

Wigan's Threshold of Need and Response Guidance



Foreword

Welcome to Wigan Safeguarding Children's Partnership Threshold of Need and Response Guidance document.



| Nothing is more important than a child's welfare.

The ambition of Wigan Safeguarding Children's Partnership is that children, young people and families live in a supportive environment where they are able to be healthy, thrive and achieve, in which their wellbeing needs are met and where they are safe from harm. It is the aim of the Partnership that children at risk are identified early, responded to promptly and timely action is taken to reduce risk, or to intervene more formally when parents and carers are unable to meet children's needs. We believe that the most effective way to ensure that children and families get the right service at the right time is for practitioners to work together using a combination of deliberation and professional judgement.

We are delighted to introduce Wigan's Threshold of Need and Response Guidance. This document explains how to use levels of need, routes to support for children in Wigan and we have included useful links and documents for our workforce.



A handwritten signature in black ink that reads "Colette Dutton".

Colette Dutton
Director of Children's
Services
Wigan Council



A handwritten signature in black ink that reads "Mark Kenny".

Mark Kenny
Superintendent
Wigan
Greater Manchester Police

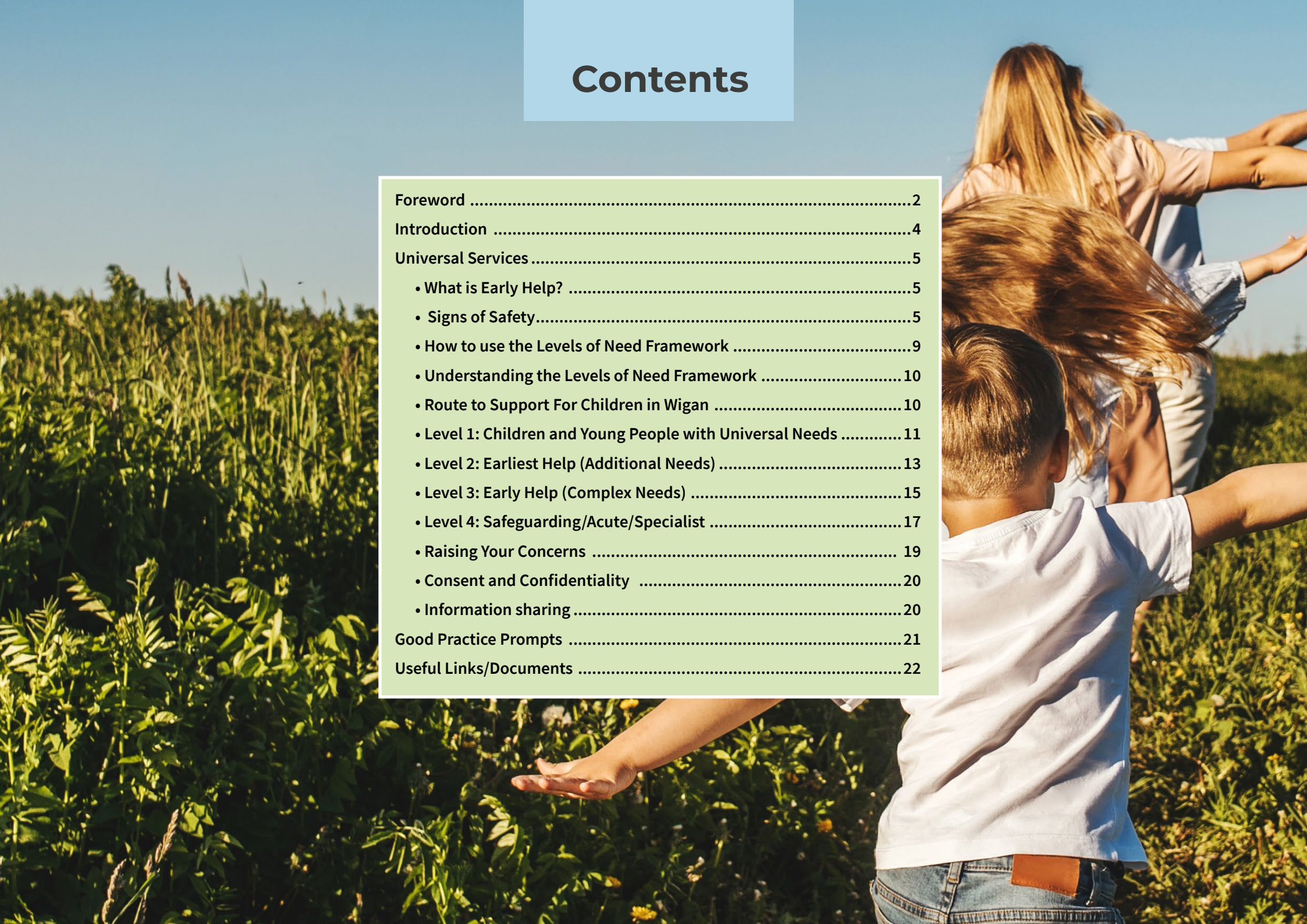


A handwritten signature in black ink that reads "Sally Forshaw".

Sally Forshaw
Executive Director of
Nursing & Quality
Wigan Borough CCG

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Introduction

This document has been designed to ensure that children's needs are responded to at an appropriate level and in a timely way using the Signs of Safety approach. This is overarching guidance for all agencies, professionals and volunteers working with children and young people in Wigan. It should be used to help consider how to best meet the additional needs and vulnerabilities of individual children and the actions required to meet those needs.

Partnership working is essential to ensuring positive outcomes for children and to reduce the need for more intensive interventions at a later stage.

The document sets out the procedures which all practitioners must follow in identifying, raising and responding to concerns about children when coming into contact with them, or receiving information about them.

All children and young people have the right to be protected from harm and to have the opportunity to achieve their full potential.

This threshold guidance is presented using a 'windscreen model' to illustrate how we work with children, young people and their families from universal services to an Early Help approach and when statutory intervention is required.

The aim is that, as far as possible, children's needs should be met within universal provision. **When additional needs are identified support should be introduced at the earliest opportunity with parental (and/or child where age appropriate) consent.** By providing support at the earliest opportunity, we can work with children, young people, and their families to alleviate emerging problems, prevent problems from escalating and help to improve outcomes.

In some circumstances the needs of a child and the level of concern may not be met through a coordinated Early Help approach. Consequently, there may be a need to provide more intensive or specialist support led by children's social care. The term 'step-up' is often used to describe this process.

The term 'step down' is used to describe children and their families/carers moving from a high level of

intervention, including statutory intervention, to a lower level of coordinated support. This is important in ensuring that the child's needs are met the first time.

This document is intended to guide the decision making of practitioners and managers. However, practitioners should always use their professional judgement, taking into account the age of the child, the context of the situation and any protective and resilience factors.

There are four levels that take into account the different stages of need and types of intervention which are available to children and their families. Children can move across the levels at different times in their lives, or at different times during agencies' contact with them. Support might be provided on a single or multiagency basis.

The service response is directed at reducing risk and vulnerability and meeting needs at the appropriate level of intervention. Access to effective Early Help and prevention services is essential to achieving this.

This document is based on 3 key principles:

- Supporting children, young people, families, carers and communities to help themselves wherever possible by developing a strengths based model/ approach.
- Services should work to quickly identify children, young people, families or carers who might need extra help from them.
- Services should act quickly as soon as they know help is needed.

Universal Services

Children and young people make good overall progress in all areas of development. These children receive appropriate universal services, such as health, care and education. They may also use leisure and play facilities, housing or voluntary sector services. These children may have a single identified need that can be adequately met by a universal service. However, if further additional needs are identified, an Early Help Assessment (formerly known as a CAF) should be completed.

What is Early Help?

Early Help refers both to help in the critical early years of a child's life and throughout a child, young person and family's life too. Early Help intervention should happen as soon as possible when difficulties emerge in order to prevent problems from deteriorating or becoming entrenched. Wigan's Early Help offer is underpinned by colleagues in Universal Services identifying the need for support at an early stage for those families who may need it.

Effective and outcome focused Early Help Services may occur at any point in a family's life from pre-birth to young adulthood. Early Help has a key role to play in supporting vulnerable adults.

Our ambition in Wigan is to provide access to co-ordinated Early Help in accordance with need as soon as difficulties are identified, particularly for those with multiple and complex needs. This support will be based on a robust assessment (using the Early Help Assessment, Children & Family Assessment or Specialist Agency Assessment) of needs, will be personalised, evidence based, multi-agency, strengths based and embedded within our Signs of Safety approach.

Signs of Safety

Signs of Safety makes sure the view of the child, their parents and their **safety network** (important people in the child's life), are part of the solution.

The approach is about children, families, their network and professionals working together to meet the needs of children in the best possible way.

The Signs of Safety assessment process is called **mapping**, and it concentrates on four questions; what is working well, what we are worried about, what needs to happen so that children can be safe and happy in the future, and how safe is the child on a scale of 1-10. If the assessment finds serious worries about the child, these are written down and called a **danger statement**, and then everyone agrees what behaviours need to be seen to know that the child is always safe and well; this is called a safety goal. The child, their network and professionals will work together to achieve this safety goal, by implementing a safety plan (all the things that will happen to show everyone how the child will always be safe, even if danger is present), and a **trajectory** (step by step how we will move from danger to safety).

The voice of the child is crucial in our Signs of Safety approach. We should capture their voice when undertaking direct work with them to understand their experiences. We need to communicate with children in ways they understand by providing them with explanations using words and pictures. This can help adults communicate with children about what has happened and what will keep them safe.

There is a statutory need to contact children's social care when needs escalate to a level of significant harm and the practitioner identifying those concerns should make contact with the Multi Agency Safeguarding Team (MAST) to seek specialist advice on how to manage further support.

How to use the Level of Need Framework

Wigan's framework follows the 'windscreen' model illustrated within this document. The aim of the 'windscreen' model is to assist practitioners and managers in assessing and identifying:

- A child's level of need
- What types of services/resources might meet those needs and the process to follow in moving from the identification of need to the provision of services.

It is important to say that each child is an individual within their own context and realise that each child's situation is unique and specific to them. The model provides a guide to support professional judgements in determining the next course of action to meet those needs.

Wigan's framework is underpinned by the following key principles:

- All children receive universal services regardless of their level of need.
- Children's needs can be fluid and as such can move between the levels of need over time. This continuum of need is reflected within the 'windscreen' model.
- Services should be mobilised to move quickly and effortlessly for children and their families via the required service response without having to necessarily progress through each level of need
- Children and young people's voices should be at the centre of what we do and should be evident in our work
- Our services should be child focused but also operate within the context of whole family working.

There will be times when professionals have different views on how best to support a child and family/ carers and the levels of intervention required by different agencies. In the first instance this should be resolved by a multi -agency meeting, supported by an Early Help Assessment, Child & Family Assessment or Specialist Agency Assessment and if agreement cannot be reached and cases become 'stuck' then the practitioner who disagreed with the outcome should notify their manager who should consult and use the Wigan safeguarding Children Partnership escalation process which can be found here.

[Link to the Escalation Policy](#)

This process is based on agencies assessing and describing the needs of the child using the Professional Referral Form and including an Early Help Assessment where there is one.

The Multi-Agency Safeguarding Team (MAST) is the single point of contact for all safeguarding concerns regarding children and young people in Wigan. The MAST can be contacted on **01942 828300** 8:45am – 5pm, Monday – Friday. It is made up of a range of multi-agency professionals who share information to decide the most appropriate intervention. Professionals should always take advice when applying thresholds, either from their agency's safeguarding lead or from the MAST. This is particularly important when needs indicate that a level 4 response is required. It is important to remember that families can move up and down the levels of need, as illustrated in the 'windscreen' below. **The aim for all services should be to implement the right support at the earliest opportunity for intervention. Early identification of need at levels 2 and 3 on the continuum will enable effective Early Help which in turn should help prevent escalation into statutory services.**

Level 2 and 3 needs are supported by the Early Help Services and level 4 describes children with acute and specialist needs where statutory assessments/ processes are required. A Social Worker will work in partnership with other professionals to undertake a Child & Family Assessment as per [Working Together to Safeguard Children 2018](#).

This guidance is designed to help practitioners and managers:

- Think within an 'assess, analyse, plan, do and review framework'
- Offer an holistic approach to children, young people and their families/carers
- Understand the child in the wider context of their family and their community
- Use child development as a core part of practice
- Develop solutions with children and their families/carers, which are strengths based, capacity building, outcome focused, ensuring that services are provided in a timely manner and at the right level.

The Early Help Assessment can be used by all services to provide the holistic view of the needs within the family and can be used to inform statutory assessments where needs require acute or specialist support. At levels 2 & 3 the framework sets out the Team Around the Family approach which is facilitated by a lead professional and supported by a multi-agency Early Help Plan. The lead professional is a member of the children's workforce who takes the lead to coordinate provision for a child, young person and their family. They act as a single point of contact when a range of different agencies are involved. Team Around the Family is a meeting between a child/young person, their family and a group of practitioners who are working with them. The purpose of the TAF meeting is to share information and to create a solution focused plan that will support the needs of the child and their family. The meeting provides an opportunity to consider how appropriate, effective and timely support can be secured, enabling family's needs to be met. The focus of the meeting is to build on the strengths identified within the Early Help Assessment whilst addressing the current worries/concerns.

Level 4 describes children with acute needs where statutory assessments/interventions are required. These children might be children in need (CIN, Section 17) or children in need of protection (CP, Section 47)). In these instances, Children's Social Care professionals lead and assess the needs of the child, in partnership with other professionals, using the Children & Families Assessment. Children that are subject to Child in Need will be led by Children's Social Care but also have input from Early Help colleagues with specific pieces of work.

If needs escalate beyond Early Help and require statutory intervention, the MAST should be contacted to discuss the best way to meet those needs.

The terms 'step up' and 'step down' are commonly used to describe children moving between levels of need and is used within this framework to describe how children's needs can change, especially through the life of an assessment as more information comes to light. This requires all professionals working with children and their families to be familiar with this document and the approach so that if a service ceases due to a change in need or circumstances, there is a clear and agreed continuation of appropriate service response from the most relevant agency/ies – this will prevent families experiencing sudden withdrawal of support.

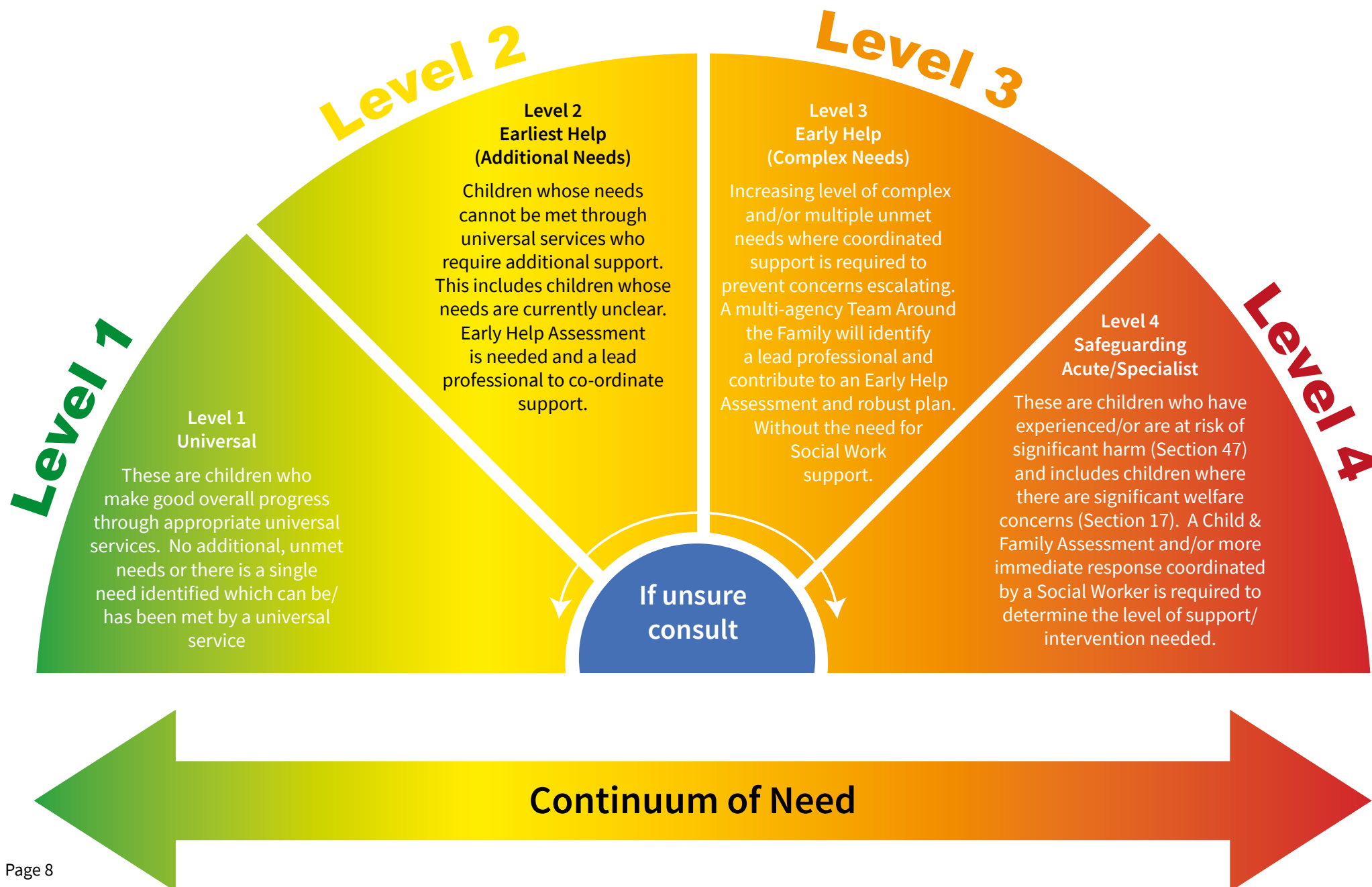
It is vital that every person working in Wigan sees how their role can be a contribution in supporting a child and family, even if they are not directly working with the child and family. The broader support from partners is what makes the difference for families, preventing concerns escalating and reduces the need for statutory social care interventions.

Although consent is required to complete an Early Help Assessment you are reminded that consent is not needed where there are safeguarding concerns. Practitioners working with families undertaking an Early Help Assessment should always clearly explain the consent statement to avoid any misunderstandings. If the family are to be supported through the Confident Families agenda (known nationally as Troubled Families).



Please note that Universal Services are available to families at any stage on the Continuum of Need Framework and that successful partnership working is facilitated by effective information sharing and transparent communication.

The model on this page is known as the 'windscreen' and provides a visual explanation of the Continuum of Need.



Understanding the Levels of Need and an indication of the factors affecting need

	Level of need 1 Universal (Community)	Level of need 2 Earliest Help (Additional Needs)	Level of need 3 Early Help (Complex Needs)	Level of need 4 Safeguarding, Acute & Specialist
	Children, young people and families/ carers having all their needs met by universal services and are thriving. They require no additional support.	Children, young people and families/ carers who have additional unmet needs, who may need extra support to be healthy and thrive.	Increasing level of complex and/ or multiple unmet needs where coordinated support is required to prevent concerns escalating. A multi-agency team around the family will identify a lead professional and develop robust multi agency Early Help plan to prevent escalation of concerns. Early help assessment is needed	A child or young person living in circumstances where there is a significant risk of harm, abuse or neglect, where the young person themselves may pose a risk of serious harm to others or where there are complex needs in relation to disability
Response	At this level, services are ‘universal’ meaning that they are available to all children and young people. Families and young people can use these services without the need for a referral or assessment for example Family Information Service, schools, GP surgeries, children’s centres, libraries and leisure centres, health services and a range of services provided by private, voluntary and independent services.	In order to resolve these additional unmet needs, an agency needs to respond to offer support, advice, direction and planned intervention or additional resources. These needs can be identified through an Early Help Assessment. All Early Help Assessments must be logged with the Early Help support team.	Early Help Assessment, plan and interventions are required if the situation is not to escalate into neglect, abuse or long term disfunction	Children & Families Assessment required, maybe Section 17 or Section 47. The intervention will be led by the Social Worker, working in partnership with all relevant agencies.
Procedure	Direct contact with universal services: Schools, GP surgeries, children’s centres, libraries and leisure centres, health services and a range of services provided by private, voluntary and independent services. https://www.wiganlscb.com/home.aspx or 01942 828 300 for information, advice and guidance for children and families	Check out www.wiganlscb.com/home.aspx for information, guidance and Early Help documentation. If you have access to the Early Help Case Management System, please check if any Early Help is open. Contact the Early Help Team via the MAST on 01942 828250 between 8:45am – 5pm Monday - Friday to see if there is an Early Help open for advice on next steps. Open an Early Help and undertake an Early Help Assessment (EHA) If you do not have access to the EHM system to log your own Early Help, please ensure you complete the Early Help Assessment and email it to earlyhelp.logging@wigan.gov.uk	Check out www.wiganlscb.com/home.aspx for information, guidance and Early Help documentation. If you have access to the Early Help Case Management System, please check if any Early Help is open. Contact the Early Help Team via the MAST on 01942 828250 between 8:45am – 5pm Monday - Friday to see if there is an Early Help open for advice on next steps. Open an Early Help and undertake an Early Help Assessment (EHA) If you do not have access to the EHM system to log your own Early Help, please ensure you complete the Early Help Assessment and email it to earlyhelp.logging@wigan.gov.uk	If a child is at risk of significant harm, phone the MAST between 8:45am – 5pm Monday - Friday on 01942 828300 . Otherwise, complete the Professional Referral Form .

Route to Support For Children in Wigan

Level 1 – Universal – all agencies/ services to respond

- No concerns Universal Services accessed – single agency response

Level 2 – Earliest Help (Additional Needs) – this can be a single agency or multi-agency response

- Seek line management/Safeguarding oversight to ensure this is an appropriate level for Early Help.
- Check if there is already an established Early Help Assessment on the family which you might be able to contribute to by contacting the Early Help Team via the MAST between 8:45am – 5pm Monday – Friday on 01942 828250
- Complete an Early Help Assessment and identify a lead professional if support is required. Parental consent is required. Open an Early Help and undertake an Early Help Assessment (EHA)
- If you have access to the case management system, please initiate an Early Help and complete your assessment. If you do not have access to the EHM system to log your own Early Help, please ensure you complete the Early Help Assessment and email it to earlyhelp.logging@wigan.gov.uk
- Agree lead professional with the family and develop and record the Early Help Plan with actions and timescales to meet the identified needs, reviewed every 4-6 weeks.
- Please ensure that all reviews are recorded on the system or emailed to earlyhelp.logging@wigan.gov.uk. It is your responsibility to ensure that the case is closed down on the system at the end of the intervention.

Level 3 – Early Help (Complex Needs)

- Seek line management/Safeguarding oversight to ensure this is an appropriate level for Early Help.
- Check if there is already an established Early Help Assessment on the family which you might be able to contribute to by contacting the Early Help Team via the MAST between 8:45am – 5pm Monday – Friday on 01942 828250
- Complete an Early Help Assessment and identify a lead professional if support is required. Parental consent is required. Open an Early Help and undertake an Early Help Assessment (EHA)
- If you have access to the case management system, please initiate an Early Help and complete your assessment.
- If you do not have access to the EHM system to log your own Early Help, please ensure you complete the Early Help Assessment and email it to earlyhelp.logging@wigan.gov.uk
- If the needs of the child/ren/family cannot be met by a single-agency and there is a need for Start Well support, then please complete a Professional Referral Form apps.wigan.gov.uk/ChildReferral/

Level 4 – Safeguarding/Acute & Specialist

- Need(s) require specialist services to protect from significant harm – contact MAST between 8:45am – 5pm Monday – Friday on 01942 828300 Review the information in the Professional Referral Form.
- The Professional Referral Form is then screened and prioritised.
- Information gathering from all agencies involved.
- Decision is then made about whether this meets threshold for children’s social care (CSC)
- Referred to children’s social care for Child and Family Assessment
- Child & Family Assessment to determine if social work lead professional as Children in Need (CIN) or Child Protection (CP) agreed statutory intervention.
- Or if after the MAST screening does not meet threshold for CSC then consideration is given to a role for Early Help services
- Referrer receives a response in writing giving a rationale for why threshold for CSC is not met.
- Signposted to Early Help or universal services

Level 1: Children and Young People with Universal Needs

Children and young people at this level are achieving expected outcomes and families having all their needs met by universal services and are thriving (may have a single need that can be met by a Universal Service). This is not an exhaustive list.

Child's Developmental Needs:

Health

- Health needs are being met by universal services.
- Appropriate weight and height/meeting developmental milestones – including speech and language.
- Emotional health and wellbeing needs are being met.
- Pre-natal health needs are being met.
- Up to date immunisations and developmental checks.
- Adequate nutritious diet.
- Regular dental checks.
- Accessing optical care.
- No misuse of substances.
- Sexual activity/behaviour appropriate to age.

Education & Learning

- Achieving key stages and full potential.
- Good attendance at nursery/school/college/training.
- Demonstrates a range of skills/interests.
- No barriers to learning.
- Access to play/books.
- Enjoys participating in educational activities/schools.
- Sound home/school link.
- Planned progression beyond statutory education.
- Age appropriate communication.

Emotional & Behavioural Development

- Positive early attachments.
- Growing levels of competencies in practical and emotional skills – feelings and actions demonstrate appropriate responses.
- Sexual behaviour appropriate for age and developmental stage.
- Confident in social situations.
- Able to adapt to change.
- Able to demonstrate empathy.

Identity

- Demonstrates feelings of belonging and acceptance.
- Positive sense of self and abilities.
- Has an ability to express needs verbally and non-verbally.

Family and Social Relationships

- Stable and affectionate relationships with caregivers.
- Appropriate relationships with siblings.
- Positive relationship with peers.

Social Presentation

- Appropriate dress for different settings.
- Good levels of self-care/personal hygiene.
- Involved in leisure and other social activity.

Self-care skills

- Age appropriate independent living skills



Parents and Carers:

Basic Care, safety and protection

- Child's physical needs are met (food, drink, clothing, medical and dental).
- Carers able to protect children from danger or harm.

Emotional Warmth

- The child is shown warm regard, praise and encouragement.
- The child has secure relationships which provide consistency of warmth over time.
- There may be low level post-natal depression.
- Guidance, boundaries & stimulation
- Guidance and boundaries are given that develops appropriate model of value, behaviour and conscience.
- Carers support development through interaction and play to facilitate cognitive development.

Family and Environmental Factors:

- Family History and Functioning
- Good supportive relationship within family/ carers (including with separated parents and in times of crisis).
- Good sense of 'family' outside of smaller family unit.
- Housing, employment & finance
- Accommodation has basic amenities/ appropriate facilities.
- Appropriate levels of hygiene/cleanliness are maintained.
- Families affected by low income or unemployment.
- Family's Social Integration
- The family have social and friendship networks.
- Community Resources.
- Appropriate access to universal and community resources.
- Community is generally supportive.
- Positive Activities are available.



Level 2: Earliest Help (Additional Needs)

Children, young people and families/ carers who have additional unmet needs, who may need extra support to thrive (can be single agency or more. Early Help Assessment and Lead Professional required). This is not an exhaustive list.

Child's Developmental Needs:

Health

- Slow to reach developmental milestones.
- Additional health needs.
- Missing health checks/routine appointments/ immunisations.
- Persistent minor health problems.
- Babies with low birth weight due to prematurity/ medical causes/ faltering growth/ poor feeding.
- Pre-natal health needs.
- Issues of poor bonding/attachment.
- Minor concerns re healthy weight /diet/ dental health /hygiene/or clothing.
- Disability requiring support services.
- Concerns about developmental status i.e. speech and language problems.
- Emerging signs of deteriorating mental health of child including low level self-harm.
- Not registered with a GP/dentist.
- Low level emotional wellbeing or mental health concerns

Education & Learning

- Is regularly late for school/occasional truanting or significant non-attendance/parents condone absences.
- Escalating behaviour leading to a risk of exclusion.
- Experiences frequent moves between schools.
- Not reaching educational potential or reaching expected levels of attainment.

- Needs some additional support in school.
- Identified language and communication difficulties.
- Few opportunities for play/socialisation.

Emotional & Behavioural Development

- Low level mental health or emotional issues requiring intervention.
- Is withdrawn/unwilling to engage.
- Development is compromised by parenting.
- Some concern about substance misuse.
- Involved in behaviour that is seen as anti-social.
- Poor self-esteem.

Identity

- Some insecurities around identity/low self-esteem.
- Lack of positive role models.
- May experience bullying around perceived difference/ bully others.
- Disability limits self-care.
- A victim of crime.

Family and Social Relationships

- Some support from family and friends.
- Some difficulties sustaining relationships.
- Undertaking some caring responsibilities.
- Child of a teenage parent.
- Low parental aspirations.
- Some concerns highlighted in relation to child sexual and/or criminal exploitation, such as increased use of social media, unknown profiles / persons in contact with the child.

Social Presentation

- Can be over-friendly or withdrawn with strangers.
- Personal hygiene starting to be a problem.
- Self-care skills
- Not always adequate self-care — poor hygiene.
- Slow to develop age appropriate self-care skills.
- Overprotected/unable to develop independence



Parents and Carers:

Basic Care, safety and protection

- Basic care not consistently provided e.g. non-treatment of minor health problems.
- Parents struggle without support or adequate resources e.g. as a result of mental health/ learning disabilities.
- Professionals beginning to have some concerns about substance misuse (alcohol and drugs) by adults within the home.
- Parent or carer may be experiencing parenting difficulties due to mental or physical health difficulties/post-natal depression.
- Some exposure to dangerous situations in home/ community.
- Teenage parents /young, inexperienced parents.
- Inappropriate expectations of child/young person for age/ability.
- A&E attendance giving cause for concern including unexplained injury or delay in seeking medical attention.

Emotional Warmth

- Inconsistent parenting but development not significantly impaired.
- Post-natal depression affecting parenting ability.
- Child / young person perceived to be a problem by parents or carers/experiencing criticism and a lack of warmth.

Guidance, boundaries and stimulation

- May have a number of different carers.
- Parent/carer offers inconsistent boundaries.
- e.g. not providing good guidance about inappropriate relationships formed, such as via the internet.
- Can behave in an anti-social way.
- Child/young person spends a lot of time alone.
- Inconsistent responses to child by parent .
- Parents struggle to have their own emotional needs met.
- Lack of stimulation impacting on development.



Family and Environmental Factors:

Family History and Functioning

- Child or young person's relationship with family members/carers not always stable.
- Parents have relationship difficulties which affect the child/acrimonious separation or divorce that impacts on child.
- Experienced loss of a significant adult/child.
- Emerging evidence of controlling/coercive behaviour.
- Child is a young carer with some caring responsibilities.
- Low levels of parental conflict.
- Occasional, low impact domestic abuse.
- Low risk of harm to child/ren is identified ([Domestic Abuse Risk Identification Matrix, Barnardo's](#)).

Housing, employment & finance

- Families affected by low income or unemployment.
- Parents have limited formal education.
- Adequate/poor housing.
- 16/17 year olds with emerging concerns regarding homelessness.
- Family seeking asylum or refugees.

Family's Social Integration

- Family may be new to the area.
- Some social exclusion problems and victimisation by others.

Level 3: Early Help (Complex Needs)

Children, young people and families presenting with complex needs and living in circumstances where worries, concerns, behaviours or conflicts are frequent, multiple and continuous, requiring a more targeted and multi-agency co-ordinated approach. An Early Help Assessment and robust plan are needed (may include Children's Services without the need for Social Work support). This is not an exhaustive list.

Child's Developmental Needs:

Health

- Chronic/recurring health problems with missed appointments, routine and non-routine.
- Delay in achieving physical and other developmental milestones, raising concerns.
- Frequent accidental injuries to child requiring hospital treatment.
- Poor or restricted diet despite intervention/ dental decay/poor hygiene.
- Child has chronic health problems or high level disability which with extra support may/may not be maintained in a mainstream setting.
- Learning significantly affected by health problems.
- Overweight/underweight/enuresis/encopresis/ faltering growth.
- Frequent/Multiple GP's, out of hours, A&E attendance causing concern including accidental injury, unexplained injury or delay in seeking medical attention.
- Mental health issues emerging e.g. conduct disorder; ADHD; anxiety; depression; eating disorder; self-harming (including early suicidal thoughts).

Education & Learning

- Child not in education, in conjunction with concerns for child's safety.
- Persistent non-attendance/truanting/authorised absences/fixed term exclusions/punctuality issues.

- Identified learning needs and may have an Education Health and Care Plan (EHCP).
- Not achieving key stage benchmarks.
- No interests/skills displayed.

Emotional & Behavioural Development

- Difficulty coping with anger, frustration and upset.
- Physical and emotional development raising significant concerns.
- Significant attachment difficulties e.g. child adopted from care.
- Early onset of sexual activity (13 –14).
- Hazardous substance misuse (including alcohol).
- Persistent bullying behaviour.
- Inappropriate sexual behaviour including online and via social media.
- Low level offending or regular anti-social behaviour.
- Animal abuse – the intentional harm of an animal including but not limited to wilful neglect, inflicting injury or pain or distress or malicious killing of animals.

Identity

- Subject to discrimination.
- Significantly low self-esteem.
- Extremist views.

Family and Social Relationships

- Peers also involved in challenging behaviour.
- Regularly needed to care for another family member.
- Involved in conflicts with peers/siblings.
- Adoptive family under severe stress.
- Child is vulnerable to being sexually and/ or criminally exploited through contact with others who pose a risk of harm, increased MFH episodes, change in emotionally and mental wellbeing, being exposed to alcohol/drugs, criminality and gang culture.

Social Presentation

- Clothing regularly unwashed.
- Hygiene problems.
- Inappropriate sexualised behaviours/ presentation.

Self-care skills

- Poor self-care for age – hygiene.
- Overly self-reliant for their age.

Parents and Carers:

- Basic Care, safety and protection
- Parent is struggling to provide adequate care.
- Parental learning disability, parental substance misuse (including alcohol) or mental health impacting on parent's ability to meet the needs of the child.
- Previously subject to child protection plan.
- Teenage parent(s).
- Either or both previously looked after.

Emotional Warmth

- Child often scapegoated.
- Child is rarely comforted when distressed.
- Receives inconsistent care.
- Has no other positive relationships.
- Guidance, boundaries and stimulation
- Few age appropriate toys in the house.
- Parent rarely referees disputes between siblings.
- Inconsistent parenting impairing emotional or behavioural development.

Family and Environmental Factors:

Family History and Functioning

- Incidents of domestic abuse including controlling and coercive behaviour.
- Acrimonious divorce/separation.
- Family members have physical and mental health difficulties.
- Parental involvement in crime.
- Evidence of problematic substance misuse (including alcohol).
- Child is a young carer with significant caring responsibilities.
- Domestic abuse, coercion or control in the home moderate risk of harm to child/ren is identified ([Domestic Abuse Risk Identification Matrix, Barnardo's](#)).

Housing, employment & finance

- Overcrowding, temporary accommodation, homelessness (including at risk 16/17 year olds), including sofa-surfing, unemployment.
- Poorly maintained bed/bedding.
- Serious debts/poverty including risk of eviction, impacting on ability to care for child.

Family's Social Integration

- Family socially excluded.
- Escalating victimisation.

Community resources

- Parents socially excluded with access problems to local facilities and targeted services.



Level 4: Safeguarding/Acute/Specialist

A child or young person living in circumstances where there is a significant risk or likelihood of abuse or neglect, where the young person themselves may pose a risk of serious harm to others or where there are complex needs in relation to disability, or without the provision of services by the LA their health/development is likely to be significantly impaired. Statutory intervention is required through Social Work or Targeted Youth Support Service. This is not an exhaustive list.

Child's Developmental Needs:

Health

- Child/young person who is consistently failing to reach their developmental milestones and concerns exist about their parent's ability to care for them.
- Growth falling 2 centile ranges or more, without an apparent health problem.
- Learning affected by significant health problems.
- Experiencing chronic ill health or diagnosed with a life-limiting illness.
- Mental health is deteriorating and there is failure to engage with services/ self-harming.
- Worries re sexualised behaviour.
- Risk of sexual exploitation
- Problematic substance misuse (drugs and alcohol)/ links to risk taking behaviour.
- Failure to access medical attention for health chronic/ reoccurring health needs.
- Concerns about diet/ hygiene/ clothing.
- Pregnancy of a child under 16 years old/ concerns about parenting capacity
- Disability requiring significant support services to be maintained in mainstream provision.
- Mental health needs resulting in high risk self-harming behaviours, suicidal ideation and in-patient admissions

Education & Learning

- Short-term exclusion, persistent truanting, or poor school attendance.
- Previous permanent exclusions.
- Persistent 'Not in Education, Employment or Training (NEET)/ this could be as a result of compromised parenting.
- Alienates self from school and peers through extremes of behaviour.
- No, or acrimonious home/ school links.
- Has an Education Health and Care Plan.

Emotional & Behavioural Development

- Alienates self from school and peers through extremes of behaviour.
- Physical/emotional development raising significant concerns.
- Difficulty coping with emotions/unable to display empathy unable to connect cause and effect of own actions.
- Early onset of sexual activity (13-14 years).
- Offending/prosecution for offences.
- Puts self or others in danger.
- Disappears or is missing from home regularly or for long periods.
- Child witnesses domestic abuse regularly and may be forced to collude in this.
- Identity
- Subject to persistent discrimination.
- Is socially isolated and lacks appropriate role

models.

- Family and Social Relationships
- Peers also involved in challenging behaviour.
- Regularly needed to care for another family member.
- Involved in conflicts with peers/siblings.
- Adoptive family under severe stress.
- Child is subject to sexual and / or criminal exploitation through evidence based practice or disclosure. Prolonged MFH episodes / CME, multiple mobile phones, county lines, deterioration in mental health, access to weapons.

Social Presentation

- Clothing regularly unwashed.
- Hygiene problems.
- Changes in behaviour/appearance (indicating abuse or neglect).

Self-care skills

- Poor self-care for age – hygiene.
- Overly self-reliant for their age.

Parents and Carers:

Basic Care, safety and protection

- Parent/carer is struggling, is unable to or refuses to provide adequate and consistent care.
- Child or young person receives erratic or inconsistent care.
- Significant concern about prospective parenting ability, resulting in the need for a pre-birth assessment.
- Parents have previous history of struggling to care for child or sibling/children previously subject to a child protection plan/looked after.
- There has been a previous unexpected or unexplained death of a child whilst in the care of either parent or a previous child has suffered from any type of abuse or neglect from the mother and / or a previous partner/family member.
- Parents learning disability, substance misuse (alcohol and drugs) or mental health negatively impacts on parent's ability to meet the needs of the child.
- Level of supervision does not provide sufficient protection for a child.
- Either or both parents/carers have previously been looked after and their parenting ability is compromised.
- Private fostering/young carer.
- Teenage pregnancy or inexperienced young parent or carer with additional concerns
- Parents have cautions/convictions for offences against children.

Emotional Warmth

- Child/young person has multiple carers but no significant relationship to any of them/ receives inconsistent care.
- Child/young person receives little stimulation/negligible interaction.
- Child/young person is scapegoated.
- Child/young person is rarely comforted when distressed/lack of empathy.
- Child/young person is under significant pressure to achieve/aspire/experiencing high criticism.
- Guidance, boundaries and stimulation
- Parents struggle to set boundaries/act as good role models.
- Child or young person's behaviour is regularly beyond control of parent or carer.
- Parenting impairing emotional or appropriate behavioural development of child / young person.

Family and Environmental Factors:

Family History and Functioning

- Parents or carers are experiencing, on an on-going basis, one or more of the following:
- Problems significantly affecting their parenting: mental ill-health, substance dependency or domestic abuse/ potential honour based violence/forced marriage.
- Parental involvement in crime.
- A parent or other adult in the household/or regular visitor has been identified as presenting a risk, or potential risk, to children.
- Family characterised by conflict and serious persistent relationship problems.
- Parents or carers persistently avoid contact/do

not engage with childcare professionals

- Persistent domestic abuse which the child is witnessing either directly or indirectly, including coercive and/or controlling behaviour.
- Serious risk of harm to child/ren is identified ([Domestic Abuse Risk Identification Matrix, Barnardo's](#)).

Housing, employment & finance

- Physical accommodation places child in danger.
- No fixed abode or homeless 16/17 year old (including sofa surfing).
- Chronic unemployment due to significant lack of basic skills or long standing issues such as substance misuse/offending, etc.
- Extreme poverty/debt impacting on ability to care for child.

Family's Social Integration

- Family chronically socially excluded.

Community resources

- Poor quality services with long term difficulties with accessing target populations .

Raising Your Concerns

Safeguarding children is about protecting a child's right to live in a safe environment free from abuse and neglect. Abuse takes many forms and can include physical, emotional, and sexual harm, as well as exploitation and neglect. Safeguarding is about people and organisations working together to prevent and stop abuse and neglect.

Please contact the Multi Agency Safeguarding Team (MAST) by telephone during working hours if you believe a child is at risk of **significant harm** if the child is in immediate danger, then please contact the emergency services on 999.

If your referral is not in relation to immediate concerns, we will not be able to take information by telephone and request that you complete the Professional Referral Form.

If you have an **urgent** referral on a weekend, bank holiday or between 5pm and 8:45am on a weekday then you can contact **01942 828 300** for any emergency. Of an evening and weekend, this will be diverted through to the Out of Hours Service. A [Professional Referral Form](#) will need to be submitted with every referral made to Children's Social Care both in working hours and out of hours.

Advice regarding how to meet the needs of a child or young person in relation to the Early Help Offer (levels 2 and 3) can be obtained from the Early Help Team via the MAST. They will also be able to advise you if an Early Help Assessment is already open. Should support be required from Children's Services via Early Help then the Professional Referral Form will need to be completed to access this and parental consent gained.

To check if an Early Help Assessment is already open contact the Early Help Team via the Multi Agency Safeguarding Team between 8:45am and 5pm Monday to Friday on 01942 828250. If one is open, you will be advised on how to contact the lead professional.

A child may have needs at more than one level and may move between levels. Partnership working is key to ensuring that interventions are timely, proportionate, appropriate, effective, do not drift, are SMART, outcome focused and keep the child's safety at the centre.

If you know that a child/ren is already open to Children's Social Care contact the relevant social work team directly if you want to discuss a concern.

All other referrals for Children's Social Care will be made via MAST which is the first point of contact for all initial referrals. The MAST will make a decision about whether the request for the service/ referral meets the criteria for statutory services at level 4. MAST will inform the referrer of the outcome by telephone or email. Where the request does not meet the criteria for children's social care involvement you will be advised accordingly, and the request will be passed to the Early Help front door staff.

When making a referral to Early Help or MAST the following will be required:

- [Professional Referral Form](#)
- Full details about the child and their circumstances
- Any relevant history
- Clear details on what concerns you have about the child
- Your availability to undertake a joint visit with the social worker if required



Consent and Confidentiality

“Information can be shared legally without consent, if a practitioner is unable to, cannot be reasonably expected to gain consent from the individual or if to gain consent could place a child at risk” [Click here to visit Information Sharing Guidance : July 2018 \(Advice for Practitioners providing safeguarding services to children, young people parents and carers July 2018\).](#)

Wherever possible, you must consider consent and be open and honest with the family from the outset as to why, what, how and with whom, their information will be shared. You must consider consent where an individual may not expect their information to be passed on. When you gain consent to share it must be explicit, freely given and a record made of what they have consented to.

There may be some circumstances where it is not appropriate to seek consent, either because the individual cannot give consent, it is not reasonable to obtain consent, or because to gain consent would put a child or young person’s safety or wellbeing at risk. Where a decision to share information without consent is made, a record of what has been shared should be kept and why seeking consent was not appropriate.

It is preferable that a decision by any professional not to seek parental permission has approval from their line manager and is recorded.

Where a parent has agreed to a referral, this must be recorded and confirmed as part of the referral. Where the parent is consulted and refuses to give permission for the referral, further advice and approval must be sought from the agency’s relevant Designated Senior Person or Named Professional, unless to do so would cause undue delay. The outcome of the consultation and any further advice should be fully recorded.

If, having taken full account of the parent’s wishes, it is still considered that there is a need for a referral:

- The reason for proceeding without parental agreement must be recorded
- The Children’s Social Care Services team must be told that the parent has withheld her/his permission
- The parent should be contacted by the referring professional to inform her/him that after considering their wishes, a referral has been made.

[Click here to access further guidance on UK General Data Protection \(GDPR\) and the Data Protection Act 2019](#)

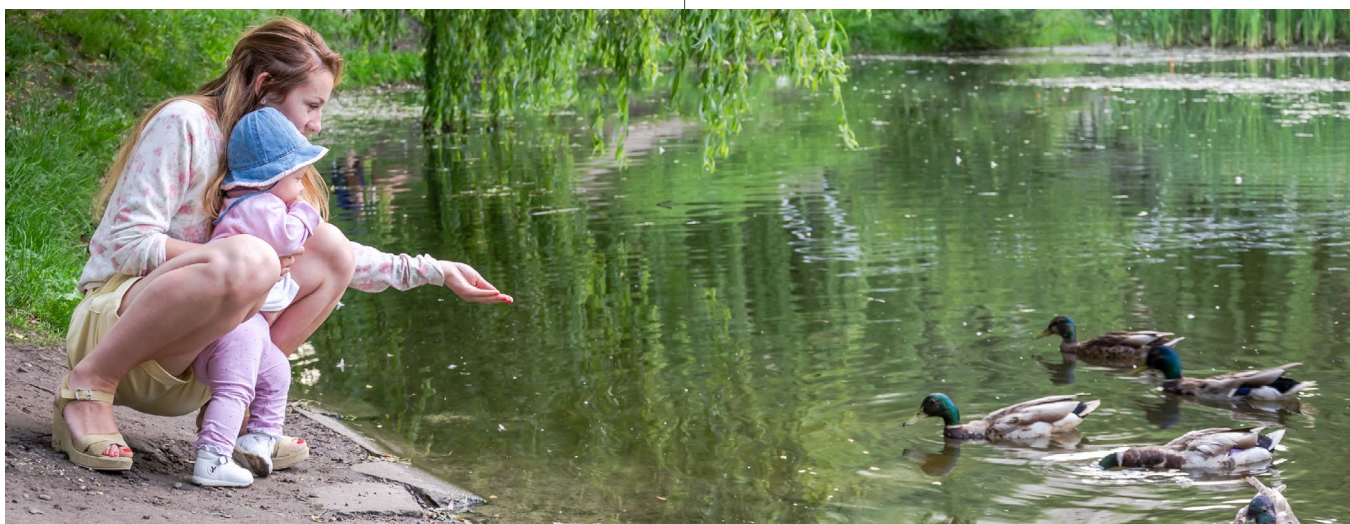
Professionals in all organisations have a responsibility to refer a child or young person to Wigan Council if:

- There are serious concerns about the child or young person’s wellbeing.
- The child or young person is suffering significant harm.
- The child or young person is likely to suffer significant harm.

Information sharing

In accordance with the amendments in ‘Working Together to Safeguard Children Update 9th December 2020’, information has been refined in response to the [Data Protection Act 2018](#) and [UK General Data Protection Regulation \(UKGDPR\)](#). This includes the explicit statement that data protection legislation does not prevent the sharing of information to keep a child safe and that consent is not required when sharing information for safeguarding and protecting the welfare of a child.

In making decisions about appropriate information sharing, the guidance recommends using UK GDPR [lawful bases](#) for sharing, i.e. [legal obligation](#) (the exercise of official authority) or [public task](#) (a task performed in the public interest).



Good practice prompts

Information from Safeguarding Practice Reviews continues to highlight that when faced with complex circumstances in a child's life, professionals can find it difficult to keep a focus on the child and the key elements which contribute to his or her safety. Professionals should consider these questions:

- What harm has this child suffered previously, and what harm are they suffering now? What had been the impact of this harm on the child?
- If nothing changes, what could happen to this child both now and in the future?
- What existing safety is there in the family? Who steps in and makes sure the child is safe, even when things are really bad at home? Do you know when this has happened before?
- What are the positives for the child; the strengths in their family unit?
- What are the complicating factors; what is going on for the child and family which is making it more difficult for them to make changes?
- What does the child say about their circumstances? Have you been able to speak to the child alone, and are you still able to do so? Think about what the child would say their worries are and what they would say is good in their life.
- What do parents/carers and the wider network say about the child's circumstances? Are they worried about the child?
- Which other children might be at risk of harm? Who are the other children in the network who may also be exposed to this harm?
- Have you tried to help this family, or do you know anyone else who has tried to help this family? What difference did it make for the child?

Useful Links



[Wigan Council website](#)

[Wigan Safeguarding Children Partnership](#)

[Working Together](#)

Further Reading

[Here is an extensive toolkit of supporting documents to aid understanding and decision making](#)