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Berkshire West
Clinical Commissioning Group



West Berkshire Threshold Guidance

SUMMARY

Working Together (2018) confirms that the safeguarding partners should publish a threshold document, which sets out the local criteria for action in a way that is transparent, accessible and easily understood.

OWNER

Berkshire West Safeguarding Children Partnership, Strategic Manager

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Introduction

Working Together (2018) confirms that the safeguarding partners should publish a threshold document, which sets out the local criteria for action in a way that is transparent, accessible and easily understood. We have designed this document to ensure that children's needs are responded to at an appropriate level and in a timely way. This document should be used as a guide for all agencies, practitioners and volunteers to consider how best to meet the needs and vulnerabilities of individual children in West Berkshire 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.

What is a threshold?

This guidance describes the threshold of need and intervention and is a vital tool for practitioners and service users. The document aims to:

- Clarify circumstances in which additional support is required for children, young people and their families, to prevent problems escalating.
- Promote a common understanding of the range and scale of the needs of children.
- Create a shared awareness of the different services and interventions available.

Thresholds describe entry points across the range and scale of children's need. This will lead to a response or intervention that will meet that need, appropriate to the level within the threshold document.

Why do we have it?

This guidance provides definitions and indicators for practitioners to assist in the identification of levels of need for children and young people. It is anticipated that the right services can be accessed at the right time and at the earliest opportunity, to help to meet their needs.

This is not a science but an art – use your professional judgement.

Practitioners will need to use their judgement when considering both the range and scale of needs in the threshold document as well the resilience and protective factors that surround the child's life. Our guidance is not intended to be prescriptive, exhaustive, or as a document for automatically opening or closing a gateway to a particular service or range of services. It is important that children and young people are not 'labelled' at any level, more that the guide is used for aiding practitioners in making decisions as to what types of service can provide the right help at the right time. Well managed 'step up' and 'step down' processes between levels is therefore a critical element of effective practice and decision making.

Agreement and Consent

Practitioners should in general discuss any concerns with the child and family and where possible seek their agreement and gain consent when sharing information with other professionals. This should only be done where such discussion and agreement-seeking will not place the child or others at increased risk. Seeking consent should not be seen as a barrier to sharing information if you are concerned and you should use your professional judgement, in line with good practice principles (see below), about whether to share information without consent. Where information is shared without consent, a record of what has been shared

should be kept. If you have concerns about the welfare and protection of a child, consent is not required in order to share information. The Contact, Advice and Assessment Service can be contacted for a consultation, but with the exception of child protection, referrals **will not** be accepted without parental or young person consent being provided.

For further advice on information sharing please follow this link to the Pan Berkshire Procedures: https://proceduresonline.com/berks/west_berk/p_info_sharing.html

West Berkshire Directory, Family Information Service and Local offer

The West Berkshire Directory is a single access point for information to support families, adults and those with children with special educational needs and disabilities. The West Berkshire Family Information Service (FIS) offers a telephone and on-line directory service, dedicated to providing free up to date information for parents, parents to be, carers and professionals to help support children up to their 20th birthday or 25th birthday if a child has a disability. It brings together all information under one roof as an information hub and a market place for information, advice and guidance. This service is suitable for any child accessing universal services appropriately but where some additional information or exploring additional options for support for the family would be beneficial, this includes information on Special Educational Needs and Disabilities (SEND) services – known as the Local Offer. Search the broad range of national and local information to give you easy access to registered childcare, leisure activities, support and services in your area. <https://directory.westberks.gov.uk>

Early Help and Earlier Response and Intervention

Early Help refers both to help in the critical early years of a child's life and also to help throughout a child, young person and family's life too. Early help intervention should happen as soon as possible when difficulties emerge in order to prevent problems from worsening or becoming entrenched. Working Together 2018 states that '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.'

In West Berkshire we continue to enhance a robust Early Help Offer linking statutory partners, agencies, voluntary sector partners by providing a needs lead response to enable children and families to help themselves, build resilience and live happy, productive everyday lives. This will be facilitated and supported by the Early Response hub within the West Berkshire Children and Family Services Contact, Advice and Assessment Service (CAAS), an Earlier Response model to address those children and families whose needs require a higher level of input than early help, but do not reach statutory threshold. The Early Response Hub will be delivered in partnership with CAAS and the Targeted Intervention Service (TIS) and will include input from various agencies including voluntary sector partners.

We recognise that emerging needs within families are often best supported by practitioners known to the family, such as health visitors, schools or community-based programmes offered by the voluntary sector. West Berkshire Family Hubs provide direct support for families through individual support, targeted and universal group session and by working closely with health, schools and local early years providers. Family Hubs have strong links

with Children and Family Services working alongside to ensure the effective use of early help. We will embed the use of an early help tool, (the My Family Plan) for use by key partners outside of Children and Family Services.

Through working together and 'with' families using the My Family Plan tool and using strength-based approaches, restorative practice and motivational interviewing we will support and enable access to coordinated early help in accordance with the identified need as soon as difficulties become apparent - particularly for those with multiple and complex needs. The support offered will be based on a robust assessment of need, will be personalised, evidence based, multi-agency in its approach and strengths based.

Alongside the CAAS/TIS Early Response Hub we will also utilise an adapted Multi-Agency Safeguarding Hub (MASH) model, employing multi-agency meetings to enhance our safeguarding capability at an earlier stage. This is in line and is driven by the aims of the West Berkshire Early Help Strategy.

The key principles behind this approach are:

- Children and young people and their families/carers will be supported to live safe, happy, healthy and fulfilling lives which promotes their development into responsible adult citizens
- Effective and timely early help services, and earlier response and intervention can break the inter-generational cycle of risk and vulnerability
- Effective early help services, and earlier response and intervention approaches, underpinned by robust Universal Services will support families to become more resilient and develop the capability to prevent and resolve problems themselves - this is our vision for community capacity building and developing an asset-based approach
- Effective and timely early help services with earlier response and interventions can help to reduce demand for disruptive higher cost specialist services and achieve much greater use of community based preventative services. These include our Family hubs offer, the 0-19 integrated Public Health offer, our schools and neighbourhood services.

West Berkshire Family Safeguarding Model

The Family Safeguarding Model has been designed to tackle the challenges around Children's Safeguarding and in particular, the compounding factors to risk of harm of domestic abuse, substance misuse and mental health. The aim of the model is to support Children's social workers in tackling these risk factors through multi-disciplinary teams that can work with the adults in the family alongside the Children's social workers to ensure a timely and consistent response.

The aim is that from the first point of contact with Children's Services (Contact, Advice and Assessment Service) we want to prevent children entering the care system and keep families together safely, improve the health and educational achievements of children and reduce emotional, physical harm and neglect. Since implemented in West Berkshire we have seen a higher proportion of cases being held at Child in Need (level 3) thereby preventing escalation to level 4.

Contextual Safeguarding

Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of harm beyond their families.

It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial pressures can undermine parent-child relationships. Therefore, children's practitioners need to engage with individuals and sectors who do have influence over/within extra-familial contexts, and recognise that assessment of, and intervention with, these spaces are a critical part of safeguarding practices.

Contextual Safeguarding, therefore, expands the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of social contexts.

We are developing a multi-agency approach to working with young people where traditional safeguarding approaches are not appropriate, but where significant harm to that young person exists. The levels of need described below include risks for these young people and cases that meet the threshold criteria, as with any other case, should be referred to the Contact Advice Assessment Service. From the Contact, Advice and Assessment Service through to Family Safeguarding, questions that relate to contextual safeguarding issues are asked including at an early help and earlier response level.

Private Fostering

A private fostering arrangement is where a child under the age of 16 years (or 18 if the child has a disability) lives with, and is cared for by, someone who is not their parent or close relative for 28 days or more. If you believe a child is in this situation, you must inform the Contact, Advice and Assessment Service who have a legal responsibility to assess the suitability of the arrangement to ensure that the welfare of the child is being satisfactorily safeguarded and promoted.

Resolving Professional Disagreement and Escalation

Differences of opinion relating to the level of risk will exist and are an expected part of quality practice. Professionals are expected to discuss these differences in a professional and productive manner. However, in order to be able to resolve difficulties within and between agencies quickly and openly there are a number of key principles that need to be adopted by all professionals:

- Seek to resolve any professional disagreements at the lowest possible level and within the shortest possible timescales
- Encourage others to challenge or question your own practice
- Respond positively to feedback
- The tone of challenge should be one of respectful enquiry, not criticism – 'be curious'
- Challenge should be evidence based and solution focussed
- Be persistent and keep asking questions
- Always keep a written record of actions and decisions taken

If differences are not able to be resolved at a practitioner level, then the issue needs to be raised with line managers/designated post holder who will investigate and liaise with the other relevant manager(s). Full details of the Resolving Professional Disagreement and Escalation procedure Guidance can be found at:

https://proceduresonline.com/berks/west_berk/p_conflict_res.html

Allegations Management

If a contact, regardless of the need of the child, indicates that a person who works with children (including volunteers) has:

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children;

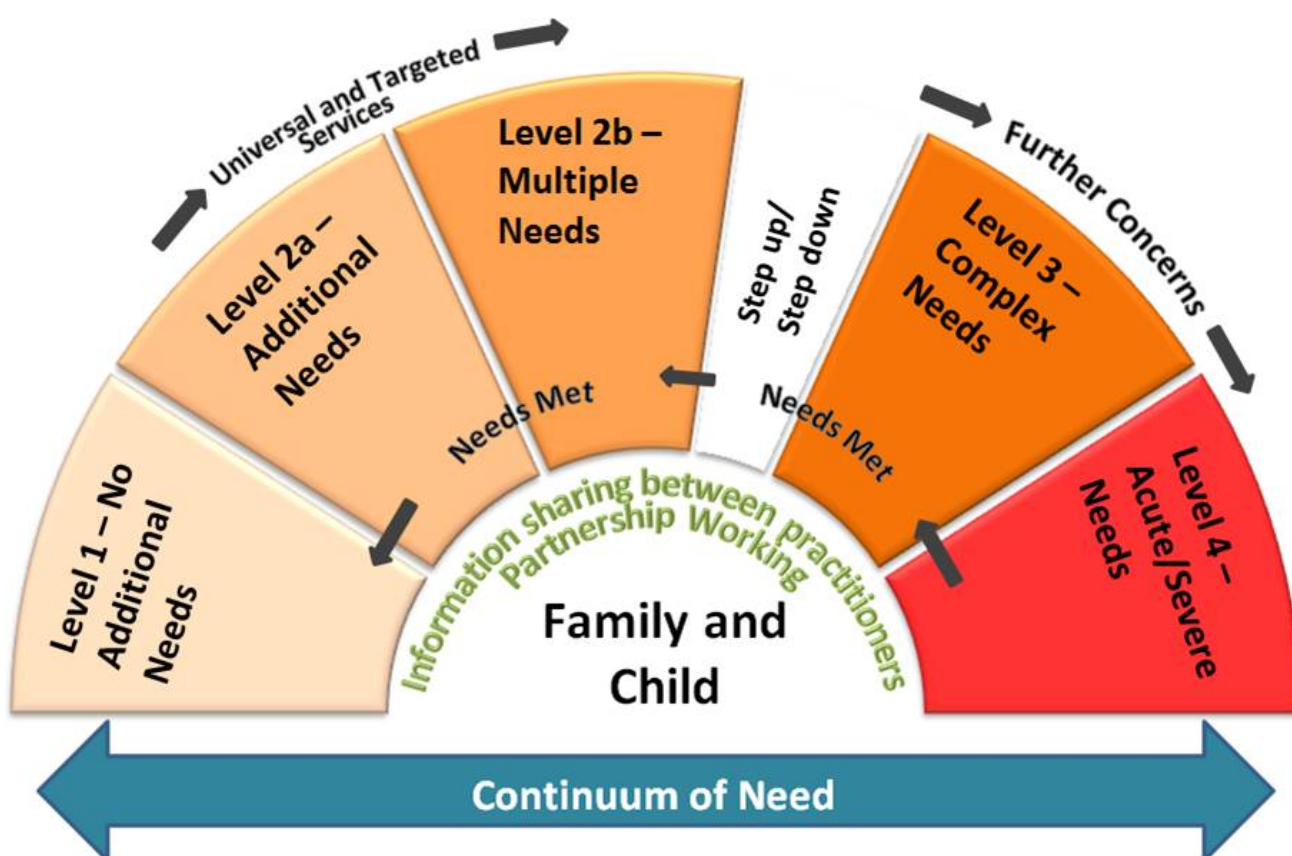
This must be referred to the Contact, Advice and Assessment Service, who will allocate to the Local Authority Designated Officer (LADO). The LADO will assess and determine any necessary action in relation to the worker. Responsibility for statutory safeguarding and assessing the needs of the child remains with Children's Social Care. If it is not clear whether the Allegations Management threshold (as listed above) is met, the LADO is available for consultation. (Contact details are in the Useful Links section).

Levels of Need

Our framework follows the ‘windscreen’ model illustrated below. It is a model of practice whose aim is to assist practitioners and managers in assessing and identifying a child’s level of need, what types of services/resources might meet those needs and the process to follow in moving from the identification of need to the provision of services. It is important to say that each child is an individual within their own context and realise that each child’s situation is unique and specific to them. The model provides a guide to support professional judgements in determining the next course of action to meet those needs.

Our framework is underpinned by the following key principles:

- Children at levels 2-4 can also benefit from access to universal services
- Children’s needs move from one level to another over time
- Services should be mobilised to move quickly and effortlessly for children and their families via the required service response without having to necessarily progress through each level of need
- Children and young people’s voices and day to day experiences should be at the centre of what we do and should be evident in our work
- Our services should be child focused but also operate within the context of whole family working.



Level 1: No additional needs

Children with no identified additional needs will have their health and developmental needs met by universal services. These are children who consistently receive child focussed care-giving from their parents or carers. The majority of children living in West Berkshire receive universal services alone.

Level 2a: Additional needs

Some children will have additional needs. Their health and development may be adversely affected and would benefit from extra help in order to make the best of their life chances. These children require additional support usually from a single agency to address the concern that has been identified. The My Family Plan is a useful tool that should be used to track and assess the impact of the support offered to the child.

Level 2b: Multiple needs

Children whose needs are of greater depth and significance and must be met or their health, social development or educational attainment may be impaired without support, which may lead to long-term poor outcomes. Children who have additional vulnerabilities, which may expose them to heightened risk without earlier support and intervention. This is the level at which there is a need for a clear coordinated multi-agency response and a referral to the Early Response Hub in the Contact, Advice and Assessment Service may be appropriate. This could lead the initiation of a support plan, My Family Plan or targeted intervention.

Level 3: Complex needs

These are children who are unlikely to achieve or maintain a satisfactory level of health or development, or their health or development will be significantly impaired without the provision of services; or children who are disabled. They may require longer term intervention from statutory, specialist or integrated targeted services. The My Family Plan can be used as supporting evidence to gain specialist or targeted support. This is the threshold for a statutory assessment led by children's social care under section 17, Children Act 1989.

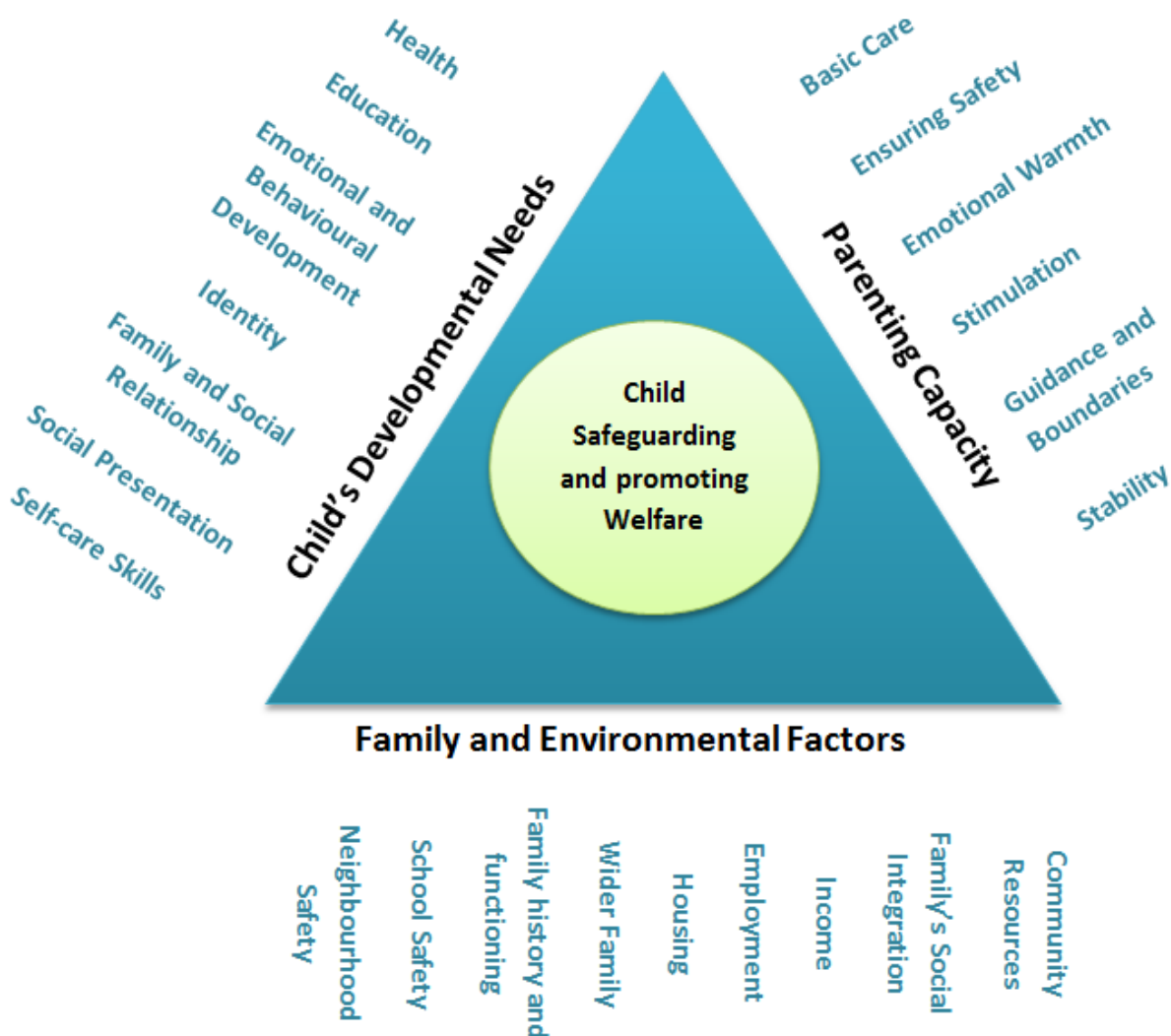
Level 4: Acute/Severe needs

Children are suffering, or are likely to suffer, significant harm, abuse and neglect and this is the threshold for child protection enquiries. Children and young people will be referred to children's social care and dealt with under section 47, 20 or 31 of the Children Act 1989. This will also include children who have been remanded into custody and statutory youth offending services.

Each level is broken down into three sections based on the standard Government ‘framework for assessment of children in need and their families’ (see diagram below). Under each section we have grouped the risk factors and protective factors to enable you to navigate the document more easily and track/compare increasing levels of risk.

We use the assessment model that describes three parts of a child’s life:

- Child development
- Parenting capacity
- Family and environmental factors – to consider extra-familial and contextual risks



Description of Thresholds – Risk factors and protective factors to consider

This section provides a table of information outlining a set of possible descriptors and related protective factors for each of the four levels of need. The list of features outlined in the tables is not an exhaustive list; please remember to use your professional judgement.

Level 1 - No additional needs: children with no identified additional needs will have their health and developmental needs met by universal services. These are children who consistently receive child focussed care-giving from their parents or carers. The majority of children living in West Berkshire receive universal services alone.

No additional needs threshold guidance	Protective factors to consider
<ul style="list-style-type: none"> • Children attend school regularly • Children who attend GP appropriately and have good health • Children who are reaching developmental milestones and normal growth patterns • Children who appear to be emotionally well adjusted • Children whose education achievement is in accordance with their age, ability, aptitude and attachments • Children who access appropriate play/leisure activities 	<ul style="list-style-type: none"> • Children/Young People with parent/carer who take advantage of universal services • Stable home environment • Support networks in place for family

If you believe the child falls within this level please but would like some additional information, explore options for support for the family via the West Berkshire Family Information Service:

- <https://directory.westberks.gov.uk>
- Email: fis@westberks.gov.uk
- Phone: 01635 503100

Level 2 - Additional needs:

Level 2a: Additional needs - some children will have additional needs. Their health and development may be adversely affected and would benefit from extra help in order to make the best of their life chances. These children require additional support usually from a single agency to address the concern that has been identified. The My Family Plan is a useful tool that should be used to track and assess the impact of the support offered to the child.

Level 2b: Multiple needs- Children whose needs are of greater depth and significance and must be met or their health, social development or educational attainment may be impaired without support, which may lead to long-term poor outcomes. Children who have additional vulnerabilities, which may expose them to heightened risk without earlier support and intervention. This is the level at which there is a need for a clear coordinated multi-agency response and a referral to the Early Response Hub in the Contact, Advice and Assessment Service may be appropriate. This could lead the initiation of a support plan, My Family Plan or targeted intervention.

Risk factors to consider	Protective factors to consider
Development of baby (born or unborn), child or young person	
<p>Health</p> <ul style="list-style-type: none"> • Inadequate diet e.g. no breakfast • Developmental milestones unlikely to be met without the provision of additional support services • Missing immunisations/checks • Weight gain or loss becoming a cause for concern • Regular accidents or A&E attendance, persistent minor health problems • Language and communication difficulties • Concerns regarding/not addressing, dental hygiene 	<ul style="list-style-type: none"> • Willingness to seek advice and support when required • Accessing and engaging key universal e.g. GP or targeted health services e.g. sexual health
<p>Education and Learning</p> <ul style="list-style-type: none"> • Some identified learning needs • Home/school links not well established • At risk of, or receiving regular fixed term exclusion • At risk of permanent exclusion • Patterns of limited attendance at their education setting • Limited participation of young person in education, employment or training, or not in education, employment or training • Limited access to toys and books • Access or risk of access to inappropriate internet material 	<ul style="list-style-type: none"> • Meeting educational developmental milestones • Displays interest, excitement and motivation in learning, play and new activities • In education, employment, training or working towards a qualification • Achieving expected/predicted targets • Displays curiosity and explorative thoughts and behaviours • Positive/improving attendance at early years setting or school • Parents/Carers have a positive relationship with education setting • Appropriate safeguards and guidance when using technology

Risk factors to consider	Protective factors to consider
<p><u>Emotional and Behavioural Development</u></p> <ul style="list-style-type: none"> • Starting to show difficulty expressing empathy • Child is overfriendly or withdrawn • Low level mental health or emotional issues impairing their educational and personal development • Responds inappropriately to boundaries or displays a pattern of risk taking/ inconsequential behaviours • Low risk substance misuse • Emerging anti-social behaviour and/or low-level offending • Children who are victims of abuse/crime • Vulnerable to being engaged with gangs and need help to divert them • Regularly or openly expressing anti-social attitudes or extreme views/opinions • Lack of age appropriate behaviour and independent living skills that increase vulnerability to social exclusion 	<ul style="list-style-type: none"> • Engages and socialises well with peers, family and friends • Positive/good self-esteem and self-image • Appropriate dress for age • Indications that bonding and attachments are well formed/forming well • Appropriate behaviour and independent living skills • Knowledge of and willingness to access support services for alcohol and substance misuse if appropriate
<p><u>Relationships</u></p> <ul style="list-style-type: none"> • Some difficulties in family relationships impacting on behaviour • Emerging concerns around attachment • Age inappropriate caring responsibilities • Age inappropriate sexual activity • May be perpetuating or experiencing bullying, racism or discrimination • Several episodes of over 16 year old seeking emergency contraception in a short time frame • Associating with anti-social or criminally active peers • Children have limited access to age appropriate advice, including contraceptive and sexual health advice, info and services 	<ul style="list-style-type: none"> • Engages and socialises well with peers, family and friends • Indications that bonding and attachments are well formed/forming well • No signs of early onset of sexual activity • 16/17/18 year old seeking emergency contraception appropriately
<p>Parents and Carers</p>	
<p><u>Basic Care, Safety and Protection</u></p> <ul style="list-style-type: none"> • Parent requires or asks for advice on parenting issues/ poor parenting skills • Haphazard use of safety equipment • Young inexperienced parent • Inappropriate child care arrangements • Some exposure to dangerous situations in home or community • Engagement with some services is poor 	<ul style="list-style-type: none"> • They respond immediately and with concern to issues raised about their child/ren • Basic needs met including appropriate attendance at relevant health checks • Adequate safety measures in the home • Appropriate supervision and parental controls regarding adult materials/content • Family aware of local support services, how to access them and a willingness to engage

Risk factors to consider	Protective factors to consider
<p><u>Health</u></p> <ul style="list-style-type: none"> • Some concerns around physical needs • Teenage pregnancy • Unnecessary or frequent visits to doctor/A&E/Minor Injuries Unit • Parent stresses starting to affect care of child • Parent struggling to meet their own emotional needs • Parental substance misuse (including alcohol) that may impact on the health or development of the child unless appropriate support provided 	<ul style="list-style-type: none"> • Family has access to and uses health services and information appropriately • Impact of ill physical health is none/minimal on parenting capacity • There is no apparent/noticeable/assessed impact on children if family members have emotional or mental health issues • If substance misuse is present, a willingness to engage with treatment services
<p><u>Guidance, Boundaries and Stimulation</u></p> <ul style="list-style-type: none"> • Inconsistent boundaries • Lack of routine • Child/young person spends considerable time alone • Child/young person is rarely offered new experiences, has limited access to leisure activities • Inconsistent responses to child • Child not given the opportunity to form other positive relationships • Child's key relationships with family members not being kept up • Difficulties with attachments 	<ul style="list-style-type: none"> • Child's behaviour is appropriate and praised accordingly • Parents are aware of what is age appropriate for their child/ren • Parents are confident discussing any issues with their child/ren • Conflicts are resolved in a consistent and fair way • Family communicate any concerns for each other well with concern • The family have a good sense of routine • There is a close support network of friends and family that parents can/do access
Family and Environment Factors	
<p><u>Family History and Functioning</u></p> <ul style="list-style-type: none"> • Parents/carers and extended family have relationship difficulties which may affect the child • A child has experienced loss of a significant adult • Parent has physical/mental health difficulties or poor social, personal or cognitive skills • Age inappropriate caring responsibilities • Family is becoming isolated in their community • Family seeking asylum • Parents have limited formal education 	<ul style="list-style-type: none"> • Members of extended family in employment, training and education • Close relationship with a positive role model in (extended) family, or a mentor/teacher/youth worker • Accessing a range of extra-curricular activities • Support in place to tackle welfare and family issues e.g. offending behaviour, unemployment • Willingness to accept need for referral and engage in meetings and respond to contact (letters/phone calls/visits)

Risk factors to consider	Protective factors to consider
<p><u>Housing and Finance</u></p> <ul style="list-style-type: none"> • Family facing homelessness • Insufficient or inappropriate bedding • Low income plus adverse additional factors which affect the child’s development • Overcrowding/poor housing 	<ul style="list-style-type: none"> • Motivation to improve living conditions in place • Support of wider family to improve living conditions • Paying the rent and other priority debts/bills • There is an acknowledgement of the impact of debt, and a plan and support to manage debts are in place • Family knowledgeable and accessing any benefit entitlement • Money is managed well, and debt has no impact on family life

If you believe the child falls within this level please contact the West Berkshire Children’s Services Contact, Advice and Assessment Service (CAAS):

- telephone - Practitioner - 01635 503190
- telephone – Member of the public – 01635 503090
- or email child@westberks.gov.uk

The Contact and Advice Safeguarding Hub within the CAAS team will be able to establish whether the threshold for statutory intervention has been met. If not they will open an Early Response record which will be passed to the multi-agency group in the Early Response Hub. They will review the needs of the child, young person and their family. This could lead to:

- Provision of advice, guidance and consultation
- Request to initiate a My Family Plan
- Early Response visit from a Targeted Intervention Service (TIS) worker
- TIS or Homestart intervention offered
- Single Assessment undertaken if case deemed to be at level 3

A process chart is available in the [Contact, Advice and Assessment Service Pathway](#) section of this document along with a description of what happens when you contact CAAS.

Level 3 - Complex and multiple needs:

Children will have multiple and complex needs and be in need of specialist intervention, sometimes on a long-term basis, to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and / or are disabled. This is the threshold for a statutory assessment led by children’s social care under section 17, Children Act 1989, although services are often provided by a range of other provision outside of children’s social care

Risk factors to consider	Protective factors to consider
Development of Baby (born or unborn), child or young person	
<p><u>Health</u></p> <ul style="list-style-type: none"> • Child has some chronic/recurring health problems • Significant or unexplained weight gain or loss • Limited or restricted diet/access to food • Serious delay in achieving physical and other developmental milestones, raising significant concerns • Increasingly frequent and unexplained accidents • Missed health appointments • Child with a disability in need of assessment and support to access appropriate specialist services 	<ul style="list-style-type: none"> • Appropriate use of health services such as GP, Health Visitor, School Nurse and Specialist Health Services • Engaged with universal service.
<p><u>Education and Learning</u></p> <ul style="list-style-type: none"> • Chronic non-attendance or not in education (under 16) or permanently excluded • Regular underachievement causing concern at school/nursery • Received fixed term exclusions and at risk of permanent exclusion • Not in education, employment or training post 16 	<ul style="list-style-type: none"> • Good liaison between family and school • Positive school attendance or alternative education provision engaged with • Engages well in after school and community activities
<p><u>Emotional and Behavioural Development</u></p> <ul style="list-style-type: none"> • Mental health issues emerging e.g. conduct; ADHD; anxiety; depression; self-harming • Child/young person finds it difficult to cope or express emotions e.g. anger, frustration, sadness • Child subject to persistent discrimination • Demonstrates significantly low self esteem • Moderate risk of substance misuse, known to be using drugs and alcohol • Child missing from home and concerns raised about their physical and emotional safety and welfare 	<ul style="list-style-type: none"> • Appropriate use of emotional health services including, but not limited to, CAMHS • Know to EMRAC (Exploitation and Missing Risk Assessment Conference)

Risk factors to consider	Protective factors to consider
<ul style="list-style-type: none"> • Failure or inability to address serious (re)offending behaviour, or continuous breaches of curfew/order with other risk-taking behaviour, that impact on their welfare and safety • Lack of age appropriate behaviour and independent living skills likely to impair development • At risk of being drawn into extremism • Unsafe sexual activity/ under 16 year old seeking emergency contraception • The child or young person is persistently missing from home, or education, and/or believed to be engaging in risky behaviour. 	
<p><u>Relationships</u></p> <ul style="list-style-type: none"> • Poor peer relationships difficulty sustaining relationships • At risk of exploitation /radicalisation and being drawn into extremist behaviour • Teenage pregnancy (under 16 years old) • Relationships with carers characterised by inconsistencies • Child has attachment difficulties • The child experiences persistent or severe bullying at school or the community which has impacted on his/her daily outcomes • The young person is known to be associating with gangs which is placing them at risk of harm and poor outcomes 	<ul style="list-style-type: none"> • Knowledge of and access to information and advice relating to contraception and sexual health • Engagement with children/young person's substance misuse service. • Engagement with Youth Offending Team
Parents and Carers	
<p><u>Basic Care, Safety and Protection</u></p> <ul style="list-style-type: none"> • Basic care not provided consistently e.g. child regularly dirty &/or smelly • Parents have found it difficult to care for previous children • Inappropriate care arrangements • History of previous child protection concerns / despite previous interventions there is no sustained progress or previous progress not sustained • Chronic or acute neglect where food, warmth and other basics often not available • Child has multiple carers; no significant relationship to any of them • False or non-compliance with some services • Child is often scapegoated in the family 	<ul style="list-style-type: none"> • Appropriate access to social care support e.g. short-breaks • Appropriate supervision and parental controls and boundaries including adult material/content. • Appropriate access to support and community services • Parent and carers fully engaging in partnership assessment • Social network outside of the family. • Engagement with appropriate voluntary services i.e. young carers • Evidence of good attachment between parent/carer and child

Risk factors to consider	Protective factors to consider
<p><u>Health</u></p> <ul style="list-style-type: none"> • Parental health (mental or physical) or problems with substance abuse impacts on their ability to meet the needs of the child • Mother who has been subjected to female genital mutilation 	<ul style="list-style-type: none"> • Knowledge of and willingness to access support services for alcohol and substance misuse if appropriate • Parent / carer engaged well with appropriate adult service i.e. Mental Health / Substance Misuse / Disability Services which alleviates pressure on family.
<p><u>Guidance, Boundaries and Stimulation</u></p> <ul style="list-style-type: none"> • Erratic or inadequate guidance provided • Parents struggle/refuse to set effective boundaries • Parents regularly involved in anti-social behaviour and crime • Child not receiving any positive stimulation or new experiences or activities • Child perceived to be a consistent 'problem' by parents • Child exposed to contact with individuals who pose a risk of physical or sexual harm to children 	<ul style="list-style-type: none"> • Displaying positive behaviour in educational setting and community • Regular supportive help from universal/community resources • Appropriate access to parenting skills courses and willingness to receive support to change parenting approach • Sympathetic, empathetic and vigilant teachers available to children • Engagement with voluntary sector provision/ support groups
Family and Environment Factors	
<p><u>Family History and Functioning</u></p> <ul style="list-style-type: none"> • Evidence of domestic abuse incidences • Family has serious physical and mental health difficulties • Risk of family relationship breakdown leading to need for child to become looked after outside of family network • Family has become socially isolated • Pre-birth assessment where a history of past child protection concerns • Child or family need immediate support and protection due to harassment/discrimination and have no local support 	<ul style="list-style-type: none"> • Regular supportive help to family from extended family/friends' network • The presence of an alternative or supplementary caring adult who can respond to developmental needs of children. • Engagement with domestic abuse support services
<p><u>Housing and Finance</u></p> <ul style="list-style-type: none"> • Experiencing frequent moves • Serious debts/poverty impact on ability to have basic needs met • Risk of eviction or proceedings initiated • Unaccompanied asylum seeker 	<ul style="list-style-type: none"> • Extended family able to provide housing support • Accessing welfare rights advice

Risk factors to consider	Protective factors to consider
<ul style="list-style-type: none"> • Intentionally homeless decision or imminent • Homeless 16 & 17 year olds • No access to funding/community resources • Unhygienic & cluttered living conditions 	

If you believe the child falls within this level please contact the West Berkshire Children's Services Contact, Advice and Assessment Service (CAAS):

- telephone - Practitioner - 01635 503190
- telephone – Member of the public – 01635 503090
- or email child@westberks.gov.uk

The CAAS team will establish, through review of the information given and any information held already with partners agencies (where applicable) the appropriate level of support that might be required. The possible outcomes of an initial contact are:

- You might be offered Advice and if necessary, you will be directed to another service which can best meet the needs of the child/family.
- Further enquiries or information gathering are undertaken by the multi-agency team of professionals within CAAS and a MASH process may be utilised.
- A Single Assessment is undertaken
- Child Protection enquiries are undertaken

A process chart is available in the [Contact, Advice and Assessment Service Pathway](#) section of this document along with a description of what happens when you contact CAAS.

Level 4 – Acute/Severe needs:

Children are suffering, or are at risk of suffering, significant harm, abuse and neglect and are in need of protection and care. This is the threshold for child protection enquiries and children are likely to have already experienced adverse effects and are suffering from poor outcomes. Children and young people will be referred to children’s social care and dealt with under section 47, 20 or 31 of the Children Act 1989. This will also include children who have been remanded into custody and statutory youth offending services.

Risk factors to consider	Protective factors to consider
Development of baby (born or unborn), child or young person	
<p>Health</p> <ul style="list-style-type: none"> • Disclosure of abuse of any kind including sexual abuse/physical injury caused by another • Child/young person has severe/chronic health problems affecting their safety • Development milestones not met causing faltering growth/failure to thrive • Lack of food linked with neglect, causing failure to thrive • Child not accessing or refusing medical care endangering life/development • Non accidental injury including bruising/suspicious marks on children not independently mobile • Severe disability-child/young person relies totally on other people to meet care needs • Has undergone or is at risk of female genital mutilation 	<ul style="list-style-type: none"> • Appropriate use of health services such as GP, Health Visitor, School Nurse and Specialist Health Services • Engaged with universal services
<p>Education and Learning</p> <ul style="list-style-type: none"> • Physical/learning disability requiring constant supervision • Child is out of school/no school place or permanently excluded • Complex learning needs likely to meet the criteria to initiate an Education, Health and Care needs assessment 	<ul style="list-style-type: none"> • Good liaison between family and school • Positive school attendance or alternative education provision engaged with • Engages well in after school and community activities
<p>Emotional and Behavioural Development</p> <ul style="list-style-type: none"> • Acute mental health problems e.g. severe depression; threat of suicide; psychotic episode • Puts self or others in danger e.g. persistent and high-risk substance misuse, involved in extremist activity, dangerous sexual activity • Severe emotional/behavioural challenges or unable to display empathy 	<ul style="list-style-type: none"> • Appropriate use of emotional health services including, but not limited to, CAMHS • Referred/known to Prevent/Channel • Known to EMRAC (Exploitation and Missing Risk Assessment Conference)

Risk factors to consider	Protective factors to consider
<ul style="list-style-type: none"> • Serious or persistent re-offending behaviour likely to lead to custody/remand • Abusing other children • Severe lack of age appropriate behaviour and independent living skills likely to result in significant harm • Child is left 'home alone' without adequate adult supervision or support and at risk of significant harm • Child missing from home 3 times in 90 days and/or missing for more than 24 hours • Child is suspected of being trafficked or believed to have been subject to child trafficking 	
<p><u>Relationships</u></p> <ul style="list-style-type: none"> • Is being exploited • Severe attachment problems • Significant risk of forced marriage or actual forced marriage • A young person who has directly suffered significant harm through domestic abuse or is in a violent or abusive relationship • Child/young person engaged in criminal activity, including gang activity that is placing them at serious risk of harm 	<ul style="list-style-type: none"> • Knowledge of and access to information and advice relating to contraception and sexual health • Engagement with children/young person's substance misuse service • Engagement with Youth Offending Team
Parents and Carers	
<p><u>Basic Care, Safety and Protection</u></p> <ul style="list-style-type: none"> • Disclosure from parent of abuse to child • Child has no one to care for him/her • Requesting young child be accommodated • Allegations or reasonable suspicion of serious injury, abuse or neglect • Parents unable to provide 'good enough' parenting that is adequate and safe • Parents own needs mean they cannot keep child safe • Previous child(ren) have been removed from the parents' care • Parents involved in significant crime or anti-social behaviour that puts children at significant risk • Parents unable to restrict access to home by dangerous adults • Unable to manage severe challenging behaviour without support-high risk of family breakdown 	<ul style="list-style-type: none"> • Appropriate access to social care support e.g. short-breaks • Appropriate supervision and parental controls and boundaries including adult material/content • Appropriate access to support and community services • Parent and carers fully engaging in partnership assessment • Social network outside of the family • Engagement with appropriate voluntary services i.e. young carers • Evidence of good attachment between parent/carer and child

Risk factors to consider	Protective factors to consider
<ul style="list-style-type: none"> • Parents inconsistent, highly critical, rejecting or apathetic towards child • Parents actively unwilling or refusing to engage with services 	
<p><u>Health</u></p> <ul style="list-style-type: none"> • Parental health (mental or physical) or problems with substance abuse significantly affects the care of the child • Suspected /evidence of fabricated or induced illness • Parent unable to explain injuries 	<ul style="list-style-type: none"> • Knowledge of and willingness to access support services for alcohol and substance misuse if appropriate • Parent / carer engaged well with appropriate adult service i.e. Mental Health / Substance Misuse / Disability Services which alleviates pressure on family
<p><u>Guidance, Boundaries and Stimulation</u></p> <ul style="list-style-type: none"> • No boundaries set by parents • Child beyond parental control 	<ul style="list-style-type: none"> • Displaying positive behaviour in educational setting and community • Regular supportive help from universal/community resources • Appropriate access to parenting skills courses and willingness to receive support to change parenting approach • Sympathetic, empathetic and vigilant teachers available to children • Engagement with voluntary sector provision/ support groups
<p>Family and Environment Factors</p>	
<p><u>Family History and Functioning</u></p> <ul style="list-style-type: none"> • Domestic abuse is persistent, chronic and significant • Destructive/unhelpful involvement from extended family • Family involved in criminal activity; parent or sibling has received custodial sentence • Individual posing a risk to children or known to a household • Parents are deceased and there are no family/friends' options • Chronic substance misuse impacting child development • Parent wishes to relinquish baby or child for adoption • Pre-birth assessment indicates unborn child is at risk of significant harm • Parents, or other close associates, are members of prescribed organisations supporting violent extremist ideologies 	<ul style="list-style-type: none"> • Regular supportive help to family from extended family/friends' network • The presence of an alternative or supplementary caring adult who can respond to developmental needs of children • Engagement with domestic abuse support services

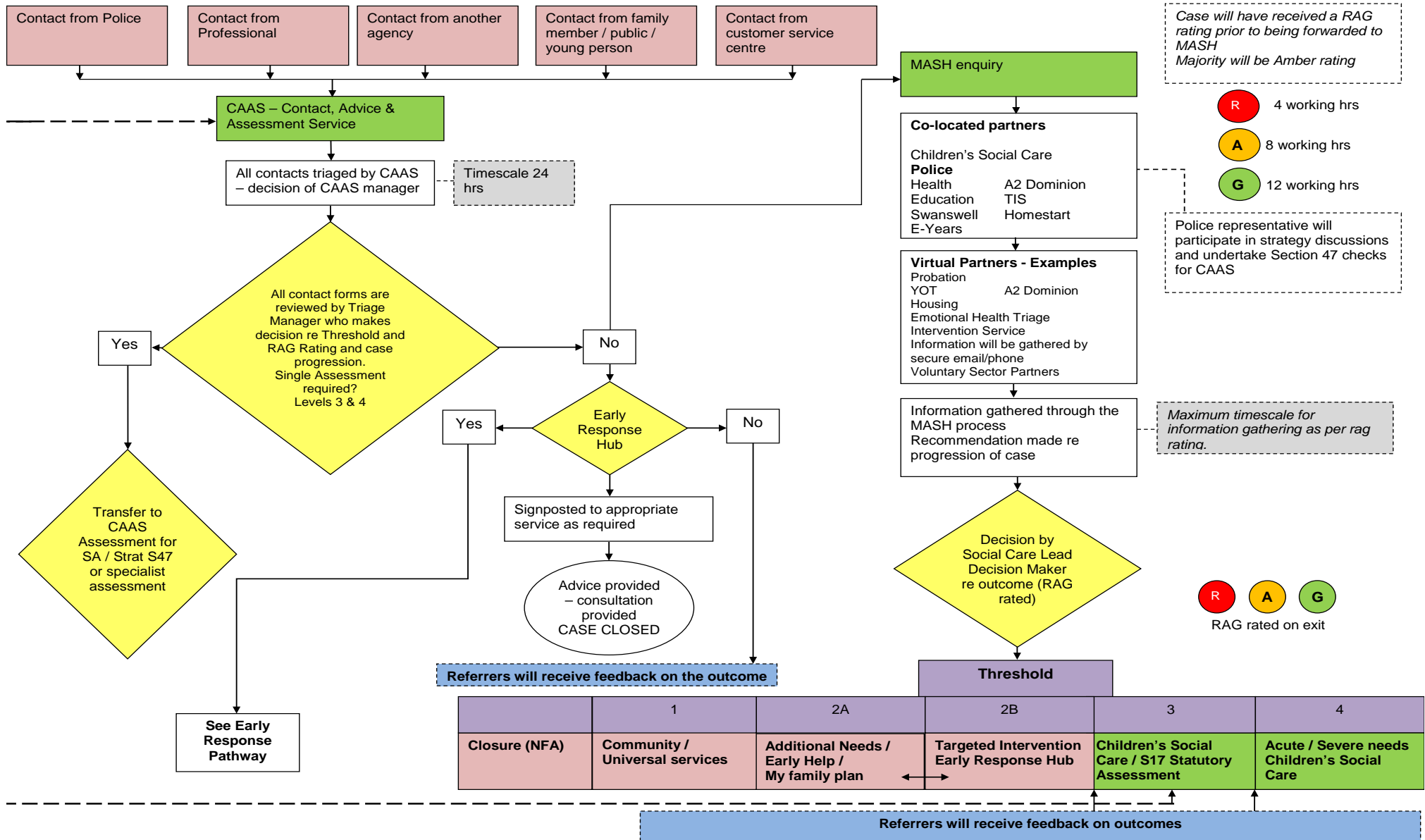
Risk factors to consider	Protective factors to consider
<p><u>Housing and Finance</u></p> <ul style="list-style-type: none"> • Unsafe home environment –family used for drug taking, prostitution, illegal activity • Extreme poverty/debt impacting on ability to care for child 	<ul style="list-style-type: none"> • Extended family able to provide housing support • Accessing welfare rights advice

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- telephone – Member of the public – 01635 503090
- or email child@westberks.gov.uk

A process chart is available in the [Contact, Advice and Assessment Service Pathway](#) section of this document along with a description of what happens when you contact CAAS.

The Contact, Advice and Assessment Service Pathway



What happens when I contact the Contact, Advice and Assessment Service (CAAS)?

CAAS will establish if the threshold for statutory intervention has/has not been met. If statutory intervention is not required, an Early Response Record will be generated, and this will be progressed by the Earlier Response Multi-Agency Triage.

For any concerns about a child, you may speak to a social worker who will discuss your concerns with you and may request additional information. They will provide advice, guidance and consultation. It may be agreed, that based on the information provided, that an Early Response (including My Family Plan) is required, or you may be redirected to an early help or universal service. If the threshold for statutory intervention is met, a single assessment will be processed. If there are Child Protection concerns this will be progressed alongside a Section 47 enquiry. The Multi-Agency Safeguarding Hub process will be utilised for those cases deemed appropriate.

All enquires will be sent an outcome letter from CAAS. At Level 2, this will occur following completion of the Earlier Response form via the Earlier Response Triage. At Levels 3 and 4, this will be following the completion of the contact record.

Useful Links

Berkshire West Safeguarding Children Partnership:

<https://www.berkshirerwestsafeguardingchildrenpartnership.org.uk/scp>

(For risk assessment tools and information on subjects including Child Exploitation, Female Genital Mutilation, Neglect and Prevent)

Pan Berkshire Child Protection Procedures: <http://proceduresonline.com/berks/>

West Berkshire Children and Family Services Procedures Manual:

<https://www.proceduresonline.com/westberks/cs/index.html>

Local Authority Designated Office (LADO):

- Call on 01635 503153
- Email the LADO on: LADO@westberks.gov.uk

NSPCC website: www.nspcc.org.uk/

Contextual Safeguarding Network: <https://www.contextualsafeguarding.org.uk/>

Working Together to Safeguard Children 2018:

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

West Berkshire Children and Family Services Contact, Advice and Assessment Service (CAAS):

- Telephone - Practitioner - 01635 503190
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Out of Hours Emergency Duty Service:

Any referrals or contacts between 5pm and 9am Monday to Friday or 24 hours on Saturday and Sunday should be directed to our Emergency Duty Service. A record of all referrals to the emergency duty service will be made and referred onto the relevant local office.

- Call on 01344 786 543.

West Berkshire Local Offer: Local Offer helps you find information about local services, support, activities and events for children and young people aged 0 - 25 years who have special educational needs or disabilities (SEND). <https://directory.westberks.gov.uk>

Family Information Service:

- <https://directory.westberks.gov.uk>
- Email: fis@westberks.gov.uk

Acronyms

ADHD	Attention Deficit Hyperactivity Disorder
BWSCP	Berkshire West Safeguarding Children Partnership
CAMHS	Child & Adolescent Mental Health Service
CAAS	Contact, Advice and Assessment Service
FIS	Family Information Service
GP	General Practitioner
LADO	Local Authority Designated Officer
LSCB	Local Safeguarding Children Board (replaced locally by the BWSCP)
MASH	Multi-Agency Safeguarding Hub
SEND	Special Education Needs or Disabilities
TIS	Targeted Intervention Service
YOT	Youth Offending Team

