



Cambridgeshire Threshold Document: Continuum of Help and Support

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Threshold Document: Continuum of Help and Support

Contents

1. Vision	2
2. Introduction	2
3. The Four Levels of Need	4
Level 1: No additional needs	4
Level 2: Early help	4
Level 3: Children with complex multiple needs	4
Level 4: Children in acute need	4
4. The Assessment Triangle	5
5. Neglect	5
6. The Indicators of Possible Need	6
Appendix 1: Threshold - Continuum of Need Matrix	8
Appendix 2: Supporting children and young people in need of targeted early help support	36
Appendix 3: Eligibility for Short Breaks and Social Care Support Children and Young People with Disabilities	37
Appendix 4 :Thresholds for eligibility for Cambridgeshire Youth Justice Service ...	39
Appendix 5 : Children and Young People’s NHS Continuing Care (‘Continuing Care’)	46
Appendix 6: Private Fostering	48

1. Vision

Our Ambition for Children – Cambridgeshire

In Cambridgeshire it is our ambition that all children and young people have opportunities to thrive. We are committed to providing the essential support that children, young people and families require during the times it is needed. Our focus is on ensuring they feel safe, supported and empowered to manage challenges and stay united wherever possible.

We will utilise **digital technology** as much as possible to ensure our time is better spent with families. We will **redesign our services** to better align to **place-based working** in local communities to better meet demand. We will develop and strengthen our **workforce** to build stability. We will utilise the **voice and feedback** from service users and our workforce to inform our continuous improvement.

2. Introduction

Safeguarding and promoting the welfare of children can be defined as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes.

Working Together 2023 [Working together to safeguard children 2023: statutory guidance \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/101311/working-together-to-safeguard-children-2023-statutory-guidance.pdf) sets out a clear expectation that local agencies will work together and collaborate to identify children with additional needs and provide support as soon as a problem emerges.

Providing early help is far more effective in promoting the welfare of children – and keeping them safe – than reacting later when any problems, for example neglect, may have become more entrenched. The importance of using a child-centred approach in following the child's journey is also emphasised ensuring there is a whole family focus and holistic assessment and plan. All services which are provided must be based on a clear understanding of the needs and views of the individual child in their family and community context.

This document provides a framework for professionals who are working with children, young people and families.

It aims to help identify when a child may need additional support to achieve their full potential. It introduces a continuum of help and support, provides information on the levels of need and gives examples of some of the factors that may indicate a child or young person needs additional support. By undertaking assessments and offering services on a continuum of help and support, professionals can be flexible and respond to different levels of need in different children and families. The framework

recognises that however complex a child's needs, universal services e.g. education and health, will always be provided alongside any specialist additional service.

Along the continuum of need services become increasingly targeted and specialised according to the level of need. Children's needs are not static, and they may experience different needs – at different points on the continuum – throughout their childhood years.

This document should be used in conjunction with the Cambridgeshire and Peterborough multi-agency policies and procedures [Multi-Agency Policies and Procedures | Cambridgeshire and Peterborough Safeguarding Partnership Board \(safeguardingcambspeterborough.org.uk\)](https://safeguardingcambspeterborough.org.uk)

The continuum of need matrix does not provide an exhaustive list but provides examples that can be used as a tool to assist assessment, planning and decision making when considering the needs of children and their safeguarding needs in particular. Any safeguarding indicators of concern should always be considered alongside any related needs. It should be remembered that some children will have additional vulnerability because of their disability or complex needs and the parental response to the vulnerability of the child must be considered when assessing needs and risks.

For some areas of need there are specialist multi-agency tools available to assess those needs such as

Domestic Violence

[Barnardo's Domestic Violence Risk Identification Matrix \(DVRIM\) | Cambridgeshire and Peterborough Safeguarding Partnership Board \(safeguardingcambspeterborough.org.uk\)](https://safeguardingcambspeterborough.org.uk)

[Dash risk assessment resources for professionals - SafeLives](#)

Child Neglect

[Graded Care Profile Tool | Cambridgeshire and Peterborough Safeguarding Partnership Board \(safeguardingcambspeterborough.org.uk\)](https://safeguardingcambspeterborough.org.uk)

Criminal Exploitation

[Contextual Risk Screening Tool | Cambridgeshire and Peterborough Safeguarding Partnership Board \(safeguardingcambspeterborough.org.uk\)](https://safeguardingcambspeterborough.org.uk)

Child Sexual Abuse

[Child Sexual Behaviour Assessment Tool | Cambridgeshire and Peterborough Safeguarding Partnership Board \(safeguardingcambspeterborough.org.uk\)](https://safeguardingcambspeterborough.org.uk)

Remember – where there is an urgent and immediate need to protect a child, dial 999 to contact the Police. Otherwise for all other children who may be at risk of significant harm, contact the relevant Local Authority, Children's Social Care Service as soon as possible.

3. The Four Levels of Need

Level 1: No additional needs

These are children with 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.* The majority of children living in each local authority area require support from universal services alone.

Level 2: Early help

These are children with additional needs, who may be vulnerable and showing early signs of abuse and/or neglect; their needs are not clear, not known or not being met.

This is the threshold for a multi-agency early help assessment to begin. These are children who require a lead professional for a co-ordinated approach to the provision of additional services such as family support services, parenting programmes and children's centres. These will be provided within universal or targeted services provision and do not include services from children's social care.

Level 3: Children with complex multiple needs

These children require specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled. They may require longer term intervention from specialist services. In some cases these children's needs may be secondary to the adults needs. This is the threshold for an assessment led by children's social care under Section 17, Children Act 1989 although the assessments and services required may come from a range of provision outside of children's social care that include targeted services

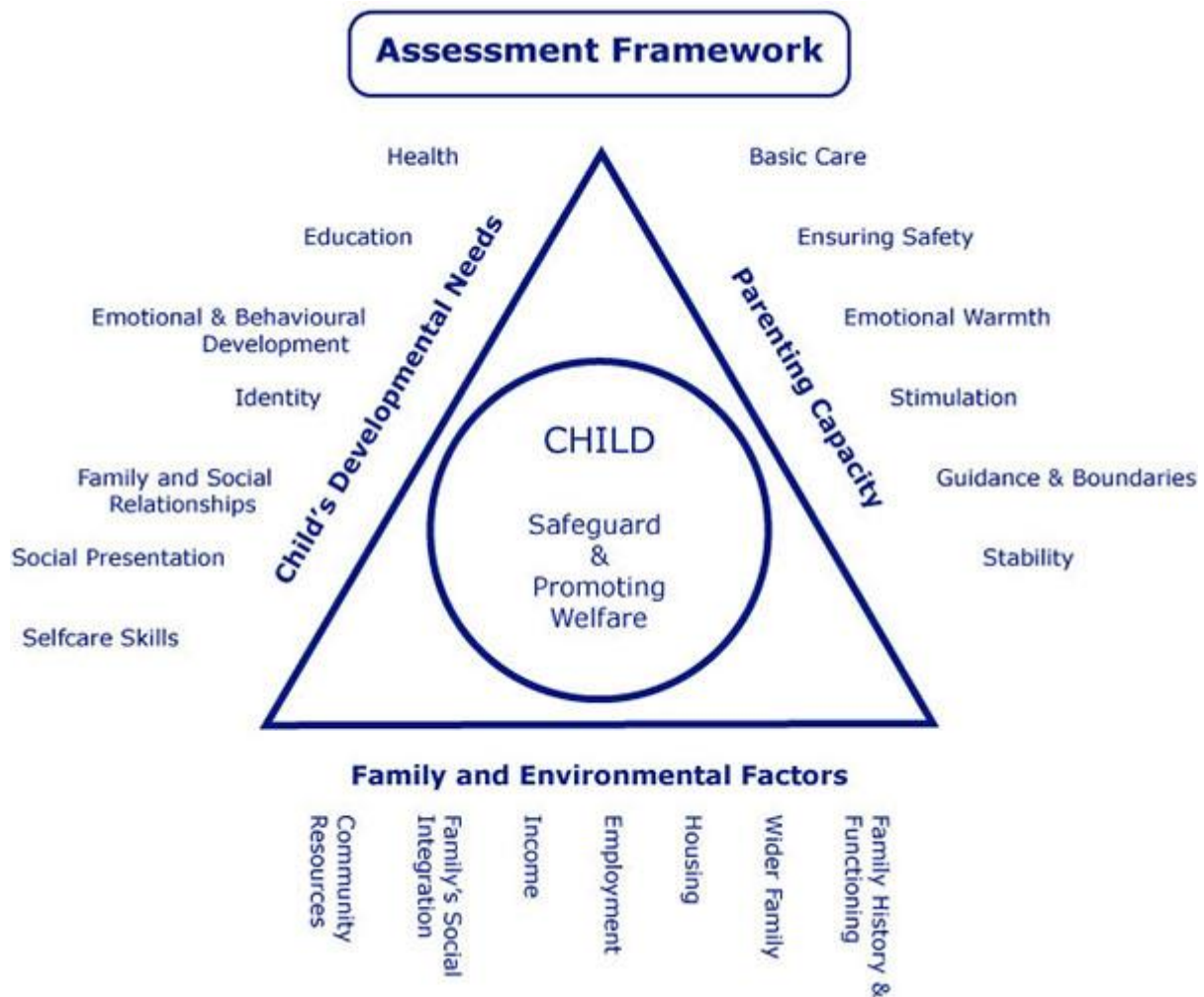
Level 4: Children in acute need

These children are suffering or are likely to suffer significant harm. This is the threshold for child protection. These children are likely to have already experienced adverse effects and to be suffering from poor outcomes. Their needs may not be considered by their parents/carers. This level also includes Level 4 health services which are very specialised services in residential, day patient or outpatient settings for children and adolescents with severe and /or complex health problems. This is likely to mean that they may be referred to children's social care under Section 20, 47 or 31 of the Children Act 1989.

This would also include those children remanded into custody or those with significant need who are known to youth justice services.

4. The Assessment Triangle

The assessment triangle below should be used to identify the interplay between the three domains to assess the child's needs and form a judgement regarding the level of need.



5. Neglect

It can be particularly difficult for practitioners 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.

There are many signs that may indicate neglect as outlined below:

- Neglect may occur during or after pregnancy as a result of parental substance abuse (drugs or alcohol)
- A chaotic family environment which can include an absence of boundaries or routines
- A parent / carer who has mental health difficulties or learning disabilities such that impacts on their ability to meet the needs of any children
- Inadequate parenting and/or understanding of what it means to look after a child safely including ensuring adequate supervision or using inadequate caregivers
- Ensuring access to appropriate medical care or treatment
- Ensuring that educational needs are met
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Signs of neglect can include poor physical appearance, bad hygiene, lack of appropriate clothing, the child being withdrawn or exhibiting antisocial or sexualised behaviours, and the child not meeting physical or emotional development milestones.

In considering whether or not a child has been neglected, it is important to consider the quality of care they have received over a period of time, as this could vary to the extent in which it impacts on their development. It is also important to consider the age of the child in relation to the nature of the neglect and the length of time for which the concerns have existed.

The above signs in isolation would not necessarily indicate for certain that a child is being neglected, however, children who are severely and persistently neglected may be in danger and neglect can also result in the serious impairment to their health or development.

Some adults lack the resources and support to properly care for their children, but some have more complex problems. In both cases help and support from professionals is essential.

Deciding if a child is neglected can be very hard – even for a trained professional – and it's natural to worry that you may be mistaken. For more information about neglect, go to:

- [NSPCC, Neglect;](#)
- [NSPCC Learning, Child abuse and neglect;](#)
- [GOV.UK, Childhood neglect: training resources.](#)

6. The Indicators of Possible Need

The indicators on the following pages are designed to provide practitioners with an overarching view on what level of support and intervention a family might need.

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 further assessments, referring to other services and understanding the likely thresholds for higher levels of intervention.

Remember that if there is a combination of indicators of need under Level Two, the case may be a Level Three case overall.

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 child's needs and on the level of risk faced by the child. This will be important in child neglect cases 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.

If you believe that the child requires Children's Social Care intervention, you should follow your organisation's internal safeguarding policy, speak with your line manager or safeguarding lead.

If you have child protection concerns, you must also consult the [Multi-Agency Policies and Procedures | Cambridgeshire and Peterborough Safeguarding Partnership Board \(safeguardingcambspeterborough.org.uk\)](https://safeguardingcambspeterborough.org.uk) and you must inform your safeguarding lead or line manager.

Parental Consent

The clear expectation is that all professionals will discuss their concerns openly and honestly with the child, where appropriate, and their parents or carers, except where to do so might place the child or another person at immediate risk of harm or prejudice the prevention or detection of crime. Where this is the case, a discussion with the child and/or parents/carers around the sharing of concerns with the relevant partners is *not appropriate* and contact should be made with Children's Social Care as soon as possible. In emergency situations, contact should be made with the Police.

Where families are refusing to engage with early help services and where practitioners can see that there is the likelihood of a long-term impact on outcomes for the child or young person, they should continue to engage with the family and seek to persuade them of the benefit of accessing additional support

In relation to sharing information with agencies, according to the Cambridgeshire and Peterborough Multi-agency Tier 1 Data Sharing Agreement 'Consent is one lawful basis, but it is not required for sharing information in a safeguarding context . In fact, in most safeguarding scenarios you will be able to find a more appropriate lawful basis.' (Source ICO)(page 15)

Data Sharing Agreement (DSA) for Safeguarding Children | Cambridgeshire and Peterborough Safeguarding Partnership Board (safeguardingcambspeterborough.org.uk)

Please Note that this Threshold Document and the Following Threshold Continuum of need Matrix has been adapted with kind permission from the London Safeguarding Partnership

Appendix 1: Threshold - Continuum of Need Matrix

Cambridgeshire Threshold - Continuum of need matrix 2024- 2025



Introduction

This document provides a framework for professionals who are working with children, young people and families. It aims to help identify when a child may need additional support to achieve their full potential. It provides information on the levels of need and gives examples of some of the factors that may indicate a child or young person requires additional support. By undertaking assessments and offering services on a continuum of help and support, professionals can be flexible and respond to different levels of need in different children and families. The framework recognises that however complex a child's needs, universal services e.g. education and health, will always be provided alongside any specialist additional service.

The continuum of need matrix is not an exhaustive list. It provides examples that can be used as a tool to assist assessment, planning and decision making for professionals working to safeguard and promote the welfare of children. Safeguarding indicators should always be considered alongside a child's other needs. Remember that some children will have additional vulnerabilities because of a disability or complex needs; the parental response to the vulnerability of the child must be considered when assessing needs and risks.

The indicators on the following pages are designed to provide practitioners with an overarching view of what tier of support and / or intervention a family might need. 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 further assessments, referring to other services and understanding the likely thresholds for higher levels of intervention.

For every child, professionals must consider the particular and individual circumstances of the child and their family / network and exercise professional judgement based upon those individual circumstances.

This guidance for thresholds of need and intervention aims to support practitioners to provide support for children and their families at the right time. The Safeguarding Partnership are committed to supporting families at the earliest opportunity and to providing clear guidance and tools for practitioners when specialist and statutory interventions are required to promote the safety and welfare of children and young people.

The majority of families will be able to access universal services and are encouraged to engage with existing universal and community offers. Where more support is needed, any practitioner, child, young person or family member can also seek the support of Early Help services, to enable them to meet the needs of children in the family. Sometimes families need help to access early support, and the Early Help assessment tool can be used to consider a family's needs, strengths and goals and to work with them to decide how they can be supported to achieve their goals. Targeted Early Help is also available for children in families with increasing levels of need.

Where families need an increasing level of support, services can be offered on a child in need basis, with their agreement. This includes supporting the needs of children who are disabled and young carers.

Where there are concerns about the safety and welfare of children professionals should continue to work restoratively, within the child protection statutory framework.

At the heart of child protection is the need to really understand what life is like for a child, especially when adults are trying to obscure this. This is complex work and children who are experiencing abuse and neglect may be reticent or unable to speak out about their experiences. Practitioners need to have the right skills and expertise to develop a trusting and respectful relationship with the child, ask the right questions, and to critically reflect on what the child is saying through their words, actions or behaviours. Effective practice also necessitates understanding the impact that the history of parents/carers and other significant adults may have on the child's experiences. Effective child protection practice requires professionals to understand the significant relationships in

that child's life, including their extended family or peer network, and to build a picture of the child's experiences that draws on their views and listens to their concerns; listen to the views of family / friends and recognise that they may be able to provide important insights into what the child is experiencing. There is no legal requirement for a parent or other adult to be present or provide consent when speaking to a child; it is good practice to seek parental cooperation. When parents/carers refuse to cooperate, guidance is clear that this should not inhibit "communication with the child in order to determine their welfare and demonstrate kindness and reassurance."

Child protection work requires sophisticated relational skills. Practitioners need to build trust and cooperation with families who can be, or appear to be, reluctant to engage with them, whilst being authoritative and challenging where needed. Analysing the engagement of families critically, understanding the signs of parental disengagement and being able to interpret the significance of this when making decisions about a child's safety. Practitioners also need good knowledge and understanding of the factors that might impact on engagement, for example, different types of domestic abuse including coercive controlling behaviour. Critical thinking in supervision and management can help professionals to identify a 'pattern of closure' whereby families try to minimise contact with the external world. Equally, it can bring a more forensic lens to situations where a parent seems to be co-operating in order to allay concerns; an issue that practitioners can lack confidence in identifying.

Effective child protection work requires practitioners to be aware of inequalities, biases and assumptions that may impact on how they, their agency or the tools they use, perceive and assess the risk to a child. This includes assumptions and biases that relate to different facets of identity, including ethnicity, religion, disability, gender and sexuality. Practitioners need to be confident working with diverse communities exploring how discrimination may affect parenting and a child's lived experience and to be supported and challenged through supervision to reflect on these issues.

There are many biases that can impact on work to safeguard and promote the welfare of children, both within and between agencies, including:

- Adultification – when children are perceived as being adult-like and not acknowledged as vulnerable and in need of protection.
- Diffusion of responsibility - when people who need to make a decision wait for someone else to act instead.
- Source bias - the tendency to interpret information depending on its source not substance.
- Confirmation bias - tendency to search for, interpret, favour, and recall information or evidence in a way that confirms or supports your prior beliefs or values.
- Risk aversion - preference for certain/safer options over risky options even when an uncertain option could be of greater benefit.

Critical thinking, training and cognitive learning and robust challenge with and between agencies can support the overcoming of biases. Good child protection practice requires professionals to consider a wide range of evidence from many sources, and to synthesise it into meaningful working hypotheses within a very short time frame. This relies on professionals engaging in critical thinking both individually and as a collective and having the right support and opportunities to do this well, for example, manageable case numbers, supervisor stability and good quality supervision.

Child protection decision making is a highly skilled and intrinsically complicated activity. It involves, complex risk assessment in an ever-changing context, requiring analytical skill to collate and distil evidence forensically, recognising patterns; focussing on key information rather than treating all information as equal; spotting missing information; and triangulating wider information with their own observations and intuition.

There is a need to retain a stance of 'respectful uncertainty' when carrying out child protection investigations – a process involving critical evaluation of all information gathered and keeping an open mind.

In order for professionals to make good decisions about children in need of protection, they have to have a full picture of what is happening in a child's life. Part of this is about having access to all the information known about the child. But just as important is seeking out missing information, considering disparate pieces of information in the round, and asking what bigger picture is being painted about a child's experience. In child protection, 'abuse and neglect rarely present with a clear, unequivocal picture. It is often the totality of information, the overall pattern of the child's story, that raises suspicions of possible abuse or neglect.'

This document should be used in conjunction with the Cambridgeshire and Peterborough Multi-agency Safeguarding Children Procedures.

<https://www.safeguardingcambspeterborough.org.uk/children-board/professionals/procedures/>

HEALTH

Level 1	Level 2	Level 3	Level 4
The child appears healthy, and has access to and makes use of appropriate health and health advice services	The child rarely accesses appropriate health and health advice services, missing immunisations.	There is no evidence that the child has accessed health and health advice services and suffers chronic and recurrent health problems as a result. Or the parent /carer has accessed health services for the child but has not followed professional advice which may have an impact on the child's health and wellbeing Diagnosed with a life-limiting illness and may meet the criteria for additional funding via continuing care	The child has complex health problems which are attributable to the lack of access to health services. Parent/carer denying professional staff access to the child.
All child's health needs are met by parents/carers.	Additional help required to meet health demands of the child including disability or long-term serious illness requiring support services.	With additional support, parent not meeting needs of child's health. Parent/carer displays high levels of anxiety regarding child's health.	Parents'/carers' level of anxiety regarding their child's health is significantly harming the child's development. Professionals working with the child have strong suspicions / evidence of a parent/carer fabricating or inducing illness in their child.
Parent/carer does not have any additional needs	Needs of the parents/carers are affecting the care and development of the child	Needs of the parent /carers/ other family members significantly affect the care of child.	The parent/ carer/other family members consistently fail to access support for their needs the child's care needs being unmet. Risk may be associated with acute episodes of not accessing support or may be cumulative.
Parent accesses ante-natal and/or post-natal care	The parent/carer demonstrates ambivalence to ante-natal and post-natal care with irregular	The parent/carer may or may not be accessing antenatal and/ or post-natal care but there may be	The parent/carer neglects to access ante-natal care and there are accumulative risk indicators.

	attendance and missed appointments.	significant concern about prospective parenting ability, resulting in the need for a prebirth assessment.	
The parent/carer is coping well emotionally following the birth of their baby and accessing universal support services where required.	The parent/carer is struggling to adjust to the role of parenthood, postnatal depression is affecting parenting ability.	The parent/carer is suffering from postnatal depression. Which may cause a risk to themselves and their child/children and ability to provide care and meet the needs of the child Newborn affected by maternal substance misuse.	The parent/carer is suffering from severe post-natal depression which is causing serious risk to themselves and their child/children.
Pregnancy with no apparent safeguarding concerns	Pregnancy in a young person / vulnerable adult who is deemed in need of support.	CiC or Care Leaver or vulnerable young person who is pregnant.	Pregnancy in a child under 13 or parent with significant learning needs. Young inexperienced parents with additional concerns that could place the unborn child at risk of significant harm.
Sleeping Arrangements consistent with ' Safer Sleep for Babies ' guidance. ICON – Support for new parents Cambridgeshire and Peterborough Safeguarding Partnership Board (safeguardingcambspeterborough.org.uk)	Parent/Parenting Sleeping arrangements for babies occasionally not consistent with ' Safer Sleep for Babies ' guidance. ICON – Support for new parents Cambridgeshire and Peterborough Safeguarding Partnership Board (safeguardingcambspeterborough.org.uk)	Parent/Parenting Parents persist with unsafe sleeping arrangements for baby contravening " Safer Sleep for Babies " guidance. ICON – Support for new parents Cambridgeshire and Peterborough Safeguarding Partnership Board (safeguardingcambspeterborough.org.uk)	Parent/Parenting Parents persist with unsafe sleeping arrangements for baby contravening " Safer Sleep for Babies " guidance and other concerns or risk factors identified in parenting capacity, or child factors which may result in the immediate harm of the baby ICON – Support for new parents Cambridgeshire and Peterborough Safeguarding Partnership Board (safeguardingcambspeterborough.org.uk)

MENTAL / EMOTIONAL HEALTH

Level 1	Level 2	Level 3	Level 4
The child has warm and supportive relationships within and outside of their family environment which respect their protected characteristics	The child experiences discrimination in their day-to-day life either in their family environment, at school or in their community resulting in them being disadvantaged	The child experiences discrimination in their day-to-day life either in their family environment, at school or in their community resulting in disadvantage, exclusion and distress	The child experiences discrimination in their day-to-day life either in their family environment, at school or in their community resulting in acute distress, feelings of worthlessness and leading to a concern that they may harm themselves
The child is provided with an emotionally warm, supportive relationship and stable family environment providing consistent boundaries and guidance, meeting developmental milestones to the best of their abilities.	Parenting often lacks emotional warmth and/or can be overly critical and/or inconsistent, occasional relationship difficulties impacting on the child's development. Struggles with setting age-appropriate boundaries, occasionally not meeting developmental milestones and occasionally prioritises their own needs before child's.	Parents/carers inability to engage emotionally with child leads to developmental milestones not met. Family environment is volatile and unstable resulting in a negative impact on the child, leading to possible vulnerabilities and exploitative relationships, parent/carer unable to judge dangerous situations / set appropriate boundaries. Allegations parents making verbal threats to children. Child rarely comforted when distressed / under significant pressure to achieve / aspire.	Relationships between the child and parent/carer have broken down to the extent that the child is at risk of significant harm / frequently exposed to dangerous situations and development significantly impaired. Child has suffered long term neglect due to lack of emotional support from parents.
Child has good mental health and psychological wellbeing.	The child has a mild a mental health condition which affects their everyday functioning but can be managed in mainstream schools and parents are engaged with school /health services including accessing	The child has a mental health condition which significantly affects their everyday functioning and requires specialist intervention in the community. Parent is not presenting child for treatment increasing risk of mental	Child expressed suicidal ideation with intent or psychotic episode or other significant mental health symptoms. Refuses medical care or is in hospital following episode of self-harm or

	<p>remote support services to address this.</p> <p>Child is accessing social media sites related to self-harm, has expressed thoughts of self-harm but no evidence of self-harm incidences.</p> <p>History of mental health condition but have been assessed and discharged home with safety plan and follow up.</p>	<p>health deterioration problems as a result</p> <p>No evidence child has accessed mental health advice services and suffers recurrent mental health problems as a result.</p> <p>Child is known to be accessing harmful social media sites to facilitate self-harming. Child self-harms causing minor injury and parent responds appropriately.</p> <p>Child has expressed suicidal ideation with no known plan of intent.</p> <p>Child is under the care of hospital engaging with mental health services.</p>	<p>suicide attempt or significant mental health issues.</p> <p>Parent/carer unable to manage child's behaviours related to their mental health increasing the risk of the child suffering significant harm.</p> <p>Child or young person has ongoing suicidal ideation following attempt or is in hospital following episode of self-harm or suicide attempt.</p>
<p>The child engages in age-appropriate activities and displays age-appropriate behaviours, having a positive sense of self and abilities reducing the risk of those wanting to exploit them.</p>	<p>Child has a negative sense of self and abilities, suffering with low self-esteem and confidence making them vulnerable to those who wish to exploit them resulting in becoming involved in negative behaviour/activities.</p>	<p>Child has a negative sense of self and abilities, suffering with low self-esteem and confidence which results in child becoming involved in negative behaviour / activities by those exploiting / grooming them.</p>	<p>Evidence of exploitation linked to child's vulnerability. As a result of exploitation child frequently exhibits behaviours / emotions and activities that place self or others at imminent risk.</p>
<p>Mental health of the parent/carer does not affect / impact care of the child.</p>	<p>Sporadic / low level mental health of parent/carer impacts care of child, however, protective factors in place.</p>	<p>Mental health needs of the parent/carer (subject to a section under MHA) is impacting on the care of their child and there are no supportive networks and extended family to prevent harm.</p> <p>Parent/carer has expressed suicidal ideation with no known plan of intent.</p>	<p>Mental health needs of the parent/carer significantly impacting the care of their child placing them at risk of significant harm.</p> <p>Parent/carer has ongoing suicidal ideation following attempt or is in hospital following episode of self-harm or suicide attempt.</p>
<p>Child has not suffered the loss of a close family member or friend</p>	<p>Child has suffered a bereavement recently or in the past and is</p>	<p>Child has suffered bereavement recently or in the past and there has</p>	<p>Child has suffered bereavement and is missing, self-harming, disclosing</p>

	distressed but receives support from family and friends and appears to be coping reasonably well – would benefit from short term additional support from early help services.	been a deterioration in their behaviour. Low level support has not assisted, long term intervention required.	suicidal thoughts, risk of exploitation, involvement in gang/criminal activity.
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PRIVATE FOSTER CARE			
Level 1	Level 2	Level 3	Level 4
LA notified the child is privately fostered by adults who are able to provide for his/her needs and there are no safeguarding concerns.	A child in a private arrangement decided by their family but not for a long time for this to become private foster arrangement.	Some concern about the private fostering arrangements in place for the child, there may be issues around the carers' treatment of the child. The local authority hasn't been notified of the private fostering arrangement. Any private fostering arrangement that is up to 28 days of a private arrangement should be level 3	There is concern that the child is a victim of exploitation, domestic slavery, or being physically abused in their private foster placement.
Section 117 (Mental Health Act 1983)			Where a child has a statutory entitlement to s117 aftercare, the LA should be informed and should undertake an assessment. This assessment should support effective discharge planning

EDUCATION

Level 1	Level 2	Level 3	Level 4
Making progress and accessing the curriculum and wider social and cultural activities within the ordinarily available offer; and meeting developmental milestones.	Requires additional support to meet educational, social and cultural milestones, child has a potential or an identified additional need which requires support from resources within the school and multi-agency professionals.	In order to access the curriculum, the child requires targeted support with universal services/resources within schools and settings.	There are identifiable barriers to accessing the curriculum. This is having significant detrimental impact on the child meeting their developmental milestones or educational attainment.
Child is in education/training with no barriers to learning. Planned progressions beyond school/college.	Emerging concerns about school attendance and engagement with potential to become a persistent absentee through child being regularly absent from school.	Child's attendance is sporadic with frequent suspensions meaning they may not reach their full potential Recurring issues raised about child's home education.	Refusing to attend school, permanently excluded or missing from education.
No concerns regarding child's behaviour and engagement with education	Emerging concerns of poor behaviours and engagement with education.	Behaviours and engagement with education are poor leading to periods of suspension or risk of permanent exclusion.	Child exhibiting behaviours that pose a significant risk of harm such as being coerced into serious street - based violence, habitual knife carrying and who are at risk of exploitation Older students registered as NEET (Not in education, employment or training)
The child possesses age-appropriate ability to understand and organise information and solve problems and makes adequate academic progress.	The child's ability to understand and organise information and solve problems is impaired and the child is under-achieving or is making no academic progress.	The child's ability to understand and organise information and solve problems is very significantly impaired and the child is seriously under-achieving or is making no academic progress despite learning	The child's unable and / or unwilling to understand and organise information and solve problems is adversely impacting on all areas of his/her development creating risk of

		support strategies over a period of time.	significant harm, concerns of parental neglect.
The parent/carers positively supports learning and aspirations and engages with school	The parent/carer is not engaged in supporting learning aspirations and/or is not engaging with the school.	The parent/carer does not engage with the school and actively resists suggestions of supportive interventions.	The parent/carer actively discourages or prevents the child from learning or engaging with the school

ABUSE AND NEGLECT

Level 1	Level 2	Level 3	Level 4
Parent/carer protects their family from danger/ significant harm.	Parent/carer on occasion does not protect their family which if unaddressed could lead to risk or danger	Parent/carer frequently neglects/is unable to protect their family from danger/significant harm. Parents or carers persistently avoid contact / do not engage with childcare professionals.	Parent/carer is unable to protect their child from harm, placing their child at significant risk. Allegations of harm by a person in a position of trust.
Child shows no physical symptoms which could be attributed to neglect.	Child occasionally shows physical symptoms which could indicate neglect.	Child consistently shows physical symptoms which clearly indicate neglect.	Child shows physical signs of neglect which are attributable to the care provided by their parents/carers.
Child has injuries which are consistent with normal childish play and activities.	Child has occasional, less common injuries which are consistent with the parents' account of accidental injury - carers seek out or accept advice on how to avoid accidental injury.	Child has injuries which are accounted for but are more frequent than would be expected for a child of a similar age/needs. Parent/carer does not know how injuries occurred or explanation unclear.	Any allegations of abuse or neglect or any injury suspected to be nonaccidental injury to a child. Repeated allegations or reasonable suspicion of nonaccidental injury. Any allegation of abuse/suspicious injury in a pre-mobile or non-mobile child. Child has injuries more frequently which are not accounted for and the child makes disclosure and implicates parents or older family members.

Parent/carer does not physically harm their child including physical chastisement.	Parent/carer uses physical assault (no injuries) as discipline but is willing to access professional support to help them manage the child's behaviour.	Parent/carer uses physical assault (injuries) as discipline but is willing to access professional support to help them manage the child's behaviour.	Parent / carer not accepting professional support to help them manage the child's behaviour Parent / carer uses extreme force injuring the child leaving marks and bruises Parent/carer uses an implement causing significant physical harm to a child.
No concerns re conflict / tensions within the family.	Concerns re ongoing conflict between family and child.	Family is experiencing a crisis likely to result in the breakdown of care arrangements - no longer want to care for child	Family have rejected / abandoned / evicted child. Child has no available parent and the child is vulnerable to significant harm. Child not living with a family member
No concerns of inappropriate self-sufficiency	Pattern emerging of self-sufficiency which is not proportionate to a child/young person's age and stage of development	High level of self-sufficiency is observed in a child/young person that is not proportionate to a child/young person's age and stage of development.	Inappropriate, high level of self-sufficiency for child/young person's age and stage of development resulting in neglect.
No concerns of fabricated or induced illness.	Child has an increased level of illnesses with the causes unknown	Suspicion child has suffered or is at risk of fabricated or induced illness.	Medical confirmation that a child has suffered significant harm due to fabricated or induced illness.

SEXUAL ABUSE / ACTIVITY

Level 1	Level 2	Level 3	Level 4
Nothing to indicate child is being sexually abused by their carer.	Concerns relating to inappropriate sexual behaviour / abuse within the family / network but does not amount to a criminal offence.	Allegation of non-recent sexual abuse but no longer in contact with perpetrator.	Concerns re possible inappropriate sexual behaviour from parent/ carer / other family members (i.e. siblings) who sexually abuse the child. Offender who has risk to children status is in contact

			with Family. Child who lives in a household into which a registered sex offender or convicted violent offender subject to MAPPA moves.
Good knowledge of healthy relationships and sexual health.	Emerging concerns of possible sexual activity of a child.	Suspicion or knowledge of child on child sexual activity between 13yrs and 16yrs where there is evidence that the child may be being coerced or controlled, or where engagement with sexual health or contraceptive services is raising a concern	Suspicious of sexual abuse / sexually activity of a child under the age of 13. Direct allegation of sexual abuse/assault by child and belief that child is in imminent danger and in need of immediate protection.
Good knowledge of healthy relationships and sexual health.	Single instance of sexually inappropriate behaviour.	Send/receive inappropriate sexual material produced by themselves or other young people via digital or social media, considered as child-on-child abuse. Evidence of concerning sexual behaviour – accessing violent / exploitative pornography.	Child is exhibiting harmful, sexualised behaviour. Early teen pregnancy. Risk taking sexual activity. (see sexual behaviour tool)
Good knowledge of healthy relationships and sexual health.	Age-appropriate attendance at sexual health clinic.	Sexually transmitted infections (STI's). Consent issues may be unclear. Verbal or non-contact sexualised behaviour. Historic referrals in regard concerning sexual behaviour.	Multiple / untreated sexually transmitted infections (STI's). Concerning sexual activity (behaviour that is harmful to others). Allegations of nonpenetrative abuse. Harmful sexual behaviour. Child exploited to recruit others into sexual activity. Repeated pregnancy, miscarriages and/or terminations. Increase in severity of concerning sexual behaviour.
Child Sexual Behaviour Assessment Tool Cambridgeshire and Peterborough Safeguarding Partnership Board (safeguardingcambspeterborough.org.uk)	Child Sexual Behaviour Assessment Tool Cambridgeshire and Peterborough Safeguarding Partnership Board (safeguardingcambspeterborough.org.uk)	Child Sexual Behaviour Assessment Tool Cambridgeshire and Peterborough Safeguarding Partnership Board (safeguardingcambspeterborough.org.uk)	Child Sexual Behaviour Assessment Tool Cambridgeshire and Peterborough Safeguarding Partnership Board (safeguardingcambspeterborough.org.uk)

POLICE AND CRIMINAL JUSTICE AGENCIES ATTENTION

Level 1	Level 2	Level 3	Level 4
There is no history of criminal offences within the family.	History of criminal activity within the family including gang involvement, child has from time to time been involved in anti-social behaviour.	Family member has a criminal record relating to serious or violent crime, known gang involvement, child is involved in anti-social behaviour and may be at risk of gang involvement, early support not having the desired impact. Starting to commit offences/re-offend or be a victim of crime.	Re-occurring / frequent attendances by the police to the family home. Family member within household's criminal activity significantly impacting on the child. Child is being exploited and coerced into persistent or serious criminal activity this includes affiliation into gang activities leading to injury caused by a weapon.
Young person has no involvement with crime or antisocial behaviour.	Child is vulnerable and at potential risk of being targeted and/or groomed for criminal exploitation, gang activity or other criminal groups/associations.	Child appears to be actively targeted/coerced with the intention of exploiting the child for criminal gain.	Child habitually entrenched / actively criminally exploited. There is a risk of imminent significant harm to the child as a result of their criminal associations and activities. They may not recognise they are being exploited and/or are in denial about the nature of their abuse.
Young person has no involvement with crime or antisocial behaviour.	Attention of ASB team or police. Talks about carrying a weapon. Reports from others that involved in named gang. Glamorises criminal or violent behaviour.	Arrested for possession of offensive weapon, drugs, multiple thefts / going equipped / motoring offences. Non-compliance of conditions.	Charged or convicted of Aggravated Robbery/Use of offensive weapon/ possession of large quantities of Class A drugs. Intentional harm of others / animals.
<p>Young person has been stopped but not searched.</p> <p>Young person has been stopped and searched with no obvious safeguarding concerns or criminality.</p>	Young person has been stopped and searched in circumstances that cause concern such as time of day and others present but no previous concerns.	<p>Young person regularly stopped and searched indicating vulnerability, exploitation or criminality.</p> <p>Young person arrested as a result of a stop and search.</p>	Young person consistently stopped and searched with risk factors suggested they are being exploited.

HARMFUL PRACTICES

Level 1	Level 2	Level 3	Level 4
<p>There is no concern the child may be subject to harmful cultural practices.</p> <p>Practice Guidance for the Effective Safeguarding of Children from Minority Ethnic, Cultural and Faith Communities, Groups and Families Cambridgeshire and Peterborough Safeguarding Partnership Board (safeguardingcambspeterborough.org.uk)</p>	<p>Concern the child is in a culture where harmful practices are known to have been performed however parents are opposed to the practices in respect of their children.</p>	<p>Suspicion that child may be subject to harmful cultural practices.</p>	<p>There is information to indicate that child has suffered or is at risk of suffering harmful cultural practices</p>
<p>There are no concerns that the child is at risk of Honour Based Abuse.</p>	<p>There are concerns that a child may be subjected to Honour Based Abuse.</p>	<p>There is suspicion or concern to indicate the child is at risk of Honour Based Abuse.</p>	<p>There are concerns that child has suffered/at risk of suffering honour-based abuse.</p>
<p>There are no concerns that the child is at risk of Female Genital Mutilation.</p>	<p>History of Female Genital Mutilation with clear assessed parental insight and motivation to work with services to prevent repeat.</p>	<p>Suspicion that a female child is likely to be exposed to Female Genital Mutilation.</p>	<p>Concern that a female has suffered or at risk of being exposed to Female Genital Mutilation.</p>
<p>There are no concerns a child is at risk of Forced Marriage.</p>	<p>Family with a history of forced marriage and have links with family members who believe in this practice but they have expressed that they are experiencing difficulties with this and seeking support and advice</p>	<p>Family history of forced marriage and concerns regarding their views around this.</p>	<p>Concern that child is at risk of being subjected to or has been subjected to forced marriage.</p>
<p>There are no concerns that the child is at risk of witchcraft.</p>	<p>Past beliefs in children being exposed to issues of spirit possession or witchcraft but parents/carers have insight and working with agencies to address this.</p>	<p>Suspicion/concern that child is likely to be exposed to issues of spirit possession or witchcraft.</p>	<p>There is evidence that child is at risk of being exposed to issues of spirit possession or witchcraft.</p>

EXTREMISM & RADICALISATION

Level 1	Level 2	Level 3	Level 4
<p>Child and family's activities are legal with no links to proscribed organisations</p>	<p>Child makes reference to own and family ideologies.</p>	<p>The child expresses sympathy for ideologies closely linked to violent extremism but is open to other views or loses interest quickly. Child and family have indirect links to proscribed organisations.</p>	<p>The child expresses beliefs that extreme violence should be used against people who disrespect their beliefs and values. The child supports people travelling to conflict zones for extremist/ violent purposes or with intent to join terrorist groups The child expresses a generalised nonspecific intent to go themselves. Child, family and friends have strong links / are members of proscribed organisations.</p>
<p>Child doesn't express support for extreme views or is too young to express such views themselves.</p>	<p>Child makes reference to own and family extreme views.</p>	<p>A child is known to live with an adult or older child who has extreme views. Child may inadvertently view extremist imagery.</p>	<p>A child is sent extreme imagery / taken to demonstrations or marches where violent, extremist and/or age-inappropriate imagery or language is used. The child/carers/ close family members / friends are members of proscribed organisations, promoting the actions of violent extremists and/or saying that they will carry out violence in support of extremist views including child circulating violent extremist images.</p> <p>Concerns of extremism results in a referral to the Chanel Panel for consideration of the case. Where risks are apparent a safeguarding referral should be made. The safeguarding referral should not be delayed for the Chanel Panel.</p>

Child engages in age-appropriate use of internet, including social media	Child is at risk of becoming involved in negative internet use that will expose them to extremist ideology, expressing casual support for extremist views.	Child is known to have viewed extremist websites and has said s/he shares some of those views but is open about this and can discuss the pros and cons or different viewpoints.	Child is known to have viewed extremist websites and is actively concealing internet and social media activities. They either refuse to discuss their views or make clear their support for extremist views. Significant concerns that the child is being groomed for involvement in extremist activities.
Child engages in age-appropriate activities and displays age-appropriate behaviours and self-control.	Child is expressing strongly held and intolerant views towards people who do not share their religious or political views.	Child is refusing to co-operate with activities at school that challenge their religious or political views, they are aggressive and intimidating to others who do not share their religious or political views.	Child expresses strongly held beliefs that people should be killed because they have a different view. Child is initiating verbal and sometimes physical conflict with people who do not share their religious or political views.
Child engages in age-appropriate activities and displays age-appropriate behaviours and self-control. Contextual Risk Screening Tool Cambridgeshire and Peterborough Safeguarding Partnership Board (safeguardingcambspeterborough.org.uk)	The child is expressing verbal support for extreme views some of which may be in contradiction to British law. Contextual Risk Screening Tool Cambridgeshire and Peterborough Safeguarding Partnership Board (safeguardingcambspeterborough.org.uk)	Concerns child has connections to individuals or groups known to have extreme views and they are being educated to hold intolerant, extremist views Contextual Risk Screening Tool Cambridgeshire and Peterborough Safeguarding Partnership Board (safeguardingcambspeterborough.org.uk)	Child has strong links and is involved in activities and being educated by those with individuals or groups who are known to have extreme views / links to violent extremism. Contextual Risk Screening Tool Cambridgeshire and Peterborough Safeguarding Partnership Board (safeguardingcambspeterborough.org.uk)

DRUG / SUBSTANCE MISUSE			
Level 1	Level 2	Level 3	Level 4
The child has no history of substance misuse or dependency.	The child is known to be using drugs and alcohol frequently with	The child's substance misuse dependency is affecting their mental and physical health and social	The child's substance misuse dependency is putting the child at

	occasional impact on their social wellbeing.	wellbeing - Child presents at hospital due to substance / alcohol misuse. Parent/carers indifferent to underage smoking / alcohol / drugs etc	such risk that intensive specialist resources are required
Parents/ carers/other family members do not use drugs or alcohol or the use does not impact on parenting.	Drug and/or alcohol use is impacting on parenting but adequate provision is made to ensure the child's safety, concerns this may increase if continues.	Drug/alcohol use has escalated to the point where the child is worrying about their carer/family member.	Parent/ carer/other family members drug and/or alcohol use is at a problematic level and are unable to provide care to child.
No signs or suspicion of drug usage	Child or household member found in possession of Class C drugs	Previous concerns of drug involvement / drug supply and child or household member found in possession of Class A or Class B drugs / drug paraphernalia found in home.	Family home is used for drug taking / dealing / illegal activities.
No signs or suspicion of drug usage	Concerns of drug and / or alcohol usage during pregnancy	Evidence of substance/drug misuse during pregnancy – pre 21 weeks gestation.	Evidence of substance/drug misuse during pregnancy – post 21 weeks gestation.

DISABILITY

Level 1	Level 2	Level 3	Level 4
Parents /carers/ other family members have disabilities which do not affect the care of their child.	Parents need to provide significant care to other dependants who would otherwise be at risk OR child's disability needs are significantly impacting on parent's personal or social lives. Carers / other family members have disabilities which occasionally	Child's needs met but at significant cost to parental physical or mental health OR serious risk of family breakdown. Carers / other family members have disabilities which are affecting the care of the child	Parents /carers/other family members have disabilities which are severely affecting the care of the child and placing them at risk of significant harm

	impedes their ability to provide consistent patterns of care but without putting the child at risk, additional support required.		
Child has no apparent disabilities	<p>Disabled Child requires support to access services to broaden experiences and/or prevent build up of stress in family. Need can be met through universal or targeted support</p> <p>Disabled Child's level of need results in them being unable to participate in community activities which increase impairment. Additional help required to meet the demands of the child's disabilities through Short Break Services.</p>	<p>Disabled Child's level of need results in lifelong impact with likely lifetime support from statutory social care and health services.</p> <p>Parents unable to fully meet the child's disability needs, requiring significant support under CIN Plan.</p>	<p>Disabled Child's essential care or medical needs or need for emotional development and stimulation cannot be met OR to prevent the need for long term accommodation.</p> <p>Child's disability needs not being met and child is at risk of significant harm</p>

YOUNG CARER			
Level 1	Level 2	Level 3	Level 4
Child does not have caring responsibilities.	Child occasionally has caring responsibilities for members of their family and this sometimes impacts on their opportunities.	Child is regularly caring for another family member resulting in their development and opportunities being adversely impacted by their caring responsibilities.	Child's outcomes are being adversely impacted by their unsupported caring responsibilities.

DOMESTIC ABUSE

Level 1	Level 2	Level 3	Level 4
Expectant mother or parent is not in an abusive relationship.	Expectant mother or parent is a victim of occasional domestic abuse.	Expectant mother or parent has previously been a victim of domestic abuse	Expectant mother or parent is a victim of domestic abuse
No history or incidents of violence, emotional abuse / economic control or controlling or coercive behaviour in the family.	There are isolated incidents of physical / emotional abuse / economic control or controlling or coercive behaviour in the family, however mitigating protective factors within the family are in place. Even if children reported not to be present when incidents have occurred.	Children suffering emotional harm when witnessing physical / emotional abuse / economic control / coercive and controlling behaviour within the family. Perpetrator/s show limited or no commitment to changing their behaviour and little or no understanding of the impact their behaviour has on the child.	Evidence suggesting child is directly subjected to verbal abuse, derogatory titles, threatening and/or coercive adult behaviours. Child suffering emotional harm and possibly physical harm when witnessing / involved with physical / emotional abuse / economic control / coercive and controlling behaviour within the family especially if they are trying to protect the adult victim. Frequency of incidents increasing in severity / duration
	Information has become known that a person living in the house may be a previous perpetrator of domestic abuse, although no sign of current or recent abuse is apparent.	Confirmation domestic abuse perpetrator residing at property. Parent/carer minimises presence of domestic abuse in the household contrary to evidence of its existence.	Serious threat to parent's life or to child by violent partner. Child injured in domestic abuse incident. Child traumatised or neglected due to a serious incident of DA or child is unborn.

SOCIAL DEVELOPMENT

Level 1	Level 2	Level 3	Level 4
Child has good quality early attachments, confident in social situations with strong friendships and positive social interaction with a range of peers, demonstrating positive behaviour and respect for others.	Child has few friendships and limited social interaction with their peers. Child has communication difficulties and poor interaction with others. Child exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community. Support is in place to manage this behaviour. Child is a victim of discrimination or bullying.	Child is isolated and refuses to participate in social activities, interacting negatively with others including aggressive, bullying or destructive behaviours, early support has been refused, or been inadequate to manage this behaviour. Child has experienced persistent or severe bullying which has impacted on his/her daily outcomes. Child has significant communication difficulties.	Child is completely isolated, refusing to participate in any activities, positive interaction with others is severely limited due to displays of aggressive, bullying or destructive behaviours impacting on their wellbeing or safety. Child has experienced such persistent or severe bullying that his/her wellbeing is at risk. Child has little or no communication skills
There is a positive family network and good friendships outside the family unit.	There is a significant lack of support from the extended family network which is impacting on the parent's capacity.	There is a weak or negative family network. There is destructive or unhelpful involvement from the extended family. Child has multiple carers; may have no significant or positive relationship with any of them/child has no other positive relationships.	The family network has broken down or is highly volatile and is causing serious adverse impact to the child
Child engages in age-appropriate use of internet, gaming and social media.	Child is at risk of becoming involved in negative internet use, lacks control and is unsupervised in gaming and social media applications	Child is engaged in or victim of negative and harmful behaviours associated with internet and social media use or is obsessively involved in gaming which interferes with social functioning. Evidence of sexual material being shared without consent or them sharing inappropriate sexual material and putting themselves at risk . Multiple SIMs or phones.	Child is showing signs of being secretive, deceptive and is actively concealing internet and social media activities. Regularly coerced to send / receive indecent images. Coerced to meet in person for sexual activity. Devices need to be removed and access restricted at all times

<p>The family feels integrated into the community.</p>	<p>The family is partially socially excluded and/ or there is an absence of supportive community networks.</p>	<p>The family is socially excluded and isolated to the extent that it has an adverse impact on the child</p>	<p>The family is completely excluded and the child is seriously affected but the family actively resists all attempts to achieve inclusion and isolates the child from sources of support.</p>
<p>The neighbourhood is a safe and positive environment encouraging good citizenship and knowledgeable about the effects of crime and anti-social behaviour.</p>	<p>Child is affected and possibly becoming involved in low level anti-social behaviour in the locality due to others engaging in threatening and intimidating behaviour</p>	<p>The neighbourhood or locality is having a negative impact on the child resulting in the child coming to notice of the police on a regular basis both as a suspect and a victim, concerns by others re exploitation.</p>	<p>The neighbourhood or locality is having a profoundly negative impact on the child resulting in the child coming to notice of the police on a regular basis both as a suspect and a victim, concerns by others re high risk of exploitation, being groomed and any other criminal activity.</p>
<p>Child and family is legally entitled to live in the country indefinitely and has full rights to employment and public funds.</p>	<p>Child and family's legal entitlement to stay in the country is temporary and/or restricts access to public funds and/or the right to work placing the child and family under stress.</p>	<p>Child and family's legal status puts them at risk of involuntary removal from the country / having limited financial resources/no recourse to public funds increases the vulnerability of the children to criminal activity.</p>	<p>Evidence a child has been exposed or involved in criminal activity to generate income for the family / family members are being detained and at risk of deportation or the child is an unaccompanied asylum-seeker.</p>
<p>Young person is positively engaging with services. Has awareness of the risks and grooming processes. Motivated and positive outlook.</p>	<p>Perceived inability or reluctance to access more mainstream support. Reduced access due to their ethnicity / cultural background / being in care / Identifying as LGBTQ / Educational Needs (SEN).</p>	<p>Isolated and refuses to participate in activities. Experiencing bullying or social isolation that may be exacerbated by personal, cultural, sexual identity or education needs. Targeted by groups or individuals due to their vulnerability or perceived reputation.</p>	<p>Negative sense of self and abilities that risk causing harm. Completely isolated, refusing activities. High levels of social isolation that may be exacerbated by personal, cultural, sexual identity or education needs.</p>

RISKS OUTSIDE THE HOME (EXTRA-FAMILIAL HARM)

Level 1	Level 2	Level 3	Level 4
Places / Spaces			
Good services in area and young person is aware / engaging positively.	Spending time in areas known for antisocial behaviour or where more vulnerable. Child/ young person identifies and informs professionals of unsafe locations and reason for this.	The neighbourhood or locality is having a negative impact on the child. Frequently spending time in locations, including online, where they can be anonymous or at risk of experience harm / violence / exploitation.	Found in areas/properties known for exploitation / violence. Taken to hotel / B&B / another property with intention of being harmed or harming others. Area having profoundly negative effect on the child.
Relationships with Peers and Adults			
Peer group engage in positive activities / clubs / communities. The group understands risk and harm. Age appropriate and safe.	Some indications that unknown adults and/or other exploited children have contact with the child/young person. Some indications of negatively influential peers.	Unknown adults and/or other exploited children/young people associating with the child/young person. Escalation in behaviour of peer group. Accompanied by an adult who is not a legal guardian. Arrested with individuals who are at risk of exploitation / violence.	Staying with someone believed to be exploiting them. Person with significant relationship is coercing child / young person to meet and child is sexually or physically abused. Found with adults / high risk individuals out of county/city. Is being exploited to 'recruit' others.
Professional Engagement			
Peer group engage in positive activities / clubs / communities. The group understands risk and harm. Age appropriate and safe.	Limited referral history with services. Lack of confidence in worker / service to manage risk or work with adolescents. Multiple workers confused or disagreeing on risk.	Services previously involved and closed; new referral received for similar concerns. Despite attempts, professionals have been unable to engage the young person to date. Several services involved but little change.	History of multiple services / referrals with little change or escalation in risk. Services report unable to keep child / young person safe.

Missing			
Child comes home on time and is not missing from home. Their whereabouts are always known to their parents/carers and they answer their phone.	Child has run away from home on one or two occasions or not returned at the normal time. Concerns about what happened to them whilst they were away, whereabouts unknown.	Child persistently runs away and / or goes missing, serious concerns about their activities whilst away. Parent does not report them missing. Child is unable to give explanations for whereabouts.	Child persistently runs away and/ or goes missing and risk of exploitation is clear as a result. Pattern of sofa surfing, whereabouts unknown. 3 missing episodes in 90 days. Missing over 48 hours.
Youth Violence			
Young person has no involvement with crime or antisocial behaviour.	Coming to attention of ASB team or police. Talks about carrying a weapon. Linked with others that are involved in named gang. Glamorises criminal or violent behaviour.	Arrested for possession of offensive weapon, drugs, multiple thefts / going equipped / motoring offences. Non-compliance of conditions. Evidence indicates likely to be habitual knife carrier. Credible threats made towards young person that they will be harmed.	Charged or convicted of Aggravated Robbery/Use of offensive weapon/GBH Intentional harm of others. Evidence indicates very likely to be habitual knife carrier. Victim of serious violent offence (e.g. stabbing) or evidence indicates this is highly likely.
Child Criminal Exploitation			
Young person has no involvement with crime or peer groups/adults of concern.	<i>Emerging Risk</i> There is more than one risk indicator that child is vulnerable to harm. Child has some tentative connections with other children, spaces, and networks where there are contextual concerns.	<i>Moderate Risk</i> There are a number of risk indicators and some evidence of harm. There is clear evidence of links to peers/associates, places, and adults of concern in relation to criminality or drug supply.	<i>Significant Risk</i> There are multiple risk indicators and clear evidence of harm. Child is strongly linked to other children or adults/associates, places and networks where there are concerns about criminality or drug supply (e.g. found in a cuckooed address).

			Child has been arrested for possession with intent to supply drugs.
Child Sexual Exploitation			
Young person has no involvement with crime or peer groups/adults of concern.	<p><i>Emerging Risk</i> There is more than one risk indicator that child is vulnerable to harm.</p> <p>Child has some tentative connections with other children, spaces, and networks where there are contextual concerns.</p>	<p><i>Moderate Risk</i> There are a number of risk indicators and some evidence of harm.</p> <p>There is clear evidence of links to peers/associates, places, and adults of concern in relation to sexual exploitation.</p> <p>Child has shared indecent images of themselves online.</p>	<p><i>Significant Risk</i> There are multiple risk indicators and clear evidence of harm.</p> <p>Child is strongly linked to other children or adults/associates, places and networks where there are concerns about sexual exploitation (e.g. found in a hotel room with adults of concern).</p> <p>Child has been a victim of sexual offences associated with grooming.</p>
Radicalisation and Extremism			
The child and family respects other religions, races and cultures and there is no evidence of involvement in or support for extremism.	The child is using language which could incite hatred against another person or group. Some support for extreme views or ideology, but no evidence of active involvement with extremist organisation.	Family members, parents or carers expose child to involvement in activity that supports or endorses extremism. The child is being groomed by adults within or external to the family to incite hatred against another person or group and is at risk of extremism.	Evidence that child is involved in / actively promoting violent extremism; evidence that parent / carer / child planning to travel to conflict zone to participate in extremist activity. The child is acting violently towards another person or group and is at risk of extremism.

The following government guidance can also be used to help:

www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused

www.gov.uk/government/publications/working-together-to-safeguard-children--2

In any situation where you believe a child has been, is being or is at risk of being harmed then you should contact:

If a child is at risk of immediate harm, call the police 999

Peterborough Children	Cambridgeshire Children
Professionals Making a Referral Professionals – Making a Referral Cambridgeshire and Peterborough Safeguarding Partnership Board (safeguardingcambspeterborough.org.uk)	Professionals Making a Referral Professionals – Making a Referral Cambridgeshire and Peterborough Safeguarding Partnership Board (safeguardingcambspeterborough.org.uk)
Referral Portal Professional (peterborough.gov.uk)	Referral Portal Make a professional referral to Cambridgeshire County Council Children's Services - Instructions and Data Protection - Cambridgeshire County Council website (achieveservice.com)
Monday – Friday 9am to 5pm: 01733 864170	Monday – Friday 9am to 5pm: 0345 045 5203
Out of Hours: 01733 234724	Out of Hours: 01733 234724
If you are a professional and unclear on the threshold application, you can call the Peterborough professional consultation line to discuss the case: Monday- Friday 9am to 5pm: 01733 864180	

Finding more resources and support services

For up-to date information on Cambridgeshire services supporting	For up-to-date information on Peterborough services supporting
<p>Children and young people please visit: Parenting And Family Support - Cambridgeshire County Council</p> <p>Early years children and families please visit: Childcare and early learning - Cambridgeshire County Council</p> <p>Children and young people with special educational needs: SEND Information Hub (Local Offer) (cambridgeshire.gov.uk)</p>	<p>Children and young people please visit : Peterborough Information Network Families Information Service (FIS)</p> <p>Early years children and families please visit: Peterborough Information Network Early Years & Childcare</p> <p>Children and young people with sepcial educational needs Peterborough Information Network Peterborough SEND Information Hub (Local Offer)</p>

Multi-Agency Safeguarding Assessment Tools

[Barnardo's Domestic Violence Risk Identification Matrix \(DVRIM\) | Cambridgeshire and Peterborough Safeguarding Partnership Board \(safeguardingcambspeterborough.org.uk\)](#)

[Graded Care Profile Tool | Cambridgeshire and Peterborough Safeguarding Partnership Board \(safeguardingcambspeterborough.org.uk\)](#)

[Contextual Risk Screening Tool | Cambridgeshire and Peterborough Safeguarding Partnership Board \(safeguardingcambspeterborough.org.uk\)](#)

[Child Sexual Behaviour Assessment Tool | Cambridgeshire and Peterborough Safeguarding Partnership Board \(safeguardingcambspeterborough.org.uk\)](#)

To sign up to multi-agency training opportunities please visit: [Multi-Agency Safeguarding Training | Cambridgeshire and Peterborough Safeguarding Partnership Board \(safeguardingcambspeterborough.org.uk\)](#)

Appendix 2: Supporting children and young people in need of targeted early help support

IDENTIFICATION OF NEEDS

A Practitioner becomes aware that a child has needs which are not currently being met.
Practitioner has a conversation with their line manager/safeguarding lead about the level of risk to the child's safety and/or development.

Is the child at risk of significant harm?

If yes, follow the LEVEL 3 or 4 guidance within this document

Can your agency meet the additional needs of the child or family?

If yes, please complete an agency check to see if the child or family are already being supported by a statutory or early help service by checking the child's record on Liquid Logic EHM or by contacting the Early Help Hub via email on early.help@cambridgeshire.gov.uk

If no, consider whether an Early Help Assessment is needed to identify the strengths and needs of the family and what services might be required to support them. This may include support from the local authority Targeted Support team or another specialist service.

COMPLETE AN EARLY HELP ASSESSMENT

Step 1 – Gain consent from the family to initiate an Early Help Assessment and share a copy of the Privacy notice with them.
Step 2- Speak to the child and the family to gain an understanding of what is working well, what could be better and how you will work together.
Step 3 – Record this information in the Early Help Assessment within EHM. For further support and advice speak to your local Early Help Support Officer.

SUBMIT THE COMPLETED EARLY HELP ASSESSMENT (EHA) TO THE EARLY HELP HUB & CREATE A FAMILY PLAN

Following the submission of the EHA, the Early Help Hub will check that the required information has been recorded and advise on the next steps of support.
Step 1 - The lead professional should set a date for a TAF meeting with the family & any other professionals working with the family, using the assessment to develop an action plan.
Step 2 – Hold a TAF meeting with the family to review the plan.
Step 3 - Share the plan with the TAF and family.

REVIEW THE PROGRESS

Step 1- The TAF are asked to feedback on their actions and whether they think the plan is working. The family should also have an opportunity to feedback on how things are going.
Step 2 - Decision is made to: 1. Continue as is 2. Amend the plan 3. End the plan as needs have been fully met 4. Escalate case via a safeguarding referral.

END OF THE PLAN/ CLOSURE

If you think the needs of the child have been met and the family's outcomes have been achieved, then you are ready to close the EHA on EHM but only once you've consulted with the TAF and family.

Appendix 3: Eligibility for Short Breaks and Social Care Support Children and Young People with Disabilities

Disabled children have the same rights as other children. We want to be sure that they grow up with the right support that will give them the same opportunities as other children, including accessing universal services and being able to lead fulfilling lives.

There is a range of funding and support available to help this to happen.

This funding is available for disabled children who have particular needs as detailed below.

Our working description of disability is:

The needs of the disabled child or young person are beyond those of a non-disabled child of the same age and means they are likely to require lifelong support in the future from statutory services.

Eligibility criteria agreed by Cambridgeshire County Council

On 21 April 2009, the Cabinet of Cambridgeshire County Council agreed that there would be several ways that disabled children and their families could receive support as detailed below

This eligibility will be applied consistently and any substantive changes will be subject to the agreement of elected members of Cambridgeshire County Council

1. Cambridgeshire's short breaks offer for children with disabilities through self-assessment

For a child or young person who has high rate Disability Living Allowance (DLA) Care Component there is an indicative personal budget of up to £2,000, if they are not already receiving short breaks support from social care, early years, after school access funding, or NHS.

High rate DLA will remain in place for children aged up to 16. Young people over 16 will transfer to Personal Independence Payments (subject to eligibility after a medical assessment). The local short breaks offer will be for those with Enhanced Rate PIP for Daily Living Activities.

Contact for more information:

Disabled Children's Referral & Access Team

01480 372767

DisabledChildrenReferral&AccessTeam@Cambridgeshire.gov.uk

2. Support through assessment

Under the definition of disabled children in the Children Act 1989, all disabled children are children 'in need' and are entitled to an initial assessment. If on assessment the child or young person's disability is likely to lead to lifelong support from statutory social care services, early help and social care funding support will be offered as follows:

- If assessment identifies need at level 2 or more on the needs grid below Early Help funding support will be offered for the local social care short break offer.
- If assessment identifies need at levels 3 or 4 on the needs grid below social care support will be offered.

Level	General Position	Disabled Child's Needs	Siblings needs	Parent/carers needs
Level 1	Child requires support to access services to broaden experiences and/or prevent buildup of stress in family.	Child's level of need limits their participation in community activities and their development would benefit from additional social and leisure activities.	Child's needs are restricting sibling's opportunities.	Child's needs are impacting on parent's personal or social lives.
Level 2 Early Help Funding	Child requires services to prevent impairment of health or development and/or alleviate stress in the family which may lead to risk in 3 or 4	Child's level of need results in them being unable to participate in community activities which increases impairment.	Child's needs significantly restrict sibling's personal or social lives.	Parents need to provide significant care to other dependents who would otherwise be at risk OR child's needs are significantly impacting on parent's personal or social lives.
Level 3 Early Help/Social Care support	Child very vulnerable to risk of significant impairment of health or development OR the need for long term accommodation	Child's level of need results in lifelong impact with likely lifetime support from statutory social care services.	Child's needs are impacting on well-being and development of siblings	Child's needs met but at significant cost to their own physical or mental health OR serious risk of family breakdown
Level 4 Early Help/Social Care support	Services required to prevent immediate risk of significant impairment which might directly affect child's growth, development, physical or mental well-being OR to prevent the need for long term accommodation.	Child's essential care or medical needs or need for emotional development and stimulation cannot be met	Sibling's essential needs cannot be met because of disabled child's needs	Neither child's nor parent's essential needs are being met.

There is a range of services that can be made available to meet the assessed needs. The support that is offered, however, should address the needs identified in the assessment. It is also recognised that needs change over time for disabled children and their families. These needs will be considered in reviews and re-assessments as appropriate, but families may also wish to ask for a new assessment if their circumstances change.

Contact for more information

Disabled Children's Referral & Access Team

01480 372767

DisabledChildrenReferral&AccessTeam@cambridgeshire.gov.uk

Appendix 4 :Thresholds for eligibility for Cambridgeshire Youth Justice Service

The following guidance is to be used in determining eligibility for intervention with Cambridgeshire Youth Justice Service (YJS).

At the Police Station

All children aged 10-17 who are held in police custody will be referred by police to the MASH within an hour of their detention being authorised by the custody sergeant. Youth Justice are alerted to the incident by the MASH. When interviewed by police children will be entitled to legal representation and an Appropriate Adult will be identified (this could be a family member or friend over the age of 18). If this is not possible or not appropriate then a specially trained person from The Appropriate Adult Service (TAAS) will be required to attend. This service is commissioned by the YJS.

All children who are strip searched by police will be highlighted to the MASH and the Appropriate Adult must be aware and can be present if the child wishes.

Level of Need

When a child is held in police custody this would indicate,

Level 4 – a child with acute needs.

Turnaround/Diversion

Turnaround/Diversion is a youth early intervention programme led by the Ministry of Justice (MOJ). The Turnaround/Diversion Team is a project that delivers preventative intervention to children at risk of entering the criminal justice system. The criteria for acceptance onto this scheme is determined by the MOJ and is outlined below:

Turnaround/Diversion Referral Criteria
Children are eligible for assessment and/or support if they, <ul style="list-style-type: none">• have come to notice of agencies with enforcement powers for repeated involvement in anti-social behaviour (ASB);<ul style="list-style-type: none">○ are involved in anti-social behaviour who have received:<ul style="list-style-type: none">○ Community Protection Warning/Notice (CPW/N);○ Acceptable Behaviour Contract (ABC);○ Civil Order for ASB;• are in receipt of Community Protection Orders (CPO), Civil Order and/or Acceptable Behaviour Contract (ABC) for anti-social behaviour;• have been interviewed under caution following arrest, or subject to a criminal investigation attending a voluntary interview;• have been subject to a No Further Action (NFA) decision (including Outcome 22);

<ul style="list-style-type: none"> • have been subject to a Community Resolution (Outcome 8); • have received a first-time youth caution, not including a conditional caution; • have been released under investigation (RUI) or subject to pre-charge bail;(PCB) • have been discharged by a court; • have been acquitted at court; and/or • have been fined by a court.
Referrals must be received within 3 months of above situation
Children must be aged 10 -17 at the time of referral
They cannot have received Turnaround/Diversion support previously
They cannot have had a previous Court Order
They cannot be open to Early Help/Targeted Support or be subject of a Child Protection Plan.

Referral Process

The team screen all children against their eligibility criteria who have,

- been in police custody
- been to court

They also accept referrals from the,

- Out of Court Panel
- Early Help Hub
- Child Peer Groups and Places Meetings
- Schools
- Police
- Self-Referrals

Referrals should always initially be discussed with the Diversion Manager and if agreed that the child meets the criteria sent to yotdiversion@cambridgeshire.gov.uk

This should include,

- consent from child
- contact details
- reason for referral (see criteria for guidance)

Level of Need

All children with interventions delivered by Turnaround/Diversion are considered children at

Level 2 – Early Help or

Level 3 - Children with complex multiple needs.

Out of Court Resolutions

The Out of Court Panel

The panel consists of a YJ Manager, Police, a Representative from Children's Social Care, a Restorative Justice Officer (who has contact with victims of offences), a Health Representative, an Education Representative, a CASUS representative and Business Support. Multi-agency information will be gathered and considered, including the victim's views (if available) to decide what is the most appropriate outcome for the offence(s) committed.

Low level first offences are usually dealt with by the police at the time or shortly after the offence has been committed. The YJS will be alerted to these incidents and will be referred by police to a multi-agency Out of Court Panel that meets each week.

The police refer all children who have committed offences (except those that are being charged straight to court due to the seriousness or because the child denied the offence) so that a decision about what support the child needs and what to do next can be agreed. The panel often cannot make a decision on an outcome without finding out more detailed information from the child and their parents/carers. In these cases the YJS will allocate a Youth Justice Officer to meet and assess the child using a Prevention and Diversion Assessment. The YJO will have 4 weeks to assess the child and return to panel with a proposal for an outcome.

A referral should be submitted by police to the Youth Justice Service notifying them of the outcome where the YJS has not been involved in the decision making. The YJS will screen the children involved and offer voluntary support if appropriate. The YJS Seconded Police Officer will ensure allocated social worker or early help professional are aware of outcomes.

OOCRs are only suitable for children who admit their involvement in an offence or who do not deny it (they may have given a no comment interview for example). Those that deny an offence have the right to go to court for trial.

The type of OOCs available to the panel are:

Pre-Court Resolution	What is it and when can it be given?
Outcome 20	<p>A minor offence for which the OOC panel conclude no further action needs to be taken as support has already been put in place to ensure further offending is prevented.</p> <p>This would be a useful outcome for example for a minor offence on school premises or at home where the school or early help/social care are supporting the young person/family to address concerns.</p>
Outcome 21	<p>A minor offence for which the police conclude it is not in the public interest to pursue</p> <p>Further investigation resulting from the crime report that could provide evidence sufficient to support formal action being taken against the suspect is not in the public interest – this is a police decision. “</p>

	<p>If diversionary activity is offered, this will be on an entirely voluntary basis and may or may not be delivered by the YJS depending on local arrangements. The intention of using this outcome code in cases of child produced and non-abusive sexual imagery is to present a proportionate response.</p>
Community Resolution (CR)	<p>Offence must be admitted and be of low gravity. The child is usually given an opportunity to complete a restorative process with the offence victim.</p> <p>A first CR can be issued by the police without consultation with YJ but a child should not receive more than one CR without a referral to the OOC Panel.</p> <p>There are also some online diversions that can be delivered alongside a CR that the police will refer to.</p> <p>For a first offence of possession of cannabis, a CR should include a referral to CASUS for assessment and delivery of at least one education session.</p> <p>Any interventions are voluntary.</p>
Route 22 (diversionary programme)	<p>This can be given for any case as an alternative to a formal outcome and is assessed to need a programme of work to divert from the Criminal Justice system.</p> <p>The Police will take no further action against the child when 'diversionary, educational or intervention activity, resulting from the crime report, has been undertaken and it is not in the public interest to take any further action'.</p> <p>If the child does not comply with interventions, they will be returned to panel to consider an alternative and more serious outcome.</p>
Youth Caution	<p>Youth Caution shows on national police records and it is a Formal Outcome. It does not have an accompanying programme. Can be imposed for low gravity offence at any time (ie can have previous convictions/cautions).</p>
Youth Caution (Voluntary Intervention)	<p>Can be imposed at any time (even with previous convictions). Dependent on gravity of offence. Voluntary interventions will be offered alongside this – usually by the Youth Justice Service.</p> <p>If the child does not comply with interventions no further action will be taken by police.</p>

Youth Conditional Caution	<p>Can be imposed at any time (even with previous convictions). Dependent on public interest and gravity of offence.</p> <p>If the child does not comply, they will be returned to panel to consider an alternative outcome.</p>
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Level of Need

All children with Out of Court Resolution interventions delivered by the YJS are considered children at

Level 3 – Children with complex multiple needs or

Level 4 – Children with acute needs.

Court Ordered Interventions

All offending by children that meets a higher severity and seriousness or when children deny any responsibility for offences will be referred by the Police and Crown Prosecution Service direct to a Youth Court who may refer to the Youth Justice Service. Where offences are considered very serious the magistrates can refer them onto a Crown Court who have more sentencing powers.

All children will be supported by the Youth Justice Service at Court and duty systems are in place to ensure we are present, including Saturday and Bank Holiday Courts. The Youth Justice Service will be there to support and advocate for the child, undertake assessments and make recommendations to the court on outcomes.

Bail and Remand

The Court has the following outcomes available whilst a child is waiting to be sentenced:

- Unconditional bail
- Conditional bail that could include,
 - residence (including live as directed by the local authority), to live and sleep each night an address, exclusion areas, not to contact victims/witnesses, curfews (could be electronically monitored with a tagging device)
 - a bail support and supervision programme – this would be supervised by the Youth Justice with regular face to face and/or telephone contact and support as determined by the conditions that the court give
 - Intensive Supervision and Surveillance – this would include intensive support from Youth Justice and an electronically monitored curfew. Face to face and/or telephone contacts are usually twice daily
- Remand to the care of the Local Authority – the child would be referred to the MASH and an assessment would be undertaken by social care. The child’s legal status becomes a Child in Care. The child could return home in certain situations or they could be required to stay at a care address. The Youth Justice Service would also supervise the child, support any CSC assessment, provide support and oversight to manage concerns about harm to the public.

- Remand to Youth Detention – the child would be placed in a secure children’s home, training centre, school or a Young Offenders Institute (YOI). the child would be referred to the MASH and an assessment would be undertaken by social care. The child’s legal status becomes a Child in Care.

Pre-Sentence Reports (PSR’s)

These are sometimes ordered by the court before they sentence a child to a court order. If the court requires more information about a child’s situation, they will ask for a PSR and adjourn court proceedings so that the Youth Justice Service can meet with and assess the child using a Youth Justice Board approved assessment (currently an Assetplus). They will then prepare a report for the sentencing court, which usually takes place about 3 weeks later.

Court Orders –

The following sentencing outcomes are available for children. All will be supervised by Youth Justice and enforced if the child fails to engage and comply:

Referral Order	3 -12 months	Available for children aged 10-17. A member of YJS will meet and assess the child using a Youth Justice Board approved assessment (currently an Assetplus). The child and their parent/carer (and possibly the victim) will meet with a Referral Order Panel to agree how the child can repair the harm caused and give back to the community and what support and interventions would be helpful in keeping them away from further offences.
Youth Rehabilitation Order	3 – 36 months	Available for children aged 10-17. The following requirements can be attached to a YRO: <ul style="list-style-type: none"> • activity requirement; • supervision requirement; • unpaid work requirement;* • programme requirement; • attendance centre requirement; • prohibited activity requirement; • curfew requirement; • exclusion requirement; • electronic monitoring requirement; • residence requirement;* • local authority accommodation requirement; • fostering requirement;** • mental health requirement;

		<ul style="list-style-type: none"> • drug treatment requirement (with or without drug testing); • intoxicating substance requirement; • education requirement; and • intensive supervision and surveillance requirement. <p>** *These requirements are only available for offenders aged 16 or 17 years old on the date of conviction</p> <p>**These requirements can only be imposed if the offence is an imprisonable one and for offenders aged under 15 they must be deemed a “persistent offender”</p>
Detention and Training Order	4 months – 24 months	Available for children aged 12-17. A Detention and Training Order (DTO) is a custodial sentence given by a Youth Magistrate or Crown Court. A DTO is used when young people commit a serious offence or a number of offences. Half the sentence is completed in a secure setting (Secure Children’s Home, Secure School, Secure Training Centre or YOI) and the other half in the community whilst under supervision by the YJS. Some children on longer sentences can be released earlier than the halfway point (dependent on type of crime and behaviour).
Section 91	24 months plus	Section 91 allows the Crown Court to sentence children (under 18 year olds) charged with grave crimes to custody (a prison sentence). It only applies for grave crimes, these are certain offences listed in section 91, and where neither a YRO or a Detention and Training Order is suitable. It is normally used to pass a sentence longer than the maximum two years available under a Detention and Training Order.

Level of Need

All children with assessments or interventions ordered by the court are considered children at **Level 4 – children with acute needs**.

Appendix 5 : Children and Young People's NHS Continuing Care ('Continuing Care')

Some children and young people (up to their 18th birthday) may have such complex health needs that they cannot be met by the services which are routinely available from GP practices, hospitals or in the community commissioned by Integrated Care Boards or NHS England. The Children and Young Peoples NHS Continuing Care Framework provides guidance for Integrated Care Boards when assessing the health care needs [National Framework for Children and Young People's Continuing Care \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/67122/nhs_continuing_care_framework_for_children_and_young_people.pdf).

A package of additional health support may be needed which known as continuing care. (N.B. For Young adults aged 18 and over the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care and the supporting guidance and tools should be used [National framework for NHS continuing healthcare and NHS-funded nursing care - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/67122/nhs_continuing_care_framework_for_children_and_young_people.pdf)).

Children with complex needs may not only need support from health services. They may also have special educational needs and need support from social care. Usually, continuing care should be part of a wider package of care, agreed and delivered by collaboration between health, education and social care.

All children and young people with a disability, a long-term illness or who has experienced a significant or life changing accident is a Child in Need under the 1989 Children' Act and therefore a social work assessment should be offered upon consent. There are clear limits to what care should be funded by the local authority, which should not be a substitute for additional NHS care for children. The duty under section 17 of the Children Act 1989 does not extend to meeting essential medical needs, this is known as the Haringey Judgement.

Requests for NHS Continuing Care can be made by a variety of professionals with consent from the child or their parents or guardians, where necessary. All NHS Continuing Care referrals with the required evidence, such as 24-hour care needs, are triaged by the ICB clinical team who decides whether the child should proceed to a formal assessment. During the assessment phase of the process the nominated clinical assessor gathers information and evidence, including the preferences of the child and family, a holistic assessment of the child, and reports and risk assessments from the professionals in the child's multidisciplinary team. The Decision Support Tool provides a means of making a summative judgment of the child's needs. Every need considered under the Decision Support Tool should have evidence to support it.

A child is likely to have continuing care needs if assessed as having a severe or priority level of need in at least one domain of care, or a high level of need in three domains of care.

The level of need in a single domain may not on its own indicate that a child or young person has a continuing care need but will contribute to a picture of overall care needs across all domains. Levels of need are relative to each other as well as to those in other care domains. It is not possible to equate a number of incidences of one level with a number of incidences of another level – that needs assessed as 'moderate' in two domains are the equivalent of one 'high' level of need, for example. In presenting recommendations to a multi-agency forum, nominated children and young people's health assessors consider the level of need identified in all care domains in order to gain the overall picture.

The domains of the Decision Support Tool for children and young people allows consideration of actual needs, how these are being met, what is working and what interventions or referrals must be made to facilitate unmet needs. There is also scope for considering the workforce and any training options necessary.

Care package options, shaped by the child's and their families support needs, are developed which should have regard to other packages of care the child may have, working to ensure that the care fits seamlessly. Joint commissioning, or tri/bi-partite agreements may need to be arranged, to ensure health, education and social care needs are catered for in a package of care.

The child or young person's continuing care needs are reviewed three months after the package of care has commenced, and annually thereafter, or when their health function is known to have changed.

Referrals and advice for NHS Continuing Care assessments is through email cpicb.childrenscontinuingcare@nhs.net

For further information please see [Children and young people's continuing care national framework](#).

Appendix 6: Private Fostering

There are occasions where a child or young person may need to live with people other than their parent(s) or direct members of their family.

In his report into the enquiry about Victoria Climbié's death, Lord Laming highlighted concerns about privately fostered children. As a result, Local Authorities have been issued with guidance pertaining to their duties to safeguard children who are privately fostered.

What is Private Fostering?

Private Fostering is when a child or young person under the age of 16 years or under 18 years if they are disabled, are cared for on a full-time basis by a person who is not their parent, a person with parental responsibility or a "close relative" for 28 days or more.

Close relatives are defined as:

- Grandparents
- Brothers and sisters
- Uncles and aunts, or
- Stepparents (if married to the partner or in civil partnership).

Private Fostering arrangements are those where it is intended for the placement to **last 28 days or more**. They are generally made with the agreement of the child's parent, but this may not always be the case.

The statutory responsibility for Private Fostering lies with the Local Authority and is carried out by Peterborough City Council's and Cambridgeshire County Council's children's social care service. In Peterborough, the Head of Service for Children in Care in the Children and Families Service has been appointed as the Responsible Officer for Private Fostering. In Cambridgeshire, the Service Manager for Fostering has been appointed as the Responsible Officer for Private Fostering.

When to Refer

All Private Fostering arrangements should be referred to the Local Authority via the MASH portal or via telephone call to the children's social care team in the MASH.

Any parent proposing to have their child looked after by someone other than a close relative for more than 28 days, or a Private Foster Carer who is proposing to look after someone else's child, must notify the Children and Families Service at least 6 weeks before the arrangement is due to begin or as soon as arranged if less than six weeks.

A person who proposes to accommodate a child or children at school in circumstances in which some or all of them will be treated as Privately Fostered children must give written notice of their intention to the Local Authority, stating the estimated number of children, not less than 2 weeks before the arrangements begin.

Where a Private Fostering arrangement is in existence or an emergency arrangement has been put in place, the Private Foster Carer or parent should tell the Children and Families Service within 48 hours.

For further detail please refer to the Private Fostering Guidance at the Safeguarding Children's Partnership website. [Private Fostering | Cambridgeshire and Peterborough Safeguarding Partnership Board \(safeguardingcambspeterborough.org.uk\)](https://safeguardingcambspeterborough.org.uk)