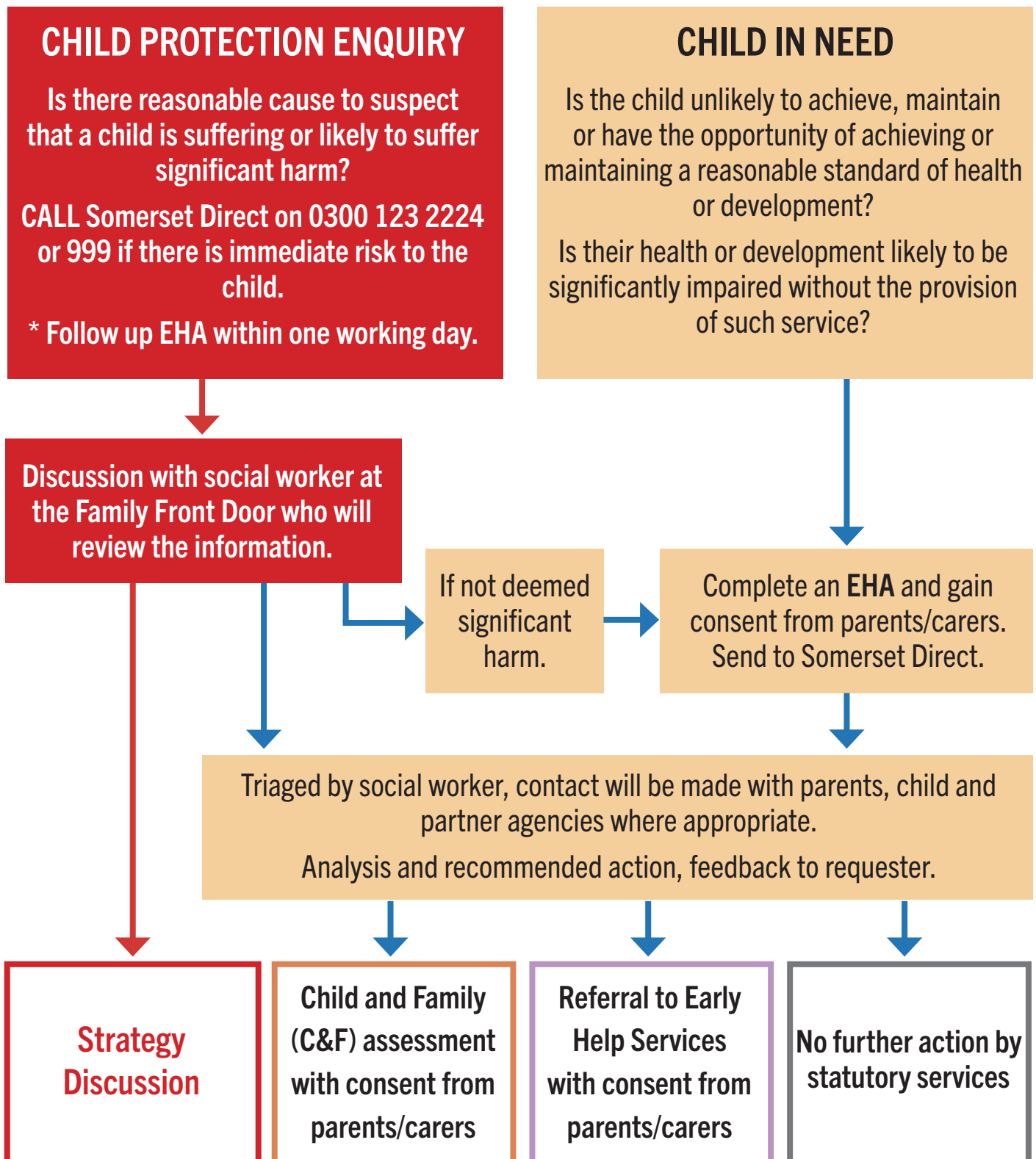
All agencies have a responsibility to store the EHA in line with their own agency procedures.

The EHA is both an ongoing assessment tool and a request for involvement for other services.

During discussions with partner agencies and in the Team Around the Family (TAF), responsibility needs to be agreed as to who will make the request to another service for ongoing support and intervention.

REQUESTING INVOLVEMENT FROM CHILDREN'S SOCIAL CARE:

**IF YOU ARE UNSURE CONSULT WITH YOUR AGENCY
SAFEGUARDING LEAD OR CALL THE CONSULTATION LINE ON:
0300 123 3078**





STEP-UP STEP-DOWN PROTOCOL


Children and families often have fluctuating needs. This requires all practitioners to be familiar with the step-up/step-down approach so that if and when a child's needs change owing to a reduced or increased level of concern, then their needs do not fall between the services. Instead, children are held safely in the transition from one service/step to another. This process is based on agencies assessing and describing the needs of the child or young person by using the EHA and potentially requesting involvement from other agencies.

Step-Up Step-Down Protocol



WHAT IF I HAVE A DIFFERENCE OF OPINION WITH ANOTHER PRACTITIONER?

There will be times when there are differences of opinions about how best to support a child and family, and the intervention required by different agencies. In the first instance, this should be resolved within agencies as this will achieve the best outcome, and if agreement is not reached and cases become 'stuck' then the practitioner who disagreed with the outcome should notify their manager, who in turn should consult and use the Resolving Professional Differences protocol.



ALLEGATIONS MANAGEMENT

If there is a concern in relation to an employee or volunteer who is alleged to have:

- (a) behaved in a way that has harmed a child, or may have harmed a child;
- (b) possibly committed a criminal offence against or related to a child; or
- (c) behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

Somerset Direct (0300 123 2224) will advise you of the process to follow and request that an **Allegations Reporting Form** is completed. If the concern relates to the immediate safety of a child, then you will be transferred to the duty social worker.



ABUSE

Child abuse is more than bruises and broken bones. While physical abuse might be the most visible, other types of abuse can remain hidden, such as emotional abuse, exploitation and neglect. The experience of children and young people living with and impacted by parental mental health, substance misuse or domestic abuse has come to be known as hidden harm. This is because the harm children and young people experience is often hidden, or if seen, is not recognised as harm.

The range of difficulties for those affected by parental difficulties varies and can include enduring stress and an unpredictable home environment. Sometimes violent experiences can become the norm in families. Moreover, children or young people who experience abuse in the home are now recognised as victims of abuse in their own right under the **Domestic Abuse Act (2021)** and should be appropriately assessed and supported.



PEER-ON-PEER ABUSE

Peer-on-peer/child-on-child abuse can be motivated by perceived differences e.g. on grounds of race, religion, gender, sexual orientation, disability or other differences. It can result in significant, long lasting and traumatic isolation, intimidation or violence to the victim. Children or young people who harm others may have additional or complex needs, e.g. significant disruption in their own lives, exposure to domestic abuse or witnessing or suffering abuse, educational under-achievement, being involved in crime. It should be recognised that peer abuse is harmful to both the perpetrator (who is a child) and the victim.



HARMFUL SEXUAL BEHAVIOUR

All children and young people will enter a process of sexual development throughout their childhood and adolescence, and much of this will form a healthy and necessary part of growing up. However, for some, their behaviours will not be developmentally appropriate and, at times, may be harmful.

The context of the behaviour, level of understanding, cultural and peer norms as well as the reaction of the perceived victims are all important factors to consider when assessing how concerned we should be about sexual behaviour displayed by children and young people. The Brook Sexual Behaviours Traffic Light Tool complements organisational safeguarding procedures by supporting professionals to identify, understand and respond appropriately to sexual behaviours. Further training and information about the Brook Traffic Light Tool, contact SSCPtraining@somerset.gov.uk



RISKS OUTSIDE THE FAMILY

Addressing Risks Outside the Family or home is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent/child relationships.

Practitioners should engage with individuals and sectors who do have influence over within extra-familial contexts, and recognise that assessment of, and intervention with, these spaces are a critical part of safeguarding practices. Risks outside the family or home therefore, expand the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of social contexts.

For more on Risks Outside the Family - also known as Contextual Safeguarding:

<https://contextualsafeguarding.org.uk>



MODERN DAY SLAVERY AND TRAFFICKING

Child trafficking is child abuse. It's defined as recruiting, moving, receiving and harbouring children for the purpose of exploitation (HM Department for Education and Home Office, 2011). Child trafficking is a form of modern slavery (HM Government, 2014). Many children are trafficked into the UK from overseas, but children can also be trafficked from one part of the UK to another.

Children are trafficked for:

- child sexual exploitation
- criminal activity, including:
 - cannabis cultivation
 - street crime: such as pickpocketing, begging and bag theft
 - moving drugs
 - benefit fraud
 - immigration fraud
 - selling pirated goods, such as DVDs
- forced marriage
- illegal adoption
- unreported private fostering arrangements (for any exploitative purpose).
- domestic servitude, including:
 - cleaning
 - childcare
 - cooking
- forced labour, including working in:
 - restaurants
 - nail bars
 - factories
 - agriculture

This list is not exhaustive and children who are trafficked are often exploited in more than one way.

The **National Referral Mechanism** (NRM) is a framework for identifying victims of modern slavery and human trafficking and ensuring they receive the appropriate protection and support. Comprehensive guidance and referral forms are on the [Gov.uk website](https://www.gov.uk).

CHILD EXPLOITATION

When assessing a child or young person's vulnerability, exploitation should always be considered. The impact of exploitation on Somerset's communities has become much more prominent in the past few years and is now a major concern for all agencies. Often a hidden crime, it is crucial that practitioners understand the term exploitation and how to apply this when working through a plan for effective support and protection.

Child sexual exploitation is when people use the power they have over young people to sexually abuse them. Their power may result from a difference in age, gender, intellect, strength, money or other resources. People often think of child sexual exploitation in terms of serious organised crime, but it also covers abuse in relationships and may involve informal exchanges of sex for something a child wants or needs, such as accommodation, gifts, cigarettes or attention. Some children are groomed through people who then force the child or young person into having sex with friends or associates.

Trafficking and criminal exploitation are forms of abuse and therefore should be afforded a safeguarding response. Often only the visible symptoms of this abuse receive a response, meaning that many children and young people receive a criminal justice response, while their safeguarding needs are overlooked.

Criminal exploitation interlinks with a number of multiple vulnerabilities and offences, including the child or young person being exposed to, and/or being victim of, physical and emotional violence, neglect, sexual abuse and exploitation, modern day slavery and human trafficking, domestic abuse and missing episodes.

Child Exploitation Assessment tools.

The term **County Lines** is used to describe situations where children or young people may be recruited or transported by threats or coercion for the purpose of criminal exploitation. What is often less understood are the experiences a child or young person faces, and the potential for them to be harmed through various forms of abuse and exploitation as a result.



NEGLECT

The Vision for Somerset is that committed and trained professionals from a range of agencies have a shared understanding about the complexity of neglect. Supported by robust management oversight and effective supervision, professionals recognise neglect early and effectively respond to help and protect children and young people.

Neglect is **the persistent failure to meet a child/young person's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.**

Research indicates that the impact of neglect on children is cumulative, and that while short term neglectful parenting can be mitigated, chronic neglect has a clear physical and emotional impact on children. Long-term neglect should be recognised and should be acted upon.

Neglect may be a factor prior to birth impacting on the development of the baby. Once a child/young person is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate caregivers);
- Ensure access to appropriate medical care or treatment; or
- Attend antenatal care appointments.

The Neglect Toolkit is designed to assist professionals in identifying and assessing children and young people who are at risk of and experiencing neglect. It is to be used when professionals are concerned that the quality of care of a child/young person they are working with suggests that their needs are being neglected.

For the Neglect Strategy and to download the Neglect Toolkit:

<https://sscb.safeguardingsomerset.org.uk/working-with-children/neglect-abuse/>

DISGUISED COMPLIANCE

Disguised Compliance involves parents giving the appearance of co-operating with child welfare agencies to avoid raising suspicions and allay concerns. Published safeguarding case reviews highlight that professionals sometimes delay or avoid interventions due to parental disguised compliance.

At the most basic level, disguised compliance harms children as it prevents practitioners being able to assess the risks properly to children in the household. Babies and younger children can be particularly vulnerable, and the effects of missing out on timely safeguarding interventions can last throughout their childhood. Disguised compliance also harms children in the following ways:

- Through missed opportunities to intervene;
- By changing professional focus from children to the adults in the family, resulting in drift;
- By making practitioners feel overly optimistic about progress.

THINK THE UNTHINKABLE AND BE PROFESSIONALLY CURIOUS



RADICALISATION AND EXTREMISM

Preventing vulnerable people from becoming drawn into terrorism is a key pillar of the National Counter Terrorism Strategy (CONTEST). It is about safeguarding children and adults, using existing and specialist tools to intervene early and prevent escalation into the 'criminal space' through a multi-agency Channel Panel.

Being radicalised is a form of exploitation and children and young people who are at risk are often at risk of other forms of exploitation because they are seeking acceptance, change or have experienced a grievance.

Knowing when a child presents early indicators of being drawn into terrorism can be tricky to spot and the need to take action can be daunting for practitioners.

Signs that may indicate a child is being radicalised include:

- Isolating themselves from family and friends;
- Talking as if from a scripted speech;
- Unwillingness or inability to discuss their views;
- A sudden disrespectful attitude towards others;
- Increased levels of anger;
- Increased secretiveness, especially around internet use.

There are well-developed processes to assist practitioners who find themselves concerned about a child or young person. Please see 'Useful Links' on page 41.



EMOTIONAL WELLBEING AND MENTAL HEALTH


The emotional well-being of children is just as important as their physical health. Good mental health allows children and young people to develop the resilience to cope with whatever life presents them and grow into well-rounded, healthy adults. The antenatal period and early childhood is a time of particular importance, as children's brains are quite literally shaped by their experiences. Abuse, insecurity and anxiety in the early years can be hugely detrimental to a child's development. Promoting good mental health and wellbeing is the first building block to building emotional resilience to help with such challenging life events.

Things that can help promote emotional wellbeing in children and young people include:

- Being in good physical health, eating a balanced diet and getting regular exercise;
- Having time and the freedom to play, indoors and outdoors;
- Being part of a family that gets along well most of the time;
- Going to a school that looks after the well-being of all its pupils;
- Taking part in local activities for young people.

Other factors are also important, including:

- Feeling loved, trusted, understood, valued and safe;
- Being interested in life and having opportunities to enjoy themselves;
- Being hopeful and optimistic;
- Being able to learn and having opportunities to succeed;
- Accepting who they are and recognising what they are good at;

- 
- Having a sense of belonging in their family, school and community;
 - Feeling they have some control over their own life;
 - Having the strength to cope when something is wrong (resilience) and the ability to solve problems.



SELF-INJURY

In Somerset there has been an increase in emergency admissions for self-injury in hospitals and there is increasing concern from parents, schools and young people themselves about rising levels of self-injurious behaviour. It is usually a way of coping with or expressing overwhelming emotional distress. It is usually done when something else is wrong and it seems like the only way to let those feelings out.

The most common triggers include:

- Alcohol and/or drug misuse;
- Anxiety;
- Bullying;
- Sexual, physical or emotional abuse;
- Bereavement;
- Exam pressure and school/parental expectations;
- Confusion about sexuality;
- Parents separation/divorce;
- Health problems;
- Relationships;
- Low self-esteem;
- Pressure from social media.

There are myriad ways in which someone can injure themselves. Cutting, scratching, pinching, biting, pulling hair out, overdosing, and ingesting toxic substances, for example.

If someone is self-injuring it is very important to try and understand what is causing them distress. Young people especially may need a lot of help to develop skills to cope with more stressful and traumatic situations in a less harmful way.

Any child or young person who expresses thoughts about suicide, must be taken seriously and appropriate help and intervention should be offered at the earliest point. Any practitioner, who is made aware that a child or young person has self-injured, or is contemplating this or suicide, should talk with the child or young person without delay.



PRE-BIRTH

Pregnancy and birth of a baby is a critical window of opportunity when parents are especially receptive to offers of advice and support. Young babies are particularly vulnerable to abuse therefore work carried out in the antenatal period can help minimise any potential harm if there is early assessment, intervention and support.

All professionals have a role in identifying and assessing families in need of additional support or where there are safeguarding concerns. Where professionals become aware a woman is pregnant, at whatever age of the pregnancy and they have concerns for the mother or the unborn baby's welfare, or that of siblings, they must not assume that Midwifery or other Health services are aware of the pregnancy or the concerns held. Each professional should follow the SWCPP pre-birth protocol, their agency's child protection procedures and discuss concerns with their safeguarding lead/named practitioner for safeguarding.



YOUNG CARERS

Young carers are children and young people who look after someone in their family who has a disability, a long-term illness, or is affected by mental ill health or substance misuse. Young carers may look after parents/carers, care for a sibling, or other relative. Their caring responsibilities can vary but can include:

- Helping around the house;
- Looking after siblings;
- Managing money;
- Supporting with medication;
- Personal care;
- Organising and coordinating;
- Communication assistance;
- Emotional care and support.

Many children and young people may take on age-appropriate responsibilities in their families; the identity of a young carer is exclusive to those children and young people taking on additional responsibilities, beyond what you would expect for their age or specific to the cared for person's needs. Providing care can have an impact on children and young people – positively, they can gain new skills, become mature beyond their years, and demonstrate their care for their family.

At times, particularly when caring responsibilities become inappropriate or excessive, these responsibilities can have an impact on their mental/physical health, educational attainment, and attendance, cause social isolation and have long term socio-economic impact causing them not to meet their full potential.

To ensure young carers can access appropriate support, with consent, complete an EHA so they can access a Young Carers Assessment.



SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND)

Children and young people with SEN have learning difficulties or disabilities that make it harder for them to learn than most children and young people of the same age. These children and young people may need extra or different help from that given to others.

Many children and young people will have SEN of some kind at some time during their education. Early years providers (for example, nurseries or childminders), mainstream schools, colleges and other organisations can help most children and young people succeed with some changes to their practice or additional support. However, some children and young people will need extra help for some or all of their time in education and training.

Children and young people with SEN may need extra help because of a range of needs. Paragraphs 6.27 – 6.35 of the 0-25 SEND Code of Practice set out four areas of SEN:

1. Communicating and interacting.
2. Cognition and learning.
3. Social, emotional and mental health difficulties.
4. Sensory and/or physical needs.

For Details of the Somerset Local Offer for SEND:

<https://www.somerset.gov.uk/education-and-families/somersets-local-offer/>

For Core Standards:

<https://choices.somerset.gov.uk/025/education/what-to-expect-from-education/>



USEFUL LINKS:

- **Glossary of Terms** - <http://www.sscb.safeguardingsomerset.org.uk/effective-support/glossary-of-terms/>
- **Legislation** - <https://sscb.safeguardingsomerset.org.uk/effective-support/legislation/>
- **Guidance** - <https://sscb.safeguardingsomerset.org.uk/effective-support/guidance/>
- **Tools** - <https://sscb.safeguardingsomerset.org.uk/effective-support/tools/>



USEFUL PHONE NUMBERS:

- | | |
|---|--|
| ● Consultation line for Children's Safeguarding Leads, GPs and lead practitioners | 0300 123 3078
(9.00 to 4.30 Mon to Thurs, 9.00 to 4.00 Fri) |
| ● Contact a Family
For families with disabled children | 0808 808 3555 |
| ● Emergency Duty Team (EDT) | 0300 123 2327 |
| ● Prevent – Regional Police Prevent Team | 01179 455 536 |
| ● Somerset Direct (Children's and Adult's) | 0300 123 2224 |
| ● Somerset Drug and Alcohol Service (SDAS) | 0300 303 8788
(24/7 for enquiries) |
| ● Somerset Integrated Domestic Abuse Service (SIDAS) | 0800 694 9999 |
| ● CAMHs Advice Line | 0300 124 5012 |



“Everyone who works with children has a responsibility for keeping them safe. No single practitioner can have a full picture of a child’s needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.”

Working Together to Safeguard Children, 2018

See Somerset Safeguarding Children Partnership (SSCP) website for other useful contacts
www.sscb.safeguardingsomerset.org.uk

Feedback on this guidance? Send to SSCP@somerset.gov.uk

CHILD / YOUNG PERSON'S SUMMARY SHEET

Universal Needs

Additional Needs

Complex Needs

Acute Needs

Child / Young Person's Name

Practitioner

Date

Agency

AREAS OF NEED	INDICATOR OF NEED				EXAMPLES / EVIDENCE OF IMPACT ON CHILD / YOUNG PERSON	PARENT / CARER VIEW	CHILD / YOUNG PERSON'S VIEW
Child's Developmental Needs							
Health							
Education							
Emotional & Behavioural Development							



AREAS OF NEED	INDICATOR OF NEED				EXAMPLES / EVIDENCE OF IMPACT ON CHILD / YOUNG PERSON	PARENT / CARER VIEW	CHILD / YOUNG PERSON'S VIEW
Child's Developmental Needs (continued...)	Green	Yellow	Orange	Red			
Identity	Green	Yellow	Orange	Red			
Family & Social Relationships	Green	Yellow	Orange	Red			
Social Presentation	Green	Yellow	Orange	Red			
Self Care Skills	Green	Yellow	Orange	Red			
Family & Environmental Factors	Green	Yellow	Orange	Red			
Community Resources	Green	Yellow	Orange	Red			
Income	Green	Yellow	Orange	Red			
Family's Social Integration	Green	Yellow	Orange	Red			
Employment	Green	Yellow	Orange	Red			
Housing	Green	Yellow	Orange	Red			
Wider Family	Green	Yellow	Orange	Red			
Family History & Functioning	Green	Yellow	Orange	Red			

AREAS OF NEED	INDICATOR OF NEED				EXAMPLES / EVIDENCE OF IMPACT ON CHILD / YOUNG PERSON	PARENT / CARER VIEW	CHILD / YOUNG PERSON'S VIEW
Parenting Capacity							
Basic Care							
Ensuring Safety							
Emotional Warmth							
Stimulation							
Guidance & Boundaries							
Stability							

Is there an existing Early Help Assessment for this child?

YES NO

The following tools may be helpful if you have identified any issues. Please indicate if any of the following have been completed:

Child Neglect - [Neglect toolkit](#)

YES NO

Child Exploitation (CE) - [CE Initial Screening tool](#)

YES NO

Unborn baby in the household - [Pre-birth Planning toolkit](#)

YES NO

Domestic Abuse - [ACPO DASH Risk Assessment](#)

YES NO

Is an [Early Help Assessment](#) or statutory assessment required as a result of completing this summary sheet?

YES NO