NSSCP
NORTH SOMERSET
Safeguarding Children Partnership

September 2022 –September 2025

Effective Support for Children, Young People and Families

Guidance for all who work with children and families

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Avon and Somerset Police
SERVE.PROTECT.RESPECT.

North Somerset Council

Contents

Effective Support for Children, Young People and Families 1

Guidance for all who work with children and families 1

Contents 2

Introduction 2

Who is this document for? 3

The role of Safeguarding Leads 3

The role of Designated Leads for Safeguarding 4

Important links 4

Our vision for our children 5

Signs of Safety 6

Informed consent 6

Information sharing 6

Effective Support – A continuum of need 7

Level 1 – Universal 8

Level 2 – Additional 10

Level 3 – Intensive 13

Level 4 – Specialist 16

Assessment before the need for Specialist Statutory Support 20

Requesting involvement from Specialist Statutory Services or Children's Social Care 21

Useful phone numbers 22

Glossary 22

Useful links

Signs of Safety

Informed consent

Request for Support Form

Types of Abuse

Introduction

This guidance has been developed by the North Somerset Safeguarding Children's Partnership in response to **Working Together to Safeguard Children July 2018**. Children, young people, and their families will have different needs, which may change over time. This document introduces a continuum of need and gives examples of the factors that may indicate the need for additional support.

This document will assist professional judgements in determining how to meet those needs. It is important that appropriate services are accessed to meet children and young people's needs as quickly as possible to meet the needs of children and young people, and that all agencies understand the unique needs of each individual, both in the national context and in their own.

It is important that all agencies understand the needs of each individual child or young person within both their own and the national context and realise North Somerset Children's Partnership recognises that every approach to supporting children and young people should involve parents, carers, professionals, and the wishes of the child wherever possible.

Who is this document for?

It is a guide for everyone who works with unborn babies, children, young people, and their families from pre-birth to age 19 (or up to age 25 with special educational needs and disability) to assist professional judgements around effective support for children and families in North Somerset. The aim is to help assist practitioners and managers identify and meet in identifying the needs of children, young people, and families. All practitioners have a responsibility to promote children's welfare and protect them from harm. This means providing the right help at the right time.

This document replaces all previously published 'Threshold Documents'. Where the term 'parent' is used, this refers to those who are parents or those who have parental responsibility.

This guidance should be used by practitioners to aid decision making; however, it does not replace our effective communication with parents, carers, young people, and each other. It is expected that all practitioners seek guidance and support from their safeguarding leads.

The role of Safeguarding Leads

Every organisation has a designated safeguarding officer or safeguarding team responsible for leading on safeguarding matters within their organisation.

The designated lead for safeguarding should be the first point of contact for all staff who need guidance around safeguarding concerns. This includes supporting colleagues in their organisation with decision making and information sharing regarding concerns for a child's welfare or safety. Conversations with the designated safeguarding lead should be used to seek advice, reflect on any concerns, and determine next steps.

The role of Designated Leads for Safeguarding

The child or young person's voice, needs, safety, and wellbeing are central to everything. It is important to:

- recognise children as valued members of our society, and their rights and best interests as paramount
- recognise that timing of support is critical, and decisions should align with developmental needs
- value relationships that matter to a child
- respond to problems as early as possible and make timely decisions based on the needs of the unborn baby, child, or young person
- create opportunities for children and young people to participate in decision making by promoting collaborative approaches and opportunities for co-production

Important links

- North Somerset Safeguarding Children's Partnership website (NSSCP) **https://www.nsscp.co.uk/**
- NSSCP – Online procedures national guidance **https://www.proceduresonline.com/northsomerset/cs/index.html**
- Early Help Strategy (Currently being updated)

Our vision for our children

Passion:

- To make North Somerset a truly great place for children and young people to thrive where all have the best possible life and opportunities, including those who are vulnerable, disadvantaged, or have special educational or additional needs
- We strive for high quality, consistent practice, valuing feedback and being open to continual learning

Outcomes:

- Healthy, happy, resilient children living with families
- Families able to make positive and sustainable change
- Children able to attend, learn, and achieve at school/college
- Young people ready for and contributing to adult life, society, and the world of work
- Children and young people safe from harm
- Delivering best value for money on the things that get the best sustainable outcomes for children and families in North Somerset

Pledges:

- We will intervene at the earliest opportunity with evidence-based, family focused services
- We will work in partnership to keep our children in school/college
- We will keep children and young people safe at home, healthy, and connected to their local communities

Principles:

- We will work to give families the Right Help at the Right Time
- We will work with families only for as long as is necessary
- We will work openly, honestly, and respectfully
- We will work to build strong relationships with all those we work with
- We will work in a trauma-informed, strength-based way with the whole family and their network to bring about sustainable, positive change

Practice Standards:

- Children will be listened to, and we will act on what they tell us
- Children will have people important to them involved in helping to meet their needs
- Children will have their needs clearly understood
- Children will have a plan which will tell those that need to know how to meet their needs, build on their strengths, and keep them safe
- Children will only have help for as long as they need it – so that they can get on with their own lives
- Children will be able to understand the things written about them
- Children will have help from workers who get the advice and support they need to do a good job

Signs of Safety

In North Somerset, we are committed to using the **Signs of Safety** model across our multi-agency workforce when working with children and families.

Informed consent

For additional support for children and young people to be effective it must be undertaken with the **consent of the child, young person, and their parents or carers.**

It should consider the child or young person's wishes and feelings, their age and level of understanding, family circumstances, and the wider community context in which they are living wherever possible.

Consent must be 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 regained. Practitioners must be aware that parents can withdraw consent at any time.

Information sharing

Practitioners must make clear to parents which organisations they wish to seek information from and who they wish to share it with. If anyone in the family home is aged 16 or over, their individual consent should be sought to 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 significant harm threshold, 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.

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.

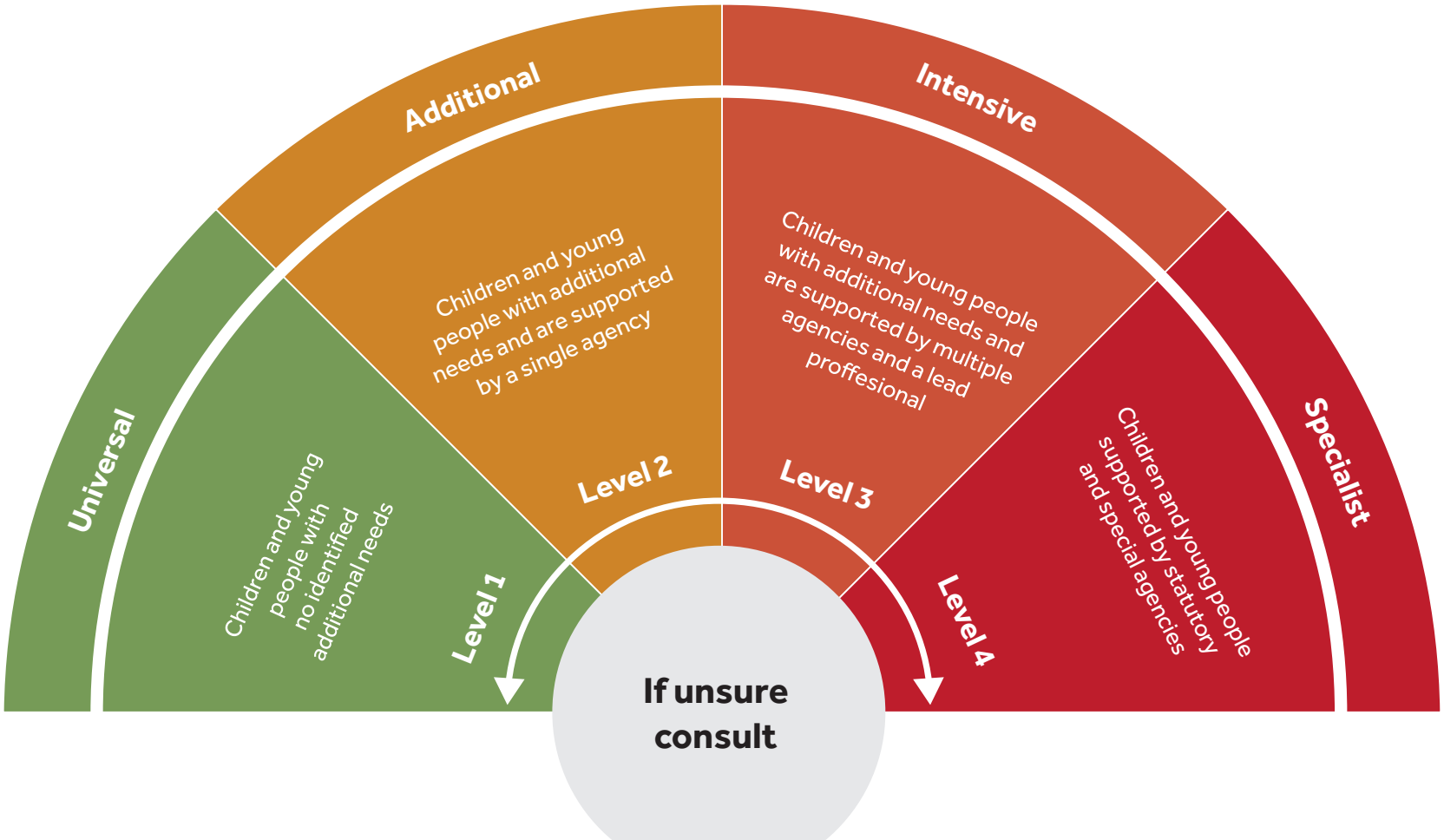
A child protection referral from a practitioner cannot be treated as anonymous, so the parent will ultimately become aware of the identity of the practitioner. Where the parent refuses to give permission for the referral, unless it would cause undue delay, further advice should be sought from a manager or your Safeguarding Lead, with 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 parent agreement must be recorded
- the parents' withholding of permission must form part of the verbal and written referral to the Front Door
- the parent should be contacted to inform them that, after considering their wishes, a referral has been made

Effective Support – A continuum of need

North Somerset Safeguarding Children's Partnership recognises a continuum of need which is based on the principle that support should be offered to children and young people at the level one, proportionate to the assessed need. Our aim is to support families as early as possible so they can continue to receive support from universal services.

This model outlines four levels of need. The divisions between the levels must be seen as a continuum of need rather than fixed stages. Criteria are set out under each of the four levels of need to help practitioners understand levels of need and inform decisions around how best to support children and young people. The lists are not exhaustive and are not intended to replace professional judgements.



Level 1 – Universal

Most children reach their full potential through the care of their families and communities. Universal services are provided to all children and their families through community networks such as schools, primary healthcare, leisure services, voluntary, and community groups. Universal services play a key role in helping children and young people throughout their childhood. Some examples of how universal services help children and young people may include supporting a child to have:

- ability to meet developmental milestones
- good attachment and relationships
- appropriate guidance and boundaries
- good physical health
- good school attendance

Level 1 - What do Practitioners need to do

All children and families should receive universal services such as health care and education as well as early years, and access to social activities. 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. No formal assessment is needed at level one.

Examples of universal services which are available to all children and young people

Education

- Children's Centres
- Health Visiting
- Early Years Providers
- Sexual Health Services
- Antenatal/ Midwifery Care
- Dentist
- School nursing
- School
- Citizens Advice
- GP
- Police
- Housing
- Voluntary & Community Sector

Parents or Carers Capacity

Basic Care Safety and Protection

- Parents/Carers provide care for unborn (unborn) child's needs and protect from danger in the womb, home, and elsewhere

Emotional Warmth and Stability

- Parents/Carers provide secure and caring parenting and show warmth, praise, and encouragement

Guidance Boundaries and Stimulation

- Parents/Carers provide guidance and boundaries to help child develop appropriate values

Child or Young Person's Developmental Needs

Learning/Education

- Access to education provision appropriate to age and ability
- Access to employment (including work-based learning) appropriate to age and ability
- Acquiring a range of skills/interests, experiences of success/achievement
- Access to books/toys, play

Health

- Physically well
- Developmental checks/immunisations up to date
- Health appointments, including antenatal, are kept and advice given is acted upon when required
- Adequate diet/hygiene/clothing
- Regular dental and optical care

Social, Emotional, Behavioural, Identity

- Demonstrates age-appropriate responses in feelings and actions
- Good quality early attachments
- child is appropriately comfortable in social situations
- Knowledgeable about the effects of crime and antisocial behaviour (age appropriate)
- Able to adapt to change
- Able to demonstrate empathy
- Positive sense of self and abilities
- Involved in leisure and other social activity

Family and Social Relationships

- Stable and affectionate relationships with caregivers
- Good relationships with siblings
- Positive relationships with peers and age-appropriate friendships

Self-Care and Independence

- Developing age-appropriate level of practical and emotional skills
- Good level of personal hygiene
- Able to discriminate between 'safe' and 'unsafe' contacts
- Gaining confidence and skills to undertake activities away from the family

Level 2 – Additional

Children and young people need additional support, if they would be at risk of not meeting developmental milestones without it.

Their additional support needs may relate to their health, educational, or social development and are likely to be short-term needs. If ignored, these issues may develop into more worrying concerns for the child or young person and prevent them from achieving their full potential.

Everyone who works with children, young people, and families has a responsibility to identify additional needs and offer support to improve outcomes. This should be regardless of organisation, status, or position, and serves to prevent deterioration or escalation of their needs. The agency who is supporting the child/ family will use their own assessment process at this level of need.

What you need to do:

Practitioners must talk to the family and consider carrying out an assessment to ensure the child receives appropriate additional support. The child or young person's needs will be met primarily by your setting, with possible additional short-term intervention from another agency (if required).

Agencies should use the North Somerset Early Help Assessment at this level. This must be completed with the parents/carers, using this document as a guide.

An action plan should identify if other agencies are also supporting the child or young person's needs and, if appropriate, agree who will identify as the lead professional. This will be the person who knows the child best.

If an assessment is refused and the needs of a child cannot be met by the family or the agency who identified the need, a **Request for Support Referral** to The Front Door should be considered.

Healthy Transition/Positive Endings

When the child's/family's needs have been met, the lead agency/professional will inform the family and the child/young person will again receive support from universal services.

In addition to universal services, some examples of targeted services are:

- YJS Voluntary Programmes (YISP/SAS/YVS)
- Police
- Adult Drug and Alcohol
- Children's Centres
- Early Years Providers
- Voluntary and community Services
- Housing
- Short break respite care
- Maternity Services/Midwifery
- Domestic Abuse Services

Parents or Carers Capacity

Basic Care Safety and Production

- Requiring advice/support on parenting issues (for example: safe and appropriate childcare arrangements, safe home conditions, additional support with preparation for a new baby)
- Professionals beginning to have concerns about child's physical needs being met
- Parental stresses starting to affect ability to ensure child's safety
- Poor supervision and attention to safety issues

Emotional Warmth and Stability

- Some difficulties with family relationships
- Lack of response to concerns raised about child's welfare
- Parents own emotional needs compromise those of the child/young person

Guidance Boundaries and Stimulation

- Boundaries are not applied or are inconsistent, including between separated parents or multiple care givers
- Behaviour problems not recognised and addressed by parents
- Child/young person receives little positive stimulation

Family and Environmental Factors

Family History and Well-Being

- Parents/Carers have relationship difficulties or there is frequent conflict which may affect the unborn baby/child
- Parents/Carers request advice to manage their child's behaviour
- Sibling with significant cause for concern (health, disability, behaviour)
- Risk of domestic abuse/violence
- Parental physical/mental health issues
- Low level substance misuse
- Family has limited support from wider family and/or friends
- Child is a young carer

For Children with Special Educational Needs and Disabilities

- Parents and carers require a break to give their other dependents their uninterrupted time and attention or to have uninterrupted time to themselves
- Parents need help setting up leisure access for their child
- Assistance developing independence, choice, and control in preparation for adulthood
- The child requires:

- assistance to spend time with their friends, peer groups/social activities
- assistance to take part in leisure activities.
- help with setting up access to leisure activities.

Housing, Employment and Finance

- Inadequate/poor/overcrowded housing
- Families affected by low income/debt/living with poverty affecting access to appropriate service to meet child's additional needs
- Family seeking asylum or refugees

Social and Community Resources

- Experiencing harassment/discrimination
- Socially or physically isolated
- Lack of a support network
- Insufficient facilities to meet social integration needs (for example: advice/support needed to access services for disabled child where parent is coping otherwise)
- Child associating with peers who are involved in anti-social or criminal behaviour
- Family demonstrating low-level anti-social behaviour towards others

Child or Young Person's Developmental Needs

Learning/Education

- Poor school or early years attendance/punctuality
- Behaviour likely to lead to risk of exclusion
- Identified learning needs – SEN Support plan
- Identified language and communication difficulties linked to other unmet needs
- Gaps in schooling/learning due to pregnancy
- No access to early education
- No access to employment (including work-based learning)
- Limited access to resources for learning at home (for example: books/toys)
- Not always engaged in learning – poor concentration, low motivation, and interest

Health

- Slow in reaching developmental milestones
- Concern regarding diet/hygiene/clothing
- Not attending routine appointments (for example: immunisations and developmental checks)
- Persistent minor health problems
- Weight is significantly above or below what would be expected
- Starting to default on appointments across health including antenatal, hospital and GP appointments
- Encopresis/enuresis (soiling and wetting)
- Low level mental health or emotional issues
- Low level substance misuse
- Accident & Emergency Department attendance giving cause for concern
- Lack of antenatal care

Social, Emotional, Behavioural, Identity

- Disruptive/challenging behaviour including in school or early years setting
- Emerging anti-social behaviour and attitudes or low-level offending
- Child is victim of bullying or bullies others
- Difficulties in relationships with peer group or with adults
- Friendships and relationships inappropriate for age
- Low self esteem
- Concerns about sexual development and behaviour
- Not always adequate self-care (for example: poor hygiene)

Self-Care and Independence

- Lack of age-appropriate behaviour and independent living skills that increase vulnerability to social exclusion
- Inappropriate use of social media
- Friendships and relationships inappropriate for age

Level 3 – Intensive

Despite additional support via a single agency with short-term intervention from an additional agency, the child or young person is at significant risk of not achieving expected outcomes. The child/young person has needs which require a holistic and coordinated approach and more intensive intervention and help.

Several indicators would need to be present to indicate a Level 3, intensive level of need. A multi-agency response is required. A lead practitioner will need to be identified to coordinate effective and timely support.

Without intervention there may be some risk of harm to others or risks of:

- social or educational exclusion
- CSE/CCE or involvement/escalation within the criminal justice system
- increased risk factors associated with offending

What you need to do:

The child or young person has complex needs which require coordinated, multi – agency support with an assessment and action plan, a lead professional, and a team working with their family.

If an assessment and plan has previously been completed at Level 2, this will be critical in helping agencies target further interventions effectively. Practitioners must talk to the family and carry out a family meeting to ensure the child receives the right support. The family meeting must take place to agree a coordinated response which will be detailed in an action plan.

If there are concerns about mental health, please contact Child and Adolescent Mental Health Services (CAMHS) on 01934 83 6406.

If there are concerns with regards to offending, please contact the Youth Justice Service (YJS) on 01275 88 8360.

Depending on the nature of the child's needs, practitioners can consider if children/young people with needs at this level may benefit from a referral to the Family Wellbeing team

via The Front Door. If so, access to this service can be made via a **Request for Support Referral**, which will gather all of the relevant information concerning the child/family. Please complete this form and send to childrens.frontdoor@n-somerset.gov.uk. The Front Door will decide on their response, within 24 hours based on the information supplied in the referral.

At this stage an assessment is usually completed by the Family Wellbeing Service. Following this, the outcomes could be:

- Further work from the Family Wellbeing Service
- Referred to other agencies
- Closed

In addition to universal and targeted services, some examples of intensive services are:

- Specialist YJS Services including SAS, YISP, EEP Junction 21 Mentoring, YVS and CCST interventions
- Other statutory services (for example: SEN services)
- Specialist health or disability services
- Police
- CAMHS
- Voluntary & Community Services
- Homeless services
- Refugee & Resettlement Services
-

Parents or Carers Capacity

Basic Care Safety and Protection

- Parent is struggling to provide adequate care
- Young child regularly left alone or unsupervised
- Parents/carers unable to protect from danger or significant physical or emotional harm (including the risk of sexual harm) in the home and elsewhere
- Neglect where food, warmth, and other basics often not available
- Parents' mental health problems or substance misuse significantly affect the care of the child
- Exposure to harmful substances in utero
- Parental learning difficulties that have a direct impact on child's health or development
- Child exposed to ongoing domestic violence
- Child's health needs not met
- Persistent non-attendance at antenatal care

Emotional Warmth and Stability

- Child receives erratic or inconsistent care
- Parental instability affects capacity to nurture/care
- Child/parent relationship at risk of breaking down
- Child has a succession of unplanned, multiple carers
- Child constantly criticised/putdown
- Parents' own emotional needs compromise those of the child/young person

Guidance Boundaries and Stimulation

- Child/young person receives little positive stimulation
- Parents/carers provide inconsistent boundaries or present a negative role model (for example: by behaving in an anti-social way)

Family and Environmental Factors

Family History and Wellbeing

- Child is privately fostered
- Unaccompanied asylum-seeking children (UASC)
- Family functioning significantly affected by problems of physical or mental health or substance misuse
- Incidents of domestic abuse/violence
- Recent experience of serious loss or trauma
- Parent has received custodial sentence
- Risk of family relationship breakdown leading to need for child to become looked after outside of family network
- Child is a young carer requiring assessment of additional needs

Housing, Employment, and Finance

- Overcrowded or poor-quality housing likely to impair health or development
- Extreme financial difficulties/poverty impacting on ability to have basic needs met and no access to funding/community resources
- Living independently as a teenage parent and needing additional support
- Vulnerable homeless young person
- Family at risk of eviction having already received support from housing services

Social and Community Resources

- Child or family need ongoing support and protection due to harassment/discrimination and have no supportive network
- Involvement in gang activity
- Forced marriage of a child/young person under 18 years

Level 4 – Specialist

Children with Level 4 needs require specialist/ statutory integrated support. More than one agency is normally involved, with a co-ordinated multi-agency approach with a Lead Practitioner from a statutory role. These are children/young people and families with increasingly complex needs.

Statutory services include Police, YJS, CAMHS and Children's Social Care. If children and young people require specialist social work intervention a **Request for Support Referral** needs to be completed by the referring agency. These could be children who require a social work assessment under Child in Need, Child Protection, or those children and young people who are at risk of significant harm.

These referrals will be triaged within 24 hours by the duty social worker in the Front Door and a decision of next steps will be made.

The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interest of children and gives local authorities a duty to make enquiries. This would also include children identified as being at risk of causing serious harm to others.

The need for Specialist Support should include:

- Children at immediate risk of significant harm including physical, sexual, emotional harm and neglect
- Children with unexplained injuries, suspicious injuries or where there is inconsistent explanation of the injury
- Children with perplexing presentations, such as fabricated induced illness (FII)
- Children from families experiencing a crisis likely to result in an imminent breakdown of care arrangements
- Where there are serious concerns regarding the risk of significant harm to an unborn baby, such as previous children removed from parents' care, current and persistent parental, illicit drug use or mental health
- Children who are remanded to custody
- Children who allege abuse
- Vulnerable children who are left alone
- Children who cause serious harm to others (including harmful sexual behaviour)

What you need to do:

Children with complex or intensive needs may require acute health services. Where the Police/ YJS/CAMHS are taking the lead there may be no action for Children's Social Care.

All practitioners wishing to request involvement of children's social care in relation to Child in Need or Child Protection must complete a **Request for Support Referral** and submit it to childrens.frontdoor@n-somerset.gov.uk. The Front Door team will decide on their response following the request for support.

In situations where there is a clear need for Children's Social Care involvement, but there are no concerns around immediate risk of harm, with consent of the family the referral will be passed to the Family Support & Safeguarding Service for a social worker to be allocated. The social worker will carry out the Child and Family Assessment. Following this assessment outcomes could be:

- Child protection procedures initiated (Section 47 enquiry)
- Further work under a Child in Need plan (if a children and family assessment has been completed)
- Step down to the Family Wellbeing Service
- Referred to other agencies
- Closed

In the case of suspected abuse, they will follow the Working Together 2020 procedures. If there are immediate safeguarding concerns, a Strategy Discussion will be requested within 24 hours.

Strategy Discussion

The meeting will be multi-agency and will be led by the Family Support & Safeguarding Service. If the decision is to progress to Section 47 inquiry, a social worker will carry out the actions agreed within 10 working days. Other outcomes from a Strategy could be services to be provided under Section 17, in which case a Child and Family Assessment will be completed by the Family Support & Safeguarding Service.

In addition to services in Level 1-3, some examples of specialist services are:

- Children's Services – Social Care, Fostering
- Adoption Southwest
- Police
- Other statutory service (for example: SEN Services; Education and Child Psychology)
- Specialist Health or disability services
- Youth Offending Service including SAS, YISP, EEP Junction 21 Mentoring, YVS and CCST interventions
- Targeted drug and alcohol
- CAMHS
- Voluntary & Community Services
- Children's Centres

Healthy Transition/Positive Endings

Children's Social Care will work with the child/ young person and their family to reduce the risk to a Child in Need and ultimately facilitate a move out of statutory interventions as described in Level 3. Alternatively, Children's Social Care will embark on court proceedings to accommodate the child or young person in a kinship, fostering or residential placement, or to place the child for adoption.

Parent/Carer's Capacity

Basic Care Safety and Protection

- Parents unable to provide 'good enough' parenting that is adequate and safe
- Continual instability and violence in the home
- Parents have or may have abused/neglected the child/young person
- Child not protected from sexual exploitation/ abusive situations
- Child beyond parental control and placing themselves at risk
- Forced marriage of a child/young person under 18 years
- Pre-birth assessment indicates unborn child is at risk of significant harm

Emotional Warmth and Stability

- Parents inconsistent, highly critical, or apathetic towards the child
- Adoption breakdown
- Abandoned child or unaccompanied minor
- Imminent family breakdown and risk of child being looked after
- Missing child/child persistently running away

Guidance Boundaries and Stimulation

- Lack of appropriate supervision or effective boundaries
- Child is beyond parental control
- Child left for long periods on their own without adequate adult supervision or support

Family and Environmental Factors

Family History and Well-Being

- Persistent domestic violence
- "Adults who present a risk to children" living in the family home or members of the wider family are known to be, or suspected of being, a risk to children
- Severe parental mental or physical health problems or substance misuse which means that vital parenting roles are not undertaken
- Family characterised by conflict and serious, chronic relationship difficulties
- Parent/carer has unresolved mental health difficulties which affect the wellbeing of the child
- Adult victim of domestic abuse is assessed as high-level risk and the child
- (including unborn) is at risk of significant harm
- Child's carer or a member of the household, referred to MARAC (Multi-Agency Risk Assessment Conference) or MAPPA ((Multi-Agency Public Protection Arrangements).

Housing, Employment and Finance

- Physical accommodation places child in danger
- Persistent lack of adequate food, warmth, or essential clothing

Child or Young Person's Developmental Needs

Health

- Class A/serious drug misuse
- Acute mental health issues
- Suspected non accidental injury/abuse/neglect
- Suspected PP/fabricated induced illness (FFI)
- Any bruising in a non-mobile infant
- Serious self-harm
- Significant regression in speech, communication, or interaction where no medical cause has been identified
- Female genital mutilation

Social, Emotional, Behavioural, Identity

- Challenging behaviour resulting in serious risk to the child and others
- Failure or inability to address complex mental health issues requiring specialist interventions
- Under 13 engaged in sexual activity
- Under 18 concerns regarding coercion to engage in sexual activity
- Subject to sexual exploitation
- Missing from home for repeated short periods of time or prolonged periods
- Young people with complicated substance misuse problems requiring specific interventions or child protection and who can't be managed in the community
- Concern in relation to potential radicalisation
- Child subject to MAPPA

Self-Care and Independence

- Child is left home alone without adequate adult supervision or support and at risk of significant harm
- Distorted self-image and lack of independent living skills to result in significant harm

Assessment before the need for Specialist Statutory Support

Discuss the needs of the child with the family and outline the process for support
(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 to triangulate information to complete your assessment

Universal Needs

No need for an assessment unless additional needs are emerging and an assessment is required as preventative assessment. Complete own agency assessment and store on own agency file

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

Additional Needs

If single/joint agency response is required, gain consent for sharing information from the family, consider a family meeting, and complete own agency assessment. Store on own agency file

Intensive Needs

Lead Practitioner to be identified, Family meeting to be arranged and completion of joint assessment with the family. Request for Support Form can be completed, and support requested from the Family Wellbeing Team

Shared ownership of actions agreed

Specialist Needs

Please refer to diagram: Requesting Involvement from Specialist Statutory Services or Children's Social Care.

An agency assessment is both an ongoing assessment tool and a request for involvement for other services.

During discussions with partner agencies and in family meetings, responsibility needs to be agreed as to who will make the request to another service for ongoing support and intervention.

Requesting involvement from Specialist Statutory Services or Children's Social Care

IF YOU ARE UNSURE CONSULT WITH YOUR AGENCY SAFEGUARDING LEAD OR CALL THE FRONT DOOR CONSULTATION LINE ON **01275 888690**

Child Protection Enquiry

Is there reasonable cause to suspect that a child is suffering or likely to suffer significant harm?

CALL 01275 888690 or 999 if there is an immediate risk to the child.

*Follow up **Request for Support Form** within one working day.

Child In Need

Is the child unlikely to achieve, maintain, or have the opportunity of achieving or maintaining a reasonable standard of health or development?

Is their health or development likely to be significantly impaired without the provision of such service?

Discussion with social worker at the Front Door who will review the information

If not deemed significant harm

Complete a **Request for support referral form** and gain consent from parents/carers.
Send to **childrens.frontdoor@n-somerset.gov.uk**

Triaged by social worker, contact will be made with parents, child, and partner agencies where appropriate. Analysis and recommended action. Feedback to requester.

Strategy Discussion

Child and Family (C&F) assessment with consent from parents/carers

Referral to Family Wellbeing Service with consent from parents/carers

No further action by statutory services

Useful phone numbers

Care Connect	01275 888 808
Out of Hours Emergency Duty Team (EDT)	01454 615 165
North Somerset Drugs and Alcohol Service (Next Link)	0800 4700 280
National Domestic Violence Helpline	0808 2000 247
North Somerset Domestic Abuse Service (We Are With You)	0800 4700 280
CAMHS Advice Line	0300 125 6700
SARSAS Somerset and Avon rape and sexual abuse support for women and girls	0808 801 0456
SARSAS Somerset and Avon rape and sexual abuse support for men and boys	0808 801 0464
FRANK confidential drugs information and advice	0800 77 66 00
Prevent/Channel	0207 340 7264
Karma Nirvana	0800 599 9247
Female Genital Mutilation	0800 028 3550
Local Authority Designated Officer	01275 88 8211

Glossary

CAMHS: Children and Adolescent Mental Health Service for people across the UK

CCST: Children's Community Support Team for North Somerset Council

CONTEST: Counter Terrorism Strategy

CCE: Child Criminal Exploitation

CSE: Child Sexual Exploitation

LADO: Local Authority Designated Officer

MAPPA: Multi-Agency Public Protection Arrangements

MARAC: Multi-Agency Risk Assessment Conference

NRM: National Referral Mechanism

NSSCP: North Somerset Safeguarding Children Partnership

SAS: Sexual Assault Support

SEN: Special Educational Needs

SEND: Special Educational Needs and Disabilities

YISP: Youth Inclusion Support Project

YJS: Youth Justice Service

YVS: Young Victims Service