Levels of need
when working with children, young people
and their families in Surrey

SSCB Guidance for professionals on Early Help and use of thresholds across Surrey

Consulted:	See list page 2
Date of publication:	October 2016
Review date:	October 2017
Owner:	Surrey Safeguarding Children Board (SSCB)
Approved by:	Surrey Safeguarding Children Board

This document has been developed by those who work with children and their families in Surrey to support professionals to ensure that children and young people get the **right** response from the **right** service at the time they need it. It will help professionals in all agencies to understand what happens at each level of need and fulfils the requirement for SSCB to publish a Threshold Document that includes the process for the Early Help Assessment and the type and level of Early Help services to be provided (Working Together 2015)

Professionals in Surrey work together to deliver effective services from Early Help to Child Protection, we all have a vested interest in ensuring that children, young people and their families receive appropriate support at the right time.

This document details the thresholds for different levels of support. It is important that there are clear criteria for taking action and providing help across this full continuum. Having clear thresholds for action which are understood by all professionals, and applied consistently, should ensure that services are commissioned effectively and that the right help is given to the child at the right time (Working Together 2015).

This guidance reflects the commitment from workers at all levels and from all agencies to develop and implement a co-ordinated early help offer across services and agencies when working with children and young people. It reflects the passion of Surrey workers to improve outcomes and reduce the need for formal referral to Children's Services. It underpins Surrey's Early Help framework.

This document is published as a final document having taken feedback from practitioners to make the tool as effective as possible. The document will be further adapted and shaped as changes to local services, provision, processes and procedures are developed.

Please remember that it is not possible to cover every scenario and **the advice below needs to be used in conjunction with professional judgement**. Also the descriptors of concerns at different levels are indicative and it is likely that a number of these will apply in combination if a child is to meet the thresholds described, particularly at levels 3 & 4. If in doubt seek advice from your safeguarding lead or Children's Services but if in doubt seek advice from your safeguarding lead or Children's Services. If there is an immediate risk to a child please call the Police on 999

We would like to acknowledge the input from the following services in the development of this document:

Action for Carers, Ashford & St Peter's Hospitals, Catalyst, Central Surrey Health, Clarendon Primary School, First Community Health and Care, Freemantles School, Guildford & Waverley CCG, Guildford Family Support Programme, Guildford YMCA, Homestart East Surrey, Homestart Runnymede, Kenyngton Manor Primary School, Leatherhead Youth Project, Reigate & Banstead Family Support Programme, Ridgeway Community School, Royal Surrey County Hospital, St John's Primary School, Sight for Surrey, Secondary Phase Council, Step by Step, Stepgates School, Sunbury Manor School, Surrey & Borders Partnership, Surrey County Council, Surrey Heath CMHRS, Surrey MASH, Surrey Police, The Eikon Charity, Town Farm Primary School, Virgin Care Ltd, Woking Family Support Programme, Woodlands School, Youth Aims

Elaine Coleridge

Independent Chair
Surrey Safeguarding Children Board

Table of Contents

Questions to ask yourself when worried about a child/young person

- If nothing changes, or if I do nothing, in what way is the child likely to be harmed or impacted?
- If the worries are related to the parent's needs or abilities, what is the likely impact of this on the child or young person?
- What is it I am most worried about?
- What is prompting me to ask for help or support now?
- Has the problem or issue got worse recently?
- What has changed if things were working well before?
- What evidence is there regarding needs or concerns identified?
- Have I asked consent from the parent (and child where appropriate) to share this information? (And if not, why not?)
- What positive resources, people, strengths and abilities do the child and family currently have?
- What do we already know about the child's development issues and parental capacity within the family?
- What has already been done to address the needs or concerns? (Including actions by other agencies where known.)
- What can I do to help and support this child /family / and other professionals working on this case?

Who to contact if you are concerned that a child or young person is at risk of harm:

- **POLICE: in an emergency 999**
- **Multi Agency Safeguarding Hub (MASH):**
    - **Tel: 0300 470 9100** Monday to Friday 9am - 5pm
    - **Email: mash@surreycc.gcsx.gov.uk**
- **OUT OF HOURS DUTY TEAM: 01483 517898**

Making a Referral

Where a professional has concerns about the safety of a child and believes that social care services may be required the family should be referred to the Multi Agency Safeguarding Hub (MASH) 0300 470 9100 Monday to Friday from 9am to 5pm. Out of these hours call the emergency duty team 01483 517898.

In an emergency where you are concerned for the child's immediate safety you should call Surrey Police on 999.

- The MASH will risk assess and make decisions on all new concerns about children who do not already have an allocated social worker
- Using the Safer Surrey model, the MASH will determine the level of need and risk to decide if the child needs a social worker under Section 17 or Section 47; or if the child and their family can be supported by Early Help.
- If a child needs a social worker via a Child & Family Assessment or a Section 47 Enquiry, this will be completed by a social worker in the area Assessment Team.
- If a child needs support beyond that provided through universal services as part of an Early Help offer, this will be coordinated via the area Early Help Co-ordination Hubs
- Children in Need will be supported by social workers within the area Intervention Team or Family Services (CIN for children aged 14+)
- Child Protection & Proceedings teams – for children on a Child Protection Plan and Court proceedings
- Looked After Child teams

The Surrey Multi – Agency Referral Form – MARF

The Surrey MARF is a simple assessment for use by professionals in all agencies to clarify concerns they may have about a child or young person. It will help them to communicate and work more effectively together.

The Surrey MARF is based on the Framework for the Assessment of Children in Need and their Families (DoH 2000); this means that specialist assessments can easily build on the information gathered by a MARF. The MARF offers a basis for early identification of children's additional needs (levels 2 and 3), for sharing of this information between organisations and for the co-ordination of service provision.

The MARF is designed for use when:

- There are concerns about how well a child / young person is progressing in terms of their health, welfare, behaviour, progress in learning or any other aspect of their well-being and a professional wishes to make a referral for consideration of the need for social care services

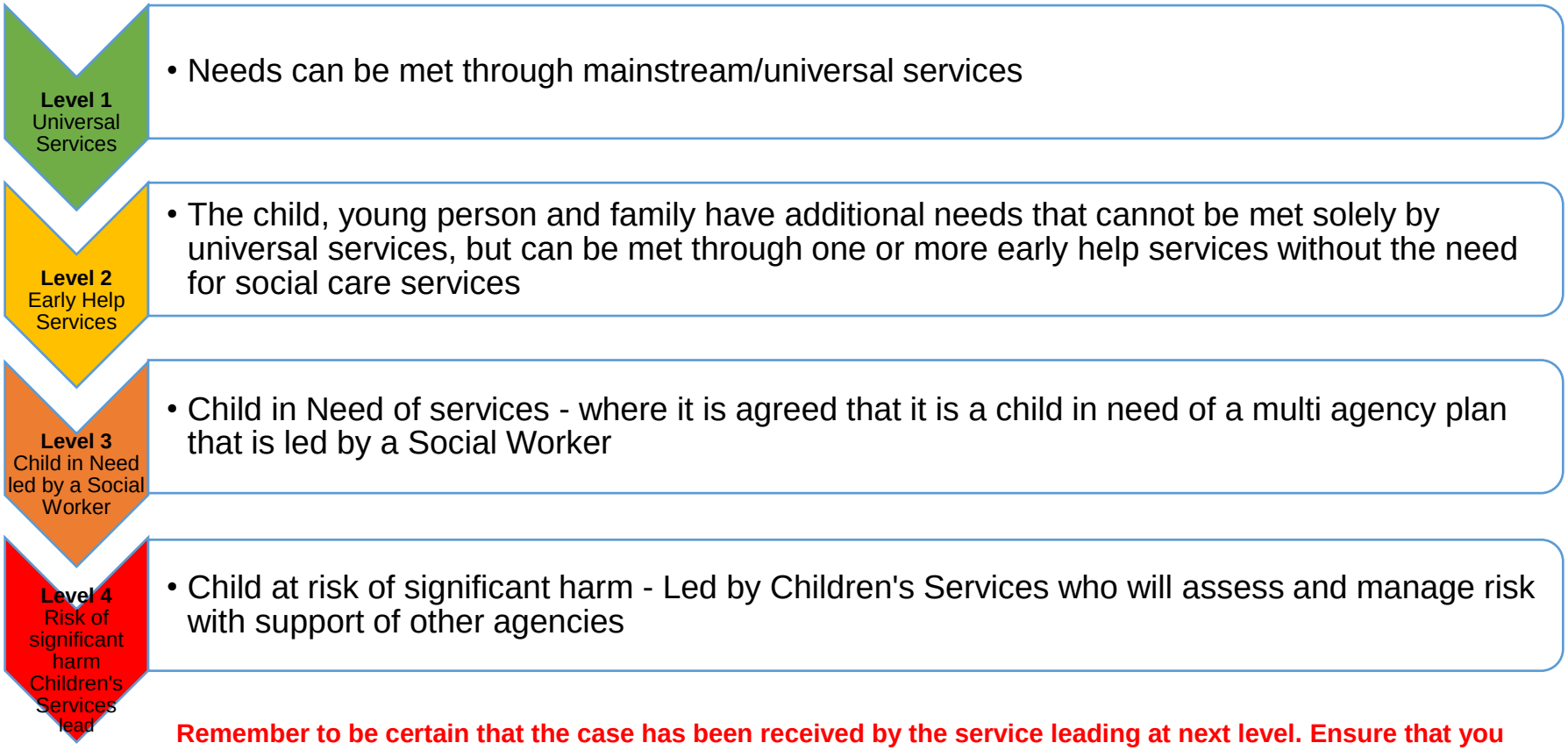
http://www.surreyscb.org.uk/professionals/guidance-protocols/

Please use the tables for levels of need to assist you in identifying concerns for individual families and children

How to step up

At each level, before considering a higher stage of intervention, practitioners and lead professionals should consider:

- What are the unmet needs of the child, young person and/or their family?
- What have we tried so far?
- What more can we do within existing resources?
- What has been the impact?
- What evidence do we have that we cannot bring about any further positive changes and that a higher level or intervention is needed?
- What advice have I received from MASH or Early Help Hubs



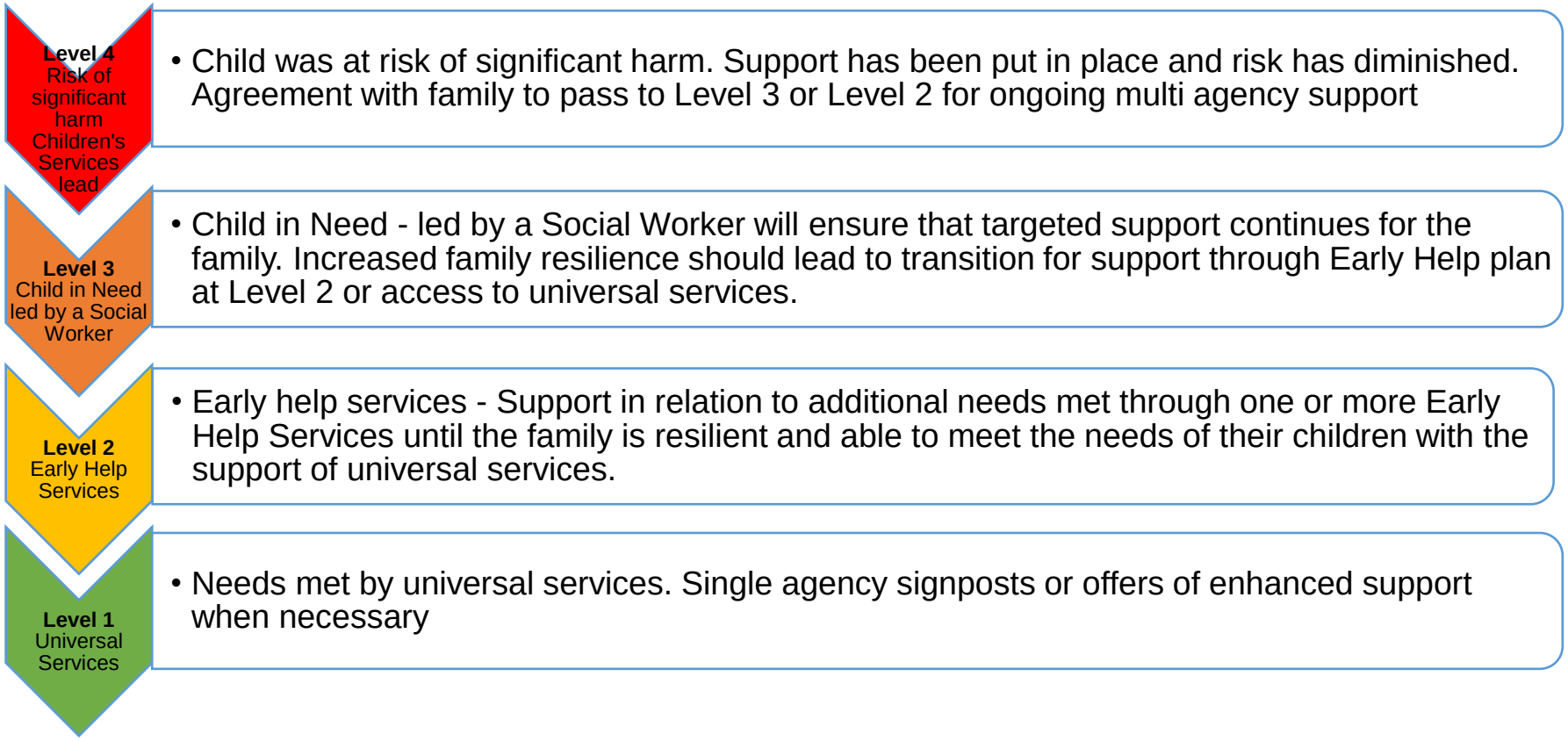
Remember to be certain that the case has been received by the service leading at next level. Ensure that you have provided the reasons for the referral up, detailing the level of need, concerns and the family information

How to step down

The objective at all stages of intervention should be to not only prevent escalation of need but to bring about the required changes that enable children, young people and their families to build resilience such that their needs can be met within universal provision.

The process is gradual and may need support at different levels before progressing to universal services.

The process should be fluid with professionals being clear, who is picking up the family support and confirming that they have agreed to take the family support on.



Level 1 – Children requiring Universal Services in the Community and occasional additional support from a specialist

Children are achieving expected outcomes and have their needs met within universal service provision without the need for additional support.
Agencies provide universal prevention and address the entire population with the aim of reducing later incidences or problems. Universal services will respond early to escalating need by providing an enhanced response and signposting appropriately to specialist services.

Level 2 – Vulnerable children requiring a co-ordinated Early Help approach

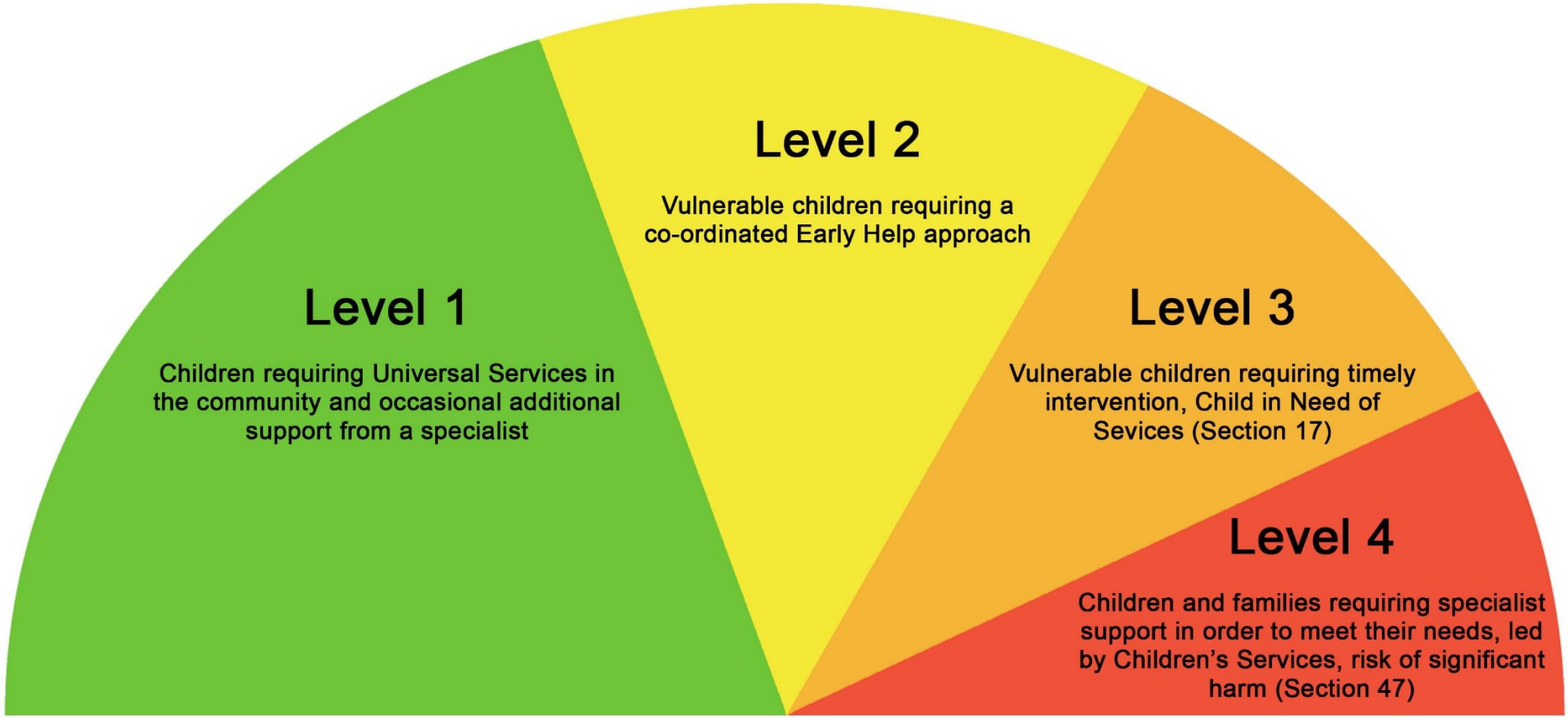
Children are likely to require additional support for a period of time from a range of agencies
Children who are starting to divert from expected outcomes and require time limited intervention. Agencies provide preventative services that aim to respond quickly when problems arise in order to prevent them getting worse**.**

Level 3 – Vulnerable children requiring timely intervention, Child in Need of services (Section 17)

Children who are not achieving the expected outcomes, and require more intensive support from a range of services led by a social worker following Child and Family assessment. Agencies provide prevention and therapy/help when the problem becomes serious.

Level 4 – Children and families requiring specialist support in order to meet their needs, led by Children's Services, risk of significant harm (Section 47)

Children who require intensive help and support from a limited range of specialist services led by Children's Services. Agencies provide specialist services that are underpinned by wrap-around support services to help children 'step down'



Using the Windscreen

The windscreen represents all children and families in Surrey. All families will fit somewhere on the windscreen. Understanding where a family fits on the windscreen, is the start of understanding what level of support a family needs and who should lead on that support. The windscreen and the supporting tables are an essential tool, to help professionals to make appropriate referrals and identify the issues present and the severity of those issues.

Referrals should contain the language used on the following tables and the supporting evidence of specific details of the individual concerns for that child/family.

The Child	**Level 1: Children requiring Universal Services in the community and occasional additional support from a specialist.**	**Level 2: Vulnerable children requiring a co-ordinated Early Help approach.** Families may be able to access additional support to help them meet the needs of their children. A family with more complex needs may need support using an Early help plan.	**Level 3: Vulnerable children requiring timely intervention, Child in Need of Services (Section 17).** Assessment and support plan will be led by a Social Worker. Multi-agency support in partnership with the family network is required.	**Level 4: Children and families requiring specialist support in order to meet their needs, led by Children's Services, risk of significant harm (Section 47)** Accumulation of unmet and complex needs/evidence that a child is at risk of significant harm. Assessment by a specialist agency e.g. Children's Services is required. Multi-agency support with the family is required to build a safety plan that protects the child and ensures that the child is safe.
	BEING HEALTHY			
	Attends doctor where necessary	Missing routine health appointments	Failure to access medical treatment when needed despite support and advice	Failure to access medical treatment when needed despite support & advice has caused child to be at risk of significant harm
	Weight and height within normal range	Slow weight gain or slow growth	Child's weight or growth falling / increasing without medical cause	Faltering growth and no medical reason contributed to by parenting level of care.
	Achieved developmental milestones	Slow to achieve developmental milestones	Not meeting developmental milestones consistently	Not meeting majority of developmental milestones
	Healthy physically	Some health issues which require co-ordinated support	Unaddressed health issues significantly impacting on child's health	Child's unmet physical health needs cause them to be at risk of significant harm.
	None or explained accidents	Frequent Accidents – Parents seek advice	Persistent accidents due to poor parental supervision	Child suffering multiple minor injuries or significant injury due to lack of supervision or deliberate injury or bruising in non-mobile baby
	Healthy psychologically	Signs of emotional wellbeing issues emerging	Emotional wellbeing issues significantly impacting on child	Emotional wellbeing / mental health difficulties causing risk of harm to child
	Good bonding and attachment	Bonding or attachment issues	Bonding or attachment unlikely to happen without considerable support	No bonding or attachment
	Pregnancy health needs are met	Mother needs additional support to attend to health needs, some effect on the unborn baby	Mother not attending to health needs, significant effect on the unborn baby	Mother continues to put herself and her unborn baby at risk of significant harm
	Good Parenting skills	Parenting skills limited / not always consistent	Despite Early Help intervention parenting capacity is not meeting the child's needs	Very limited parenting capacity contributing to child being at risk of significant harm
	Mothers mental health needs are met	Pregnancy – mother has mild feeling of being down, depressed or hopeless	Pregnancy – mother's mental health deteriorating causing concern about post natal depression	Pregnancy - acute psychotic episodes requiring immediate intervention
	Immunisations up to date	Missing some immunisations	Missing most immunisations	No immunisations – not informed choice
	Attends all medical appointments	Attends most medical appointments	Regularly DNA medical appointments	DNA essential medical appointments

The Child	**Level 1: Children requiring Universal Services in the community and occasional additional support from a specialist.**	**Level 2: Vulnerable children requiring a co-ordinated Early Help approach.** Families may be able to access additional support to help them meet the needs of their children. A family with more complex needs may need support using an Early help plan.	**Level 3: Vulnerable children requiring timely intervention, Child in Need of Services (Section 17).** Assessment and support plan will be led by a Social Worker. Multi-agency support in partnership with the family network is required.	**Level 4: Children and families requiring specialist support in order to meet their needs, led by Children's Services, risk of significant harm (Section 47)** Accumulation of unmet and complex needs/evidence that a child is at risk of significant harm. Assessment by a specialist agency e.g. Children's Services is required. Multi-agency support with the family is required to build a safety plan that protects the child and ensures that the child is safe.
	Regular dental checks	Concerns about dental health becoming an significant issue due to lack of any dental care	Despite support concerns about dental health are escalating	Severe dental decay, Failure to access dental treatment despite support & advice
	No substance misuse	Starting to explore alcohol or low level drugs (i.e. cannabis)	Regular substance misuse impacting on child's health	Persistent, significant substance misuse
	Sexual behaviour appropriate to age	Inappropriate sexual behaviour	Sexually active (under 16) at risk of CSE	Sexually active with many partners and being coerced into sexual activity / exploitation
	Personal hygiene is good	Personal hygiene is poor	Personal hygiene is poor despite Early Help support is indicative of lack of appropriate parenting	Persistent and severe personal hygiene issues despite support and advice indicates that child is suffering from severe neglect
	Disability which needs no extra support	Disability requires some support	Disability requires significant support	Disability requiring high level of support
	Is engaging in healthy relationships	Is sometimes placed in risky situations by others	Is frequently placed in risky situations by others	Is being sexually exploited
		Child's family comes from a culture where FGM is practised	Immediate family history of FGM	Female Genital Mutilation has been identified or is about to happen
	Whereabouts known at all times	Occasionally missing for short periods of time from home	Child is going missing from home on a regular basis	Acute pattern of child going missing from home regularly or for long periods. Possible indicator of CSE.
	No self-harm	Self-harm requiring support from services	Self-harm requiring specialist support from services	Self-harm impacts severely on child's health or wellbeing
				Unexplained child death

The Child	**Level 1: Children requiring Universal Services in the community and occasional additional support from a specialist.**	**Level 2: Vulnerable children requiring a co-ordinated Early Help approach.** Families may be able to access additional support to help them meet the needs of their children. A family with more complex needs may need support using an Early help plan.	**Level 3: Vulnerable children requiring timely intervention, Child in Need of Services (Section 17).** Assessment and support plan will be led by a Social Worker. Multi-agency support in partnership with the family network is required.	**Level 4: Children and families requiring specialist support in order to meet their needs, led by Children's Services, risk of significant harm (Section 47)** Accumulation of unmet and complex needs/evidence that a child is at risk of significant harm. Assessment by a specialist agency e.g. Children's Services is required. Multi-agency support with the family is required to build a safety plan that protects the child and ensures that the child is safe.
	EDUCATION & LEARNING			
	Achieving key stages	Will need additional support in order to achieve key stages		
	School attendance 95% plus	Persistent absence from school child at risk of harm	Truancy has escalated: child at risk of harm / full time exclusion / CSE / mental health issues	Full time exclusion or education order in place – child at significant risk of harm
	Demonstrates a range of skills	Child requires an education health and care plan (EHP)	Child requires an education health and care plan (EHP) and significant level of support to achieve potential	
	Planned progression - career/further education		Not in Education or training, engaged in anti-social or criminal behaviour	
	Punctual for school	Late for school most days	Always late for school always late for school despite support from Early Help	Child's educational needs are not met due to parent's inability to parent appropriately and non-compliance
	Well behaved	Behaviour may lead to exclusion	Exclusion due to behaviour	Behaviour escalating putting child and others at risk
	Constant school and normal transition stages	Frequent school moves involve Child Missing Education (CME) periods of more than 20 school days	Meets admissions criteria as Hard to Place / CME pupil	
	No caring responsibilities	Young carer with significant responsibilities, missing school or effecting achievement	Young carer with sole responsibilities, missing school regularly or significant effect on achievement	Despite support from Early and Social Worker child continues to miss considerable amounts of schooling on a regular basis as a result of the their caring responsibilities
	Elective home education, family have planned and seek support	Elective home education, family seeking advice and support on curriculum	Elective home education with little or no evidence of curriculum or support	

The Child	**Level 1: Children requiring Universal Services in the community and occasional additional support from a specialist.**	**Level 2: Vulnerable children requiring a co-ordinated Early Help approach.** Families may be able to access additional support to help them meet the needs of their children. A family with more complex needs may need support using an Early help plan.	**Level 3: Vulnerable children requiring timely intervention, Child in Need of Services (Section 17).** Assessment and support plan will be led by a Social Worker. Multi-agency support in partnership with the family network is required.	**Level 4: Children and families requiring specialist support in order to meet their needs, led by Children's Services, risk of significant harm (Section 47)** Accumulation of unmet and complex needs/evidence that a child is at risk of significant harm. Assessment by a specialist agency e.g. Children's Services is required. Multi-agency support with the family is required to build a safety plan that protects the child and ensures that the child is safe.
	IDENTITY			
	Positive sense of self	Questioning self-worth		Poor self-worth leading to extreme behaviours to others
	Recognises own abilities	Questions own abilities		
	Expresses feelings verbally	Has difficulty expressing feelings verbally		
	Expresses feelings non -verbally	Has difficulty expressing feelings non verbally		
	Is confident in their identity	Is exploring their identity	Is excluded or rejected due to their chosen identity which is causing emotional harm	
	Positive role models present	Lack of positive role models	Socially excluded, no positive role models leading to unacceptable behaviour	Increase in unacceptable behaviour leading to criminal activities
	Can see both sides of issues	Informal interest in extremist views	Has extremist views	Engaged with individuals or groups with extremist activities
	Has strong positive friendship group	At risk of influence from a specific group with criminal activity	Is seeking to be involved in gang activity	Is actively engaged in gang activity
	Has arrived in UK with good community and family support	Is newly arrived in UK and requiring support	Asylum seeker with family members	Unaccompanied minor/asylum seeker – concerns regarding trafficking

The Child	**Level 1: Children requiring Universal Services in the community and occasional additional support from a specialist.**	**Level 2: Vulnerable children requiring a co-ordinated Early Help approach.** Families may be able to access additional support to help them meet the needs of their children. A family with more complex needs may need support using an Early help plan.	**Level 3: Vulnerable children requiring timely intervention, Child in Need of Services (Section 17).** Assessment and support plan will be led by a Social Worker. Multi-agency support in partnership with the family network is required.	**Level 4: Children and families requiring specialist support in order to meet their needs, led by Children's Services, risk of significant harm (Section 47)** Accumulation of unmet and complex needs/evidence that a child is at risk of significant harm. Assessment by a specialist agency e.g. Children's Services is required. Multi-agency support with the family is required to build a safety plan that protects the child and ensures that the child is safe.
	FAMILY & SOCIAL RELATIONSHIPS			
	Stable relationship with family & friends	Negative relationship with family and friends	Relationship with family deteriorating leading to potential family breakdown	Family abandoned child
	Positive relationship with peers	Child has difficulties making & maintaining relationships	Child is socially isolated and there are concerns for their mental health	Acute social isolation / mental health issues
	No caring responsibilities	Child is a young carer	Child is a young carer – regularly caring for a family member. The responsibilities are impacting on the child's wellbeing	Caring responsibilities mean that the child's needs are not met
	Is able to choose their partner	At risk of influence in choice of partner	At risk of forced marriage	Forced marriage of a child
	SOCIAL PRESENTATION			
	Appropriate dress / hygiene	Poor standard of dress / hygiene	Escalating concerns about hygiene / clothing impacting on child's health and social interactions	Severe isolation and health risk due to persistent neglect
	Good level of self-care	Lack of age appropriate self-care	Continued lack of age appropriate self care despite Early Help support	Persistent lack of self care resulting in significant health issues
	Understands how to behave with strangers	Lack of boundaries impacting on personal safety	Has problems understanding boundaries with strangers despite Early Help support	At risk of CSE – evidence of inability to keep safe in the community
	Strong peer friendship group	Is sometimes involved in fights with other young people	Severe with peer on peer aggression	Is the victim or perpetrator of severe peer on peer violence

The Child	**Level 1: Children requiring Universal Services in the community and occasional additional support from a specialist.**	**Level 2: Vulnerable children requiring a co-ordinated Early Help approach.** Families may be able to access additional support to help them meet the needs of their children. A family with more complex needs may need support using an Early help plan.	**Level 3: Vulnerable children requiring timely intervention, Child in Need of Services (Section 17).** Assessment and support plan will be led by a Social Worker. Multi-agency support in partnership with the family network is required.	**Level 4: Children and families requiring specialist support in order to meet their needs, led by Children's Services, risk of significant harm (Section 47)** Accumulation of unmet and complex needs/evidence that a child is at risk of significant harm. Assessment by a specialist agency e.g. Children's Services is required. Multi-agency support with the family is required to build a safety plan that protects the child and ensures that the child is safe.
	EMOTIONAL & BEHAVIOURAL DEVELOPMENT			
	Good attachment to parent	Inconsistent attachment to parent	Insecure or traumatic attachment	Poor attachment resulting in failing to respond to Child's needs
	Shows range of appropriate emotions	Inappropriate emotions / control for situation causing concerns about parenting	Emotional difficulties contributing to extreme / challenging behaviour	Challenging and difficult behaviour puts child at risk of significant harm or becoming Looked After
	Understands the cause and effect of own actions	Reacts without considering consequences	Unable to understand cause and effect of own actions putting the child / others at risk	Severe risk of harm to self and others
	Behaves well at home	Family struggling to cope with child's behaviour	Child's behaviour is extreme and likely to cause risk to self or removal from the home	Child's severe behaviour problem causes high risk of harm to self and others or possible removal from the home
	Acts within the law	Pattern of criminal behaviour escalating	Criminal behaviour likely to result in custodial sentence	Failure to address serious offending behaviour resulting in risk to self and others of a custodial sentence
	Good attendance at school	Occasionally going missing for short periods	Pattern of going missing regularly from home – potential risk of CSE	Frequently missing from home for long periods, placing child at risk of CSE and other dangers
	Has good peer friendship group	Is isolated, not engaging with peers	Alienates self from peers and school due to extremes of behaviour	Child who abuses others
	Has good sense of self worth	Poor self esteem	Physical/emotional development raising significant concerns	Significant emotional problems which could be as a result of abuse including neglect
	Uses social media safely	Sharing inappropriate images of self with others	Sharing indecent images of self with peers	Indecent images of self being published on websites

Parents & Carers	**Level 1: Children requiring Universal Services in the community and occasional additional support from a specialist.**	**Level 2: Vulnerable children requiring a co-ordinated Early Help approach.** Families may be able to access additional support to help them meet the needs of their children. A family with more complex needs may need support using an Early help plan.	**Level 3: Vulnerable children requiring timely intervention, Child in Need of Services (Section 17).** Assessment and support plan will be led by a Social Worker. Multi-agency support in partnership with the family network is required.	**Level 4: Children and families requiring specialist support in order to meet their needs, led by Children's Services, risk of significant harm (Section 47)** Accumulation of unmet and complex needs/evidence that a child is at risk of significant harm. Assessment by a specialist agency e.g. Children's Services is required. Multi-agency support with the family is required to build a safety plan that protects the child and ensures that the child is safe.
	BASIC CARE			
	Child's basic needs met	Parents struggling to provide basic needs	Parent unable to provide consistent parenting despite Early Help support	Child suffering severe neglect due to inconsistent parenting
	Parents have mental health issues but does not impact child	Parenting support occasionally required due to parent mental health issues	Parents struggling to provide basic needs as a result of mental health issues	Parents mental health/ learning abilities significantly affects their ability to parent
	Parents' substance use does not impact on their parenting capacity	Parenting support occasionally required due to parental substance misuse	Parents struggling to provide basic needs as a result of substance misuse	Parents substance misuse significantly affects their ability to parent
	Parents have disability but does not impact child	Parenting support occasionally required due to parental disability issues	Parents struggling to provide basic needs as a result of disability issues	Parents disability prevents them giving adequate care
	Stable and supportive home life	Parenting support occasionally required due to domestic abuse	Parents struggling to provide basic needs as a result of domestic abuse	Child at high risk of emotional / physical harm as a result of domestic abuse within the home.
	Parents provide good enough parenting	Parents occasionally put their needs above child	Parents frequently put their own needs above child	Parents have abused/neglected child
	Parents put Child's needs first and provide consistent adequate parenting	Parents experiencing parenting challenges	Parents have previous history of struggling to meet the needs of their child, child was subject to child protection plan	Previous child removed
	Parents identify & protect child from harm	Parents have difficulty identifying and protecting child from harm	Parents do not provide adequate supervision to keep child safe despite support from Early Help	Child at risk of significant harm due to lack of parenting
	Parents make informed choices of caregivers	Parents do not consistently use appropriate caregivers	Evidence of use of inappropriate caregivers putting child at risk	Child suffered harm as a result of the use of inappropriate caregivers
	Child supervised appropriately to age	Child not supervised at all times	Lack of adequate supervision is putting the child in unsafe situations which could lead to significant harm	Child abandoned

Parents & Carers	**Level 1: Children requiring Universal Services in the community and occasional additional support from a specialist.**	**Level 2: Vulnerable children requiring a co-ordinated Early Help approach.** Families may be able to access additional support to help them meet the needs of their children. A family with more complex needs may need support using an Early help plan.	**Level 3: Vulnerable children requiring timely intervention, Child in Need of Services (Section 17).** Assessment and support plan will be led by a Social Worker. Multi-agency support in partnership with the family network is required.	**Level 4: Children and families requiring specialist support in order to meet their needs, led by Children's Services, risk of significant harm (Section 47)** Accumulation of unmet and complex needs/evidence that a child is at risk of significant harm. Assessment by a specialist agency e.g. Children's Services is required. Multi-agency support with the family is required to build a safety plan that protects the child and ensures that the child is safe.
	BASIC CARE			
	Teenage pregnancy - high level of support from family	Teenage pregnancy - some support from family	Teenage pregnancy - concerns regarding their ability to parent, based on their own experience. Risk of becoming homeless	Teenage pregnancy- concerns that mother's circumstances place the child at risk of harm
	Child is protected from pornography and harmful materials	Exposure to pornography/harmful material	Deliberate exposure to pornography/ harmful materials	Failure to prevent persistent exposure to pornographic / harmful materials
	Individuals in family are supportive and remove risk to child	Individuals in family are supportive and minimise risk to child	Individuals in family a risk to child, no direct contact to child	Individuals in family a risk to child, have direct contact to child
	Young carer given full support from the extended family	Young carer given significant level of responsibility	Young carer given inappropriate level of responsibility despite Early Help support and advice	Care and responsibility severely impacting on the child's health and wellbeing
	Parent complies with requests for action, Evidence is available to confirm this	Parent inconsistent in their compliance to professional advice to meet the child's basic needs, some evidence is available to confirm this	Lack of compliance with professional advice leading to the child's needs not being met.	Disguised compliance to professional advice and no progress is being made to meet the child's basic needs.
	Family supportive of each other	Family conflict leading to child confusion	Parents separated, conflict over contact and child being used as a pawn	Abduction by a parent
	Parent is in prison, child is fully supported and cared for	Parent is in prison; child and family requires some support	Parent is in prison; support required to prevent family breakdown	Parent is in prison which puts child at risk of becoming Looked After
			Private fostering / kinship care arrangement	Private fostering arrangement with significant concerns regarding carer

Parents & Carers	**Level 1: Children requiring Universal Services in the community and occasional additional support from a specialist.**	**Level 2: Vulnerable children requiring a co-ordinated Early Help approach.** Families may be able to access additional support to help them meet the needs of their children. A family with more complex needs may need support using an Early help plan.	**Level 3: Vulnerable children requiring timely intervention, Child in Need of Services (Section 17).** Assessment and support plan will be led by a Social Worker. Multi-agency support in partnership with the family network is required.	**Level 4: Children and families requiring specialist support in order to meet their needs, led by Children's Services, risk of significant harm (Section 47)** Accumulation of unmet and complex needs/evidence that a child is at risk of significant harm. Assessment by a specialist agency e.g. Children's Services is required. Multi-agency support with the family is required to build a safety plan that protects the child and ensures that the child is safe.
	EMOTIONAL WARMTH			
	Child is given praise, warm regard & encouragement	Inconsistent praise, warm regard & encouragement	Very high level of criticism and low warmth towards child	Parents are highly critical or apathetic towards the child resulting in emotional harm
	Low level post-natal depression	Post-natal depression affecting parenting ability	Significant effect on parenting ability due to post-natal depression,	Severe post-natal depression, preventing parent fulfilling parenting needs
	Secure attachment between parent and child providing emotional warmth	Inconsistent attachment, praise warmth and encouragement	Parents are inconsistent in their attachment to child and child is rarely comforted or encouraged	Parent are negative or abusive towards child
	GUIDANCE BOUNDARIES & STIMULATION			
	Child has secure relationship with parents	Inconsistent approach to boundaries by parent	Child is regularly beyond parental control	Child is beyond parental control putting themselves at risk of significant harm
	Clear guidance, boundaries & stimulation	Parent struggles to set clear guidance, boundaries & stimulation	Parent unable to set clear guidance, boundaries and stimulation	Parenting Order in place (asbo or school attendance)
	Clear guidance for the appropriate use of the internet	Child often ignores guidance around the appropriate use of internet	Child engaged in negative risky internet behaviour	Lack of guidance / exposure to inappropriate use of the internet and social media
	Supervision in place for internet access	Unsupervised access to the internet, with child at risk of unsuitable contact	Child contacting or being contacted by risky adults online	Child being groomed
	Parents meeting their own needs and child's needs regularly	Parents need additional support	Parents expect child to meet their needs regularly	Child feels responsible for meeting parents' needs resulting emotional harm

Environmental Factors	**Level 1: Children requiring Universal Services in the community and occasional additional support from a specialist.**	**Level 2: Vulnerable children requiring a co-ordinated Early Help approach.** Families may be able to access additional support to help them meet the needs of their children. A family with more complex needs may need support using an Early help plan.	**Level 3: Vulnerable children requiring timely intervention, Child in Need of Services (Section 17).** Assessment and support plan will be led by a Social Worker. Multi-agency support in partnership with the family network is required.	**Level 4: Children and families requiring specialist support in order to meet their needs, led by Children's Services, risk of significant harm (Section 47)** Accumulation of unmet and complex needs/evidence that a child is at risk of significant harm. Assessment by a specialist agency e.g. Children's Services is required. Multi-agency support with the family is required to build a safety plan that protects the child and ensures that the child is safe.
	FAMILY HISTORY & FUNCTIONING			
	Parents provide stable and supportive home life with well managed mental health issues	Family require some additional support due to mental health issues	Parents are experiencing mental ill health issues on a regular basis preventing consistent care	Parent or carer inconsistent, highly critical or apathetic towards child due to mental health issues – child at risk of harm
	Parents provide stable and supportive home life with well managed substance misuse issues	Family require some additional support due to substance misuse issues	Parents are experiencing substance misuse issues on a regular basis resulting in them being unable to provide adequate care	Parent or carer inconsistent, highly critical or apathetic towards child due to substance misuse issues. Child is at risk of harm
	Parents provide stable and supportive home life	Family require some additional support due to domestic abuse	Parents are experiencing domestic abuse on a regular basis	Child is identified as being at risk of significant harm due to domestic abuse in the family
	Parents provide stable and supportive home life	Family require some additional support due to low level concerns regarding honour based violence	Parents are experiencing honour based violence on a regular basis	Parent or carer inconsistent, highly critical or apathetic towards child due to honour based violence
	Stable family background	Family display some activity verging on criminal behaviour	Parental criminal activity	Child is involved in parents criminal activity
	Good family relationships	Family relationships strained	Conflict & serious relationship problems	Hostile relationship with parent, leading to isolation
	Parents work well with professionals	Parents mostly work well with professionals	Parents avoid contact with professionals	Parents refuse to communicate or engage with professionals
	Kinship arrangement working well	Kinship arrangement that needs support	Kinship arrangement at risk of breakdown	
	Private fostering arrangement working well	Private fostering arrangement with some stresses	Privately fostered & requiring support	Private fostering arrangement at risk of breakdown due to significant concerns
	Young carer with no impact on child's development	Additional family caring responsibilities that are starting to impact on child	Young carer whose responsibilities impact on child's health & development	Young carer providing inappropriate high levels of care
	Child settled and supported in family home	Family arguments causing stress within the family	Threat of exclusion from family home	Family have abandoned or evicted child

Environmental Factors	**Level 1: Children requiring Universal Services in the community and occasional additional support from a specialist.**	**Level 2: Vulnerable children requiring a co-ordinated Early Help approach.** Families may be able to access additional support to help them meet the needs of their children. A family with more complex needs may need support using an Early help plan.	**Level 3: Vulnerable children requiring timely intervention, Child in Need of Services (Section 17).** Assessment and support plan will be led by a Social Worker. Multi-agency support in partnership with the family network is required.	**Level 4: Children and families requiring specialist support in order to meet their needs, led by Children's Services, risk of significant harm (Section 47)** Accumulation of unmet and complex needs/evidence that a child is at risk of significant harm. Assessment by a specialist agency e.g. Children's Services is required. Multi-agency support with the family is required to build a safety plan that protects the child and ensures that the child is safe.
	HOUSING, EMPLOYMENT & FINANCE			
	Young person has a loving supportive home and is involved in decision making	Young person is pressured into making inappropriate decisions	Family are exerting pressure on young person to marry	Child is being forced into marriage
	Adequate accommodation meets family's needs	Inadequate /poor quality or overcrowded accommodation	Overcrowded / temporary accommodation / notice seeking	Housing places child at risk of significant harm
	Stable accommodation	Requires in support & guidance to sustain accommodation	Prosecution / eviction proceedings commenced	Homelessness
	Well managed budget	Significant unmanaged debt	Serious debts impacting on child's basic needs	Insolvency or court action – child's needs not met. Risk of harm / homelessness
	Family income is sufficient for needs	Family affected by low income or unemployment	Poverty impacts on ability to care for child	Poverty affects parents ability to provide child's basic needs
	Adequate accommodation	Unable to maintain clean living space	Home in disrepair – impact on health & development	Accommodation unfit for occupancy
	Permanent residency	Temporary entitlement to stay	No recourse to public funds	No fixed abode
	Permanent residency	Child from asylum seeking family with additional needs	Uncertain residency status	No leave to remain
	Young person managing well in supported accommodation	Young person having problems budgeting for accommodation	Young person struggling in supported accommodation at risk of losing tenancy	Young person's tenancy ended leaving them at risk of becoming vulnerable to exploitation / homelessness
	Stable family background	Family affected by previous history and / or background	Young person is being separated from family by those seeking to exploit	Young person is victim of modern day slavery
	Family home is a safe environment	Family home has some problems around safety	Family home needs a high level of support to ensure that it is safe for children	Hoarding or condition of accommodation makes housing unsafe

Environmental Factors	**Level 1: Children requiring Universal Services in the community and occasional additional support from a specialist.**	**Level 2: Vulnerable children requiring a co-ordinated Early Help approach.** Families may be able to access additional support to help them meet the needs of their children. A family with more complex needs may need support using an Early help plan.	**Level 3: Vulnerable children requiring timely intervention, Child in Need of Services (Section 17).** Assessment and support plan will be led by a Social Worker. Multi-agency support in partnership with the family network is required.	**Level 4: Children and families requiring specialist support in order to meet their needs, led by Children's Services, risk of significant harm (Section 47)** Accumulation of unmet and complex needs/evidence that a child is at risk of significant harm. Assessment by a specialist agency e.g. Children's Services is required. Multi-agency support with the family is required to build a safety plan that protects the child and ensures that the child is safe.
	FAMILY & SOCIAL INTEGRATION			
	Family is integrated into community	Family has periods of isolation	Family are severely socially excluded	Family are vulnerable and at risk of exploitation
	Family have good social network	Victimisation by others, impacts on the child	Victimisation by others, places child at some risk	Victimisation by others, places child at risk of significant harm
	Family has good roots and community engagement	Family moves often but are accessing services when needed	Family moves often, services cannot be accessed when needed	Family moves frequently to escape services
	COMMUNITY RESCOURCES			
	Accommodation has basic but appropriate amenities	Accommodation is adequate but does not meet needs of family	Inadequate accommodation – dangerous or unhealthy	Accommodation causing severe health issues / risk of significant harm
	Community is supportive	Community is negative towards child	Increasing lack of community support or hostility towards child	Severe hostility and threats of harm towards the child
	Positive activities are available	Young person socially excluded – family require support to access adequate resources		

It is essential that professionals record who is taking on lead professional role and supporting family

Records must show clear handover of responsibility for family

Concerned about Neglect

What is Neglect?

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care - givers); or
- ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Recognising Neglect (taken from NSPCC website)

Neglect can have serious and long-lasting effects. It can be anything from leaving a child home alone to the very worst cases where a child dies from malnutrition or being denied the care they need. In some cases it can cause permanent disabilities. Neglect can be really difficult to identify, making it hard for professionals to take early action to protect a child.

Having one of the signs or symptoms below doesn't necessarily mean that a child is being neglected. But if you notice multiple, or persistent, signs then it could indicate there's a serious problem.

- Poor Appearance and hygiene:
  - Be smelly or dirty
  - Have unwashed and / or inadequate clothes
  - Appear hungry or arrive at school without having breakfast or any lunch money
  - Have frequent and untreated nappy rash
- Health and development problems:
  - Untreated injuries, medical and dental issues
  - Repeated accidental injuries caused by lack of supervision

    - Recurring illnesses or infections
    - Not been given appropriate medicines
    - Missed medical appointments such as vaccinations
    - Poor muscle tone or prominent joints
    - Skin sores, rashes, flea bites, scabies or ringworm
    - Thin or swollen tummy
    - Anaemia
    - Tiredness
    - Faltering weight or growth and not reaching developmental milestones (known as failure to thrive)
    - Poor language, communication or social skills.
- Housing and family issues
    - Living in an unsuitable home environment for example dog mess being left or not having any heating
    - Left alone for a long time
    - Taking on the role of carer for other family members.
- Children who are neglected often suffer from other forms of abuse

What to do if you are worried.

If the young person is at immediate risk of harm, please contact the police on 999
All other concerns should be referred to MASH 0300 470 9100

What does Neglect look like at each level?

	Level 1	Level 2	Level 3	Level 4
Some possible Indicators	• Child is healthy and thriving • Child appropriately accessing education / community resources • Family seek advice appropriately • Parents identify & protect child from harm	• Missing routine health appointments / immunisations • Slow weight gain / growth • Slow to reach developmental milestones • Persistent absence from school child at risk of harm • Parents struggle to provide for basic needs / to keep the home clean • Inconsistent attachment, praise warmth and encouragement • Parents have difficulty identifying and protecting child from harm	• Failure to access medical treatment when needed despite support and advice • Child's weight or growth falling / increasing without medical cause • Child not meeting developmental milestones consistently • Truancy has escalated: child at risk of harm / full time exclusion / CSE / mental health issues • Parent unable to provide consistent parenting despite Early Help support • Parents do not provide adequate supervision to keep child safe despite support from Early Help	• Failure to access medical treatment when needed despite support & advice has caused child to be at risk of significant harm • Faltering growth and no medical reason contributed to by parenting level of care. • Not meeting majority of developmental milestones • Full time exclusion or education order in place – child at significant risk of harm • Child suffering severe neglect due to inconsistent parenting • Child at risk of significant harm due to lack of parenting
Action to be taken	**Advice and guidance from single agency**	**Multi-agency response led by Lead Professional**	**Referral for multi- agency response led by a Social Worker**	**Immediate referral for police / Children's Services intervention**
Who to lead	**Single Agency response**	**Early Help Hubs**	**Assessment & Intervention Service (AIS)**	**Assessment & Intervention Service (AIS)**

For further information on Neglect

https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/neglect/

Concerned about Domestic Abuse

What is Domestic Abuse?

The new definition of domestic violence and abuse now states:

- Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:
    - psychological
    - physical
    - sexual
    - financial
    - emotional

This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

Children living in households where domestic abuse is present, will be affected by the tensions within the household, even if they are not present when the domestic abuse takes place

Who is vulnerable to Domestic Abuse?

Domestic violence can happen to anyone, regardless of age, social background, gender, religion, sexuality or ethnicity

It happens in all kinds of relationships: heterosexual, lesbian, gay, bisexual and transgender

Statistics show the vast majority of domestic violence incidents are carried out by men and experienced by women

Anyone who has experienced domestic abuse is likely to be targeted by domestic abuse perpetrators in subsequent relationships.

Children in households where DA is present can sometimes join in with the perpetrator in attacking the victim or try and defend the victim from the perpetrator.

Recognising Domestic Abuse

Domestic violence is caused by the abuser's desire for power and control

It stems from an imbalance of power between the sexes

It is not caused by alcohol, drugs, unemployment, stress or ill health. These are only excuses or justifications for an abuser's behaviour. For more information about domestic abuse visit Surrey Against Domestic Abuse

A combination of factors allows it to continue:

- Individual experiences of both the abuser and the abused (jealousy, fear of abandonment, low self-esteem);
- Society's inadequate response (e.g. failure to prosecute, insufficient housing, lack of childcare, tendency to blame the abused woman);
- Society's stereotypical beliefs and negative attitudes towards the roles of men and women (e.g. "love, honour and obey" and "you made your bed, you lie in it.")
- It continues because perpetrators are allowed to get away with it

What does Domestic Abuse look like at each level?

	Level 1	Level 2	Level 3	Level 4
Indicators	**Parents provide stable and supportive home life**	**Family require some additional support due to domestic abuse**	**Parents are experiencing domestic abuse on a regular basis**	**Child is identified as being at risk of significant harm due to domestic abuse in the family**
Action to be taken	**Advice and guidance from single agency**	**Multi-agency response led by Lead Professional**	**Referral for multi- agency response led by a Social Worker**	**Immediate referral for police / Children's Services intervention**
Who to lead	**Single Agency response**	**Early Help Hubs**	**Assessment & Intervention Service (AIS)**	**Assessment & Intervention Service (AIS)**

For further information on Domestic Abuse

http://www.refuge.org.uk/who-we-are/

24 hour domestic abuse helpline 0808 2000 247

Concerned about Child Sexual Exploitation

What is Child Sexual Exploitation?

Child sexual exploitation, or CSE as it is known, is the sexual abuse of a child or young person aged under 18 by an adult who involves them in inappropriate sexual activities either with themselves or another person. The activity often takes place in exchange for money, alcohol, drugs, food, accommodation or presents such as clothing or mobile phones, and victims can be targeted in person or online.

Child sexual exploitation can occur through the use of technology without the child's immediate recognition. For example being persuaded to post images on the internet or using mobile phones.

A common feature of CSE is that the child or young person does not recognise the coercive nature of the relationship and does not see themselves as a victim of exploitation. Violence, coercion and intimidation are common. Victims are often targeted because they are already vulnerable in some other way. Perpetrators of sexual exploitation are found in all parts of the country and are not restricted to particular ethnic groups. More importantly, this form of abuse is happening in Surrey. It must be emphasised that the child is a victim and should be supported as such.

Who is vulnerable to CSE?

Any young person can be vulnerable to child sexual exploitation but some will be more vulnerable than others

- Looked after history
- Learning disabilities
- History of neglect/abuse
- Early onset sexual activity
- Poor self-image
- Truanting and occasionally going missing

Recognising CSE

Recognising CSE can be very difficult, as many of the indicators are common behaviour for teenagers, who may be pushing boundaries and challenging parents or schools' authority

If the young person you are concerned about has several of the following indicators they **may** be at risk of CSE.

- Not attending school, regularly going missing, coming home late or staying out overnight with no explanation.
- Change in appearance or overt sexualised dress.
- Disengaging from family, friends and other support networks including key workers.
- Becoming secretive.
- Unexplained money or gifts, including mobile phones.
- Being seen in different cars, perhaps with different older people.
- Increased contact with health care.
- Displaying inappropriate sexualised behaviour.
- Associated with potentially abusive adults
- Changing peer groups.
- Suffering from sexually transmitted diseases.
- Multiple pregnancies, terminations.
- Drug or alcohol misuse.
- Offending behaviour.

What to do if you are worried.

If the young person is at immediate risk, please contact the police
In all other cases please refer to the Surrey CSE screening tool, which will support you to identify any action needed.

What does CSE look like at each level? (for a more in-depth list, see CSE screening tool)

	Level 1	Level 2	Level 3	Level 4
Indicators	• Young person engaged in healthy relationships with peers	• There is no evidence of criminal offences. • Some drug & alcohol use signs of risk indicators. • They are exiting exploitation. • Child is sometimes in risky situations • The concerns appear to relate to normal teenage behaviour	• Young person under the age of 16 engaging in sexual activity • Young person associating with peers also at risk of CSE • Young person frequents known CSE hotspots • Young person truanting and occasionally going missing	• Under 13 engaging in any sexual activity • Engaged in sexual activity with older men/women • Contact with known CSE perpetrators • Child is being sexually exploited • Going missing • Unexplained gifts • Drug & Alcohol dependence • Experience of violence
Action to be taken	**Advice and guidance from single agency**	**Multi-agency response led by Lead Professional**	**Referral for multi- agency response led by a Social Worker**	**Immediate referral for police / Children's Services intervention**
Who to lead	**Single Agency response**	**Early Help Hubs**	**Assessment & Intervention Service (AIS)**	**Assessment & Intervention Service (AIS)**

For further information on CSE

https://www.gov.uk/government/publications/what-to-do-if-you-suspect-a-child-is-being-sexually-exploited

http://www.ceop.police.uk/

http://paceuk.info/

http://www.itsnotokay.co.uk/

http://www.stop-cse.org/saysomething/

https://www.net-aware.org.uk/

Surrey CSE Protocol

Concerned about Parental Mental Ill Health

What is Parental Mental Ill Health?

Parental mental health problems affect the lives of parents, their children, their wider family and ultimately society. There has been much research in recent years about the link between different, often interlinking factors and their impact on families. Factors such as the type of mental health problems, the parents' or children's age, sex, additional health problems, ethnicity, marital status, social exclusion, discrimination, coping and parenting skills have all been identified as being highly significant in predicting potential outcomes.

Who is vulnerable to Parental Mental Ill Health?

- Approximately one in 10 mothers and one in 20 fathers are thought to have mental health problems impacting on their children
- At least one in four adults in contact with mental health services is a parent.
- As many as 25% of children between the ages of five and 16 have a mother who is at risk of a common mental health problem such as depression or anxiety.
- In an average primary school class six or seven children will be living with a mother with a mental health problem; many of these will be lone mothers who are statistically more at risk.
- Most parents have common mental disorders such as depression or anxiety at some point and these episodes can be managed well if they are identified early.
- A very small proportion (0.5% or fewer) have a psychotic disorder such as schizophrenia. Of this small number, over a quarter live with children as couples or lone parents.
- The evidence also shows that as many as 25% of adults in acute psychiatric hospital settings are parents.
- Overall more women than men have mental health problems although research indicates that male mental health problems are under recognised, for example male suicide rate is higher than that recorded for women.
- Younger women and more lone parents than those in couples have mental health problems.
- Lone parenthood, particularly among women, seems to be a risk factor for mental health problems.
- This is often associated with socio-economic disadvantage and the interaction of other risk factors.

Recognising Parental Mental Ill Health

Many children will take on increased care duties, if their parent is unable to take care of themselves let alone their children. Children will often try and cover for the parent, afraid that people will find out about the mental ill health and fears that they will be taken into care.

There are a range of indicators that may be seen in the child including:

- Distress
- Anger
- Worries – fear for themselves
- Fear for parents
- Confusion about the situation & the parent's difficulties.
- Not understanding the nature of the parent's illness.
- Guilt & blame – blaming themselves or being blamed
- Experiencing hostility and scape-goating
- Missing school
- Missing leisure opportunities for e.g. leisure outings, having friends home
- Young carers
- 'Loss of childhood' experiences such as spontaneous play and creativity

What to do if you are worried.

If the young person is at immediate risk of harm, please contact the Police on 999 otherwise contact MASH 0300 470 9100

What does Parental Mental Ill Health look like at each level?

	Level 1	Level 2	Level 3	Level 4
Indicators	Parents have mental health issues but does not impact child	Parents occasionally are unable to provide basic needs as a result of mental health issues	Parents struggling to provide basic needs as a result of mental health issues	Parents mental health/ learning abilities affects their ability to parent
Action to be taken	**Advice and guidance from single agency**	**Multi-agency response led by Lead Professional**	**Referral for multi- agency response led by a Social Worker**	**Immediate referral for police / Children's Services intervention**
Who to lead	**Single Agency response**	**Early Help Hubs**	**Assessment & Intervention Service (AIS)**	**Assessment & Intervention Service (AIS)**

For further information on Parental Mental Ill Health

http://www.mind.org.uk

www.samaritans.org

http://www.rethink.org/about-us/our-mental-health-advice

www.sane.org.uk/what_we_do/support/helpline

https://www.mentalhealth.org.uk/your-mental-health

Concerned about Parental Substance Misuse

What is Parental Substance Misuse?

Poor parenting practices are more commonly employed by parents who misuse substances including alcohol, new psychoactive drugs (NPS) and / or illicit drugs. However, parental substance misuse is only one of several factors that increase the risk of poor parenting and therefore the risk of child abuse and neglect. The evidence is clear that it is not solely substance misuse that causes poor parenting practices but that the common factors that lead to substance misuse problems also lead to poor parenting. Parental substance misuse is likely to be a marker for the presence of, as well as compounding the effects of, other risk factors. The degree to which parenting is affected by substance misuse will be related to the parents' patterns of use and the type of substance ingested. Adverse effects on the children will also be mitigated by the degree to which the social context for that child acts as a buffer or exacerbates the effects of poor parenting. Despite the lack of evidence for a causal relationship, a number of studies have found that parents who misuse substances tend to have poor parenting styles. All substances will alter to different degrees an individual's state of consciousness, memory, affect regulation and impulse control. The consequences of this may or may not be reflected in more extreme styles of parenting, either authoritarian and over-controlling or under-involved.

Who is vulnerable to Parental Substance Misuse?

Substance use often starts in teenage years and can become misuse and problematic depending on the presence, or not, of a range of complicating factors and support options.

Illicit drug use generally peaks in young adulthood then declines with age. Most users 'mature out' at around 40 years of age. Problematic adolescent drug use is more likely among those who are raised in extreme poverty, by sole parents, or where other family members use drugs.

Males are more likely to misuse illicit drugs than females but female illicit drug users are more likely to have primary care of children than males. Both men and women frequently initiate substance misuse as a result of traumatic life events such as physical or sexual abuse, sudden illness, an accident or disruption in family life. Children who have experienced traumatic life events (e.g. child maltreatment or refugee camps) have a higher risk of detrimental outcomes including substance abuse issues.

Child sexual assault, rape and physical abuse are commonly cited as precipitating events for drug use among both men and women with rates as high as 75% reported by men and women in treatment.

Recognising Parental Substance Misuse

The income of the family and the ability to provide for children's material needs may be affected, as the substance user's unpredictable behaviour can make employment difficult to maintain and the cost of drugs may mean there is not enough money left to buy necessities like food. Parents can also experience considerable conflict between meeting the physical and emotional needs of their children and sustaining their drug habit; buying food or clothing and paying bills may be sacrificed in order to sustain parental habits.

Children's medical needs may also be given lower priority where parents have drug dependency problems.

Children can also suffer educational neglect if parents do not ensure that they attend school or keep them at home to care for younger siblings. One of the most common effects of parental drug misuse is that parents have less involvement with their children.

A preoccupation with drugs can compromise a parent's ability to be consistent, warm and emotionally responsive. Where research has been carried out on the effects of specific drugs on 'parenting', it has focussed on mothering, so little is understood about the possible impact of father's substance abuse whether directly or indirectly on the parenting of children.

Opioids may be more likely to be associated with child neglect, while drugs such as amphetamines and cocaine, that are associated with serious disturbances of mental state, may be more likely to result in physical abuse The parenting style of opiate and cocaine addicted mothers has been described as 'vacillating between the extremes of authoritarian over control and excessive permissiveness or neglect Children born to opioid addicted women showed less sensitive interaction with their children compared with other demographically similar mothers. Mothers who used cocaine during pregnancy were also less sensitive to their babies' communications and provided less physical contact. Infants that continue to be post natally exposed to ongoing parental substance problems are more often neglected and abused and have parents with more frequent depression and higher overall stress and anxiety.

Substance misuse during pregnancy may have significant influences on the unborn child. A pre birth assessment may need to take place as well as individual agency work looking at reducing the substance misuse during pregnancy as, for example, alcohol misuse can lead to foetal alcohol syndrome.

What does Parental Substance Misuse look like at each level?

Level 1	Level 1	Level 2	Level 3	Level 4
Indicators	Parents' substance use does not impact on their parenting capacity	Parents occasionally are unable to provide basic needs as a result of substance misuse	Parents struggling to provide basic needs as a result of substance misuse	Parents substance misuse affects their ability to parent
Action to be taken	**Advice and guidance from single agency**	**Multi-agency response led by Lead Professional**	**Referral for multi- agency response led by a Social Worker**	**Immediate referral for police / Children's Services intervention**
Who to lead	**Single Agency response**	**Early Help Hubs**	**Assessment & Intervention Service (AIS)**	**Assessment & Intervention Service (AIS)**

For further information on Parental Substance Misuse

Alcohol -http://www.ias.org.uk/uploads/pdf/IAS%20reports/rp18072015.pdf?utm_source=Adfam+Policy+Briefing&utm_campaign=034f2cd5dd-Adfam_Policy_Briefing_July_2015&utm_medium=email&utm_term=0_1cfd9be142-034f2cd5dd-43616537

http://www.wrdtf.ie/uploadedfiles/WRDTF-Family-Support-Needs-Analysis-Report.pdf

https://www.nspcc.org.uk/globalassets/documents/research-reports/all-babies-count-spotlight-drugs-alcohol.pdf

http://docplayer.net/76909-Alcohol-and-other-drug-use-the-roles-and-capabilities-of-social-workers.html

http://www.childrenssociety.org.uk/what-we-do/resources-and-publications/publications-library/swept-under-carpet-children-affected-pare

https://www.nspcc.org.uk/globalassets/documents/research-reports/estimates-number-infants-living-with-substance-misusing-parents-report.pdf

Concerned about Female Genital Mutilation (FGM)

What is Female Genital Mutilation?

Female Genital Mutilation (FGM) is a collective term for procedures, which include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. It is an extremely harmful practice that violates the most basic human rights

Female circumcision, excision or infibulation was made illegal in this country by the Prohibition of Female Circumcision Act 1985, except on specific physical and mental health grounds. The Female Genital Mutilation Act 2003 strengthens and amends the 1985 legislation. It makes it an offence for the first time for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal. FGM involves the use of instruments to circumcise, mutilate or alter female genitalia, without reference to medical or surgical procedures, and with or without the supervision of a registered medical practitioner.

This practice is not required by any major religion.

The practice is illegal and medical evidence indicates that FGM causes harm to those who are subjected to it.
Girls may be circumcised or genitally mutilated illegally by doctors or traditional health workers in the UK, or sent abroad for the operation

The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is new-born, during childhood or adolescence, at marriage or during the first pregnancy.

However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk.

Who is vulnerable to FGM?

- Any young person who comes from a culture where FGM is routinely practised including Kenyan, Somali, Sudanese, Sierra Leonean, Egyptian, Nigerian and Eritrean.
- Girls between the ages of 0 and 15 years (3-5 years is the most common)
- Families where mother has had FGM
- Families where older siblings have had FGM

Recognising FGM

Recognising FGM can be very difficult, there are two things to consider

1) Is the child at risk of FGM or has FGM already taken place
2) If the child is at risk of FGM you may identify.
    - Not attending school
    - Returning to home country for extended period
    - Talking about a family celebration/coming of age
    - Being given gifts and a special party

A girl who has already had FGM done may

- Spend long periods of time in the toilet
- Have lots of urinary infections
- Unable to take part in PE
- Change in dress (modesty)

What to do if you are worried.

If the young person is at immediate risk of being removed from the country or for FGM to take place in UK, please contact the police
All other concerns should be referred to MASH 0300 470 9100

If FGM is observed or disclosed by an under 18-year-old you have a statutory duty to report this to police.

What does FGM look like at each level?

	Level 1	Level 2	Level 3	Level 4
Indicators	Family are clear that FGM is not an option	Child comes from a family who comes from a country where FGM is practised	Immediate family history of FGM	Female Genital Mutilation has been identified or is about to happen
Action to be taken	**Advice and guidance from single agency**	**Multi-agency response led by Lead Professional**	**Referral for multi- agency response led by a Social Worker**	**Immediate referral for police / Children's Services intervention**
Who to lead	**Single Agency response**	**Early Help Hubs**	**Assessment & Intervention Service (AIS)**	**Assessment & Intervention Service (AIS)**

For further information on FGM

NSPCC FGM Helpline: 0800 028 3550

http://forwarduk.org.uk/key-issues/fgm/

http://www.childline.org.uk/explore/abusesafety/pages/female-circumcision-fgm-and-cutting.aspx

http://www.dofeve.org/

http://www.equalitynow.org/fgm

http://www.28toomany.org/

https://www.brook.org.uk/your-life/female-genital-mutilation-fgm

Concerned about Forced Marriage

What is Forced Marriage?

A marriage must be entered into with the full and free consent of both people. Forcing someone to marry is a criminal offence in England and Wales. The legislation is part of the Anti-social Behaviour, Crime and Policing Act 2014, and came into force on 16 June 2014. Forcing someone to marry can result in a sentence of up to 7 years in prison.
Forced marriage always has an element of duress and should not be confused with an arranged marriage
Forced marriage, includes:

- taking someone overseas to force them to marry (whether or not the forced marriage takes place)
- forcing someone to marry in the UK
- marrying someone who lacks the mental capacity to consent to the marriage

Who is vulnerable to Forced Marriage?

The majority of forced marriage cases are from the Asian community. It is very much controlled by the men in the community and anyone who stands up against it will be considered to bring dishonour to the family
Going against the wishes of the family, can lead to the family being dishonoured and honour based violence against the young person.

Some of the behaviours which are seen as unacceptable are:

- Wearing ‘wrong’ clothing/too much make-up
- Socialising with members of opposite sex
- Being seen to be overly affectionate in public
- Dating someone of different race, culture/caste or religion
- Being or perceived as being LGBT
- Drinking, smoking or using drugs

Recognising Forced Marriage

Request for extended leave of absence and failure to return from visits to country of origin

- Surveillance by siblings or cousins
- Decline in behaviour, engagement, performance or punctuality
- Being withdrawn from school by those with parental responsibility and not being provided with suitable education at home
- Not allowed to attend extracurricular activities
- Prevented from going on to further/higher education or limited or no career choices
- Self harm and/or attempted suicide (or of sibling)
- Acid attacks
- Eating disorders
- Depression & Isolation
- Substance misuse
- Early/unwanted pregnancy
- Siblings forced to marry or marry young
- Running away from home
- Unreasonable restrictions e.g. kept at home by parents (“house arrest”) and financial restriction
- Poor performance or attendance (school or work)

What to do if you are worried.

Professionals may have only one opportunity to intervene to protect a child or young person and certain responses may place a victim at further risk of harm. These include a failure to share information promptly with Police and Children’s Services and other key agencies. In cases where you have concerns you should not attempt to act as a mediator with the family or involve members in counselling, mediation or reconciliation.

What does Forced Marriage look like at each level?

	Level 1	Level 2	Level 3	Level 4
Indicators	Young person has a loving supportive home and is involved in decision making	Young person is pressured into making decisions	family are exerting pressure on young person to marry	Child is being forced into marriage
Action to be taken	**Advice and guidance from single agency**	**Multi-agency response led by Lead Professional**	**Referral for multi- agency response led by a Social Worker**	**Immediate referral for police / Children's Services intervention**
Who to lead	**Single Agency response**	**Early Help Hubs**	**Assessment & Intervention Service (AIS)**	**Assessment & Intervention Service (AIS)**

For further information on Forced Marriage

http://www.fco.gov.uk/en/travel-and-living-abroad/when-things-go-wrong/forced-marriage/information-for-victims
fmu@fco.gov.uk
Telephone: 020 7008 0151
From overseas: +44 (0)20 7008 0151
Monday to Friday, 9am to 5pm
Out of hours: 020 7008 1500 (ask for the Global Response Centre)
http://againstforcedmarriages.org/worried
http://www.karmanirvana.org.uk/

Concerned about Radicalisation

What is Radicalisation?

Surrey works in line with the Government's Prevent strategy which aims to:

- Challenge the ideology that supports terrorism and those who promote it
- Protect vulnerable people from being drawn into terrorist-related activity
- Support sectors and institutions where there are risks of radicalisation

Surrey Police has a team of Prevent Engagement Officers (PEO's) who work with the public and partner agencies to prevent terrorism and violent extremism from taking root in our communities. These officers aim to safeguard individuals and institutions from all forms of terrorist ideology and work closely with partner agencies such as local authorities, schools, Universities and health institutions, to ensure communities in Surrey are well placed to report and respond to terrorist related concerns.

Who is vulnerable to Radicalisation?

Any young person can be vulnerable to radicalisation but some will be more vulnerable than others

- Family Upheaval
- Blames parents for family problem
- Physical change Growth spurt – bigger than contemporaries
- Absent Instances of truancy
- Religious seeking
- Feels let down
- Peer Pressure
- Poor self esteem
- Sense of debt/guilt

Recognising Radicalisation

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.

There is no obvious profile of anyone likely to become involved in extremism or a single indicator of when a person might move to adopt violence in support of extremist ideas. Radicalisation is different for every individual and can take place over an extended period or within a very short time frame.

Children may be vulnerable to a range of risks as they pass through adolescence. They may be exposed to potentially risky behaviours, influence from peers, and influence from older people or the internet as they may begin to explore their identity and develop their own ideas. The internet creates more opportunities to become radicalised since it is available worldwide and children are able to meet others who share and will reinforce their ideas.

What to do if you are worried.

If there is an immediate risk, police should be contacted on 999
All other concerns should be referred to MASH 0300 470 9100, the officer taking the concern will notify the Prevent lead, who will liaise with the Countywide lead and agree if a referral to the Channel process is appropriate

What does Radicalisation look like at each level?

	Level 1	Level 2	Level 3	Level 4
Indicators	Can see both sides of issues	Informal interest in extremist views	Has extremist views	• Engaged with individuals or groups with extremist activities • Child is being taken out of the country for the purpose of radicalisation.
Action to be taken	**Advice and guidance from single agency**	**Multi-agency response led by Lead Professional**	**Referral for multi- agency response led by a Social Worker**	**Immediate referral for police / Children's Services intervention**
Who to lead	**Single Agency response**	**Early Help Hubs**	**Assessment & Intervention Service (AIS)**	**Assessment & Intervention Service (AIS)**

For further information on Radicalisation

http://www.surrey.police.uk/advice/protect-yourself-and-others/counter-terrorism/

https://www.gov.uk/government/policies/counter-terrorism

Counter Terrorism Security Advice

ctsa@surrey.pnn.police.uk 01483 639871

When Professionals Disagree

Occasionally situations may arise when workers within one agency feel that the decisions made by a worker from another agency, is not a safe decision.

Disagreements could arise in a number of areas, but are most likely to arise around:

- Level of need / Risk assessment
- Role and responsibilities
- Intervention
- Communication
- Information sharing

Problem resolution is an integral part of professional co-operation and joint working to safeguard children. All agencies must work together in the interest of the child and it is recognised that at times there are differences of opinion on how to progress a case

For guidance in managing disagreements please refer to the SSCB escalation policy

Level 1

An 8 year old child is being bullied inside and outside of school by a male peer, which is affecting him emotionally. The parents of the 8 year old have met with the school about this and the school will be addressing the matter with the other child and his parents. The parents of the 8 year are satisfied with how this is being dealt with. The school have provided details of support services the family could access if needed.

Needs met by Universal Services

Level 2

Parents are struggling to manage 14 year old daughter's behaviour as she is not adhering to her parent's boundaries. They are concerned her behaviour has deteriorated at school and they are concerned about some of the peers she is associating with. She has left the home without her parent's permission, leading to the Police being called. Her parents are finding it hard to cope. Her mother has some health needs, and this is being made worse by the stress at home. The parents want some help.

Multi agency approach and Early Help Assessment needed

Level 3

Example 1
Concern raised from Hospital for 14 month old child due failure to thrive due to concerns the child was not crawling or bottom shuffling. The child also has a milk intolerance and concerns that the parents do not understand the child's illness and do not engage with the doctors. The family have been previously open to Children's Services due to concerns of neglect. The child is not currently gaining weight.

Example 2
Police have executed a drugs warrant at the family home and found a cannabis factory in one of the adult's bedrooms and drug paraphernalia was found in another bedroom. There are three children in the home aged 3, 5 and 7. The children live with their mother and grandparents.

Example 3
The family consists of mother and father and 4 children, aged 1, 5, 10 and 12. The children's mother has contacted the Police twice in one night following verbal altercations with her husband and an allegation he has hit her. It is reported the father was heavily intoxicated and has driven whilst under the influence of alcohol. The children's mother reports that he has been drinking heavily over recent days, causing arguments and the children's sleep to be disturbed resulting in them missing school

Example 4
There are two children aged 3 and 4. Their mother has attended a doctor's appointment for low mood and appeared to be under the influence of cannabis. She has admitted she smokes cannabis regularly and does smoke cannabis when the children are in her care. There have been previous concerns regarding the mother's low mood and depression. Some support was put in place at the time but is not currently in place. The children are young and dependent on her care.

A Child & Family Assessment needs to be completed by a social worker.

Level 4

Example 1

10 year old child has been told off in school for misbehaving. She has then disclosed that she cannot help it because her mother grabs her by the throat and she cannot breathe. She also alleges she is beaten up by her siblings.

Example 2

15 year old girl has been staying away from home with a friend and her father has not made any effort to see her or get her home. She has been reported missing 3 times in the past 2-weeks. She has just been found by the Police after the most recent missing incident in which she was missing for over 24 hours. She was found in the property of an unknown adult male. Police raised concerns that there were empty alcohol bottles and cannabis could be smelt. The 15 year old appeared under the influence of something but denied that anything had happened to her. She has generally been associating with peers, some of whom are known to be vulnerable to risks of CSE. She has not been seen at school for over a week. The family were previously referred to the Family Support Programme but did not engage.

Example 3

A 14 year old boy has been seen in school with self-harm marks on his arm. The DSL asked him about this and he broke down and said he did this because his mum had beaten him. This happened 2-days ago and he showed the DSL a bruise on his arm. The 14 year old was asked why his mum did this. He said he did not know but it may have been because he did not tidy his room. He said his mother often shouts at him and has hit him before when she gets angry.

A Strategy Discussion will be required involving the Police, Children's Services and Health, and any other relevant agencies. A Section 47 Enquiry will be needed to investigate the allegations and ensure the child is safe.

A Strategy Discussion will be required involving the Police, Children's Services and Health, and any other relevant agencies. A Section 47 Enquiry will be needed to investigate the allegations and ensure the child is safe.