

Southampton's Pathways Document

Providing Advice Support and Intervention to
meet Need - Right Help, Right Child, Right Time

Our Vision:

‘We want all children and young people in Southampton to get a good start in life, live safely, be healthy and happy and go on to have successful opportunities in adulthood’

We Will:

- Put the child at the centre of all our decision making
- Promote a relationship-based approach with children, young people, families and partners
- Work as early as possible with children, young people, families and partners before issues escalate
- Work alongside families and communities
- Listening and building on their strengths – doing it with them and not to them
- Promote a culture of strong support and challenge

Introduction

This document has been designed to ensure that children's needs are responded to at an appropriate level and in a timely way. This guidance should be seen as overarching guidance for the children and young people's workforce in Southampton and be used as a guide for all agencies, professionals and volunteers to consider how to best meet the additional needs and vulnerabilities of individual children and the actions required to meet those needs.

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

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

This framework follows the 'windscreen model' which illustrates when services begin from universal services through early help to statutory intervention.

The aim is that, as far as possible, children's needs should be met within universal provision, but where additional needs are identified support should be introduced at the earliest opportunity with parental (and/or child where age appropriate) consent, thus alleviating problems that have started to emerge, prevent problems from escalating and help to improve outcomes.

In some circumstances a child's and family's/ carers needs and levels of concern may not be met through coordinated early help and consequently there may be a need to provide more intensive or specialist support led by children's social care. The term 'step-up' is often used to describe this process.

The term 'step down' is used to describe children and their families/carers moving from a high level of intervention, including statutory intervention, to a lower level of coordinated support. This is important in ensuring that issues do not re-escalate.

This document is a guide for practitioners and managers who should always use their professional judgement and take into account the age of the child, context of the situation and any protective and resilience factors.

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

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

Level 1 – Universal

Children make good overall progress through appropriate universal services. No additional or unmet need or there are needs which can/has been met by universal services.

Level 2 – Early Help/Universal Plus

Children whose needs cannot be solely met through universal services and require additional support. Early Help Assessment is needed and a Lead Professional identified.

Level 3 – Intensive Early Help Targeted

Increasing level of complex and/or multiple unmet needs where co-ordinate support is required to prevent concerns escalating. A multi-agency team around the family will identify a lead professional and develop with the family a robust plan to prevent escalation of concerns. Early Help Assessment needed with consideration of Family Group Conference.

If Unsure – Consult

Universal Services are available to families at any stage and that successful partnership working is facilitated by working together with families with transparent communication.

All Partners working with children, young people and their families will offer support as soon as we are aware of any additional needs. We will always seek to work together to provide support for children, young people and their families at the lowest level possible in accordance with their needs.

We collectively agree to work with children and families to prevent their needs escalating to a higher level and we will actively seek not to refer to services at a higher level unless and until we have done everything possible to meet their needs at the current level.

Level 4 – Specialist/Acute

Children who have or are likely to experienced significant harm or have significant welfare concerns requiring specialist and high-level interventions involving social workers and statutory processes.

Children's Resource Service - Advice and Guidance Hub

Professionals contacting the service will be provided telephone information, advice and guidance on thresholds, making a referral, other support services in the community, and/or organising a professionals meeting.

Parents/ carers contacting the CRS for support and advice will also be provided with telephone information, advice and guidance on other support services in the community and accessing Early Help Services.

A single 'Request for a Service' form and contact number is available for all referrals and enquiries for unallocated cases into Children's Services and/or Early Help, strengthening the consent arrangements where it does not put a child/ young person at immediate risk of harm and reducing the need for follow up.

Children's Resource Service - Multi-agency Safeguarding Hub (MASH)

MASH Referral and Decision-Making Process

The goal of a MASH (Multi Agency Safeguarding Hub) is to improve safeguarding and promote the welfare of children and young people through the timely exchange of proportionate and accurate information following an enquiry by any professional or member of the public.

The MASH environment is unique in the way it enables multiple sources of information to be considered and shared in a secure and safe location. Each decision to request and share information with individual organisations needs to be considered in terms of whether it is necessary and proportionate.

The decision to request and share information should not be an assumed process; but rather a deliberate response to the issues and concerns raised. Information sharing in these circumstances is governed by a legal framework that helps to balance the right of the individual to privacy with the need to protect children and young people at risk or who may be in need of support.

The professional holding the information must always consider relevance and proportionality before releasing information to the MASH. All practitioners and managers who work with families and children and who need to make decisions about sharing personal and confidential information on a case-by-case basis should be guided by the relevant legislation.

Upon [referral](#), needs will be identified, and the child or family will be referred or signposted to the relevant contact or information if required. This will either be to an appropriate resource, or for further information gathering with partner agencies within the team.

If the referrer is a professional involved with the family, they will be informed of the decision to progress through the multi-agency team within 24 hours.

Decisions and timescales depend on statutory need, child protection or early help. Vulnerable children are responded to by the most appropriate professional.

The range of concerns shared are prioritised using a RAG ([red](#), [amber](#), [green](#)) system.

Red

If contact has been made with concerns that a child is considered to be at immediate risk of harm, the police should be contacted on 999. The emergency will be dealt with by the police.

In such cases, once the concerns have been shared with the MASH team, they will be discussed as a priority with police and health colleagues within two hours. An informed decision will be made as to the multi-agency plan to safeguard the child.

If there are concerns that a child may be suffering or has suffered child abuse, but they are not at immediate risk of harm, the MASH team will gather information and hold a strategy discussion within six hours.

Consent from an adult with parental responsibility should be considered, however this can be dispensed with initially if by alerting them to the concerns may place the child at greater risk of harm.

Amber

If the issues shared are complex and there are concerns that a statutory child in need assessment is required, consent is required. This consent is needed from an adult with parental responsibility to share information from each agency to inform decision making. The assessment is to understand what life is like for the child and which services would support the family to improve the situation.

The team will make this decision within 24 hours.

Green

If the MASH managers have made the decision that the issues shared about a child do not meet the threshold for the multi-agency information gathering in the team, the referrer will be advised of which services need to be involved.

Outcomes following a referral

As described above, the following decisions can be made depending on the information gathered:

- A strategy discussion held with the police, health and children’s services to determine if a S47 enquiry under the Children Act is required to protect the child from harm. This can be single agency to Children’s Services or jointly with the police. This will be passed swiftly to the assessment team
- A S17 child in need assessment is recommended and transferred to the assessment team
- Information will be passed to the EH Services.
- If the concerns are unproven, universal services will continue their involvement with the child and their family

Contact details

If you have concerns about a child who is at risk of harm, please phone to discuss as soon as possible and follow up with a referral you can [make a referral online](#). If you have any questions or wish to discuss your concerns with a member of the team first, please contact us at any time.

Telephone number for members of the public: 023 8083 2300

Telephone number for professionals: 023 8083 2300

Email address: MASH@southampton.gov.uk

Early Help and Prevention

“Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child’s life, from the foundation years through to the teenage years. Early help can also prevent further problems arising; for example, if it is provided as part of a support plan where a child has returned home to their family from care, or in families where there are emerging parental mental health issues or drug and alcohol misuse.”

Working Together to Safeguard Children 2018

The Early Help offer in Southampton is an integrated offer and includes the following professionals:

- Family Support Workers
 - Social Workers
 - Health Visitors
 - School Nurses
 - Education Welfare Officers
 - Family Engagement Workers
 - Youth Engagement Worker
 - Play Workers
 - Youth Offending Service
 - Voluntary services
 - Commissioned services
- (this is not an exhaustive list)

The Early Help offer in Southampton ensures there is a whole family approach from birth to 19 years with the child being the central focus. Early Help supports families from the earliest opportunity, to ensure children gain the best start in life.

An Early Help assessment will enable the lead professional and family to discuss what the areas of support the family would like. The assessment can be completed by anyone involved with the family.

A Team Around the Family (TAF) meeting offers the opportunity for the family and other people involved with the family to come together and discuss how support can be offered.

An Early Help Plan (EHP) is a way of coordinating the support offered to the family. This can be reviewed every 6 weeks to be able to see the progress made

Family Group Conference (FGC) enable the family as a whole to come together and identify ways of supporting the family to reach a positive outcome.

Level 2 / Universal Plus – This is where a family will have some unmet needs and will likely have one professional supporting them. An Early Help assessment will be completed to ensure there are no other support areas in the child’s life. The outcome from this may be that a lead professional such as school or Health Visitor will support the family by creating a plan of support.

Level 3 / Universal Partnership Plus – The children would benefit from a more targeted coordinated Early Help offer as it has been identified the family will have more complex needs. An Early Help assessment will be completed to ensure the support plan reflects the level of support

required. A team around the family meeting will be convened to ensure there is multi agency support in place for the family. An Early help plan will be completed to ensure the child and family's needs are supported. Thought will be given to a Family Group Conference to enable the family to create a longer-term support plan.

The Southampton Early Help offer supports with the following areas:

Employment and Progress to work

Addresses unemployment, debt and meeting basic needs. We will work with the family to help them to develop skills and help move them into work and off of 'out of work' benefits. We will also help them access support to manage debt, and if necessary, help them access support to meet basic needs. We have two Employment Advisors seconded from the Department for Work and Pensions (DWP) to work with families who are looking for employment.

Education and Attendance

All children in the family need to be attending school regularly (defined by the DfE as at least 90% of all available sessions).

Domestic Abuse

We will work with the family, together with other specialist agencies, where domestic abuse is identified as an issue for the family. The Domestic Abuse Act 2021, formally recognises children affected by domestic abuse as victims in their own right.

Where risk remains a concern and if, following completion of a DASH risk assessment it is identified that the risk to the non-abusive parent and child(ren) is high, a referral **must** be sent to the MASH using the High-Risk Domestic Abuse (HRDA) referral form [High Risk Domestic Abuse Referral Form \(southampton.gov.uk\)](#)

This process is a collaboration of; Children's Social Care, IDVA, Police, SCC housing dept, Adults Social Care, Mental Health Service, and Substance Misuse. Relevant risk information is shared, (which includes the victims voice), safety plans and agency actions are agreed (which includes support / action for perpetrators) with the intention of securing safety.

Contact PIPPA (023 8079 1791) for help and support with DASH assessment / referrals to specialist services.

Guidance for High risk DA referral form: <http://www.southampton.gov.uk/health-social-care/domestic-abuse/information-for-professionals/guidance-and-documents.aspx>

Crime and anti-social behaviour (ASB)

We will work with the family to reduce or eliminate crime and anti-social behaviour.

Family health

We will work with families to ensure that everyone is registered with a GP, and that any clients with mental health, drugs or alcohol issues are accessing treatment and support. We will also ensure that pregnant teenagers and young mothers are accessing appropriate support.

Support for Children with Disabilities and/or Complex Health Issues

Children with a disability and/or health issue should not be classified according to this but assessed according to the impact it has on their quality of life and that of their family. The majority of children in Southampton who require services will receive them through universal provision within their local community, and the same should be true for children with a disability and/or health need.

Only when it has been identified, via the Early Help Assessment that the impact of the child's disability or health issue on their life is too great to be addressed by universal provision, should a referral for a social work assessment be made to the MASH.

Children with minimal additional needs - These children can be supported by universal services. They may have one or two additional needs which can be met by one agency or by a referral to one other agency. Services available might include:

- Health Visitors/School nurses;
- Schools/ Colleges and after school activities;
- Early Years Settings;
- Youth clubs;
- Voluntary Organisations;
- Benefits agencies;
- Housing agencies;
- Library and Information Services

Children with additional needs -

These children are likely to have a number of additional needs and are likely to require a lead professional, an early help assessment and coordinated support services of more than one agency. Services available (as well as those above) might include:

- Speech and language
- Physiotherapy
- Occupational Therapy
- Paediatrician
- Childminding
- Targeted Level
- 1 Short Breaks

Children with multiple and/or complex needs -

These children require intensive help and support to meet their needs. The majority of children will have already been receiving support from a team around the child or have been stepped down following a S.17 social care assessment. The provision of targeted support and in some cases community and sessional support is essential for parents and carers to meet the significant needs of the disabled child / young person. Services available (as well as those above) might include:

- Direct payments and sessional support up to 500 hours per year
- ECHP planning and access to Targeted 2 Short Breaks
- Family support through Early Help and Prevention Team
- Transition planning Adult
- Services as appropriate

Children with complex, prolonged and critical needs -

These children require total or substantial support in relation to basis care functions, (e.g. the required level of parental care cannot be provided without the provision of substantial additional specialist services). There is a need for a statutory assessment by the Children's Services. Services available (as well as those above) might include:

- Direct payments in excess of 500 hours per year
- Overnight Short Breaks
- Residential Placements
- Foster Care/Family Link
- Transition planning into Adult Services

Indicators

Level 1: Children and Young People with Universal Needs Children and young people at this level are achieving expected outcomes and families having all their needs met by universal services and are thriving.

Child's Developmental Needs:

Health

Health needs are being met by universal services

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

Emotional and behavioural development

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

Education and Learning

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

Identity

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

Family and Social Relationships

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

Self-Care Skills

- Age appropriate independent living skills

Social presentation

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

Parents and Carers:**Basic Care, safety and protection**

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

Guidance, boundaries & stimulation

- Guidance and boundaries are given that develops appropriate model of value, behaviour and conscience.
- Carers support development through interaction and play to facilitate cognitive development

Emotional Warmth

- The child is shown warm regard, praise and encouragement
- The child has secure relationships which provide consistency of warmth over time
- There may be low level post-natal depression

Family and Environmental Factors:**Family history and Functioning**

- Good supportive relationship within family/ carers (including with separated parents and in times of crisis)
- Good sense of 'family' outside of smaller family unit

Housing, employment & finance

- Accommodation has basic amenities/ appropriate facilities
- Appropriate levels of hygiene/cleanliness are maintained
- Families affected by low income or unemployment

Family's Social Integration

- The family have social and friendship networks
- Community Resources
- Appropriate access to universal and community resources
- Community is generally supportive
- Positive Activities are available

Level 2: Early Help Children and Young People with additional needs Children, young people and families/ carers who have additional unmet needs, who may need extra support to thrive

Child's Developmental Needs:

Health

- Slow to reach developmental milestones
- Additional health needs
- Missing health checks/routine appointments/ immunisations
- Persistent minor health problems
- Babies with low birth weight due to prematurity/ medical causes/ faltering growth/ poor feeding
- Pre-natal health needs
- Issues of poor bonding/attachment
- Minor concerns re healthy weight /diet/ dental health /hygiene/or clothing
- Disability requiring support services
- Concerns about developmental status i.e. speech and language problems
- Signs of deteriorating mental health of child including self-harm
- Starting to have sex (under 16 years)
- Not registered with a GP/dentist

Education and Learning

- Is regularly late for school/occasional truanting or significant non-attendance/parents condone absences
- Escalating behaviour leading to a risk of exclusion
- Experiences frequent moves between schools
- Not reaching educational potential or reaching expected levels of attainment
- Needs some additional support in school
- Identified language and communication difficulties
- Few opportunities for play/socialisation

Emotional and behavioural development

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

Family and Social Relationships

- Some support from family and friends
- Some difficulties sustaining relationships
- Undertaking some caring responsibilities
- Child of a teenage parent
- Low parental aspirations
- Aggressive behaviours in the home towards / from a sibling

Self-Care Skills

- Not always adequate self-care — poor hygiene
- Slow to develop age appropriate self-care skills
- Overprotected/unable to develop independence

Identity

- Some insecurities around identity/low self-esteem
- Lack of positive role models
- May experience bullying around perceived difference/ bully others, including online
[Helping Kids Deal with Bullying & Cyberbullying | NSPCC](#)
- Disability limits self-care
- A victim of crime
- Starting to come to the attention of the police due to lower level criminal activity

Social presentation

- Can be over-friendly or withdrawn with strangers
- Personal hygiene starting to be a problem

Parents and Carers:

Basic Care, safety and protection

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

Guidance, boundaries & stimulation

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

Emotional Warmth

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

Family and Environmental Factors:

Family history and Functioning

- Child or young person's relationship with family members/carers not always stable
- Parents have relationship difficulties which affect the child/acrimonious separation or divorce that impacts on child
[Home | Refuge National Domestic Abuse Helpline \(nationaldahelpline.org.uk\)](http://nationaldahelpline.org.uk)
- Domestic abuse with separated parents with some support services in place
- Experienced loss of a significant adult/child

Family's Social Integration

- Family may be new to area
- Some social exclusion problems
- Victimisation by others

Housing, employment & finance

- Families affected by low income or unemployment
- Parents have limited formal education
- Adequate/poor housing
- Family seeking asylum or refugees

Level 3: Targeted Early Help Children, young people and families/ carers struggling to cope, presenting with significant concern and living in circumstances where the worries, concerns, behaviours or conflicts are frequent, are multiple and over an extended period or are continuous AND need a more targeted and coordinated approach

Child's Developmental Needs:

Health

- Chronic/recurring health problems with missed appointments, routine and non-routine
- Delay in achieving physical and other developmental milestones, raising concerns
- Poor diet despite intervention/ dental decay/poor hygiene
- Child/young person has chronic health problems or high-level disability which with extra support may/may not be maintained in a mainstream setting
- Learning significantly affected by health problems
- Overweight/underweight/enuresis/encopresis/ faltering growth requiring support/ intervention
- Frequent/ Multiple GP's, out of hours, A&E attendance causing concern including accidental injury, unexplained injury or delay in seeking medical attention

Emotional and behavioural development

- Difficulty coping with anger, frustration and upset
- Physical and emotional development raising significant concerns
nolimitshelp.org.uk
- Significant attachment difficulties e.g. child adopted from care
- Early onset of sexual activity (13 –14)

Education and Learning

- Child/young person not in education, in conjunction with concerns for child's safety
- Chronic non-attendance/truanting/authorised absences/fixed term exclusions/punctuality issues
- Identified learning needs and may have an Education Health and Care Plan (EHCP)
- Not achieving key stage benchmarks
- No interests/skills displayed

Identity

- Subject to discrimination
- Significantly low self-esteem
- Extremist views
- Gang membership
- [Criminal exploitation and gangs | NSPCC](#)

- Some concerns around mental health, including self-harm, eating disorders and suicidal thoughts which are having an ongoing impact on engagement in daily activities
- Hazardous substance misuse (including alcohol)
- Persistent bullying behaviour
- Inappropriate sexual behaviour including online and via social media
- Offending or regular anti-social behaviour
- Animal abuse – the intentional harm of an animal including but not limited to wilful neglect, inflicting injury or pain or distress or malicious killing of animals

Family and Social Relationships

- Peers also involved in challenging behaviour and possible exploitation concerns
- Regularly needed to care for another family member
- Involved in conflicts with peers/siblings
- Adoptive family under severe stress

Self-Care Skills

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

- Missing episodes with consideration to 3 in 90 days
- Increasing number of reports of involvement in criminal activity (CCE)
- Medium risk CERAF with concerns around CSE / CCE
- Concerns around possible contact with those involved in county lines activity

Social presentation

- Clothing regularly unwashed
- Hygiene problems
- Is provocative in behaviour/ appearance

Parents and Carers:

Basic Care, safety and protection

- Parent is struggling to provide adequate care
- Parental learning disability, parental substance misuse (including alcohol) or mental health impacting on parent's ability to meet the needs of the child

[CGL Southampton Drug and Alcohol Support Services](#)

Emotional Warmth

- Child/young person often scapegoated
- Child/young person is rarely comforted when distressed
- Receives inconsistent care

- Previously subject to child protection plan
- Teenage parent(s)
- Either or both previously looked after

- Has no other positive relationships

Guidance, boundaries & stimulation

- Few age appropriate toys in the house
- Parent rarely referees disputes between siblings
- Inconsistent parenting impairing emotional or behavioural development

Family and Environmental Factors:

Family history and Functioning

- Evidence of domestic violence
[Southampton Women's Aid | CONTACT \(southamptonwomensaid.org.uk\)](http://southamptonwomensaid.org.uk)
pippa@southampton.gov.uk
www.hamptontrust.org.uk
- Acrimonious divorce/separation
- Family members have physical and mental health difficulties
- Parental involvement in crime
- Evidence of problematic substance misuse (including alcohol)
[CGL Southampton Drug and Alcohol Support Services](#)
- Violence and aggression from child/young person to parent / carer

Family's Social Integration

- Family socially excluded
- Escalating victimisation

Housing, employment & finance

- Overcrowding, temporary accommodation, homelessness, including sofa-surfing, unemployment
- Poorly maintained bed/bedding
- Serious debts/poverty impacting on ability to care for child/young person

Community resources

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

Level 4: Protection A child or young person living in circumstances where there is a significant risk of abuse or neglect, where the young person themselves may pose a risk of serious harm to others or where there are complex needs in relation to disability

Child's Developmental Needs:

Health

- Child/young person who is consistently failing to reach their developmental milestones and concerns exist about their parent's ability to care for them
- Growth falling 2 centile ranges or more, without an apparent health problem
- Learning affected by significant health problems
- Experiencing chronic ill health or diagnosed with a life-limiting illness
- 'Un-safe'/ inappropriate sexual behaviour/ risk of sexual exploitation
- Problematic substance misuse (drugs including Cannabis and alcohol)/ links to risk taking behaviour
[DASH \(Drug Alcohol Support and Health\)](#)
- Failure to access medical attention for health chronic/ reoccurring health needs, including dental putting child/young person at risk of significant harm
- 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

Education and Learning

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

- Children with challenging behaviours likely to require physical restraint and exhibiting behaviours regularly harmful to self and others
- Children who require night time supervision and/or care such as intubation, medication
- The required level of parental care cannot be provided without the provision of substantial additional specialist services that may include overnight short-term breaks
- Child/young Person has experienced or is at risk of Female Genital Mutilation
[Female Genital Mutilation - Prevent & Protect | NSPCC](#)
- Chronic recurring health problem with missed appointments (routine and non-routine resulting in significant impact pm child's health)

Emotional and behavioural development

- Alienates self from school and peers through extremes of behaviour
- Physical/emotional development raising significant concerns
- Complex mental health needs, with plans and behaviours that significantly impact upon safety and engagement with daily activities and there is failure to engage with services/ self-harming
- Difficulty coping with emotions/unable to display empathy unable to connect cause and effect of own actions
- Sexual activity (under 13)
- Offending/prosecution for offences
- Puts self or others in danger
- Concerns around mental health including escalating self-harm, eating disorder and suicidal ideation requiring Tier 4 CAMHS intervention.

Identity

- Subject to persistent discrimination
- Is socially isolated and lacks appropriate role models
- Child/young person is unaccompanied and at risk of / has experienced trafficking
[What You Need to Know About Child Trafficking | NSPCC](#)
- Child/young person missing from home for over 72 hours
- Missing episodes with consideration to 3 in 90 days
- Medium to High risk CERAF with concerns around CSE and CCE – High risk should always result strategy discussion
- [Child Exploitation – Southampton Safeguarding Children Partnership \(southamptonscp.org.uk\)](#)
- [Child Sexual Exploitation & How to Keep Your Child Safe | NSPCC](#)
- Child/Young person is at risk of radicalisation (PREVENT)
- [Prevent \(southampton.gov.uk\)](#)
- Concerns re exposure to or at risk of Modern-Day Slavery

Family and Social Relationships

- Peers also involved in challenging behaviour
- Regularly needed to care for another family member
- Involved in conflicts with peers/siblings
- Gang membership
- Adoptive family under severe stress

Self-Care Skills

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

Social presentation

- Clothing regularly unwashed
- Hygiene problems
- Is provocative in behaviour/appearance

Parents and Carers:

Basic Care, safety and protection

- Parent/carer is struggling, is unable to or refuses to provide adequate and consistent care
[Neglect is also Child Abuse: Know All About It | NSPCC](#)
- Child or young person receives erratic or inconsistent care
- Physical including non-accidental injuries
- Bruising to nonmobile baby (link to protocol)
- Sexual abuse
- [Identifying Child Physical Abuse & How to Prevent It | NSPCC](#)
- [Preventing Child Sexual Abuse & Keeping Children Safe | NSPCC](#)
- Significant concern about prospective parenting ability, resulting in the need for a pre-birth assessment
- Parents learning disability, substance misuse (alcohol and drugs including cannabis) or mental health negatively impacts on parent's ability to meet the needs of the child
[CGL Southampton Drug and Alcohol Support Services](#)

Emotional Warmth

- Child/young person has multiple carers but no significant relationship to any of them/ receives inconsistent care
- Child/young person receives little stimulation/ negligible interaction
- Child/young person is scapegoated
- Child/young person is rarely comforted when distressed/lack of empathy
- Child/young person is under significant pressure to achieve/aspire/experiencing high criticism

- Fabrication or induction of illness (likely to cause significant harm) to a child by a parent or carer
- [Signs - Fabricated or induced illness - NHS \(www.nhs.uk\)](http://www.nhs.uk)
- Level of supervision does not provide sufficient protection for a child
- Failure to recognise the risks of frequent missing episodes lack of reporting to appropriate agencies
- 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
- Parental capacity to manage risk in relation to complex mental health needs and self-harming behaviours
- Homelessness for young person

Guidance, boundaries & stimulation

- 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

Family and Environmental Factors:

Family history and Functioning

- Parents or carers are experiencing, on an on-going basis, one or more of the following

Housing, employment & finance

- Physical accommodation places child in danger
- No fixed abode or homeless (including sofa surfing)

- problems significantly affecting their parenting: mental ill-health, substance dependency or domestic abuse/ potential honour-based violence/forced marriage
[High Risk Domestic Abuse Referral Form \(southampton.gov.uk\)](https://www.southampton.gov.uk/services/high-risk-domestic-abuse-referral-form)
[Independent Domestic Violence Advocacy Service](https://www.southampton.gov.uk/services/independent-domestic-violence-advocacy-service)
[Honour-based abuse \(southampton.gov.uk\)](https://www.southampton.gov.uk/services/honour-based-abuse)

- 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
- Intra familial sexual abuse
- Significant violence perpetrated by child on parent / carer

Family's Social Integration

- Family chronically socially excluded

- Chronic unemployment due to significant lack of basic skills or long-standing issues such as substance misuse/offending, etc.
- Extreme poverty/debt impacting on ability to care for child

Community resources

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