



THE RIGHT SERVICE  
IN THE RIGHT PLACE  
AT THE RIGHT TIME

# EFFECTIVE SUPPORT FOR CHILDREN AND FAMILIES IN SOMERSET

Guidance for all who work with children and families to provide early help and targeted and specialist support.



# CONTENTS

Introduction to the guidance	3
The Somerset early help Charter	5
What is early help?	6
Consent guidance	7
Continuum of Need Diagram	9
Understanding the levels of need	10
<b>Key issues:</b>	
▶ Neglect	12
▶ Abuse and exploitation	13
▶ Disguised compliance	13
▶ Preventing radicalisation and extremism compliance	13
▶ "Prevent" Duty	14
▶ Child Sexual Exploitation	15
<b>Levels of Need</b>	
Process diagram for effective support	16
Indicators of need	17 – 27
<b>Useful information:</b>	
▶ Allegations management	28
▶ Glossary	28
▶ Legislation	33
▶ Guidance	34
▶ Tools	34
▶ Useful phone numbers	36

**IF YOU ARE  
WORRIED  
ABOUT A CHILD  
CALL US ON  
0300 123 2224**

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# INTRODUCTION TO THE GUIDANCE

This is a guide for everyone who works with, or is involved with, children, young people and their families in order to assist professional judgements around the provision of effective support for children and families in Somerset. This guidance covers children and young people aged 0-19 years, (up to age 25 with special educational needs and disability).

## WHAT IS THE AIM?

The aim is to assist professionals and managers in assessing and identifying a child or young person's level of need; what type of service/resources may meet those needs, and the process to follow in moving from an identification of need to the provision of services with the aim that children receive **the right service, in the right place, at the right time**. It introduces a continuum of need and support, provides information on the levels of need and gives examples of the factors that may indicate a child, young person and their family needs for additional support.

It is important that all agencies understand the needs of each individual child or young person within their own context and realise that each situation is unique and specific to that child. This document should assist professional judgements in determining the next actions in meeting those needs and to help everyone to:

- Think clearly and achieve a holistic approach
- Understand the child in the context of their family and wider community
- Develop ideas and solutions with children, young people and their families, so that timely support is provided at the right level, by the right person/service and to prevent inappropriate escalation in order to access services.

It is crucial to ensure a range of service provision is available to meet the needs of children, young people and their families in the community, and to ensure that the appropriate services are accessed to meet those needs in a collaborative way and that families understand that a change takes place.

Where the term 'parents' is used, this refers to those who are parents or those who have parental responsibility.

## WHAT IS OUR APPROACH?

Our approach is underpinned by the following values:

- Children and young people in levels 2 to 4 also need and use universal services, for example, education, health and care.
- Children and young people's needs can move from one level to another, and it should not be necessary for those needs to be captured more than once.
- Children and young people can be at different levels of needs for education, health and care within the continuum of need diagram.
- Children and young people should be enabled to move quickly and effortlessly to the required service response without necessarily going through each level.
- When an Early Help Assessment has been successful and stepped down to Universal Services, a copy of the early help Assessment is made so that if needs increase, any future assessment builds upon this and prevents the family from re-telling their story.
- Families should be given a copy of the early help Assessment.
- Children, young people and their families have a right to have their voice heard – and this should have a strong influence on what happens next.

## WHAT IS THE PROCESS?

The Early Help Assessment is a tool to enable all services to gather information and form a holistic overview of needs, and supports professional judgement to provide the right service, in the right place, at the right time.

Undertaking an Early Help Assessment can help the professional to see the effectiveness of current services, and/or assist in identifying what is missing. Therefore, if concerns escalate the early Help Assessment provides a platform of information by which statutory services can make a better assessment of needs/risks.

At levels 2 and 3, the Team Around the Child (TAC) meeting is part of the Early Help Assessment process. These meetings are organised by a lead professional and supported by other early help colleagues.

Other multi-agency information sharing forums are in place such as the Team Around the School (TAS) meetings and the Taunton 'One Team' and Sedgemoor 'Together' models.

Level 4 still requires an Early Help Assessment to be completed but if you are concerned that the child may be at risk of, or may be suffering significant harm you must contact Somerset Direct immediately on 0300 123 2224 to discuss the best way to meet those needs or use the different consultation lines that are in place:

CAMHS telephone advice line:  
Mendip 01749 836561  
South Somerset 01935 384140  
West 01823 368368

Consultation line for Children's Safeguarding Leads and lead professionals:  
0300 123 3078

Visit [www.professionalchoices.org.uk](http://www.professionalchoices.org.uk) for more information and resources



PROFESSIONAL Choices

## STEP-UP, STEP-DOWN PROTOCOL

The term 'step up' and 'step down' are commonly used to describe children moving between levels of need and are used within the guidance to describe the process by which children's needs can change. This requires all professionals working with children, young people and their families to be familiar with the approach so that if and when a child's needs change due to a reduced or increased level of concern then their needs do not fall between the services. Instead, children are held safely in the transition from one service/step to another.

This process is based on agencies assessing and describing the needs of the child or young person

by using the early help Assessment tool .

## WHAT IF I HAVE A DIFFERENCE OF OPINION WITH ANOTHER PROFESSIONAL?

There will be times when there are differences of views about how best to support a child and family and the levels of intervention required by different agencies. In the first instance, this should be resolved within agencies, and if agreement is not reached and cases become 'stuck' then the professional who disagreed with the outcome should notify their manager, who in turn should consult and use the protocol for Resolving Professional Differences in work Relating to the Safety of Children.

# THE SOMERSET EARLY HELP CHARTER

## HOW WE WORK TOGETHER TO DELIVER EARLY HELP

### OUR VISION

early help is everyone's responsibility; we want children, families, communities and agencies to work together so that families are assisted to help themselves and are supported as soon as a need arises, thereby improving the overall wellbeing and quality of life of all Somerset children, young people and their families.

The early help Charter is not about creating new structures or services, but establishing a cohesive, collaborative early help offer delivered jointly by all partners and a commitment to providing the **right service, in the right place, at the right time** by:

- Working better together in an honest and transparent way with the consent of the child and their family.
- Identifying strengths and needs and finding practical and achievable solutions.
- Providing the right information and advice to enable choice for families so they can be empowered to make positive changes themselves with tailored support where needed.
- Helping families build protective factors and family resilience so that they have the skills, knowledge and ability to meet the children's needs and to prevent situations escalating or recurring.

### OUR PRINCIPLES

Within this vision, our early help approach is based on a set of shared principles:

- Parents have the primary responsibility to meet the needs of their children. Parenting can be challenging and asking for help should be seen as a sign of strength and responsibility rather than parenting failure.
- Families tell their story once and receive the right help at the right time resulting in a sustainable independence and a positive future.
- All professionals have the right to support and guidance appropriate to meet the needs of children and families they are working with – from their own and partner agencies; enabling professionals to act with emotional intelligence and work in an open and transparent way with families and with each other, with the confidence to intervene and challenge positively when appropriate.
- Problems may emerge at any point through childhood and adolescence. Consistent early help is provided to prevent or reduce the need for statutory or specialist interventions wherever possible. Early help seeks to meet the need, support the family in resolving the problem and prevent it becoming entrenched.
- Effective early help is underpinned by good practice in information sharing, clear communication and understanding between parents, children and the professionals who work with them.
- Universal and targeted services working with children and adults have a role to act early to prevent needs escalating. Universal and targeted services must remain involved even if a child and family is receiving additional or specialist support so there is a joint, whole-system response to meeting outcomes and needs.

## WHAT IS EARLY HELP?

Providing early help is more effective in promoting the welfare of children, young people and their families 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.

Effective early help relies upon families, communities and local agencies working together to:

- Identify children, young people and families who would benefit from early help;
- Undertake an assessment of the need for early help;
- Provide targeted early help services to address the assessed needs of a child, young person and their family which focuses on activity to significantly improve the outcomes for them.

- early help should happen as soon as possible when difficulties emerge in order to prevent problems from becoming entrenched or escalated.
- early help is underpinned by Universal Services to identify the need for support at an early stage for those families who may need it.

- An effective early help offer is the responsibility of all partners.
- All families will have access to co-ordinated early help in accordance with need as soon as difficulties are identified. This support should be personalised, multi-agency, evidence based and embedded within a whole family approach. Children and young people in those families will be supported to live safe, healthy and fulfilling lives, and to develop into responsible adult citizens.
- early help can break the intergenerational cycle of risk and vulnerability, that some families become entrenched in.
- Families will become more resilient and develop capabilities to prevent and resolve problems themselves.
- Families and local communities will become resilient through early help.

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## CONSENT GUIDANCE

This guidance sets out the issue of consent for professionals, working with families at Levels 1, 2 and 3 and/or within Children's Social Care, under section 17, Children Act 1989 (children in need).

The guidance sets out the need to gain consent from parents or those who have parental responsibility, when professionals wish to:

a) Seek information from professionals in other services and share information with them.

b) Refer to another agency for assessment and provision of services.

### NOTE

This guidance does not cover consent for medical treatment.

## WHEN CAN I REFER TO CHILDREN'S SOCIAL CARE WITHOUT PARENTAL CONSENT?

In most cases it is appropriate to seek consent. However, there are some cases where it is not. Consent should not be sought if doing so would:

➤ Place a person (the individual, family member, worker or a third party) at increased risk of significant harm (if a child) or serious harm (if an adult).

➤ Prejudice the prevention, detection or prosecution of a serious crime - this is likely to cover most criminal offences relating to children.

➤ Lead to an unjustified delay in making enquiries about allegations of significant harm (to a child) or serious harm (to an adult).

a) Seek information from professionals in other services and share information with them

All professionals must obtain parental consent when they wish to seek information or share information with other agencies. This consent must be re-sought for each episode of work that a professional undertakes with a family (for example: if a case is closed and re-opened, consent must be re-sought when the case is re-opened).

Professionals must make clear to parents which organisations they wish to seek information from and who they wish to share information about the family with.

If anyone in the family home is aged 16 or over, their individual consent must be sought to seek or share information about them, with other agencies.

 It is good practice to record in writing which agencies parents (or other people in the household aged 16 or over) have consented to information sharing with and to provide a copy of this to the parents (or other people aged 16 or over) and place a copy on the child's record in your respective agency.

If an adult does not consent to information sharing with a particular organisation or any organisations at all and the concern does not reach a child protection level (Level 4) you cannot seek information from, or share information with, that organisation until such time as the adult consents.

b) Refer to another agency for assessment and provision of services.

All professionals must seek parental consent when they wish to refer to another organisation for assessment or services, where the referral is not in relation to a child protection issue. This consent must be sought for each referral to any organisations that a professional makes for a child or their family.

Professionals must make clear to parents which organisations they wish to refer the child or family to and which individuals within the family are the subjects of the referral.

If anyone in the family home is aged 16 or over, their individual consent must be sought to make a referral about, or including them, to another organisation (unless the person is aged 16 to 17 and the referral relates to a child protection issue about them).

 It is good practice to record in writing which organisations parents (or other people in the household aged 16 or over) have consented to referrals to, and provide a copy of this to the parents (or other people aged 16 or over) and place a copy on the child's record in your respective organisation.

 You should always talk to parents and carers, when you have a child in need or a child protection concern, **unless to do so would place a child at risk of significant harm**, to let them know that you intend to share information with other agencies and make a referral to Children's Social Care.

If you are unsure about whether your concern reaches a child protection level phone the Children's Safeguarding Leads' Consultation line (or the Emergency Duty Team out of hours) before you talk to parents and carers.

Where a professional decides not to seek parental permission before making a referral to Children's Social Care, the decision must be recorded in the child's file with reasons, dated and signed and noted in the referral to Children's Social Care.

**NOTE**  
You do not need consent to make a referral to 'Prevent'.

A child protection referral from a professional cannot be treated as anonymous, so the parent will ultimately become aware of the identity of the referrer. Where the parent refuses to give permission for the referral, unless it would cause undue delay, further

advice should be sought from a manager or your Safeguarding Lead and the outcome fully recorded. If, having taken full account of the parents' wishes it is still considered that there is a need for referral:

- The reason for proceeding without parental agreement must be recorded;
- The parent's withholding of permission must form part of the verbal and written referral to Children's Social Care;

The parent should be contacted to inform them that, after considering their wishes, a referral has been made.

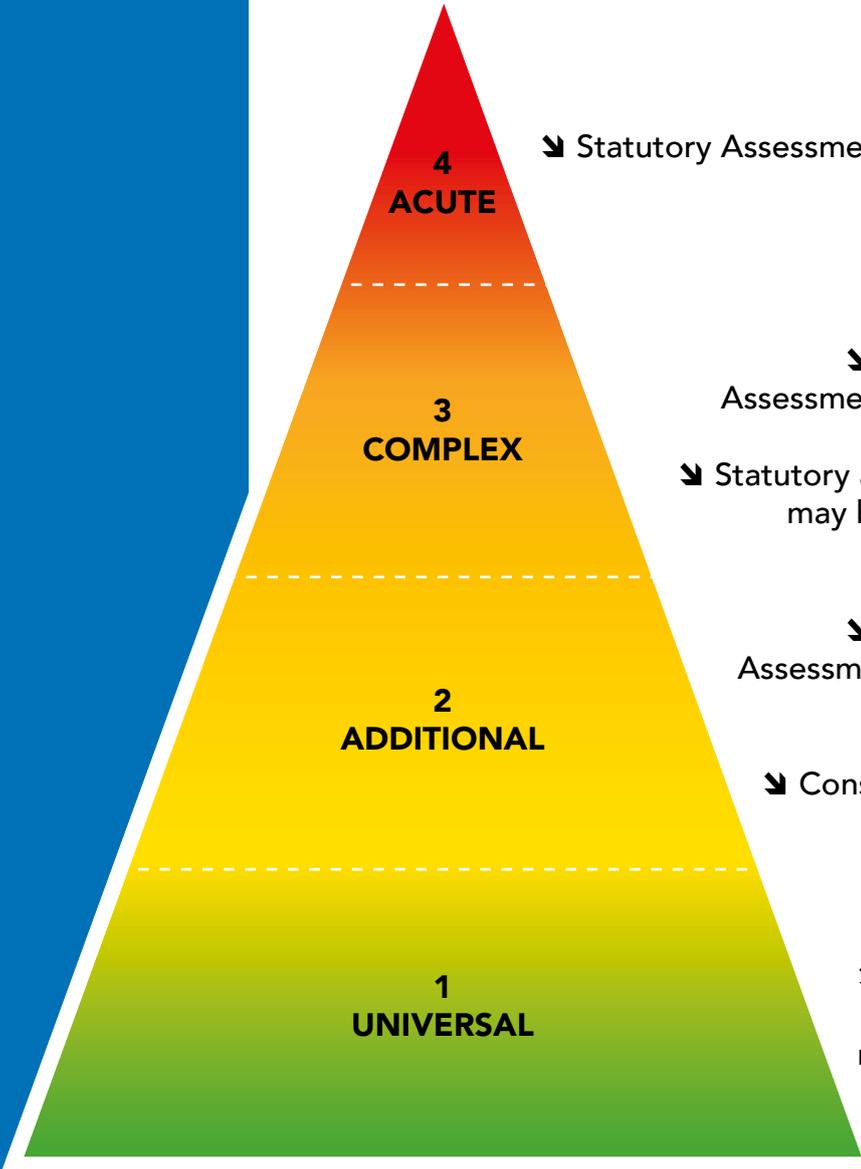


Refer to Gillick Competency and Fraser guidelines for more information <http://www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/>

# CONTINUUM OF NEED DIAGRAM

The continuum of need is intended to provide professionals with a shared understanding and common language around needs and risks surrounding children and their families.

Refer to Level 4 specialist services with any concerns that children and young people whose needs demonstrate significant harm or risk of significant harm.



↘ Statutory Assessment required

↘ Early help Assessment required

↘ Statutory assessment may be required

↘ Early help Assessment may be required.

↘ Consider SEND needs.

↘ early help Assessment not required



**IF UNSURE, CALL THE CHILDREN'S SAFEGUARDING LEADS' CONSULTATION LINE ON 0300 123 3078**

Your intervention should be designed to reduce risk and increase protection.  
If unsure, call the early help advice hub on 01823 355803

# UNDERSTANDING THE LEVELS OF NEED

Level of Need	Description
<p><b>Level 1</b> <b>Universal Services</b></p>	<p>Anyone can access universal services. These are services such as GPs and Health Visitors who provide health advice and treatment to all children. Every child has a right to an education. This is provided through schools, unless children are identified as being educated at home.</p> <p>The majority of children living in each local authority area require support from universal services alone. Children, young people and their families who receive universal services have no additional needs; all their health and developmental needs will be met by universal services. These are children who consistently receive child focused care-giving from their parents or carers.</p>
<p><b>Level 2</b> <b>Additional</b></p>	<p>Children, young people and their families who require some extra support or intervention in addition to what every child receives, to help them reach their potential. This may be short term, but requires a targeted service to support the child and their family.</p> <p>These may include children and young people who need additional support to access community facilities such as short break activities.</p> <p>It is possible for different agencies to provide a targeted service to different members of a family at this level.</p> <p>You will need parental consent to share relevant information with other involved professionals.</p>
<p><b>Level 3</b> <b>Complex</b></p>	<p>Children, young people and their families who require significant or complex personalised support, often from several agencies working together, to help them reach their potential. These children continue to need the support of universal services.</p> <p>Effective intervention may be short term, but might require longer term involvement, particularly where families have a variety of complex needs.</p> <p>For some families the continuum of need may be met for an assessment led by Children's Social Care (CSC) under Section 17 of the Children Act 1989. The services required as a result of an assessment may come from a range of agencies outside of CSC.</p>
<p><b>Level 4</b> <b>Acute</b></p>	<p>These children are suffering or are likely to suffer significant harm. This is where child protection procedures may need to be put in place. This means that children may be referred to Children's Social Care under Sections 20, 31 or 47 of the Children Act 1989. This would also include those children remanded to the care of the Local Authority or to custody and statutory youth offending services.</p> <p>This includes children who have severe disability, who are vulnerable with acute or highly complex needs which can impact on day to day living or who may be in crisis. This level also includes Tier 4 health services which include residential, day patient or outpatient settings for children and adolescents with severe and/or complex health problems.</p>

Examples of Services	What you need to do
<ul style="list-style-type: none"> <li>➤ early years (Nurseries/Child minders)</li> <li>➤ Education/School place</li> <li>➤ GP / Dentist</li> <li>➤ Maternity services</li> <li>➤ Health Visiting service</li> <li>➤ School nursing</li> <li>➤ Housing</li> <li>➤ Community health care</li> <li>➤ Youth centres / Leisure Services</li> <li>➤ Children's Centres</li> </ul>	<p>All children and families should receive universal services such as health care and education, as well as early years and youth services.</p> <p>Professionals working with families should check if children are in receipt of universal services and take appropriate action where this is not the case or consider whether to step up to Level 2.</p>
<ul style="list-style-type: none"> <li>➤ Getset parenting attachment support</li> <li>➤ School holiday and short breaks provision for disabled children</li> <li>➤ Extra health support for family members</li> <li>➤ Behavioural/learning support</li> <li>➤ Educational Psychologist</li> <li>➤ Special Educational Needs (SEN) support</li> <li>➤ Help to find education and employment</li> <li>➤ Speech and language therapy</li> <li>➤ Pupil Referral Unit support as outreach</li> <li>➤ Drug and alcohol early intervention</li> <li>➤ Domestic abuse early intervention</li> <li>➤ Targeted youth work</li> <li>➤ Children's centres</li> <li>➤ Housing support</li> <li>➤ Education / school place</li> <li>➤ Childrens Autism Outreach Team</li> <li>➤ 1:1 Support from a Somerset Supporter</li> <li>➤ Direct payments (following an assesment)</li> <li>➤ Occupational therapy assesment</li> <li>➤ Education Welfare Service</li> </ul>	<p>Professionals should talk to the family and carry out an early help Assessment</p> <p>To ensure the child receives <b>the right service, in the right place, at the right time</b></p> <p>A Team Around The Child meeting must take place to agree a co-ordinated response which will be detailed in an action plan.</p>
<ul style="list-style-type: none"> <li>➤ Existing or previous early help Assessment</li> <li>➤ Existing lead professional</li> <li>➤ Multiple service provision</li> <li>➤ Children with disabilities whose needs are not met by Universal Services or additional services</li> <li>➤ Families who are identified through the Troubled Families programme</li> <li>➤ High level Special Educational Needs and Disability – Education, Health and Care Plan (EHC)</li> <li>➤ Domestic abuse services</li> <li>➤ Channel Panel/Regional Police Prevent Team</li> <li>➤ Primary Mental Health Link Workers</li> <li>➤ Overnight short break care</li> <li>➤ Continuing healthcare plan</li> </ul>	<p>Professionals must talk to the family about completing an early help Assessment is to ensure the child receives <b>the right service, in the right place, at the right time.</b></p> <p>A Team Around The Child meeting must take place to agree a co-ordinated response which will be detailed in an action plan.</p> <p>CSC may carry out a statutory Children and Families assessment if the children in need continuum of need is met.</p>
<ul style="list-style-type: none"> <li>➤ Children's Social Care statutory involvement</li> <li>➤ Fostering and residential care</li> <li>➤ Youth Offending Service / Police</li> <li>➤ Specialist CAMHS</li> <li>➤ Drug and alcohol services</li> <li>➤ Domestic abuse services</li> <li>➤ In-patient and continuing health care</li> <li>➤ Health care for children with life limiting illness</li> <li>➤ Services for children with profound and enduring disability</li> <li>➤ Channel Panel/Regional Police Prevent Team</li> </ul>	<p>Professionals must complete an Early Help Assesment and within it identify that they also wish to make a referral to Somerset Direct and/or other specialist services. For child protection concerns CSC will carry out a statutory Children and Families assessment and take appropriate action needed to safeguard the child under statutory child protection procedures.</p>

# DEFINITION OF SAFEGUARDING AND PROMOTING THE WELFARE OF CHILDREN

Safeguarding is a term which is broader than 'child protection' and relates to the action the commission takes to promote the welfare of children and protect them from harm.

Safeguarding is everyone's responsibility. Safeguarding is defined in 'Working together 2015' as:

➤ Protecting children from maltreatment;

- Preventing impairment of children's health or development;
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best life chances.

## KEY ISSUES

### NEGLECT

Neglect is the ongoing failure to meet a child's basic needs and is the most common form of child abuse.

A child may be left hungry or dirty, without adequate clothing, shelter, supervision, medical or health care.

A child may be put in danger or not protected from physical or emotional harm.



It can be particularly difficult for professionals to recognise the signs of neglect because there is unlikely to have been a significant incident or event that highlights the concerns; it is more likely that there will be a series of concerns over a period of time that, taken together, demonstrate that the child is in need or at risk.

Children (including those who are unborn) need adequate food, water, shelter, warmth, protection and health care in order to thrive.

They also need their carers to be attentive, dependable and kind. Children are neglected if these essential needs (the things they need to develop and grow) are persistently not met.

Severe neglect of young children has adverse effects on children's ability to form attachments and is associated with major impairment of growth and intellectual development. Neglect can also result, in extreme cases, in death.

Persistent neglect can lead to serious impairment of health and development, and long-term difficulties with social functioning, relationships and educational progress. Neglected children may also experience low self-esteem and feelings of being unloved and isolated. Neglect can also involve parents not doing everything possible to ensure their child is in education.

The impact of neglect varies; depending on how long the child has been neglected, the child's age, and the multiplicity of neglectful behaviours the child has been experiencing.

For more information about neglect, go to:

[http://www.nspcc.org.uk/help-and-advice/worried-about-a-child/online-advice/neglect/neglect-a\\_wda87020.html](http://www.nspcc.org.uk/help-and-advice/worried-about-a-child/online-advice/neglect/neglect-a_wda87020.html)

[http://www.nspcc.org.uk/Inform/research/briefings/childneglect\\_wda482\\_22.html](http://www.nspcc.org.uk/Inform/research/briefings/childneglect_wda482_22.html)

# ABUSE AND EXPLOITATION

Child abuse is more than bruises and broken bones. While physical abuse might be the most visible, other types of abuse can remain hidden; such as emotional abuse, sexual exploitation and neglect. This document aims to raise awareness of the key issues affecting children and families. To help the practitioner to spot the signs of all forms of abuse and the wider complicating factors such as hidden harm and disguised compliance.

The experience of children and young people living with and impacted by parental mental health or substance abuse has come to be known as hidden harm. This is because the harm children and young people experience is often hidden, or if seen, is not recognised as harm. The range of difficulties for those affected by parental difficulties varies and can include enduring stress and an unpredictable home environment. Sometimes violence can become the norm in families.

## DISGUISED COMPLIANCE

Disguised compliance is very common, it occurs when parents/caregivers want to draw the professional's attention away from allegations of harm. Disguised compliance can



make it very difficult for practitioners involved with a family to maintain an objective view of progress. It has often led to the prevention or delayed understanding of the abusive experience for the child, leading to child being unseen and unheard.

There are indicators that can help practitioners to spot disguised compliance. These include: no significant change at reviews despite significant input; parents agreeing with professionals about required changes but putting little effort into making those changes; and parents who

only engage with certain aspects of a plan or after dealing with outright hostile parents, professionals can be easily lulled into a false sense of security and progress when working with parents who change from hostile to welcoming.

## PREVENTING RADICALISATION AND EXTREMISM

'Prevent' is a term used to describe the agenda to challenge radicalisation and extremism. The use of social media has prompted discussion in relation to the radicalisation and grooming of young people. This has highlighted a need for an open and ongoing dialogue in our communities – among children, young people, parents, carers, schools and wider – to ensure that young people have the skills to be critical thinkers online and are resilient to online extremism, whether from groups like Islamic State or far right groups and others. The main aim of the Prevent agenda is to stop people from becoming terrorists or supporting terrorism. At the heart of Prevent is safeguarding for children and adults to provide early intervention to protect and divert people away from being drawn into terrorist activity.

### REMEMBER

Remember the earlier children get help, the greater chance they have to heal and break the cycle - rather than perpetuate it. Being aware of these factors will help to identify appropriate windows of opportunity to break the cycles of abuse and safeguard the child.



## PREVENT DUTY

From 1 July 2015 a range of other agencies, such as; all schools, whether publicly-funded or independently registered, early years childcare providers, children's homes or further education and higher education establishments, are subject to the Prevent duty under section 26 of the Counter-Terrorism and Security Act 2015.

The Prevent objectives are as follows:

- 1 Respond to the ideological challenge of terrorism and

the threat from those who promote it.

- 2 Prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support.

- 3 Work with sectors and institutions where there are risks of radicalisation that we need to address.

## SIGNS OF VULNERABILITY

There are no known definitive indicators that a child or young person is vulnerable to radicalisation, but there are a

number of signs that together increase the risk. **Signs of vulnerability can include:**

- Underachievement
- Being in possession of extremist literature
- Poverty
- Social exclusion
- Traumatic events
- Global or national events
- Religious conversion
- Change in behaviour
- Extremist influences
- Conflict with family over lifestyle
- Confused identity
- Victim or witness to race or hate crimes
- Rejection by peers, family, social groups or faith

## TRAINING FOR FRONTLINE STAFF

It is recommended all front line staff receive the Prevent Training Workshop to Raise the Awareness of Prevent (WRAP). You will need to contact the Local Authority Prevent Lead through [prevent@somerset.gov.uk](mailto:prevent@somerset.gov.uk) to arrange this.



## CHILD SEXUAL EXPLOITATION

When assessing a child or young person's vulnerability, exploitation should always be considered. The impact of exploitation on Somerset's communities has become much more prominent in the past few years and is now a major concern for all agencies. Often a hidden crime, it is crucial that practitioners understand the term 'exploitation' and how to apply this when working through a plan for effective support.

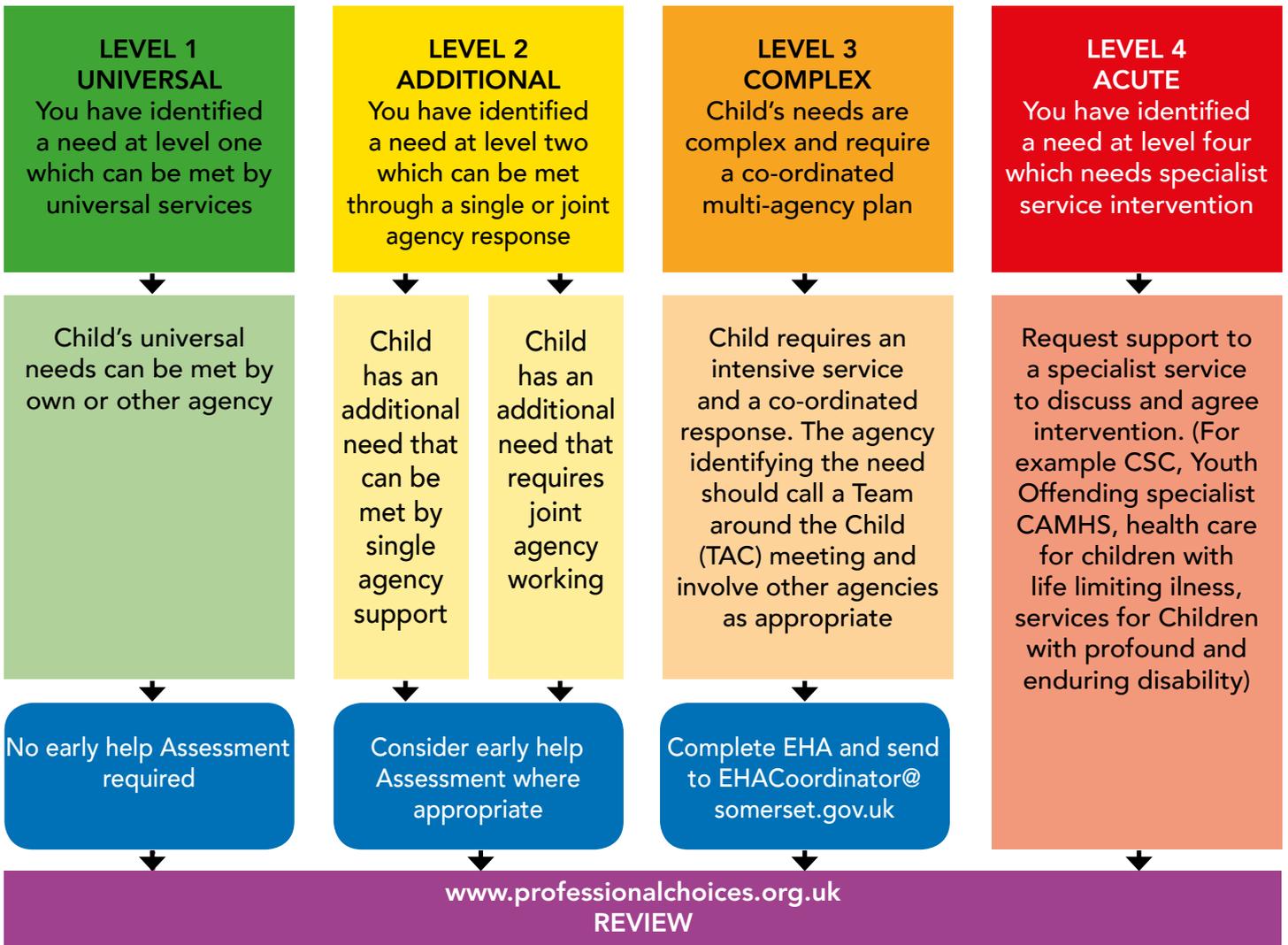
Child sexual exploitation is when people use the power they have over young people to sexually abuse them. Their power may result from a difference in age, gender, intellect, strength, money or other resources. People often think of child sexual exploitation in terms of serious organised crime, but it also covers abuse in relationships and may involve informal exchanges of sex for something a child wants or needs, such as accommodation, gifts, cigarettes or attention. Some children are 'groomed' through 'boyfriends' who then force the child or young person into having sex with friends or associates.

## QUICK GUIDE FOR PRACTITIONERS IN SOMERSET

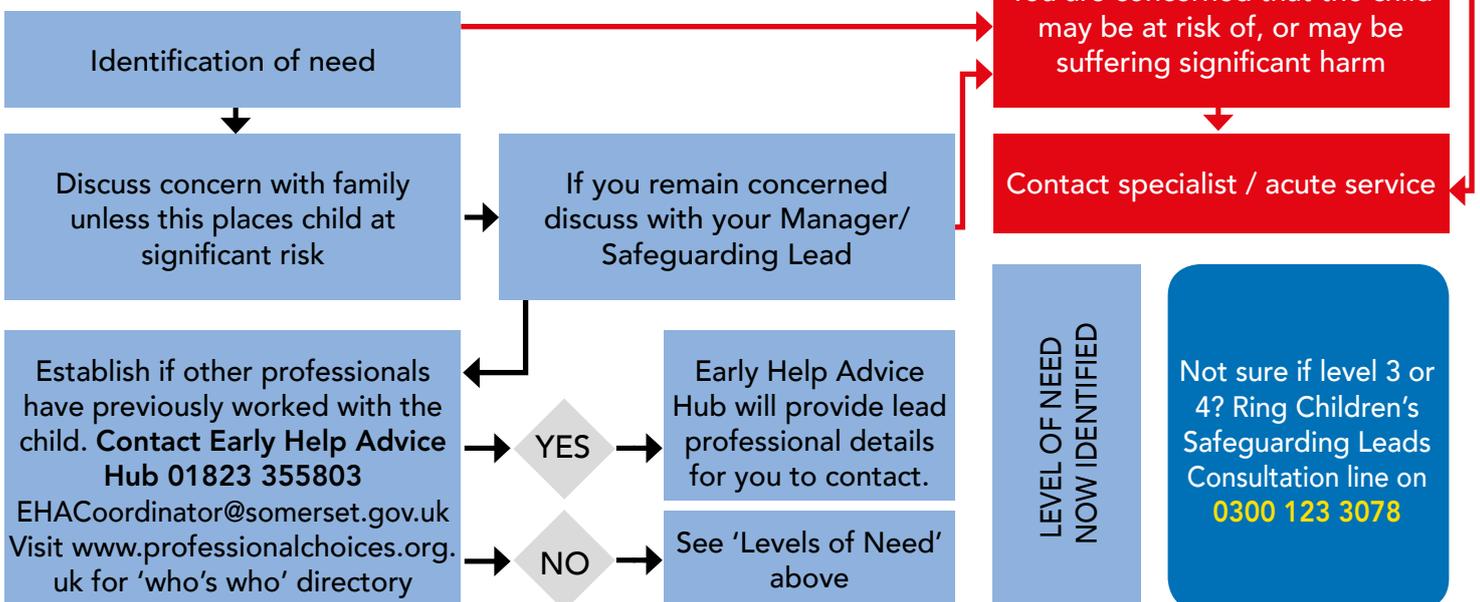
This quick guide is for all practitioners in Somerset regardless of their role as safeguarding children is everyone's responsibility.

<http://sscb.safeguardingsomerset.org.uk/wp-content/uploads/CSE-A-Quick-Guide-Booklet.docx>

# LEVELS OF NEED



# PROCESS FOR EFFECTIVE SUPPORT



### Child's Developmental Needs

- ✚ Health
- ✚ Education
- ✚ Emotional and behavioural development
- ✚ Identity
- ✚ Family and social relationships
- ✚ Social presentation
- ✚ Self care skills

### Family and Environmental Factors

- ✚ Community resources
- ✚ Family's social integration
- ✚ Income
- ✚ Employment
- ✚ Housing
- ✚ Wider Family
- ✚ Family history and functioning

## CHILD SAFEGUARDING AND PROMOTING WELFARE

### Parenting Capacity

- ✚ Basic care
- ✚ Ensuring safety
- ✚ Emotional warmth
- ✚ Stimulation
- ✚ Guidance and boundaries
- ✚ Stability

## INDICATORS OF NEED

The possible indicators of need on the following pages are designed to provide professionals with an overarching view on what level of support and intervention a family might need. They are broken down into three domains (as shown in the diagram above) to assess the child and young person's needs to form a judgement regarding that level of need, remembering that children, young people and their families can

be at different levels for education, health, and care within the continuum of need diagram.

This is not intended to be a 'tick box' exercise, but to give a quick-reference guide to support professionals in their decision-making, including conducting early help assessments, to determine the level of need.

Also remember that need is not static; the needs of a

child/young person/family will change over time. Where a plan has been agreed, this should be reviewed regularly to analyse whether sufficient progress has been made to meet the needs and on the level of risk faced by the child or young person. This will be important in cases of neglect where parents and carers can make small improvements, but an analysis will need to be undertaken on whether this leads to significant improvements for the child/young person.

## 1. Child's Developmental Needs (baby, child or young person)

This includes the child's health, family and social relationships, including primary attachment, and emotional and behavioural development that could result in them being more susceptible and vulnerable. Some of the indicators will depend on the child's age. These tables are not exhaustive, but are guidelines to support professionals in their decision-making. This is not intended to be a 'tick box' exercise and professionals should use their professional judgement.

### 1.1 The child's health

<p>The child or young person is healthy, and has access to and makes use of appropriate health and health advice services, including management of any long term conditions.</p>	<p>The child or young person has a mild physical or mental health condition or a disability which affects their everyday functioning but can be managed in mainstream education.</p>	<p>There are growing concerns that the child or young person has not accessed health care and health advice services and suffers chronic and recurrent health problems as a result.</p>	<p>The child or young person has complex health problems which are either attributable to the lack of access to health services or as a result of lack of compliance with medical advice.</p>
<p>The child or young person undertakes regular physical activities and has a healthy diet and positive mental health.</p>	<p>The child or young person undertakes no physical activity, and/or has an unhealthy diet which is impacting on their health.</p>	<p>The child or young person undertakes no physical activity and has a diet which seriously impacts on their health despite intensive support from early help services.</p>	<p>Despite support, the child undertakes no physical activity and has a diet which is adversely affecting their health and causing significant harm, either through long term damage such as severe anorexia or obesity.</p>
<p>The child or young person has no history of substance misuse or alcohol dependency.</p>	<p>The child or young person may be known to be using drugs and/or alcohol with occasional impact on their social wellbeing.</p>	<p>The child or young person's substance misuse is affecting their mental and physical health and social wellbeing. The child is known to be using drugs and/or alcohol.</p>	<p>The child or young person's substance misuse and/or alcohol dependency is putting the child at such risk that specialist resources are required to reduce and resolve the impact and protect the child in the short, medium and long term.</p>

1.2 The child's education and employment			
<p>The child or young person possesses an age-appropriate ability to understand and organise information and solve problems, and makes adequate academic progress.</p>	<p>The child or young person's ability to understand and organise information and solve problems is impaired and the child or young person is under-achieving or is making no academic progress. Some progress will only be met with additional targeted support.</p>	<p>The child or young person's ability to understand and organise information and solve problems is significantly impaired and the child is seriously under-achieving or is making no academic progress despite learning support strategies over a period of time. Progress is possible with personalised support.</p>	<p>The child or young person's inability to understand and organise information and solve problems is adversely impacting on all areas of their development, creating risk of significant harm. The child requires a high level of specialist support.</p>
<p>The child or young person is in education, employment or training (EET) and is equipped to live independently.</p>	<p>The child or young person is not in education, employment or training (NEET) or their attendance is sporadic, or their competencies in practical and independent living skills are at times impaired or delayed and they are not likely to reach their potential.</p>	<p>The child or young person refuses to engage with educational or employment opportunities and are increasingly socially isolated – there is concern that this results from, or is impacting on, their mental health.</p> <p>The child or young person does not possess or neglects to use self-care and independent living skills appropriate to their age.</p> <p>The parent is failing to do everything possible to support them.</p>	<p>The child or young person fails to engage with educational or employment opportunities and is socially isolated. There is concern that this results from, or is impacting on, their mental health and the child or young person's family and professional network is unable to have a significant impact on addressing the child or young person's behaviour and mental health.</p> <p>Severe lack of age-appropriate behaviour and independent living skills are likely to result in significant harm.</p>



Level 1 Universal	Level 2 Additional	Level 3 Complex	Level 4 Acute
<b>1.3 The child's emotional wellbeing</b>			
<p>The child or young person engages in age appropriate activities and displays age appropriate behaviours and has a positive sense of self and abilities making them resilient and self-protective against risky adults.</p>	<p>The child or young person is at risk of becoming involved in negative behaviour/activities - for example anti-social behaviour or substance misuse. Often this is a child with low self-esteem which makes them vulnerable to negative influence by peers and/or adults.</p>	<p>The child or young person is becoming involved in negative behaviour/activities, for example school non attendance. They are at risk of school exclusion, and/or involved in criminal behaviour and/or exploitation by adults. The child is attending a PRU. Often a child or young person's negative sense of self and low self-esteem has contributed to their behaviour being negatively influenced by peers and/or adults.</p>	<p>The child or young person frequently exhibits negative behaviour or activities that place themselves or others at imminent risk. The child or young person may be permanently excluded or not in education which puts them at high risk of child sexual exploitation (CSE). The child or young person's vulnerability resulting from their negative sense of self and low esteem places them at risk of self harm and/or through exploitation by others.</p>
<b>1.4 The child's behaviour</b>			
<p>The child or young person's activities are legal. The child or young person does not express any sympathy for ideologies linked to violent extremism or is becoming radicalised.</p>	<p>The child or young person has from time to time been involved in anti-social behaviour.</p> <p>The child or young person expresses sympathy for ideologies closely linked to violent extremism but is open to other views or loses interest quickly. There is the potential to become radicalised.</p>	<p>The child or young person is involved in anti-social behaviour and may be at risk of gang involvement.</p> <p>The child or young person is becoming radicalised, expresses beliefs that extremist violence should be used against people who disrespect their beliefs and values.</p>	<p>The child or young person is currently involved in persistent or serious criminal activity and /or is known to be engaging in gang activities. The child or young person is radicalised, supports people travelling to conflict zones for extremist/violent purposes or with intent to join terrorist groups. The child expresses a generalised non-specific intent to go themselves and/or may have family connections.</p>
<p>The child or young person engages in age appropriate use of internet, gaming and social media.</p>	<p>The child or young person is at risk of becoming involved in negative internet use or is becoming a victim of negative and harmful behaviours associated with internet and social media use, (such as cyber bullying, trolling or sexual activity, accessing extremist websites, online communication via gaming). Potentially lacks control and is unsupervised.</p>	<p>The child or young person is engaged in or a victim of negative and harmful behaviours associated with internet and social media use, (such as cyber bullying, trolling or sexual activity, accessing extremist websites) including excessive gaming which is impacting on their development.</p>	<p>The child or young person is using the internet and social media in ways that place them at risk of significant harm from others including exploitation and links with extremist groups either as a perpetrator or a victim.</p>

Level 1 Universal	Level 2 Additional	Level 3 Complex	Level 4 Acute
<p>The child or young person does not run away from home or minor incidents have been satisfactorily dealt with.</p> <p>The child or young person's whereabouts are always known to their parents or carers.</p>	<p>The child or young person has run away from home or not returned at the normal time and there are concerns it may happen again.</p>	<p>The child or young person has run away more than once and is considered likely to do this again and this is linked with other concerns such as non-school attendance and the family are unable to deal with the issues or do not take responsible action.</p>	<p>The child or young person persistently runs away and/or goes missing from home and education. There is evidence they are at risk of/or are being exploited or being drawn into criminal behaviour to the extent that they are at risk of significant harm.</p>
<p>The child or young person does not have caring responsibilities or the child's caring role does not adversely affect their development.</p>	<p>The child or young person has caring responsibilities for member/s of their family and this sometimes impacts on their development.</p>	<p>The child or young person has caring responsibilities for member/s of their family and these regularly have an impact upon their development such as missing school, persistent lateness and/or appears shabby and tired.</p>	<p>The child or young person's caring responsibilities or intended care is excessive or inappropriate for the age and ability of the child. The child or young person's caring responsibilities are long term and significant to the extent that their own development is being harmed.</p>

### 1.5 The child's social development

<p>The child or young person has friendships and positive social interaction with a range of peers.</p>	<p>The child or young person has few friendships and limited social interaction with their peers which is impacting on their development.</p>	<p>The child or young person is isolated, and refuses to participate in social activities.</p> <p>The child or young person has such significant difficulties in communicating and interacting with others that their development is being impaired.</p>	<p>The child or young person is completely isolated, refusing to participate in any activities to the extent that their development is significantly impaired and requires specialist support.</p>
<p>The child or young person demonstrates acceptable behaviour and tolerance towards their peers and others. Where on occasion this is not the case, this is managed through effective parenting, good adult guidance and universal services.</p>	<p>The child or young person exhibits aggressive, bullying or destructive behaviour which impacts on others and interferes with their normal development.</p> <p>The child or young person is a victim of discrimination or bullying which cannot be managed by universal services.</p>	<p>The child or young person exhibits persistent aggressive, bullying or destructive behaviours which impacts on others which places them at risk of exclusion from mainstream services or criminality. The child may be attending a PRU or a Local Authority Special School for SEMH (Social, Emotional, Mental Health) needs.</p>	<p>The child or young person exhibits persistent aggressive, bullying or destructive behaviour which impacts on the health of others and also on their safety.</p> <p>The child or young person attends an Independent or Maintained Special School for SEMH (Social, Emotional, Mental Health) needs.</p>

Level 1 Universal	Level 2 Additional	Level 3 Complex	Level 4 Acute
<b>1.6 Abuse and neglect</b>			
The child or young person shows no physical symptoms which could be attributed to neglect. This is a child who is appropriately dressed.	The child or young person occasionally shows physical symptoms which could indicate neglect such as poor hygiene or tooth decay. The child or young person or their siblings sometimes come to nursery/school in dirty clothing or they are unkempt.	The child or young person consistently shows physical symptoms which clearly indicate neglect. The child or young person or their siblings consistently come to nursery/school in dirty clothing which is inappropriate for the weather and/or they are unkempt. The parents/carers are reluctant or unable to address these concerns.	The child or young person shows physical signs of neglect such as a thin or swollen tummy, poor skin tone/sores/rashes, prominent joints and bones, poor hygiene or acute tooth decay which are attributable to the care provided by their parents/carers.
The child or young person has injuries, such as bruising on their shins, which are consistent with normal childish play and activities.  This is a child or young person is provided with an emotionally warm and stable family environment.	The child or young person has occasional, less common injuries which are consistent with the parents' account of accidental injury. The parents seek out or accept advice on how to avoid accidental injury. The child or young person experiences parenting characterised by a lack of emotional warmth which is overly critical and/or inconsistent.	The child or young person has injuries, for example bruising, scalds, burns and scratches, which are accounted for but are more frequent than would be expected for a child of a similar age. The child or young person experiences negative parenting shown by lack of emotional warmth and an unstable family environment.	The child or young person has injuries, for example bruising, scalds, burns and scratches, which are non-accidental or resulting from persistent poor supervision. The child or young person suffers ongoing neglect of their emotional needs and, as a result, is now at high risk of developmental harm and/or sexual or other forms of exploitation either as a perpetrator or victim.

## 2. Family and Environmental Factors

Including access to and use of: community resources, living conditions, housing, employment status, legal status, all radicalisation according to the Prevent duty. For children who are disabled this could include aids and adaptations to the house. These tables are not exhaustive, but are guidelines to support professionals in their decision-making. This is not intended to be a 'tick box' exercise and professionals should use their professional judgement.

The family feels integrated into the community and the family uses its financial resources appropriately to meet the family's needs.	The family is socially excluded and/or there is an absence of supportive community networks.  The parents are unable to budget effectively and as a result the child or young person occasionally does not have adequate food, warmth, or essential clothing.	The family is socially excluded and isolated to the extent that it has an adverse impact on the child or young person. The family does not use its financial resources in the best interests of the child or young person who does not have adequate food, warmth or essential clothing. For example, expenditure on drug, alcohol, gambling or other addictive behaviours and/or a perpetrator of domestic abuse means that there isn't enough money to meet the child or young person's basic needs.	The family is excluded and the child or young person is seriously affected but the family actively resists all attempts to achieve inclusion and isolates them from sources of support.  The child or young person consistently does not have adequate food, warmth or essential clothing and is at risk of physical or developmental harm as a consequence.
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Level 1 Universal	Level 2 Additional	Level 3 Complex	Level 4 Acute
The family's accommodation is stable, clean and warm, and there are no hazards which could impact the safety or wellbeing of the child.	<p>The family's accommodation is stable; however the home itself is not kept clean and is not always free of hazards which could impact on the safety and wellbeing of the child.</p> <p>The child or young person is affected by low level anti-social behaviour in the locality.</p>	The family's home is consistently dirty and/or unsafe to the extent that it impacts on the child's health and development including its abilities to sustain educational progress or the family has no stable home, and is moving from place to place with growing concerns about anti-social behaviour or crime.	<p>The family's accommodation is such that it represents an immediate risk to the safety and development of the child.</p> <p>The child or young person is a victim of discrimination or bullying which cannot be managed by universal services. Family members are being detained and at risk of deportation or the child is an unaccompanied asylum seeker.</p>

### 3. Parenting Capacity (Including Family Factors)

Including basic care, emotional warmth, stimulation, guidance and boundaries, stability and parenting styles, beliefs and attitudes, and whether these meet the child's physical, educational, emotional and social needs. These tables are not exhaustive, but are guidelines to support professionals in their decision-making. This is not intended to be a 'tick box' exercise and professionals should use their professional judgement.

#### 3.1 Parenting during pregnancy and infancy

<p>The parent/carer accesses ante- natal and/or post- natal care.</p> <p>The parent/carer is coping well emotionally following the birth of their baby and accessing universal support services where required.</p>	The parent/carer demonstrates ambivalence to ante-natal and post-natal care with irregular attendance and missed appointments and is struggling to adjust to the role of parenthood.	The parent/carer is not accessing ante-natal and/or post-natal care or the parent/carer is suffering from post-natal depression.	The parent neglects to access ante-natal care and/or is using drugs and alcohol excessively whilst pregnant and/or the parent neglects to access ante-natal care where there are complicating obstetric factors that may pose a risk to the unborn or new born child. The parent/carer is suffering from severe post-natal depression which is causing serious risk to themselves and their child/ children.
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#### 3.2 Meeting the health and practical needs of the child

All the child or young person's needs (disability, behaviour, long-term conditions) are fully met by the parents. The parent/carer makes appropriate provisions for food, clothing, drink, warmth and shelter.	Parents are meeting the child or young person's needs but require additional help in order to do so.	One or more children or young people's needs (disability, behaviour, long-term conditions) are not always met by the parents, with additional support required, and this is having an impact on the day to day lives of the family.	One or more children or young person's needs (disability, behaviour, long-term conditions) have a significant impact on the day to day lives of the family.
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Level 1 Universal	Level 2 Additional	Level 3 Complex	Level 4 Acute
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### 3.3 Parental and family health issues and disability

<p>Parents do not use drugs and/or alcohol.</p> <p>OR</p> <p>Parental recreational drug and/or alcohol use does not impact on parenting as it is widely known to impact on children.</p>	<p>Drug and/or alcohol use is impacting on parenting but adequate provision is made to ensure the child's safety.</p> <p>The child is currently meeting their developmental milestones but there are concerns that this might not continue if parental drug and alcohol use continues or increases.</p>	<p>Drug/alcohol use has escalated to the point where it includes binge drinking, drug paraphernalia in their home, the child feeling unable to invite friends to the home, the child worrying about their parent/carer.</p> <p>Siblings or other household members' drug or alcohol misuse consistently impacts on the child or young person.</p>	<p>Parental drug and/or alcohol use is at a problematic level and the parent/carer cannot carry out daily parenting. This could include blackouts, confusion, severe mood swings, drug paraphernalia not stored or disposed of, using drugs/alcohol when their child is present, involving the child in procuring illegal substances, and dangers of overdose.</p> <p>Siblings or other household members' drug or alcohol misuse is significantly adversely impacting on the child or young person.</p>
<p>The physical, mental health and/or learning disability of the parent/carer does not affect the care of the child or young person.</p>	<p>Physical and mental health and/or learning disability needs of the parent/carer create an adult focus which at times detracts attention away from the child or young person.</p>	<p>Physical or mental health needs and/or learning disability of the parent/carer is overshadowing the care of their child or young person.</p>	<p>Physical or mental health needs and/or learning disability of the parent/carer significantly affect the care of their child placing them at risk of significant harm, for example attempted suicide.</p>

### 3.4 Protection from harm: Domestic and/or Sexual Abuse

<p>The parent/carer protects their family from danger/significant harm.</p> <p>There is no evidence of sexual abuse.</p>	<p>There is a history of sexual abuse within the family or network but the parents respond appropriately to the need to protect the child or young person.</p>	<p>There are concerns around possible inappropriate sexual behaviour from the parent/carer.</p> <p>The family home has in the past been used on occasion for drug taking/dealing, prostitution, inappropriate sexual behaviour or other illegal activities.</p> <p>The parent/carer is frequently/unable or unwilling to protect their child or young person from harm, placing them at risk of significant harm.</p>	<p>Parent/carer has expressed thoughts that they may sexually abuse their child.</p> <p>There is a risk the parent/carer may or has sexually abused their child and he/she does not accept therapeutic interventions.</p> <p>The family home is used for drug taking and/or dealing, prostitution and illegal activities. The child or young person is being sexually abused/exploited.</p> <p>A known sexual offender who is a serious risk is in contact with the family.</p>
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Level 1 Universal	Level 2 Additional	Level 3 Complex	Level 4 Acute
The expectant mother or parent/carer is not in an abusive relationship.	The expectant mother/parent/carer is a victim of abuse assessed as 'low risk' (See DASH in glossary)	The expectant mother/parent/carer has previously been a victim of domestic abuse and is a victim of abuse assessed as 'medium risk'.	The expectant mother/parent/carer is a victim of domestic abuse which has taken place on a number of occasions and is assessed as 'high risk'
There are no incidents of violence in the family and no history or previous assaults by family members.	There are isolated incidents of physical and/or emotional violence in the family. The harmful impact of such incidents is mitigated by other protective factors within the family. (See DASH in glossary)	One or more adult members of the family is physically and emotionally abusive to another adult member/s of the family. The perpetrator/s show limited or no commitment to changing their behaviour and little or no understanding of the impact their violence has on the child or young person.	One or more adult members of the family is a perpetrator of persistent and/or serious physical or sexual violence which may also be increasing in severity, frequency or duration. The perpetrator is emotionally harming the child/ren who witness or are otherwise aware of the violence.  The child is starting to exhibit mirroring behaviours that suggest they are at risk of becoming perpetrators or victims of abuse including CSE.
The parent/carer does not physically harm their child.	The parent/carer over chastises their child and there is growing concern that this is having a negative impact on the child's emotional wellbeing.	There is concern that it may escalate in frequency and/or severity as the parent seems highly critical of their child and/or expresses the belief that only physical punishment will have the desired impact on the child's behaviour. The parent is willing to access professional support to help them manage their child's behaviour.	The parent/carer physically chastises their child leaving the child with visible bruising, grazes, scratches, minor swellings or cuts - this may result from a loss of control.
There is no concern that the child or young person may be subject to harmful traditional practices such as female genital mutilation (FGM), honour based violence (HBV), forced marriage and belief in spirit possession.	There is concern that the child or young person is in a culture where harmful practices are known to have been performed. (See DASH in glossary)	There is concern that the child or young person may be subject to harmful traditional practices.	There is evidence that the child or young person may be subject to harmful traditional practices or is at risk of being sent outside the UK and is at risk.

Level 1 Universal	Level 2 Additional	Level 3 Complex	Level 4 Acute
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### 3.5 Criminal behaviour, anti-social behaviour and imprisonment

<p>There is no history of criminal offences or anti-social behaviour within the family.</p>	<p>There is extremist activity, criminal activity or anti-social behaviour or parental imprisonment within the family and a brief intervention may be needed to reduce the impact on the child or young person.</p>	<p>A criminal activity relating to serious or violent crime or prolific offending or extremist/terrorist activity by a member of the family indicates and poses a risk to the well-being of the child or young person.</p> <p>An adult who is less than 12 months from their release or who is subject to licence/supervision arrangements and will have parenting responsibilities on release which indicates and poses a risk to the well-being of the child or young person.</p>	<p>Criminal activity or extremist/terrorist activity relating to serious or violent or sexual offences against adults or children by a member of the family which indicates and poses an immediate risk to the well-being and safety of the child or young person.</p>
<p>The family members are not involved in gangs or organised crime groups or extremist groups.</p>	<p>There is suspicion or some evidence that the family is involved in gangs or organised crime groups or extremist groups.</p>	<p>There is a known involvement in gang activity or organised crime groups or extremist groups either by the child or young person or a significant other within or associated with the family.</p>	<p>There is a known involvement in gang activity, organised crime groups or extremist groups which is impacting significantly on the child/young person and family.</p>

### 3.6 Meeting the emotional needs of the child

<p>The child or young person is provided with an emotionally warm and stable family environment. The parenting generally demonstrates praise, emotional warmth and encouragement.</p> <p>There is a warm and supportive relationship between the parent/carer and the child or young person which supports the child's emotional, behavioural and social development.</p>	<p>Parenting often lacks emotional warmth and/or can be overly critical and/or inconsistent.</p>	<p>The family environment is volatile and unstable. For example, parenting is intolerant, critical, inconsistent, harsh or rejecting and this is having a negative effect on the child who, due to the emotional neglect they have suffered is vulnerable to grooming and/or exploitative/controlling relationships with abusive adults or risky peer groups.</p> <p>The child's emotional, behavioural and social development which if unaddressed could lead to relationship breakdown.</p>	<p>The child or young person has suffered long term neglect of their emotional needs and, as a result, is now at high risk of, or is already involved in sexual or other forms of exploitation either as a perpetrator or victim.</p> <p>Relationships between the child or young person and parent/carer have broken down to the extent that the child is at risk of significant harm. For example, the parent/carer rejects their child or young person from home.</p>
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Level 1 Universal	Level 2 Additional	Level 3 Complex	Level 4 Acute
The parent/carer sets consistent boundaries and gives guidance and there is a positive family network and good friendships outside the family unit.	The parent/carer struggles to set age appropriate boundaries and has difficulties maintaining their child or young person's routine. There is a lack of support from the extended family network.	The parent/carer is unable or unwilling to judge dangerous situations and/or is unable to set appropriate boundaries despite significant support. There is destructive or unhelpful involvement from the extended family.	The parent/carer is unable or unwilling to judge dangerous situations and/or is unable or unwilling to set appropriate boundaries and their child is frequently exposed to dangerous situations in the home and/or community.  The family network has broken down.
The child or young person is privately fostered by adults who are able to provide for their needs and there are no safeguarding concerns. The local authority has been notified as per the requirements of 'The Children (Private Arrangements For Fostering) Regulations 2005'.	There is some concern about the private fostering arrangements in place for the child or young person.	There is concern about the private fostering arrangements in place for the child or young person, and there may be issues around the carers' treatment of the child or young person, and/or the local authority hasn't been notified of the private fostering arrangement.	There is concern that the child or young person is a victim of CSE, domestic slavery, or being physically abused in their private foster placement.

### 3.7 Meeting the educational and employment needs of the child

The parent/carer positively supports learning and aspirations and engages with school. The child or young person is supported to succeed in the labour market.	The parent is not engaged in supporting learning aspirations and/or is not engaging with the school or in the labour market.	The parent does not engage with the school or in the labour market and actively resists suggestions of supportive interventions.	The parent/carer actively discourages or prevents the child or young person from learning or engaging with the school.  OR  The child or young person is being encouraged to engage in criminal activities or extremist groups.
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# USEFUL INFORMATION

## ALLEGATIONS MANAGEMENT

If there is a concern in relation to an employee or volunteer who is alleged to have:

(a) behaved in a way that has harmed a child, or may have harmed a child;

(b) possibly committed a criminal offence against or related to a child; or

(c) behaved towards a child or children in a way that indicates they may pose a risk of harm to children

The Somerset Direct team will advise you of the process to follow and request that an 'Allegations Reporting Form' is completed. If the concern relates to the immediate safety of a child then the Somerset Direct call advisers will transfer you to the duty social worker.

Contact Somerset Direct on 0300 123 2224.

## GLOSSARY

Children and Families Assessment	Children and Families Assessment - Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Local authorities undertake assessments of the needs of individual children to determine which services to provide and what action to take. These assessments are carried out by a Social Worker. The outcome may lead to a child in need plan.
Specialist CAMHS	Child and Adolescent Mental Health Service - a specialist mental health service for children and young people aged 0 – 18 (up to 19 for young people with additional needs), who may be experiencing a range of moderate to severe mental health problems.
Child protection plan	If the Initial Child Protection Conference (ICPC) agrees a child protection plan is put in place. The plan will make clear to the parents what changes they have to make to ensure the child does not suffer significant harm.
Child Sexual Exploitation (CSE)	Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (for example food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources.

<p>Children's Autism Outreach Team (CAOT)</p>	<p>Work with parents and their children with Autism aged 0-13 years</p> <p>Aims:</p> <ul style="list-style-type: none"> <li>• To help parents/carers understand their child's autism</li> <li>• To support and empower parents/carers and children/young people</li> <li>• To provide strategies where needed</li> <li>• To increase social opportunities</li> </ul>
<p>Consent (Information sharing)</p>	<p>Consent is the act of sharing information to obtain the perspective of another agency professional. Gaining consent from parent(s) to participate in decisions about supporting identified needs and the sharing of information is good practice.</p>
<p>CSC</p>	<p>Children's Social Care</p>
<p>DASH</p>	<p>Domestic Abuse, Stalking and Honour Based Violence</p>
<p>Direct payments</p>	<p>Direct payments can be provided following an assessment of need for families to purchase their own support.</p>
<p>Domestic Abuse</p>	<p>The cross-government definition of domestic violence and abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:</p> <ul style="list-style-type: none"> <li>• psychological</li> <li>• physical</li> <li>• sexual</li> <li>• financial</li> <li>• emotional</li> </ul>
<p>Early Help Assessment (EHA) (including Multi-agency Request Tool)</p>	<p>An early help Assessment is based on an evidence based best practice approach to engaging families. The approach used in assessing families makes them central to identifying their needs, supporting them to tell their own story in their own words and being key to planning, implementing and sustaining the changes they need.</p>
<p>Emergency Duty Team</p>	<p>The Emergency Duty Team (EDT) responds to out-of-hours emergency referrals when Somerset Direct is not available.</p> <p>The EDT takes emergency referrals for CSC, Adult Social Care, Disabled Services, Learning Disabilities, Mental Health (S136 assessments) and Somerset District Council homelessness responsibilities.</p>

Female genital mutilation (FGM)	Female genital mutilation (sometimes referred to as female circumcision) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK.
Honour based violence (HBV)	Honour based violence is a form of domestic abuse. A violent crime or incident which may have been committed to protect or defend the honour of the family or community.
Initial Child Protection Conference (ICPC)	An initial child protection conference (ICPC) is to be held where, following a strategy discussion and Section 47 child protection enquiries, concerns of significant harm are substantiated and the child is judged to be suffering, or likely to suffer significant harm. If a child protection conference is required, this is within 15 days of the strategy discussion meeting. The aim of the conference is to look at the risks to a child within the home situation and the role of their parents in keeping them safe. If a Child Protection plan is made it will be clear to the parents what changes have to be made to ensure the child does not suffer significant harm.
Lead professional	A lead professional can be any adult who works with and supports a child or young person. The most important selection criteria is that they are best placed to coordinate provision to meet the child's needs, and have a good relationship with them. For example, this means a lead professional could be a teacher, sports coach, early help worker or youth worker.
Occupational therapy (OT)	OT will assess the needs of disabled children in order to provide aids and adaptations. OTs within Somerset Partnership will support disabled children to use aids and adaptations.
Parental responsibility	<p>All mothers and most fathers have legal rights and responsibilities as a parent - known as 'parental responsibility'. If you have parental responsibility, your most important roles are to provide a home for the child and to protect and maintain the child.</p> <p>If you have parental responsibility for a child you don't live with, you don't necessarily have a right to contact with them - but the other parent still needs to keep you updated about their well-being and progress. You are also responsible for:</p> <ul style="list-style-type: none"> <li>• disciplining the child</li> <li>• choosing and providing for the child's education</li> <li>• agreeing to the child's medical treatment</li> <li>• naming the child and agreeing to any change of name</li> <li>• looking after the child's property</li> </ul> <p>Parents have to ensure that their child is supported financially, whether they have parental responsibility or not. A mother automatically has parental responsibility for her child from birth. A father usually has parental responsibility if he's:</p> <ul style="list-style-type: none"> <li>• married to the child's mother</li> <li>• listed on the birth certificate (after a certain date, depending on which part of the UK the child was born in)</li> </ul>

Prevent Duty	Home Office guidance for Authorities in England on the duty in the Counter-Terrorism and Security Act 2015 to have due regard to the need to prevent people from being drawn into terrorism.
Pupil Referral Unit (PRU)	Pupil Referral Unit – A school designated by the Local Authority to provide education for pupils falling under Section 19 of the Education Act. These are children who are permanently excluded, hard to place, at risk of exclusion or pupils who are unable to attend school for medical reasons.
Radicalisation	Refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.
Request for Involvement	A request for involvement is defined by the Department for Education as a 'request for services'. This is in respect of a case where Children's Social Care has not previously known the child, or where the case was previously open but is now closed.
Somerset Safeguarding Children Board (SSCB)	A Local Safeguarding Children Board (LSCB) must be established for every local authority area under the requirements of the Children Act 2004. The SSCB has a range of roles and statutory functions including developing local safeguarding policy and procedures and scrutinising local arrangements.
Safe Lives	A national charity dedicated to ending domestic abuse. Previously called Co-ordinated Action Against Domestic Abuse (Caada)
Somerset Drug and Alcohol Service (SDAS)	Somerset Drug and Alcohol Service. In Somerset the work to tackle the harm associated with drugs and alcohol is co-ordinated through Somerset Drug and Alcohol Service.
Section 17	CSC has a responsibility to 'children in need' under Section 17 of the Children Act 1989. That is children whose development would be significantly impaired if services are not provided. This includes children who have a long lasting and substantial disability which limits their ability to carry out the tasks of daily living.
Section 20	An Accommodated Child is looked after under Section 20 of the Children Act. This is a voluntary arrangement between the local authority and the parents (or the young person if they are aged over 16). The parents retain full parental responsibility.

Section 31	Section 31 of the Children Act 1989 – Care Order. The court can create a care order under Section 31(1) (a) of the Children Act, placing a child in the care of a designated local authority, with parental responsibility being shared between the parents and the local authority.
Section 47	CSC has a responsibility to ‘child in need of protection’ – under Section 47 of the Children Act 1989. CSC must make enquiries to determine whether a child is suffering or is likely to suffer significant harm.
Special Educational Needs (SEN)	Special Educational Needs - A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.
Somerset Integrated Domestic Abuse Service (SIDAS)	Somerset Integrated Domestic Abuse Service. This is Somerset’s main service to provide support to men, women and children who are affected by domestic abuse.
Short Breaks Team	Help and support children and young people 0-18 years with a disability or additional need and their families, to try out new things, have fun and access their local community.
Somerset Supporter	Provide help and support to children and young people aged 0-18 years with severe learning and/or physical difficulties.
Significant Harm	<p>The Children Act 1989 introduced Significant Harm as the continuum of need that justifies compulsory intervention in family life in the best interests of children such as Physical Abuse, Sexual Abuse, Emotional Abuse and Neglect</p> <p>Harm is defined as the ill treatment or impairment of health and development, for example, impairment suffered from seeing or hearing the ill treatment of another.</p> <p>Suspensions or allegations that a child is suffering or likely to suffer Significant Harm should result in a statutory C&amp;F assessment incorporating a Section 47 Enquiry.</p> <p>There are no absolute criteria on which to rely when judging what constitutes significant harm. Sometimes a single violent episode may constitute significant harm but more often it is an accumulation of significant events, both acute and longstanding, which interrupt damage or change the child’s development.</p>
Somerset Direct	Somerset Direct is Somerset County Council’s call centre 0300 123 2224

Step up, step down	<p>The step up process is to be used where early help professionals are considering whether a specialist service should lead on the case, going forward.</p> <p>The step down process is to be used where specialist providers are considering whether the early help Assessment process should be put in place on conclusion of their specialist intervention.</p>
Strategy discussion	<p>CSC must hold a strategy discussion whenever there is reasonable cause to suspect that a child has suffered or is likely to suffer significant harm. This can be following an initial referral or at any time when a child is receiving support.</p> <p>A strategy discussion will involve liaison with the police and other relevant agencies to share information and make a decision about whether there is a need to immediately safeguard the child under Section 47 enquiries.</p>
The Team Around the Child (TAC)	<p>The Team Around the Child meeting brings together parents and professionals, regardless of agency boundaries, into a small, individualised team for each particular child who has been identified as having additional needs.</p>

## LEGISLATION

### 📌 Data Protection Act 1998

<https://www.gov.uk/data-protection/the-data-protection-act>

### 📌 Education Act 2011

<http://www.legislation.gov.uk/ukpga/2011/21/contents/enacted/data.htm>

### 📌 The Care Act 2014

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

### 📌 The Children Act 1989

<http://www.legislation.gov.uk/ukpga/1989/41/contents>

### 📌 The Children Act 2004

<http://www.legislation.gov.uk/ukpga/2004/31/contents>

### 📌 Carers and Disabled Children Act 2000

<http://www.legislation.gov.uk/ukpga/2000/16/section/6>

### 📌 Keeping children safe in education 2015

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/550511/keeping\\_children\\_safe\\_in\\_education.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550511/keeping_children_safe_in_education.pdf)

### 📌 SEND Code of Practice

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

### 📌 Short Breaks Guidance

<http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/eOrderingDownload/short%20breaks%20statutory%20guidance%20march%202010.pdf>

### 📌 The Children and Families Act 2014

<http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

### 📌 The Chronically Sick and Disabled Persons Act 1970

<http://www.legislation.gov.uk/ukpga/1970/44>

### 📌 The Equalities Act 2010

<http://www.legislation.gov.uk/ukpga/2010/15/contents>

## GUIDANCE

👉 **Gillick Competency and Fraser guidelines**  
<http://www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/>

👉 **Information sharing advice for safeguarding practitioners**  
<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

👉 **Prevent duty guidance – Guidance for schools on protecting children from radicalisation**  
<https://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty>

👉 **Prevent duty guidance – Home office**  
<https://www.gov.uk/government/publications/prevent-duty-guidance>

👉 **Prevent duty – Useful websites**  
<http://www.educateagainsthate.com/>  
<http://www.preventforschools.org/>  
<http://www.preventtragedies.co.uk/>

👉 **Prevent toolkit and referral chart**  
<http://www.somerset.gov.uk/health-and-wellbeing/prevent-in-somerset>

👉 **Somerset's Children and Young people's plan 2016 - 2019**  
<http://www.somerset.gov.uk/organisation/trusts/somerset-childrens-trust>

👉 **South West Child Protection Procedures**  
<http://www.online-procedures.co.uk/swcpp/>

👉 **Working Together to Safeguard Children guidance March 2015**  
<http://www.workingtogetheronline.co.uk/>

## TOOLS

👉 **CAMHS – Eligibility Criteria**  
<http://www.sompar.nhs.uk/media/2154/eligibility-criteria-specialist-camhs-somerset-160215.pdf>

👉 **Protocol for resolving Professional Differences**  
<http://sscb.safeguardingsomerset.org.uk/wp-content/uploads/Resolving-Professional-Differences-Protocol.doc>

👉 **Child sexual exploitation - Screening and Risk Assessment Tool**  
[www.somerset.gov.uk/CSEScreeningTool](http://www.somerset.gov.uk/CSEScreeningTool)  
[www.somerset.gov.uk/CSERiskAssessment](http://www.somerset.gov.uk/CSERiskAssessment)

👉 **Guidance on completing an early help Assessment and Team around the Child meetings**  
[www.proffessionalchoices.org.uk](http://www.proffessionalchoices.org.uk)

👉 **I-hop (One Stop Information and Advice Hub to support all professionals working with children and families of offenders)**  
<https://www.i-hop.org.uk/>

👉 **Multi-agency Pre-birth protocol to safeguard unborn babies**  
<http://sscb.safeguardingsomerset.org.uk/wp-content/uploads/SSCB-Pre-birth-Protocol-Version-2.0.docx>

👉 **Prevent duty toolkit**  
[www.somerset.gov.uk/PreventToolkit](http://www.somerset.gov.uk/PreventToolkit)

👉 **Prevent duty – Prevent and Channel referral guide**  
[www.somerset.gov.uk/PreventChannelReferral](http://www.somerset.gov.uk/PreventChannelReferral)

👉 **Professional Choices**  
[www.professionalchoices.org.uk](http://www.professionalchoices.org.uk)

👉 **Somerset Choices (Directory of Services and Information and Guidance for parents, carers, professionals, children and young people)**  
[www.somerset.gov.uk/choices](http://www.somerset.gov.uk/choices)

👉 **Somerset Drug and Alcohol Service (SDAS) (Screening Tool)**  
<http://www.somersetdap.org.uk>

👉 **Somerset Integrated Domestic Abuse Service (SIDAS) (Safe Lives DASH Risk Identification Checklist for 13-17 years and Adults)**  
<http://www.somerseturvivors.org.uk>

👉 **Somerset Mental Health Toolkit**  
[www.cypsomersethealth.org](http://www.cypsomersethealth.org)

👉 **Step up Step Down Protocol**  
[www.somerset.gov.uk/StepUpStepDown](http://www.somerset.gov.uk/StepUpStepDown)

**Somerset Safeguarding Adults Board**  
<http://ssab.safeguardingsomerset.org.uk>

# NOTES



# USEFUL PHONE NUMBERS

↘ CAMHS Telephone Advice Line (12.00pm to 2.00pm Monday to Friday)  
↘ Mendip 01749 836561  
↘ South Somerset 01935 384140  
↘ West 01823 368368

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↘ Consultation Line For Children's Safeguarding Leads',  
GP's and Lead Professionals 0300 123 3078  
(9.00am to 4.00pm Monday to Friday)

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↘ Early Help Advice Hub 01823 355803

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↘ Emergency Duty Team (EDT) 0300 123 2327

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↘ getset Mendip 01458 833017  
↘ getset Sedgemoor 01278 446771  
↘ getset South Somerset 01935 848942  
↘ getset Taunton and West Somerset 01823 322508 / 01643 700030

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↘ Prevent – Regional Police Prevent Team 01179 455536/539  
channelsw@avonandsomerset.pnn.police.uk

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↘ Somerset Direct (Children's and Adult's) 0300 123 2224  
↘ Somerset Drug and Alcohol Service (SDAS) 0300 303 8788  
↘ Somerset Integrated Domestic Abuse Service (SIDAS) 0800 694 9999  
↘ Somerset Partnership Integrated Therapy Service 0303 033 3002  
(9.00am to 12.00pm, Mon, Wed, Thurs, Fri)

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## Pupil Referral Units (PRU)

↘ Mendip Partnership School PRU 01458 258296  
↘ South Somerset Partnership School PRU 01935 476130  
↘ Taunton Deane Partnership College PRU 01823 349338  
↘ The Bridge School Sedgemoor PRU 01278 444222

Visit the Somerset Safeguarding Children Board (SSCB) website to download this guidance  
[www.sscb.safeguardingsomerset.org.uk](http://www.sscb.safeguardingsomerset.org.uk)

Feedback on this guidance? Send to [childrens@somerset.gov.uk](mailto:childrens@somerset.gov.uk)