



**Wandsworth Safeguarding
Children and Young People**



Wandsworth Safeguarding Children Board

Thresholds for Intervention

**Multi-Agency Guidance on how Children, Young People
and Families can access the right support at the right time
in Wandsworth**

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Content	Page
Introduction	4
How to Use This Guidance	4
Levels of Need	5
Information Sharing and Consent	5
Stepping Up or Stepping Down	6
Continuum of Need and Thresholds	10
Key Contacts	15
Quick Guide Flowchart	16

1. Introduction

- i. This document is for all professionals and services who work with children from or in the London Borough of Wandsworth. Its purpose is to provide guidance on thresholds for different levels of need and intervention which meet the needs of all children in the borough.
- ii. This guidance is a vital tool that underpins the local vision to provide the right support for children and their families at the earliest opportunity - right through to specialist and statutory interventions, when needed to ensure the welfare and safety of vulnerable children and young people. It aims to offer a clear framework and promote a common understanding of thresholds of need for all practitioners within all agencies.
- iii. Wandsworth Safeguarding Children Board is clear that by collectively working together we can make improvements and a real difference to the outcomes and life chances of the children and young people living in our area who need it most. Understanding thresholds for support and levels of need detailed within this guidance should strengthen local arrangements and help everyone to work together to identify the best way to help an individual child, young person and their family or carers across the spectrum of need.
- iv. A copy of this guidance and additional resources to compliment this guidance, such as; 'A Guide to Early Help in Wandsworth' - which sets out the types of need addressed by Early Help Services as well as the process for step up and step down to Social Care, and 'A Guide to Assessment for Children's Social Care Services' which sets out the local processes for partner agencies, are all available on the Wandsworth Safeguarding Children Board website at www.wscb.org.uk.

2. How to Use This Guidance

- i. Working Together to Safeguard Children 2015 states that LSCBs should publish a threshold document which includes:

The process for early help assessment and the type and level of early help services to be provided; and

The criteria, including the level of need, for when a case should be referred to local authority children's social care for assessment and for statutory services under:

- a. Section 17 of the Children Act 1989 (children in need).
- b. Section 47 of the Children 1989 (reasonable cause to suspect children suffering or likely to suffer significant harm).
- c. Section 31 (care orders).
- d. Section 20 (duty to accommodate a child) of the Children Act 1989.

Clear procedures and processes for cases relating to the sexual exploitation of children and young people.

- ii. Wandsworth's Thresholds for Intervention is an overarching document for the whole of the children and young people's workforce in the borough. It is a guidance tool that all agencies, professionals and volunteers can use to consider how best to meet the needs of individual children and young people. The majority of children living in Wandsworth have their needs met through support from their own family or carers and by accessing universal services. The aim of Wandsworth Safeguarding Children Board is to ensure that responsive and flexible support is available to meet any additional needs that

arise for a child or their family at the earliest opportunity. This will be achieved through working in partnership to collectively achieve good outcomes for the child.

- iii. This guidance should be read in conjunction with the London Child Protection Procedures, which are reviewed and updated every six months. These can be accessed at www.londoncp.co.uk
- iv. Wandsworth Safeguarding Children Board (WSCB) has adopted a universal language for Early Help and Children's Social Care Services. This has been informed in part through the application of the Signs of Safety methodology which is used in Early Help as Signs of Wellbeing (SoWB) and in Children's Social Care as Signs of Safety (SofS). Practitioners across all levels of need have had access to training in the methodology¹ so that children and their families will travel through services within the context of discussing what is going well, what is worrying for them and what they will do next.
- v. WSCB has procedures and processes in place in relation to child sexual exploitation (CSE). The WSCB's CSE strategy lays the foundation for a clear strategy and a co-ordinated multi-agency response in Wandsworth by setting out five priority areas of work and explaining how these will be delivered and how success will be measured. A detailed risk assessment tool is available to all working in the borough to assist them in assessing the risk a young person is at in relation to CSE. There is a clear process in place, as also highlighted in the risk assessment, in referring cases to the multi-agency sexual exploitation panel (SEMAP). The CSE strategy, risk assessment tool and risk assessment referral form can be accessed via the [WSCB website – CSE](#).

3. Levels of Need

- i. This guidance provides a summary of thresholds for intervention in Wandsworth which is based upon the London Continuum of Need. The London Continuum of Need provides descriptors for four levels of need. These should form the basis for planning and provision of services for all children in the Borough. The descriptors are meant to aid planning, they are not set in stone and as a continuum there should be flexibility across all levels of need. Thresholds are semi-permeable boundaries between services that enable children to receive the right help at the right time and the right level to assist them in meeting their full potential.
- ii. **Level 1 – Children and Young People with Universal Needs – Children with no identified additional needs.** These are children for whom all their health and developmental needs will be met by universal services alone. Children and young people at this level are achieving expected outcomes. There are no identified unmet needs or the need is at a low level and can be met by the universal services or with some limited additional advice or guidance. Children, young people, parents and carers can access services directly.
- iii. **Level 2 – Children and Young People with Additional Needs – Low risk to vulnerable.** These are children whose needs are not clear, not known or not being met. They may be vulnerable and showing early signs of abuse and/or neglect. Children and young people at this level are in need of coordinated early help and support from services. This is the threshold for a multi-agency early help assessment to begin (the Wandsworth EHA).
- iv. **Level 3 – Children and Young People with Multiple/Complex Needs.** These are children with high level additional unmet needs. They are unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired without the provision of services. They can also be children who are disabled. They may require longer term intervention from

¹ Training in Signs of Wellbeing and Signs of Safety can be accessed through WSCB multi-agency training portal www.wandsworthcpd.org.uk

statutory and specialist services and need support by a clear, co-ordinated action plan. This is the threshold for an assessment led by children's social care under Section 17, Children Act 1989 (Child in Need).

- v. **Level 4 – Children and Young People with Acute/ Specialist Needs.** Acute needs. This is a smaller group of Children who require intensive help and specialist support. This could be due to safeguarding issues where there is no risk of actual or likely significant harm but needs are acute and multi-agency plans are not effective; or because there are child protection issues where there is actual or likely significant harm and intervention is required under Section 47, Children Act 1989. During the course of an assessment the concerns about the child may become so great that the Local Authority may seek to make arrangements for the child to be looked after outside of their usual family home (usually known as CLA, Children Looked After or LAC. Looked After Children). This may be a voluntary agreement with parents (Section 20) or through the courts to seek shared parental responsibility for the child (Section 31). Young people being worked with by the Youth Offending Services also meet this level of need.

4. Referral to Initial Point of Contact (IPOC)

The Wandsworth IPOC is a model for managing and responding to referrals to Children's Social Care in Wandsworth; and all referrals to Wandsworth Children's Social Care are made to IPOC. IPOC is staffed by experienced managers and 5 senior social workers. These workers screen all calls into IPOC and together with the management team; make threshold decisions about contacts received. All contacts are risk assessed and recorded on SoS case maps. Once decisions are made about contact trajectory, an acknowledgement letter is sent to the referring person/agency and copied to the professional network as appropriate.

IPOC managers are always available for consultations and professional conversations. Referrers can call and seek guidance about children's vulnerability and receive support in how to progress issues of concern.

IPOC managers and staff support the development of key partners by facilitating workshops and supporting/delivering training on robust safeguarding.

Referrals to IPOC can be made by:

- Secure Email: mash.duty@wandsworth.cjsm.net
- Email: IPOC@wandsworth.gov.uk
- Phone: 020 8871 6622
- Via the Early Help IT System – EHITS

The IPOC is in operation Monday-Friday, 9am to 5pm. Concerns identified outside of these hours should be reported to the Wandsworth Out of Hours Service on: [020 8871 6000](tel:02088716000)

The routes out of IPOC are:

- Where statutory threshold is met, direct transfer to the assessment team on duty that week.
- Direct transfer to the Hospital Social Work Team based at St Georges Hospital. The team completes pre-birth assessments and assessments of any child admitted to the hospital.
- To the Multi Agency Safeguarding Hub when more information is required to inform

threshold decisions

- To the Early Help Pathway Team where threshold for a statutory response by children's social care is not met

All referrals to IPOC should be supported by a completed [Early Help Assessment \(EHA\)](#). A completed EHA is required by IPOC to provide a comprehensive summary of the concerns which can be used to inform decision making and, if required, the agency checks process.

Multi Agency Safeguarding Hub (MASH)

The MASH consists of co-located agencies (Children's Social Care, Police, Health, Education) and virtual links with others (Housing, Probation). They research information on children and their families to provide timely and improved information sharing pathways for decision making, where there are concerns about a child. Multi-agency discussion and subsequent decisions take place in a daily MASH meeting, from which contacts will be sent to the Early Help Pathway Team or referral to the assessment teams. By bringing representatives from other agencies together, more case specific information is available, leading to more sound assessments of risk. This will ultimately result in better decisions being made, leading to better outcomes for children and young people.

Early Help Pathway Team/Thrive Together

The Early Help Pathway Team receives contacts for children that do not meet the threshold for statutory intervention by Children's Social care. The full range of Early Help is brokered with families' consent by the Early Help Pathway Team and in dialogue with the agency or person making the contact. The continuum of Early Help is offered to families on a voluntary basis. When the EHIT or call is made by an agency it will be classed as a contact until a decision has been made that it meets the threshold for statutory intervention at which point it will be deemed a referral. IPOC are required to inform all referrers of the outcome of their referral within 24 hours of receipt.

There may be times when Wandsworth IPOC does not accept a referral and the referring agency may disagree with this decision. Wandsworth Safeguarding Children Board has a process for challenging these decisions and escalating concerns. This process can be found on WSCB website – available here: [WSCB Escalation Policy](#). Wandsworth Children's Social Care and WSCB are keen that partners do not sit on concerns that a threshold may have been wrongly applied. **"If in doubt please speak out"**. Working Together 2015 supports this challenge.

Concerns about a child suffering actual or likely significant harm can occur at any point across the four levels of need. If you have serious child protection concerns, contact IPOC immediately – an Early Help Assessment is not initially required but should be provided within 48 hours.

vii **Children's Social Care** works with children at Level 3 and 4 of the London Continuum of Need. This includes:

- Section 17 children who are in need
- Section 47 children who are in need of protection
- Section 31 children who are looked after by Children's Social Care for whom the council has or shares parental responsibility for the child.
- Section 20 children who are looked after by Children's Social Care but for whom parental responsibility is with the parent and not the council.

- viii Further Guidance on the levels of need and possible service responses are detailed within the tables provided on pages 10 – 15 of this document. The lists are not exhaustive and practitioners should be mindful that individual circumstances for children and young people may not fit neatly into any one specific category. The level of need tables are aimed at providing a quick reference point to support professional practice and are designed to help all practitioners who are working with children and their families to:
- Identify the holistic needs of a child or young person.
 - Inform assessments by understanding the needs of the child or young person within the context of their family and community.
 - Act by working with the child, young person, family members / carers to develop mutually agreed solutions where additional support can be accessed when it is needed.
- ix It should be noted however that professional judgement is equally important within this context and practitioners should continue to make decisions based on their experience, knowledge and practice and seek further advice from their own manager, designated or named safeguarding / child protection lead or Wandsworth IPOC they are unsure about the most appropriate action to take.

4 Information Sharing and Consent

- i. Whilst professionals should in general discuss any potential concerns with the young person themselves and/or their parents/carers, and whenever possible seek their agreement to contact Wandsworth IPOC, **this should only be done** where such discussion and agreement-seeking **will not** place the child or others at increased risk of suffering significant harm. Consent / agreement is not required for child protection referrals; however you, as the referring professional, would need to, where possible, discuss with and inform parents/carers that you are contacting IPOC or making a child protection referral as stated above, **unless** by alerting them you could be putting that child or others at risk.
- ii. If a discussion about contacting IPOC has not been held with the young person and/or parents/carers, the reason for this should be clearly shared with the IPOC at the time of the contact or referral being made. In cases where parents/ carers have expressed an unwillingness to agree to the assessment process, Children's Social Care may be able to help manage this difficulty.
- i. It is important to note however, that children, young people and their families should be able to feel confident that their personal information is kept safe and secure. They should also trust practitioners to maintain the privacy rights of individuals whilst sharing information that is necessary to deliver better services. All services except those provided through Section 47 or by court direction can only be provided through parental consent.
- ii. Provision of services to children without parental consent can only be on the basis that the child is likely to be suffering significant harm or that the child has reached a sufficient understanding and intelligence to be capable of making up their own mind in the matter (Gillick Competent).
- iii. When Children's Social Care is carrying out a Section 47 investigation partners can share information with Children's Social Care without having direct consent of the parent.
- iv. Practitioners should use their professional judgement to decide whether to share or not, and what information it is appropriate to share. Wandsworth Safeguarding Children Board has produced guidance for professionals on information sharing which can be accessed via this link: [WSCB Information Sharing webpage](#).

- v. Further detail on Information Sharing (including The Seven Golden Rules for information Sharing) can be found in the Government document ‘Information sharing advice for safeguarding practitioners’, see the link below:

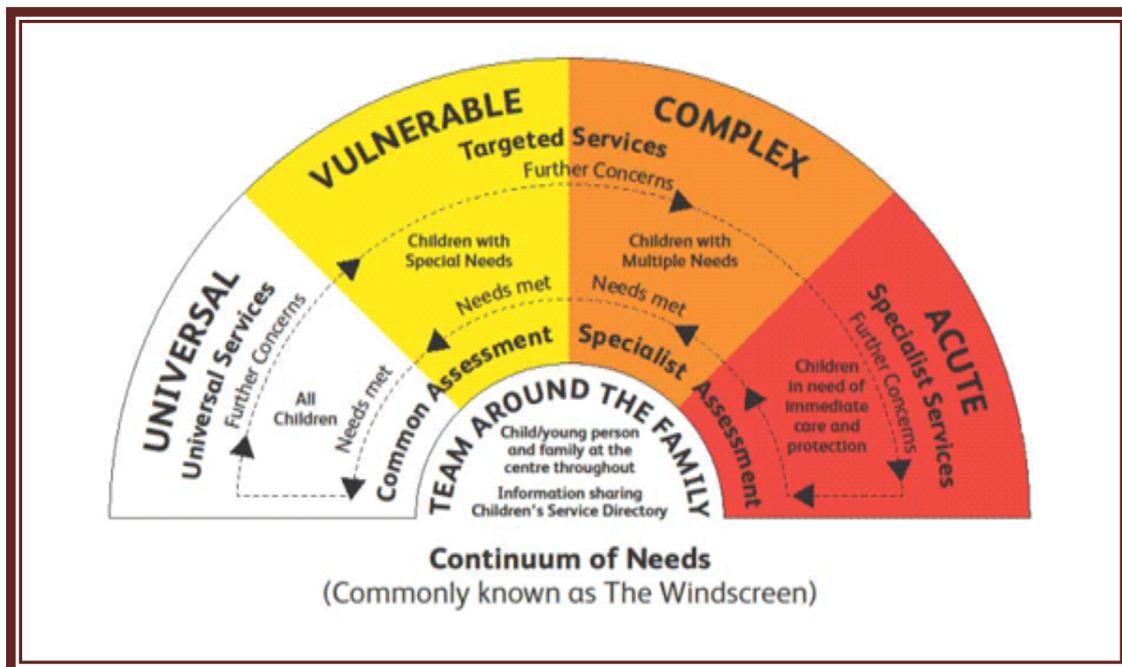
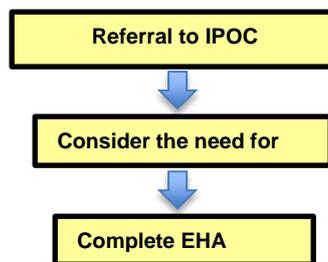
[Information sharing advice for safeguarding practitioners](#)

5. ‘Stepping up’ or ‘stepping down’ through the levels of need

It is important to note that a child or young person can move throughout the four levels of need as their own needs and circumstances change and as interventions are put in place to meet those needs. It is not the intention that children and young people are ‘labelled’ at any level. This guidance should be used only **to aid** practitioners in making decisions as to what types of service can provide the right help at the right time. Well managed escalation and de- escalation between levels is therefore a critical element of effective multi-agency practice.

If the referral is not accepted by Wandsworth IPOC the Signposting Plus service will contact the referrer to advise them of this outcome and will make direct contact with the family to offer advice about local services that may benefit their child. In some instances Wandsworth IPOC will advise you to hold a TAC meeting (TAC) to devise an effective plan to support the child at a targeted level (level 2).

Diagram 1. Windscreen Thresholds Model



6. Continuum of Need and Thresholds

The Tables below set out the four levels of need showing features of children/young people, parents and carers at each level as well as possible indicators of need. It also indicates the type of assessment potentially required and how to access that pathway.

It should be noted that these are not a definitive list and professional judgement must be applied when deciding the level of intervention and where to refer.

Level 2

Level 2: Children and Young People with Additional Needs

Children and young people at this level are in need of coordinated early help and support from services. The need cannot be met by a universal service/setting alone but can be met by a single service or one group of single services using the Early Help Assessment process.

Assessment Process:

Additional needs at this level can be met within a universal setting with some identified additional support and universal assessment processes may be sufficient to help the child and their family, however it is important that children receive the right help at the right time and the sooner needs are identified and action taken, the greater the chance that positive change will take place. The expectation is that all practitioners who come into contact with children will respond when they see a child is not making the progress expected and ensure they support a family to access the services that can improve outcomes. This is known as **Early Help**.

The Wandsworth Early Help Assessment (EHA) has been developed from the Signs of Safety and Well Being methodology. The practitioners work with a parent(s) or young person to gather information and build a picture of what is currently happening, including where there are strengths and what the concerns are. This assessment helps practitioners to analyse current needs, develop an action plan and set goals that can be used at Team Around the Child (TAC) meetings to review if progress is being made. The assessment is shared with other services and is used as a tool for referral into other services when required.

Wandsworth Guide to Early Help Processes provides a context for local early help responses, a summary of our approach, a step by step guide for completing EHA, practice tools to support early help and advice for stepping up to Children's Social Care services or stepping down from Children's Social Care services. **For full details please see: [Wandsworth Early Help Assessment](#)**

Key Services who provide support at this level:

Schools; health services; children's centres; day nurseries; childminders; play services; youth support; family support services; educational psychology; educational welfare; voluntary and community services; youth crime prevention services; targeted drug and alcohol services; Group Work and Parenting Service; and the Family Information Service.

Level 3

Level 3: Children and Young People with Multiple/Complex Needs

Children and young people at this level have complex needs that are likely to require longer term intervention. They will require a named Lead Professional and a TAC. Some children at this level will reach the threshold for Children's Specialist Services (Section 17 of the Children Act 1989 Children in Need), or other specialist services for children or young people in danger of moving to a higher level of risk if they do not receive specialist support.

Assessment Process:

For children and young people at this level requiring a specialist service, a SoSWB Early Help Assessment and a TAC plan can be used to refer to specialist services, who will want to engage and build on this work.

Before referring a child to the Wandsworth IPOC, professionals should in most cases, ensure that an Early Help Assessment has been completed (with a lead professional identified where appropriate), and that a referral has been made to the appropriate specialist services. A referral to IPOC should be made if these initial attempts to improve the situation have been unsuccessful, accompanied by evidence of the actions taken to date.

Referrals to IPOC should be accompanied by the most up to date assessment however a referral can be accepted without the EHA having been completed where it is clear that the case already meets the criteria for Level 3. Wandsworth IPOC will assess the referral information and if they agree that a S.17 referral is required the referrer will be invited to contribute information to an assessment. Wandsworth has developed a single assessment and this replaces initial and core assessments.

Wandsworth Children's Social Care may decide at the point of referral or at any time during the assessment that available information gives cause for concern that a child is at risk of significant harm. In this case child protection procedures will be started.

If the referral is not accepted by Wandsworth Children's Social Care the referrer will receive advice about how to access services or how to gain support to carry out an EHA. There may be times when Children's Social Care does not accept a referral and the referring agency may believe that this is not the correct decision. Wandsworth Safeguarding Children Board has [a process for challenging these decisions and escalating concern](#). This process can be found on Wandsworth SCB website. Wandsworth Children's Social Care and WSCB are keen that partners do not sit on concern that a threshold may have been wrongly applied. If in doubt please speak out.

Key Targeted and Specialist Services who provide support at this level: Social care services; SEN services; specialist disability services; youth inclusion and support panels; youth offending team; drug and alcohol services; mental health services; family support services; voluntary and community sector services.

These services will be in addition to any universal or preventative services accessed by the child or young person.

Level 4

Level 4: Children and Young People with Acute/Specialist Needs

Acute needs. Children and young people who are at this level on the Continuum of Need will have complex additional unmet needs or complex learning and/or medical needs. This is also the threshold for Child Protection procedures for children or young people who are experiencing significant harm. It also includes Youth Offending Services.

Assessment Process:

Children and young people at this level will require a statutory intervention from one or more specialist services (including Section 47 Children Act 1989 – reasonable cause to suspect child suffering or likely to suffer significant harm, Section 31 – Care Orders, and Section 20 – duty to accommodate a child). This may include child protection or legal intervention and some children and young people may need to be accommodated by the local authority.

S.47 of the Children Act 1989 requires the local authority to make enquiries to enable it to decide whether action is required to safeguard and promote the well-being of the child. Wandsworth Children's Social Care will carry out an assessment as a means of conducting the Section 47 enquiries.

The purpose of the assessment is to determine whether the child is suffering, or likely to suffer, significant harm and to assess whether action is required to safeguard and promote the child's welfare. Health, education and other services have a statutory duty to help children's Social Care to carry out the Section 47 enquiry. Social Workers will work with the police in the case of a criminal investigation. The referrer and relevant professionals in the child's life will be asked to contribute to a S.47 assessment.

The assessment will conclude with a decision about whether the child requires the structure of a child protection plan to protect them from significant harm in which case a child protection conference will be convened. Alternately it may decide that the concerns can be managed as a child in need plan or the plan may be handed back to level 2 agencies to continue to work with the child.

During the course of the assessment the concerns about the child may become too great that the Local Authority may seek to make arrangements for the child to be looked after outside of their usual family home. This may be a voluntary agreement with parents (S20) or through the courts to seek shared parental responsibility for the child (S.31)

S.31 - The Local Authority may, on receipt of information from a referrer or during the course of involvement with a child, apply to the court to seek an order under S.31 Children Act 1989 where they can obtain parental responsibility for the child. This enables the local authority to make decisions about where the child lives and who cares for that child. This is commonly understood as being looked after by the Local Authority under a Care Order.

The Local Authority may decide that the child is at such grave risk of harm that an application is made for an Emergency Protection Order and this gives the Authority 7 days to both look after the child in a safe place and decide whether to proceed with an application for a S.31 Care Order.

S.20 Children Act 1989 requires local authorities to provide accommodation for children in need in their area when those with parental responsibility for the child consent or when:

- there is no-one who has parental responsibility for the child,
- the child is lost or abandoned, or
- the care-giver is prevented from providing suitable accommodation or care.
- If the Local Authority considers that to provide accommodation for a child would safeguard the child's welfare.
- If the child has reached 16 and their welfare will be compromised without accommodation being provided (Southwark Judgment)
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Wandsworth Children's Social Care believes it is important for children to have permanent and safe living arrangements and will not look after children under S.20 for extended periods. Children's Social Care will always pursue the best permanent living arrangement for a child at the earliest opportunity. Should it not be possible to restore the child to caregivers with parental responsibility in a short space of time the authority will apply to the court to seek an order under S.31.

Key Services who provide support at this level:

Social care services; specialist health or disability services; youth offending team; mental health services; family support services; voluntary and community sector services; drug and alcohol services; and any other universal or targeted services as necessary.

Level 2 – Indicators of Need

<p>Child's Developmental Needs</p> <p>Health</p> <ul style="list-style-type: none"> • Slow to reach developmental milestones • Additional health needs • Missing health checks / routine appointments/immunisations • Persistent minor health problems • Babies with low birth weight in proportion to the mother • 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 • Signs of deteriorating mental health of child including self-harm • Starting to have sex (under 16 years) • Is experimenting with drugs and alcohol <p>Education & Learning</p> <ul style="list-style-type: none"> • Is regularly unpunctual 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 additional support in school • Identified language and communication difficulties • Few opportunities for play/socialization • No participation in education, employment or training post 16 years <p>Emotional and Behavioural Development</p> <ul style="list-style-type: none"> • 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 	<p>Family and Social Relationships</p> <ul style="list-style-type: none"> • Some support from family and friends • Some difficulties sustaining relationships • Undertaking some caring responsibilities • Child of a teenage parent • Low parental aspirations <p>Social Presentation</p> <ul style="list-style-type: none"> • Can be over friendly or withdrawn with strangers • Personal hygiene is becoming problematic <p>Self-Care Skills</p> <ul style="list-style-type: none"> • Not always adequate self care / poor hygiene • Slow to develop age appropriate self care skills • Over protected/unable to develop independence <p>Parents and Carers</p> <p>Basic Care, Safety and Protection</p> <ul style="list-style-type: none"> • 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/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 <p>Emotional Warmth</p> <ul style="list-style-type: none"> • 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 	<p>Guidance, Boundaries & Stimulation</p> <ul style="list-style-type: none"> • 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 • Parents struggle to have their own emotional needs met. • Lack of stimulation impacting on development <p>Family and Environmental Factors</p> <p>Family History and Functioning</p> <ul style="list-style-type: none"> • Child or young person's relationship with family members 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 • Caring responsibilities for siblings or parent • Parents have health difficulties • Poor home routine • Child not often exposed to new experiences • Limited support from family and friends <p>Housing, Employment & Finance</p> <ul style="list-style-type: none"> • Inadequate/poor housing • Requiring in-depth guidance and help. At risk of homelessness • Child/young person from asylum seeking or refugee family and has identified additional needs • Children subject to kinship care arrangements made by their own family • Family affected by low income or unemployment • Parents find it difficult to find employment due to basic skills or long term difficulties. <p>Family's Social Integration</p> <ul style="list-style-type: none"> • Family is socially isolated limited extended family support • Victimisation by others impacts on child <p>Community Resources</p> <ul style="list-style-type: none"> • Adequate universal resources but family may have difficulty gaining access to them • Community characterised by negativity towards child/young person
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Level 3 – Indicators of Need

<p>Child's Developmental Needs</p> <p>Health</p> <ul style="list-style-type: none"> • 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 • 'Un-safe' / inappropriate sexual 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 • Conception to a child under 16 years old / concerns about parenting capacity • Disability requiring significant support services to be maintained in mainstream provision <p>Education & Learning</p> <ul style="list-style-type: none"> • 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 • Statement of special educational needs / failure to cooperate with SEN <p>Emotional and Behavioural Development</p> <ul style="list-style-type: none"> • 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 • Behaviour is sufficiently extreme to place them at risk of removal from home • Early onset of sexual activity (13-14 years) • Offending /prosecution for offences – resulting in custodial sentences, ASBOs etc. • Puts self or others in danger • Disappears or is missing from home regularly or for long periods <p>Identity</p> <ul style="list-style-type: none"> • Subject to persistent discrimination • Is socially isolated and lacks appropriate role models • Self image is distorted and may demonstrate fear of persecution • Extremist views that places self or others at risk 	<p>Family and Social Relationships</p> <ul style="list-style-type: none"> • Relationship with family is experienced as negative, critical or rejecting • Regularly caring for another family member • Family no longer want to care for child • Family is experiencing a crisis likely to result in the breakdown of care arrangements • Child or young person has previously been looked after by a local authority • Persistent exposure to violent behaviours within the home <p>Social Presentation</p> <ul style="list-style-type: none"> • Appearance reflects poor care and hygiene related health issues • Persistent presentation in unwashed / unsuitable clothing despite advice and support being offered <p>Self-Care Skills</p> <ul style="list-style-type: none"> • Absence of or poor self-care skills for age/ level of understanding • Severe disability – relies on others to meet needs. <p>Parents And Carers</p> <p>Basic Care. Safety and Protection</p> <ul style="list-style-type: none"> • Parent / carer is struggling or is unable to provide adequate care/ basic care's frequently inconsistent • 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 • 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 <p>Emotional Warmth</p> <ul style="list-style-type: none"> • Child / young person has multiple carers but no significant relationship to any of them / receives inconsistent care 	<ul style="list-style-type: none"> • 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 <p>Guidance, Boundaries & Stimulation</p> <ul style="list-style-type: none"> • Parents struggle to set boundaries / act as good role models • Child or young person's behaviour out of control • Child or young person is regularly beyond control of parent or carer • Parenting impairing emotional or appropriate behavioural development of child / young person <p>Family And Environmental Factors</p> <p>Family History and Functioning</p> <ul style="list-style-type: none"> • 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 • Family characterised by conflict and serious chronic relationship problems • Parents or carers persistently avoid contact / do not engage with childcare professionals • Children or young people are subject to Kinship Care arrangements set up by Children's Social Care Services • Children/young people who are privately fostered • Persistent expectation to care for other household members which impacts on the child / young person's development and opportunities <p>Housing, Employment & Finance</p> <ul style="list-style-type: none"> • Statutorily overcrowded / temporary accommodation / family are homeless • Prosecution/eviction proceedings • Serious debts / poverty impacting on ability to care for the child/ young person • Home in poor state of repair, deemed unfit for habitation <p>Family's Social Integration</p> <ul style="list-style-type: none"> • Family is socially isolated/excluded • Victimisation by others places child and family at risk • Has poor relationship/s with extended family <p>Community Resources</p> <ul style="list-style-type: none"> • Parents / carers do not access or there is significantly poor access to local facilities and targeted services to meet assessed need • Lack of community support/tolerance or hostility towards the child, young person or family • Multiple problems preventing a YP engaging with opportunities
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Level 4 – Indicators of Need

<p>CHILDS DEVELOPMENTAL NEEDS</p> <p>Health</p> <ul style="list-style-type: none"> • Clear allegation of harm and/or disclosure of harm • Suffering or at risk of suffering serious physical, emotional or sexual harm or neglect • Growth faltering and no ‘organic’ cause identified • Failure to access medical attention for chronic / reoccurring health problems despite support and advice – including severe obesity and dental decay • Development significantly impaired due to parenting • Health impaired due to neglectful parenting • Sexual exploitation / abuse • Sexual activity under the age of 13 • Conception to a child under the age of 14 • Disability requiring the highest level of support • Subject to a section under the Mental Health Act / diagnosed mental health issues which places themselves or others at risk • Self harming likely to have a serious effect on the child or young person’s health or wellbeing • Persistent and significant substance misuse (alcohol and drugs) • Child or young person is missing from home regularly or for long periods. • Fabricated / induced illness <p>Education & Learning</p> <ul style="list-style-type: none"> • Permanently excluded from school or at risk of permanent exclusion • Significant developmental delay due to neglect / poor parenting <p>Emotional and Behavioural Development</p> <ul style="list-style-type: none"> • Puts self or others in danger / including risk taking behaviour / self-harm or suicide attempts / substance misuse of drugs and/or alcohol / eating disorders • Failure or rejection to address serious (re)offending / anti- social behaviour • Significant emotional / psychological problems as a result of neglect / poor parenting • Frequently missing from home for long periods placing them at risk • Presenting sexualised behaviour • Child who abuses others <p>Identity</p> <ul style="list-style-type: none"> • Socially isolated and lacking appropriate role models • Poor self-worth that results in extreme behaviours towards themselves and others • Participates in gang activity / involved with serious or organised crime • Demonstrates extremist views 	<p>Family and Social Relationships</p> <ul style="list-style-type: none"> • Child in care (looked after) or care leaver • Family have abandoned child • Subject to physical, emotional or sexual abuse / neglect • Adoption breakdown • Is the main carer for a family member • Unaccompanied asylum seeking child / young person • Forced marriage of a child / young person under 18 years <p>Social Presentation</p> <ul style="list-style-type: none"> • Poor / inappropriate self presentation / hygiene related health issues <p>Self-Care Skills</p> <ul style="list-style-type: none"> • Absence / neglect of self-care skills due to other priorities such as substance misuse • Takes inappropriate risks in self-care • Severe lack of age appropriate behaviour and independent living skills likely to result in harm <p>PARENTS AND CARERS</p> <p>Basic Care, Safety and Protection</p> <ul style="list-style-type: none"> • Parent / carers is unable to provide consistent parenting that is adequate (good enough) and safe • Parents have seriously abused/neglected the child • Previous child(ren) has been removed from parent’s care • Parent’s own learning disability /mental health / substance misuse significantly affects their ability to provide adequate and safe care • Parents do not recognise or accept danger and protect child/young person from harm • Persistent use of inappropriate care-givers • Child / young person has no one to care for them • There is no relevant stimulation appropriate for age • Exposed to pornography or other exploitative/ harming material • Consistent instability / violence/ domestic abuse within the home • Teenage pregnancy / young inexperienced parents with additional concerns that could place the unborn child / child at risk of significant harm • Individuals in family present a risk to children/young people and are likely to be in contact with them • Child / young person subject to public law proceedings in family court • Parents / carers involved in criminal activity • Allegations of harm by a person in a position of trust 	<p>Emotional Warmth</p> <ul style="list-style-type: none"> • Parents / carers inconsistent, highly critical or apathetic towards child / young person • Parents / carers are negative and abusive towards the child / young person • Child / young person is rejected or abandoned • Carers persistent hostility to the child / young person leads to their isolation <p>Guidance, Boundaries & Stimulation</p> <ul style="list-style-type: none"> • There are no effective boundaries set by parents • Regularly demonstrates anti-social behaviour in the community • Child / young person is beyond parental control • Subject to a parenting order which may be related to their child’s criminal / anti-social behaviour or persistent absence from school <p>FAMILY AND ENVIRONMENTAL FACTORS</p> <p>Family History and Functioning</p> <ul style="list-style-type: none"> • Family life is chaotic and there is significant and persistent parental or carer discord /domestic abuse / honour based violence / forced marriage • Family members have physical or mental health needs which place the child / young person at risk of harm • Re-occurring / frequent attendances by the police to the family home • Child / young person is being cared for by a non-relative under private fostering arrangements • Parents are deceased and there are no family / friends to care for the child / young person • Parents are in prison and there are no family / friends to care for the child / young person <p>Housing, Employment & Finance</p> <ul style="list-style-type: none"> • Housing accommodation places child / young person in danger / at risk of harm • No fixed abode / homeless • Extreme poverty / debt impacting on ability to care for the child / young person • Household income is used to fund parent or carers own prioritised needs (e.g. substance misuse / gambling) leading to significant neglect of the child / young person <p>Family’s Social Integration</p> <ul style="list-style-type: none"> • Family are socially chronically excluded • Victimisation by others places the child / young person at risk of significant harm <p>Community Resources</p> <ul style="list-style-type: none"> ➢ Substantial multiple problems preventing the family/ young person from engaging with services/ non-engagement with services
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7. Key Contacts:

- CAMHS Access Team – Tel: **020 3513 6631** [Fax: 020 3513 6200]
- CAMHS Learning Disability Team – Tel: **020 3513 4650**
- Family Information Service (FIS) – Tel: **020 8871 7899**
Email: fis@wandsworth.gov.uk

Webpages: <http://fis.wandsworth.gov.uk/kb5/wandsworth/fsd/home.page>
- LADO – **020 8871 6622**
Email: LADO@wandsworth.gov.uk
- Initial Point of Contact (IPOC) - Phone: **020 8871 6622**
Email: IPOC@wandsworth.gov.uk
- Multi-agency Safeguarding Hub (MASH) –
Tel: **020 8871 6622**

Email: MASH@wandsworth.gov.uk
- Safeguarding Children Health Team (St George’s Community Health Trust) –
Tel: **020 8812 4101/4102**
Email: stgh-tr.safeguarding@nhs.net
- Troubled Families & Family Recovery Project – Tel: **020 8871 5229**
Email: familyrecoveryproject@wandsworth.gov.uk
- Youth Offending Service – Tel: **020 8871 6222**

Email: grp.wandsworthyt@wandsworth.cjsm.net

Pathways to and from Initial Point of Contact (IPOC)

Pathways from Initial point of contact (IPOC)

Who might refer?
 Police officers
 GPs
 Teachers
 Childminders
 Early years practitioners
 Mental health workers
 Hospital staff
 Voluntary sector staff

