Effective Support for Children and Families in Essex

October 2024

ESSEX Safeguarding Children BOARD

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Introduction

This guidance provides a framework for everyone who works alongside children and young people and their families in Essex, assisting practitioners to identify, understand and consider the appropriate support at the earliest opportunity and lowest appropriate level of the effective support windscreen as soon as a need is identified. It covers unborn babies and children aged 0-18 years (up to 25 years for children with special educational needs and disability) and should be used alongside statutory guidance for each agency.

It is important that all agencies understand the needs of each individual child within their own context, each situation is unique and specific to that child. This guidance should assist professional judgement in determining how best to support children and to help everyone to:

- Understand the child in the context of their family and wider community.
- Develop ideas and solutions alongside children and their families considering strengths and relationships so that timely support is offered by the right service, in the right place, to prevent children and families needing more specialist support.
- Empower families to make decisions and change to their own lives.

The guidance recognises that however complex a child's needs are, universal services e.g. education and universal health provision, will always be provided alongside any additional support.

Children's needs are not static, and they may experience different needs, at different points throughout their childhood years and adolescence. The term professional/practitioner is used to refer to anyone who works or volunteers alongside children and their families in any capacity. The term child is used to refer to any child or young person unborn to 18 and up to 25 for those with special educational needs.

Principles of working with children and families in Essex

The Lead Safeguarding Partners for Essex (Essex Police, Essex County Council, Hertfordshire and West Essex Integrated Care Board, Mid and South Essex Integrated Care Board and Suffolk and North East Essex Integrated Care Board) are responsible for producing and agreeing this guidance. This guidance has been agreed by all agencies represented at the ESCB Executive and stated relevant agencies and affirms the commitment to the following principles which inform the way we work alongside children and families:

- Engage with families by working alongside parents, carers and children with their consent to share information with others when appropriate, unless by doing so it would put the child at risk of significant harm.
- Work to families' strengths – especially those of parents and carers and take the time to understand their needs fully.
- Parents tell us that they are motivated by having goals that reflect their family's priorities.
- Focus on preventing problems before they occur and offer flexible responsive support when and where it is required.
- Build the resilience of parents/carers, children and communities to support each other.
- Work together across the whole system aligning our resources so we can best support families and do what needs to be done when it needs to be done.
- Base all that we do on evidence of both what is needed and of what works and be brave enough to stop things that are wrong.
- Be clear and consistent about the outcomes we expect, and judge what we do against them.

In Essex the Safeguarding partners want to ensure that children and families get the right support at the right time to reduce the need for more specialist interventions.

Multi-agency working

When children and families require support and multi-agency intervention is needed, it is helpful for everyone to work together and identify a lead practitioner who can co-ordinate the plan of care for the children and family.

Working with families at all levels of the windscreen requires consent. Those working with families should be as open and transparent as possible by telling families what information they are sharing and with whom unless the child or children are at risk of significant harm or to seek consent may put the child at risk of harm.

Whilst it should always be the primary intention of any professional to obtain consent to work with a family or share their information there will be occasions when a child is likely to come to significant harm and seeking consent will increase this risk obtaining consent is not required. On these occasions professionals should record the legal basis for sharing this information without consent.

Private fostering

Private fostering is when a child or young person under 16 (18 if disabled) lives with someone who is not a close relative for more than 28 days. It is a legal requirement for parents and private foster carers to notify the local authority about private fostering arrangements. If you become aware of a private fostering arrangement, please call 0345 603 7627 or submit a request for support to the Essex County Council Children and Families Hub.

Consultation opportunities

There are a number of opportunities to have discussions about concerns about children and their families, this may be a discussion within your organisation with your safeguarding lead or it may involve using other opportunities such as:

- The virtual early help drop-ins, where anyone can take an anonymous case for discussion to seek information and advice on the action to take. For more information on the early help drop-ins see the ESCB website.
- For Level 1 and 2 consultation email TAFSO@essex.gov.uk
- Southend Essex and Thurrock Child and Adolescent Mental Health Services (CAMHS) practitioner consultation line Mon to Thurs 10am – 12pm 0300 300 1996 https://www.nelft.nhs.uk/set-camhs/
- Essex Domestic Abuse Helpline 0330 333 7444 https://www.essexcompass.org.uk/

For safeguarding concerns practitioners can call the Essex County Council Children and Families safeguarding consultation line, you will then be put through to a social worker to discuss the case anonymously and seek advice. The practitioner making the call needs to record the discussion and advice given. This will not be recorded on Essex County Council Children's Social Care records. The safeguarding consultation line can be reached by calling 0345 603 7627 and asking for the safeguarding consultation line.

Consent and capacity

Working with families at all levels of the windscreen requires consent unless the child or children are at risk of significant harm or to seek consent may put the child at risk of harm. Those working with families should be as open and transparent as possible, by telling families what information they are sharing and with whom.

Children aged 16 and 17 are presumed to have capacity and the principles of the Mental Capacity Act (2005) apply to them.

Mental capacity is the ability of someone over the age of 16 to make their own decisions. This means being able to:

- Understand information given to them in relation to a decision.
- Remember the information long enough to make a decision.
- Use or weigh up the information available.
- Communicate their decision in any way which can be recognised.

When someone is unable to meet these criteria, they are considered to ‘lack capacity’. This can be permanent (for example, caused by severe learning disability, some mental health issues or irreversible brain injury), or short term (for example due to mental health issues, being under the effect of drugs or alcohol, or if someone is unconscious). A person's capacity to consent can change. For example, they may have the capacity to make some decisions but not others, or their capacity may come and go.

When a person over the age of 16 has been assessed as lacking mental capacity, there may be many different people and agencies involved in making decisions on their behalf, depending on the complexity of the situation.

The Mental Capacity Act (MCA) 2005 provides a clear framework, including who should be consulted in the decision-making process, and in what circumstances (for example in life-saving treatment).

For Children and Young People below the age of 16, MCA does not apply. Gillick competency and Fraser guidelines help people who work with children to balance the need to listen to children's wishes with the responsibility to keep them safe. When practitioners are trying to decide whether a child is mature enough to make decisions about things that affect them, they often talk about whether the child is 'Gillick competent' or whether they meet the 'Fraser guidelines'.

Although the two terms are frequently used together and originate from the same legal case, there are distinct differences between them. The Fraser guidelines still apply to advice and treatment relating to contraception and sexual health. But Gillick competency is often used in a wider context to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. More information about the Fraser guidelines and Gillick competency.

For children under 16 who are not Gillick competent, people with parental responsibility have the right to make decisions about their care and upbringing.

The following people automatically have parental responsibility:

- All birth mothers.
- Fathers married to the mother at the time the child was born.
- Fathers who are not married to the mother, but are registered on the child's birth certificate.
- Civil partners and partners of mothers registered as the child's legal parent on the birth certificate.
- Others may acquire parental responsibility, for example through a court residency or parental responsibility order.
- Parental responsibility may be shared with the local authority if the child is the subject of a care order.

If you have concerns about the mental capacity of parents / carers, you need to consider if this is a new concern, or if there are already arrangements for support in place. Liaise with other professionals, considering others in the family and the care of the child. Make referrals to Adult Social Care and Children's Social Care as required. If you have immediate concerns or are facing an acute circumstance, also refer to emergency health care services (999).

If you have concerns about the parenting capacity, use the provided indicators to assess need and the impact on the child and make referrals accordingly.

Working Together to Safeguard Children 2023- A guide to multi-agency working to help, protect and promote the welfare of children (DfE, Dec 2023)

Information Sharing – advice for practitioners providing safeguarding services for children, young people, parents and carers (DfE, May 2024)

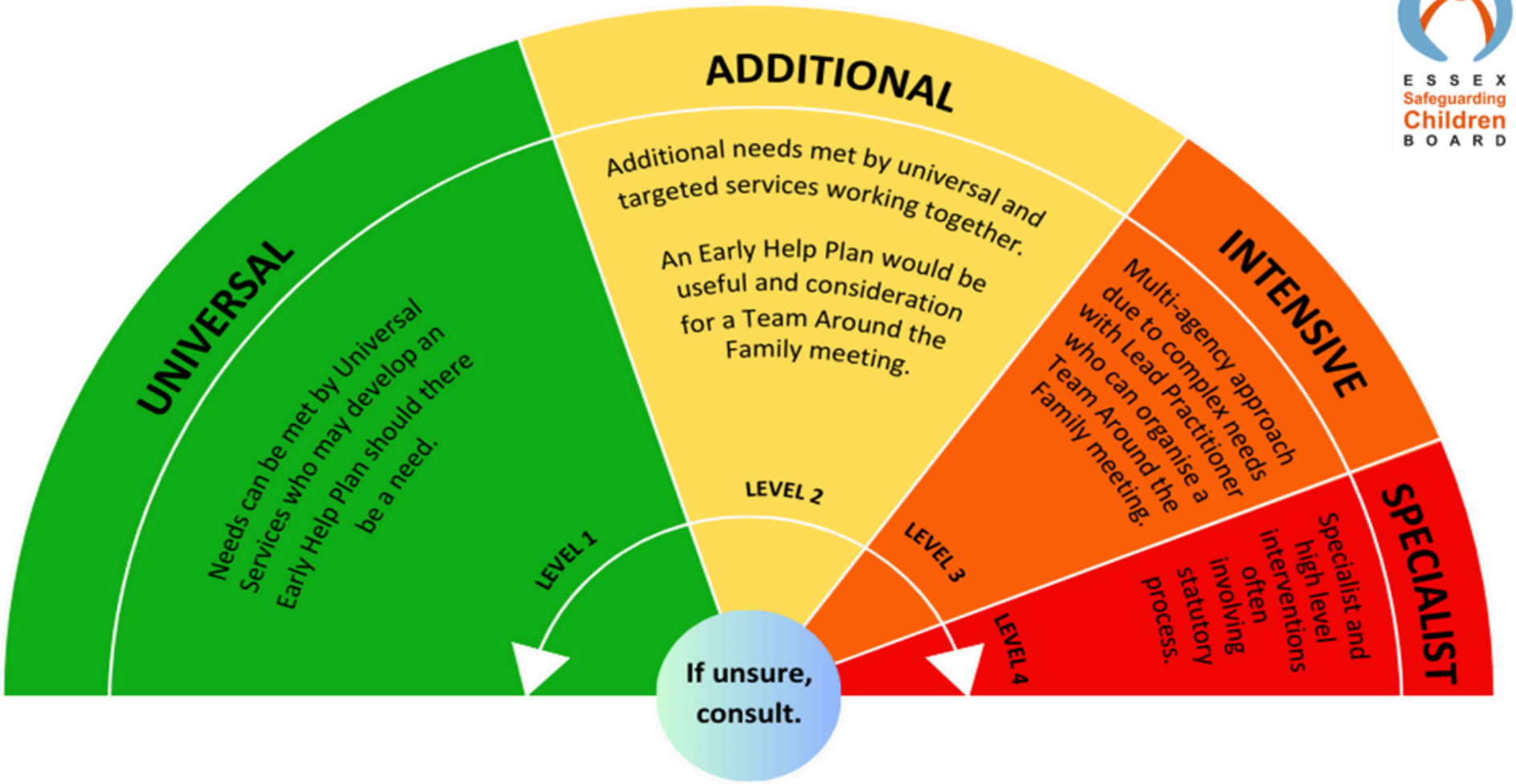
The Effective Support Windscreen

In Essex the levels of need are represented on the windscreen of need. It is intended to provide practitioners with a shared understanding and common language around needs and harm.

This is a conceptual model of need and in reality, children and families will move across the windscreen. It will not be the same for each child or family; it is a means of providing needs led appropriate access to services, when considering the type of support needed. Some children and families will need additional support that they will source directly from the relevant agencies; others may need support to navigate the early help system. Some children and families will require short term support following a specific incident whilst others will require longer more intensive support from a range of agencies.

Children with Special Educational Needs and Disabilities (SEND) are subject to the same safeguarding concerns and support pathways as all other children in Essex. In addition, they may also receive support under Section 17 of the Children Act 1989 (more information in page 17).

The Effective Support Windscreen



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

Level 1 and 2 - Early help

Early help can and should be provided by anyone who is working alongside children and families in Essex. Early help can support families to build resilience and sustain better outcomes. There are many resources available to support practitioners including how to guides and videos. The resources will help you understand the level of need and how an early help approach could help. Early help can be provided by a single agency and the services involved may change over time. Some families will seek their own support whilst others may come to a trusted agency such as a school, health visitor, school nurse, GP or early years setting to seek support. There are also a range of services delivered by the voluntary and community sector as well as those commissioned by some statutory partners that aim to support families early to prevent crisis occurring.

It can be helpful to develop an early help plan with the family so that everyone understands what they are expected to do as part of the support plan. The use of chronology, to demonstrate the impact of events for children can be useful.

Team Around the Family

It can be helpful to bring other practitioners who are working with the family or who may be able to offer support together with the family to hold a Team Around the Family meeting (TAF). If there are a number of different organisations involved with the family, then it is good practice to identify a lead practitioner so that the family have a key contact. There are guides to help you do this:

- What is a Team Around the Family (TAF)
- How to hold a Team Around the Family (TAF) meeting
- How to hold a virtual Team Around the Family (TAF) meeting

As part of the Team Around the Family meeting it is helpful to produce an early help plan which can then be shared with all those attending the meeting so that it is clear on the actions identified and who is responsible for them. The Essex County Council website has a template and guidance on formulating an early help plan.

Essex County Council Team Around the Family Support Officer (TAFSO)

Team Around the Family Support Officers can support practitioners to feel confident holding Team Around the Family meetings and completing Early Help Plans, they can be contacted by email: TAFSO@essex.gov.uk

Early Help Drop-ins

There are virtual early help drop-ins Tuesday, Wednesday and Thursday each week. Any practitioner can bring an anonymous case for discussion and get information and advice from a range of practitioners. Days, times and links to join can be found here: Early help drop-ins there is no need to go to the drop-in for the quadrant you are based in, anyone can go to any of the drop-ins.

Directory of Services

- The directory of services is a helpful tool for practitioners and families to seek support in their local area and also contains details of national organisations.
- Essex Frontline has details of local health and wellbeing services in Essex.
- Local offer help available for children and young people (aged 0-25).

Level 3 - Intensive needs

Children and families with Level 3 Intensive Needs require a coordinated multi-agency response due to the complexity of their circumstances. These families often face significant challenges that impact their ability to function effectively without substantial support.

Effective support at this level involves coordinated efforts from various agencies, including social care, health services, education, and the voluntary sector. This collaboration ensures that all aspects of the family's needs are addressed comprehensively.

In Essex, the Family Solutions Service is an additional service that will work with families who have a range of complex needs and uses the Supporting Families Outcome Framework to define these needs as follows, with three or more needs requiring intensive support at level 3. (When requesting support at level 3 it is important to evidence how the family has been supported up until now, what has worked, what worked less well in supporting the child and family and what support is needed now):

- Families with children who have poor school attendance, poor engagement and/or Special Education Needs or Disabilities (SEND)
- Parents who are struggling to provide their children with good early years developmental milestones.
- Families who are living with physical or mental health difficulties which is having a significant impact on the family's emotional wellbeing.
- Families living with drug and alcohol use or dependency including the exposure and impact on children.
- Families who are suffering from poor family relationships and/or in need of parenting support.
- Families where children exhibit significant behavioural difficulties.
- Families where children are unsafe or at risk of exploitation.
- Families with members involved in crime or anti-social behaviour.
- Families affected by current or historic domestic abuse.
- Families who are in insecure housing.
- Families who are at risk of financial instability this could be due to loss of or lack of employment, hours worked or significant debts.

When working with a family the Family Solutions family worker will usually act as the lead practitioner to work with the family to help them find solutions to their needs. It may be that another level 3 service is already working with the family or is more suitable to meet the family's needs, but this will be fully explored at the start by Family Solutions to ensure all their needs are being met.

Families consent to work with Family Solutions on a voluntary basis by engaging with their family worker to find solutions collaboratively as a family. Family Solutions are made up of family workers who come from a range of specialist professional backgrounds and work with the whole family, for 6 months on average and up to a maximum of 12 months. Arrangements have been developed between Children's Social Care (CSC) and Family Solutions to facilitate children and families being stepped up to Children's Social Care where there is evidence of the children being at risk of significant harm and step down once high-level specialist needs have been met.

Level 4 - Specialist

Children and families with Level 4 needs require specialist interventions due to the severe and complex nature of their circumstances. These situations often involve significant risk of harm to the child, necessitating immediate and intensive support from statutory services. At this level, comprehensive and coordinated multiagency interventions are crucial to address the high-level needs and to ensure the safety and well-being of the child.

Child in Need

A child assessed as being a Child in Need (Section 17, Children Act 1989) is one where:

- They are unlikely to achieve, maintain or have the opportunity of achieving or maintaining a reasonable standard of health or development; or
- Their health or development is likely to be significantly impaired without the provision for them of such services; or
- They are disabled*

Where any one of these criteria are met and services are provided under Section 17 by consensual agreement with the parent(s)/carer(s) this should be led by Essex County Council Children's Social Care.

*The Children Act 1989, defines all children who are disabled as children in need. Some children and young people that are legally defined as disabled, may require specialist level 4 intervention which includes Essex County Council Children and Young People with Disabilities Service. For many children with disabilities their needs can be met by alternative provisions.

Further information on Child in Need.

Child Protection

If there is reasonable cause to suspect that a child is suffering or likely to suffer significant harm child protection procedures should be initiated and these child protection enquiries should always be led by a social worker under Section 47 of the Children Act 1989.

Significant harm refers to a situation where a child's health or development is being seriously affected, or is likely to be seriously affected, by abuse or neglect. This can include physical abuse, emotional abuse, sexual abuse, or neglect, and it requires immediate intervention to ensure the child's safety and well-being.

More information on Child Protection Conferences, expectations and the process.

Requests for support at level 3 or 4

Working Together to Safeguard Children 2023 (DFE 2023) states that:

“Anyone who has concerns about a child’s welfare should consider whether a referral needs to be made to local authority children’s social care and should do so immediately if there is a concern that the child is suffering significant harm or is likely to do so. Where a child is admitted to a mental health facility, practitioners should make a referral to local authority children’s social care.

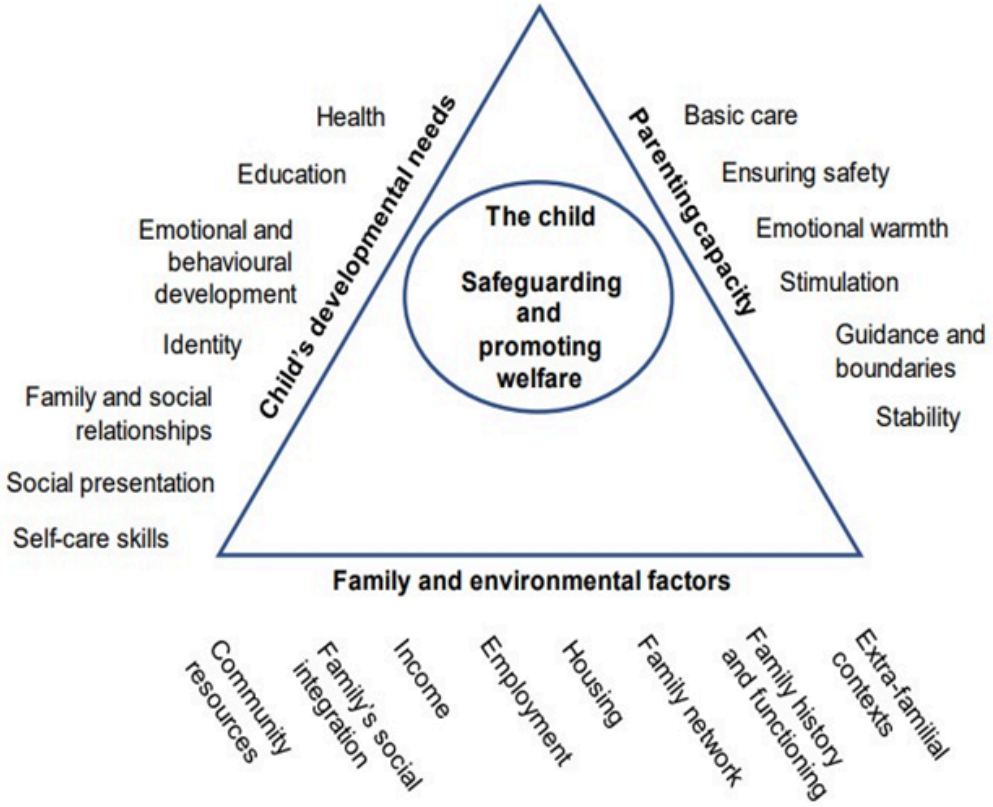
When practitioners refer a child, they should include any information they have on the child’s developmental needs, the capacity of the child’s parents, carers, or family network to meet those needs and any external factors that may be undermining their capacity to parent. This information may be included in any assessment, including an early help assessment, which may have been carried out prior to a referral into local authority children’s social care. An early help assessment is not a prerequisite for a referral but where one has been undertaken, it should be used to support the referral.”

Essex context:
In Essex a referral is a Request for Support. Before submitting a Request for Support please review the indicators of need to assist you to understand the level of need for the child and family you are working alongside. Requests for Support are submitted through an online portal on the Essex County Council website.

If you would like to discuss a safeguarding concern, see consultation opportunities on page 7.

Indicators of need

The indicators of need on the following pages are not an exhaustive list but are designed to provide practitioners with a tool to assist assessment, planning and decision making when considering the needs of children in relation to safeguarding concerns. Any safeguarding indicators of concern should always be considered alongside any related needs. It should be remembered that some children, because of their disability or complex needs, and the parental/carer response to the vulnerability of the child this must be factored into any assessment of need and any potential harm. This is not a tick box exercise but aimed at supporting practitioners in their decision making, including conducting further assessments, referring to other services, holding team around the family meetings and the development of early help plans. The domains for the indicators of need have been based on the three domains of the assessment framework (see image below); parenting capacity, child's development needs and family and environmental factors.



Ref: Working Together 2023

UNIVERSAL NEEDS Level 1	ADDITIONAL NEEDS Level 2	INTENSIVE NEEDS Level 3	SPECIALIST NEEDS Level 4
ACCOMMODATION			
Accommodation	Accommodation and basic amenities meet the family's needs. No risk of homelessness or no concerns for unsafe or insecure housing.	Rent arrears place family at risk of eviction. Inadequate overcrowded housing. Risk of homelessness or in temp accommodation. Unsafe housing poor state of repair.	The family have unstable accommodation, resulting in frequent moving which has had a detrimental impact on the child's development. 16- or 17-year-old at risk of becoming homeless. Family served eviction notice and known to housing services. Risk of homelessness and there are complex issues contributing to the family's situation which may result in the family becoming homeless.	The family have unstable accommodation, or experience homelessness, which has significant detrimental impact on the child's development/causing trauma. 16- or 17-year-old presenting as homeless. Family is assessed as intentionally homeless. Family is homeless with no accommodation available to them.
CHILD'S BEHAVIOUR AND DEVELOPMENT **Sudden unexpected death in infancy (SUDI) - SUDI thinking tool** **Young carers assessment – Section 96 Young carers Children and Families Act** **Young carers referral**			
Behaviour	The child has been supported to develop appropriate behaviour and responds to boundaries and constructive guidance.	The child presents with some aggressive or destructive behaviour which negatively impacts on others. The child does not respond to boundaries and constructive guidance.	The child presents with harmful behaviours or exhibits persistent aggressive, bullying or destructive behaviours which impact on others at school, home or in the neighbourhood.	Child is displaying harmful behaviours placing themselves or another at significant risk.

	UNIVERSAL NEEDS Level 1	ADDITIONAL NEEDS Level 2	INTENSIVE NEEDS Level 3	SPECIALIST NEEDS Level 4
Self-care and independence	Child is supported to develop self-care and independent living skills appropriate to their ability, age, and stage of development and is provided with adequate safety and supervision. Child is supported to ensure that they can develop a sense of right and wrong.	Child is generally supported to develop self-care and independent living skills appropriate to their ability, age, and stage of development, however this can at times be inconsistent.	Child has not been supported to develop self-care and independent living skills appropriate to their ability, age, and stage of development, resulting in them not possessing or being unable to use these skills.	Child has been unable to develop behaviour and independent living skills in line with their ability, age, and stage of development and this is likely to result in significant self-neglect, impairment, or harm. Parents/carers have been unable to care for previous children.
Pre-school	Parents/carers respond to child's needs and follow advice including safer sleep and baby care advice.	Parents/carers with additional vulnerabilities are offered and follow tailored safer sleep advice.	Parents/carers do not respond to the needs of child or follow advice including baby care messages which places the child at risk of harm or injury.	Parents/carers do not respond to the needs of child which directly impacts on the child e.g. faltering growth, delayed development, not following advice including baby care messages which places the child at risk of significant harm or injury.
Stimulation	The parents/carers provide positive interaction and effective stimulation and encouragement to participate in play and learning opportunities which support development.	The parents/carers provide inconsistent stimulation for the child's age/stage of development, and this may impact on the child's development.	The parents/carers provide limited stimulation to the child and are unable/unwilling to recognise the importance of play and learning on child development and are resistant to access support to address.	The parents/carer do not provide stimulation or learning opportunities for the child. They cannot or do not accept support to meet the needs of the child and it is known/ suspected that they are being abused, neglected or exploited.

	UNIVERSAL NEEDS Level 1	ADDITIONAL NEEDS Level 2	INTENSIVE NEEDS Level 3	SPECIALIST NEEDS Level 4
		Parents/carers understand the importance of play and learning for the child's development but sometimes their own circumstances and other demands made on their time get in the way and they may have difficulty in prioritising the child's needs over their own.	Parents/carers needs take precedence at times over the child's needs.	
Young carer	The child's caring role does not adversely affect their health, wellbeing and/or education opportunities.	The child has regular caring responsibilities, and these have an impact upon their health, wellbeing and/or education opportunities, for example missing learning opportunities, loneliness and/or risk of poor mental health. They are receiving support to minimise the impact.	The child has long term caring responsibilities which are excessive or inappropriate for the age and ability of the child and support is inconsistent.	The child has long term caring responsibilities which are excessive or inappropriate for the age and ability of the child and which may result in abuse or neglect.

UNIVERSAL NEEDS Level 1	ADDITIONAL NEEDS Level 2	INTENSIVE NEEDS Level 3	SPECIALIST NEEDS Level 4
CRIMINAL, EXPLOITATION & HARM IN THE COMMUNITY			
Crime and antisocial behaviour	Child takes responsibility for behaviour and responds appropriately to boundaries and constructive guidance. There is no criminal or anti-social behaviour which would impact on the family.	Child who comes to the attention of the police on a regular basis. Child can behave in an antisocial way in the community. There is suspicion or evidence of criminal, anti-social, or parental imprisonment within the family where intervention may be needed to reduce the impact on the child.	Child is known to Essex Youth Justice Service for early intervention. There is a known involvement in gang or other criminal activity relating to serious or violent crime, or prolific offending, by a member of the family. This is impacting on the safety, health or wellbeing of the child which indicates and poses a risk to the well-being of the child.	Child who is remanded or there are high risk public protection concerns due to offending behaviours. Parent who is complicit with or utilising the child to engage with criminal activity. Parents involved in violent crime or crime against children. Child is known to have been involved in perpetrating sexually harmful behaviour. Family home used for illegal activities e.g. drug cultivation/supply or sex work bringing unknown adults to the home with links to substance misuse and supply.

	UNIVERSAL NEEDS Level 1	ADDITIONAL NEEDS Level 2	INTENSIVE NEEDS Level 3	SPECIALIST NEEDS Level 4
				Substantiated evidence of involvement in gang activity, organised crime or sexual offences against adults or children by a member of the family which indicates there is an immediate risk to the safety, health or well-being of the child.
Exploitation	The child has secure and consistent relationship and there are no unexplained sudden changes to behaviour, appearance or unexplained injuries.	There is a sudden change to the child's behaviour and/or appearance. The child has new/unknown friends and has become isolated from family/current friends. The child has become secretive with devices or is hypervigilant, nervous or protective about discussions with family/trusted adult. The child resides in or frequently visits neighbourhoods known for high levels of violence, drug activity or gang presence.	The child has unexplained injuries or unexplained payments that might be linked to exploitation. The child is found with unaccounted for money, goods, mobile, drugs or alcohol. The child deems themselves to be in a relationship/friendship with someone and there are concerns about that person's age and/or the power and control they hold over the child. The child is often found in places at which there are no known legitimate links. This could also include using transport such as taxis/trains.	The child has been arrested in possession of drugs with an amount that suggests distribution. The child is found in possession of weapons or is known to use weapons, indicating involvement in gangs or as a means of protection due to exploitation threats or carrying a weapon for someone. The child is actively involved in serious criminal activities this may involve significant criminal networks or gangs suggesting exploitation.

UNIVERSAL NEEDS Level 1	ADDITIONAL NEEDS Level 2	INTENSIVE NEEDS Level 3	SPECIALIST NEEDS Level 4
	There are potential risk factors such as the child does not understand sexual risk or being vulnerable to exploitation (including online).	The child has known affiliations with gangs, characterised by witnessing acts of violence, intimidation or criminal behaviour (including in their online presence). They are spending time with those known to pose a risk to children or introducing other children to them. There are concerns that the child is being groomed and parents/carers do not have support and are not attempting to take protective measures. The child is frequently absent from school without valid reasons, or they have been permanently excluded due to behaviour potentially linked to exploitation or gang involvement.	There is evidence of the child being coerced or involved in activity where they are exploited/trafficked. The child is targeted and manipulated online to engage in sexual activities or share explicit images, this can involve blackmail or significant online grooming. It is suspected that the child is being groomed, coerced or trafficked for sexual exploitation including meeting different people where sex occurs. The child is sharing acts of violence or child on child abuse online to intimidate, threaten and coerce others. The child is a victim of serious violence which is evidenced by repeated hospital visits for injuries that suggest assault, this may include knife wounds or trauma consistent with severe physical or sexual assault.

	UNIVERSAL NEEDS Level 1	ADDITIONAL NEEDS Level 2	INTENSIVE NEEDS Level 3	SPECIALIST NEEDS Level 4
				The child is being threatened with serious injury because of exploitation. Reports of Sexually Transmitted Infections (STI) or repeated STI infections where there are concerns about consent. Disclosures of rape/sexual assault including those that have been withdrawn. The child is concealing illegal substances (including within their body).
Harmful sexual behaviour	Child has developmentally expected and socially acceptable sexual relationships that are consensual, mutual, reciprocal (including use of language) and there is shared decision making.	Child has been involved in a single instance of inappropriate sexual behaviour which is not socially acceptable within peer group and the context for behaviour may be inappropriate, but the child is not openly trying to victimise others.	Child has problematic & concerning behaviour which is developmentally unusual or socially unacceptable. Consensual issues may be unclear, and acts are driven by sexual urges. This behaviour occurs between children of divergent ages, and this continues after being previously addressed. Concerns about child's use of power control.	Victimising intent or using coercion/ force to ensure victim compliance. Misuse of power where informed consent is lacking, or it has not been possible for this to be given. May include threats or violence and is highly intrusive.

	UNIVERSAL NEEDS Level 1	ADDITIONAL NEEDS Level 2	INTENSIVE NEEDS Level 3	SPECIALIST NEEDS Level 4
Missing	Child has no missing periods.	Child missing no more than twice in 90 days. There are minor or unclear concerns about the risk in community. There are emerging concerns about push and pull factors that could lead to further missing episodes.	Child has been missing no more than 3 times in 90 days. There are push and pull factors, which if not addressed will lead to missing episodes increasing. If there are risk in the community concerns, they are low to medium risk in the community concerns linked to missing. Parents/carers may not be reporting missing periods.	Child missing at least 3 times in 90 days or missing 5 days or more in one missing episode (strategy meeting needed) or 3 missing episodes in 28 days (strategy meeting needed). Or there has been a significant incident during a missing episode. If there are risk in the community concerns, they are medium to high. Parents/carers are not reporting missing periods.
Radicalisation	The child does not express any connection to extremist ideologies and there are no concerns about sharing extremist views. The child does not appear susceptible or vulnerable to radicalisation or engaging in acts of terrorism.	The child expresses some connection to extremist ideologies but is open to other views or loses interest quickly. There is the potential to become radicalised. Notice a change in behaviour, changing associations and increasing anti-social behaviour.	The child is becoming radicalised, expresses beliefs that extremist ideology or violence should be used against people who disrespect their beliefs and values. Consideration should be given to referring to prevent.	The child is radicalised, they are associating with known extremist groups or have intent to join terrorist groups. There has been a referral into prevent. Child exhibiting extremist views, threats, suggestions or behaviours that meet PREVENT criteria. The child is being exploited.

UNIVERSAL NEEDS Level 1	ADDITIONAL NEEDS Level 2	INTENSIVE NEEDS Level 3	SPECIALIST NEEDS Level 4

DRUGS AND ALCOHOL AND SUBSTANCE USE (includes prescription medication)

Child	The child has no history of problematic drug or alcohol use.	The child may experiment with drugs/alcohol with the occasional impact on their social and mental wellbeing. Consideration should be given to the age of the child. If appropriate the child is willing to engage with young persons drug and alcohol team.	The child is known to be regularly using drugs and/ or alcohol which is affecting their mental and physical health and wellbeing. Consideration should be given to the age of the child. The child is engaging with young persons drug and alcohol team but inconsistently.	The child is a persistent and high risk substance misuser which places them physically and/or emotionally at risk of significant harm and/or exploitation. There is no meaningful engagement with drug and alcohol teams.
Parents/carers	Use of drugs or alcohol by those providing care for the child does not impact on the child (including during the pre-birth period). Any alcohol/drugs are stored appropriately in the home away from the reach of the children.	Use of drugs or alcohol by those providing care for the child is impacting on the child, but adequate provision is made to ensure the child's safety (including during the pre-birth period). Drugs and/or alcohol in the home are not stored safely. Including storage/disposal and accessibility of prescribed medication. Parents/carers are willing to accept advice. A good support network is available to help care for the children.	Drug/alcohol use detrimentally affects care of child or health of the unborn child. Drugs and/or alcohol in the home are not stored safely. Including storage/disposal and accessibility of prescribed medication. Concerns child is using or has access to use parents substances. Parents/carers are inconsistently accessing specialist drug or alcohol services.	Use of drugs or alcohol by those providing care for the child is having significant adverse impact on the child (including during the pre- birth period) and/or the parents/ carers cannot carry out daily parenting. Child could be considered as a young carer. This could include blackouts, confusion, severe mood swings, drug paraphernalia not stored or disposed of safely, using drugs/ alcohol when their child is present, involving the child in procuring illegal substances and dangers of overdose.

	UNIVERSAL NEEDS Level 1	ADDITIONAL NEEDS Level 2	INTENSIVE NEEDS Level 3	SPECIALIST NEEDS Level 4
		Parents/carers are accessing specialist drug or alcohol services.		There is no meaningful engagement with drug and alcohol services.
EDUCATION, EMPLOYMENT & TRAINING				
Access to education provision	The child has appropriate education, employment, or training provision, which they are accessing. The child is being electively home educated and no concerns have been raised.	The child has education, employment or training provision which is not meeting their needs. The child is electively home educated, and concerns have been raised about the suitability of the provision and/or the child's engagement.	The child does not have appropriate education, employment, or training provision, and is increasingly socially isolated and at risk of harm and/or abuse. Appropriate agencies have worked with statutory and other partners to address this, but it has not been resolved. The child does not have appropriate education, employment or training provision and the parent is not taking the necessary steps to address this.	The child does not have access to appropriate education, employment or training opportunities and is at risk of or subject to significant harm. The child is being electively home educated but there is no evidence that suitable education provision is in place. Appropriate agencies have worked with statutory and other partners to address the concerns, including legal intervention, but the child remains without education provision.

	UNIVERSAL NEEDS Level 1	ADDITIONAL NEEDS Level 2	INTENSIVE NEEDS Level 3	SPECIALIST NEEDS Level 4
			The child is being electively home educated and concerns have been raised about the suitability of the provision and/or there are concerns that they are increasingly socially isolated and at risk of harm and/or abuse.	
Education attendance	The child has good attendance at their education setting (attendance figure is 95% or above).	The child is persistently absent from their education setting (attendance figure is 90% or lower). The child attends their education setting inconsistently and/or is often late. The child is absent from their education setting at times, and insufficient reasons/evidence have been provided by their parent.	The child is persistently absent from their education setting (attendance figure is 90% or lower) and there are wider safeguarding concerns. The education setting has worked with other services and partners to address the child's absence, but this has been unsuccessful.	The child is severely absent (attendance figure is less than 50%) or they have been permanently excluded from their education setting and there are concerns that this may be due to a wider pattern of neglect and/or other safeguarding concerns. All avenues of support (including legal intervention where appropriate) have been used by the education setting, local authority, and other partners, and the appropriate educational support or placements (e.g. an Education, Health, and Care Plan) have been provided, but severe absence for unauthorised reasons has continued.

	UNIVERSAL NEEDS Level 1	ADDITIONAL NEEDS Level 2	INTENSIVE NEEDS Level 3	SPECIALIST NEEDS Level 4
Education, engagement and support	The child is engaging in learning and making progress academically, reaching expected outcomes. The child does not require any additional support and or seeks support appropriately when required. They have strong relationships within a peer group and are not socially isolated.	The child is not engaging in learning consistently and there are concerns that they are not making progress academically and will not reach expected outcomes. The child requires additional support and does not seek this routinely. The child has some identified needs where targeted support is required. A One Plan or Education, Health, and Care Plan is in place. The child does not have strong relationships or a peer group and is at risk of becoming socially isolated. The child is at risk of permanent exclusion.	The child is not making academic progress or meeting expected outcomes despite interventions. The child may have experienced a pattern of short-term suspensions and is at serious risk of permanent exclusion placing them at risk of exploitation and/ or offending/ anti-social behaviours. There is a concern that the lack of engagement in education is beginning to have a substantial impact on the child's behaviour and/or mental health.	The lack of engagement in education provision is having a substantial impact on the child's behaviour and/or mental health. The child is not in engaging in their education, training or employment provision and their future prospects are significantly reduced. It is known/suspected that the child is being abused, neglected, or exploited.

UNIVERSAL NEEDS Level 1	ADDITIONAL NEEDS Level 2	INTENSIVE NEEDS Level 3	SPECIALIST NEEDS Level 4

EMOTIONAL WELLBEING – CHILD

SET CAMHS consultation line Mon to Thurs 10am – 12pm 0300 300 1996.
SET CAMHS referral

Child	The child's emotional wellbeing is being met in line with their developmental needs. Child adapts to change and understands other's feelings and emotions accounting for neurodevelopmental conditions.	Child engaging in self-harming behaviours where there is no intention to seriously harm or no immediate risk. Child who has experienced loss and/or bereavement where it is impacting on wellbeing. Child with emerging neuro-diverse conditions, diagnosed/ undiagnosed which require support.	Child is displaying behaviours consistent with emotional disregulation including significant self-harm where child is not receiving appropriate support. Child with unsupported neuro-diverse conditions and parents/carers are unwilling to accept support.	The child is in significant danger or presents a risk of significant danger to others and requires specialist multi-agency support. The child is admitted to an in-patient mental health facility.
Identity	Child has good mental health and is supported by their family, peer group and wider community to develop a positive belief in their self and their abilities.	The child displays some low confidence/self-esteem which can make them anxious and vulnerable to negative influence by peers and/or adults. Child may be isolated from their peer group / no longer experience support from their peer group. May experience bullying or exhibit bullying behaviour. Child may be subject to persistent discrimination e.g. racial, sexual or disability.	The child's negative sense of self, low confidence/self-esteem has contributed to them experiencing anxiety and/or behaviour placing them at risk of, for example, school non-attendance, school exclusion, exploitation (online or offline), and/or self-harm. This may be due to their identity or views held by their family, peer group or wider community.	The child's negative sense of self, low confidence/self-esteem has contributed to them experiencing anxiety and/or behaviour that is being negatively influenced by peers and/or adults placing them at risk of significant harm. The child is bullied or abused because of their identity and does not feel safe to express their views or explore support.

	UNIVERSAL NEEDS Level 1	ADDITIONAL NEEDS Level 2	INTENSIVE NEEDS Level 3	SPECIALIST NEEDS Level 4
		The child experiences some difficulties around their identity or views being accepted by their family, peer group or the wider community. There is a risk that their mental health may be adversely impacted. The child may be more vulnerable to online abuse. The child has no peer group and is isolated.	They may not feel safe to express their views. Their mental health and wellbeing is significantly affected. They have no supportive peer group and are socially isolated. Child has body image and enduring eating difficulties, such as Avoidant/Restrictive Food Intake Disorder (ARFID). Which impacts their physical health.	Their mental health and wellbeing is significantly harmed.
EMOTIONAL WELLBEING – PARENTS/CARERS				
Parents/carers	The parents/carers are generally coping well emotionally following the birth of their child. Parents/carers have a warm and supportive relationship with the child which supports emotional, behavioural and social development of the child.	The parents/carers experience poor mental health and wellbeing following the birth of their child and require support to meet the needs of themselves and their child. Parents/carers struggle to provide emotional warmth and/or can be critical and/ or inconsistent, which could impact the child's emotional, behavioural and social development.	The parents/carers have significant mental health and wellbeing needs following the birth of their child and are unable to meet the needs of themselves and these impact on the child.	The parents/carers have significant mental health and wellbeing needs following the birth of their child and no other arrangements are made placing the child at significant risk of harm.

	UNIVERSAL NEEDS Level 1	ADDITIONAL NEEDS Level 2	INTENSIVE NEEDS Level 3	SPECIALIST NEEDS Level 4
			The family environment is volatile and unstable. For example, parents/carers are intolerant, critical, inconsistent, harsh or rejecting and this is having an adverse effect on the child's emotional, behavioural and social development, and may increase their vulnerability to risk. Parents/carers are open to advice and support.	Parents/carers expose the child to persistent emotional maltreatment which causes severe adverse effects on their emotional development, for example conveying to the child that they are worthless, unloved, inadequate, humiliated or valued. Parents/carers impose developmentally inappropriate expectations on the child or expose them to the ill-treatment of another.
FAMILY/TRUSTED ADULTS AND SOCIAL RELATIONSHIPS & FINANCIAL STABILITY				
Additional needs	Parents/carers additional needs do not impact the care of the child.	Parents/carers additional needs create an adult focus which at times may impact the child.	Parents/carers additional needs take precedence over the needs of the child which is having a detrimental impact on their care and may place them at an increased risk of harm.	Parents/carers additional needs are significantly affecting the care their child receives placing them at harm and/or experiencing abuse.

	UNIVERSAL NEEDS Level 1	ADDITIONAL NEEDS Level 2	INTENSIVE NEEDS Level 3	SPECIALIST NEEDS Level 4
Family and support networks	The parents/carers, child have positive relationships with their wider family and support networks and seek support when needed.	The parents/carers, child's relationship with the wider family and support network is inconsistent and can be limited. There are legal restrictions preventing access for the child and the parents/carerss are acting protectively.	The parents/carers, child's relationship with the wider family and support network is limited, unstable and may be detrimental to the child. The family is largely socially excluded and isolated to the extent that it has an adverse impact on the child.	The parents/carers and child's relationship with the wider family and/or support network has broken down and is having a detrimental impact and pose a risk of significant harm to the child. There are legal restrictions for the child and parents/carers are not acting protectively.
Family members	The child has regular contact with any family members that they wish to see.	The child is unable to have contact with family members that they wish to see.	One or more parents/carers is in prison, and this is significantly impacting on the family.	Family members are being detained and at risk of deportation or the child is a separated migrant child.
Financial stability	The parents/carers financial situation does not impact upon the child. Education, training and employment are viewed positively as part of the family culture.	The parents/carers financial situation is creating instability or disruption for the child and this may affect the care they receive.	The parents/carers financial situation is creating significant instability or disruption for the child and this is significantly affecting the care and supervision they receive.	The parents/carers financial situation significantly impacts the care and supervision that the child receives resulting in abuse or neglect.

	UNIVERSAL NEEDS Level 1	ADDITIONAL NEEDS Level 2	INTENSIVE NEEDS Level 3	SPECIALIST NEEDS Level 4
Relationships	The child has positive and consistent relationships with at least one parents/carers/family member/friend.	The child experiences difficulty or inconsistency in their relationships with their parents/carers/family/ friends.	The child experiences difficulty and inconsistency in their relationships with their parents/carers/family which results in emotional harm or a high level of anxiety.	The parents/carers/family/child's relationships cause frequent conflict in the home, severe anxiety and/or significant emotional harm or physical harm.
Respect and consideration	The child is supported to interact effectively with a range of peers and adults, across a range of contexts, including respect and consideration for gender, culture, race, sexuality, ability or disability.	The child is supported to enable them to interact effectively with a range of peers and adults but may lack awareness with aspects of others due to their gender, culture, race, sexuality, ability or disability.	The child actively discriminates against others due to their gender, culture, race, sexuality, ability or disability.	The child is unable to understand emotional context within their interaction with others which places them at risk of abuse or exploitation.
Social presentation	The child has friendships and positive social interaction with a range of peers.	The child has limited social interaction with their peers which is impacting on their development and wellbeing. The child can recognise unhealthy relationships and manage those with support, this may include harmful sexual behaviours, coercive and controlling behaviour and online relationships.	The child has difficulties in communicating and interacting with others which is impacting on their safety, wellbeing and development. There are concerns about the child's relationships either online or offline. This is impacting on their wellbeing and development.	There are significant concerns about the child's relationships for example harmful sexual behaviour, coercive controlling behaviour, exhibits bullying behaviour or is a victim of bullying, this may be online or offline. The child and/or another person is at significant risk.

UNIVERSAL NEEDS Level 1	ADDITIONAL NEEDS Level 2	INTENSIVE NEEDS Level 3	SPECIALIST NEEDS Level 4
HARMFUL CULTURAL PRACTICES- e.g. Female Genital Mutilation, child marriage, faith-based abuse, honour based abuse, breast ironing, belief in spirit possession or witchcraft (not an exhaustive list). See also SET procedures and FGM pathway.			
Harmful cultural practices	There is no concern that the child may be subject to harmful cultural practices.	There are developing concerns that the child may be at risk of harmful cultural practices in the future. The parents are aware of UK legislation and are able to protect.	There is concern that the child has been subject to or at risk of harmful cultural practices, but parents/carers are providing protection, are aware of UK legislation and are receptive to advice and support.	There is a clear indication that the child is subject to harmful cultural practices or is at immediate risk of harmful cultural practices either in the UK or outside the UK.
PARENTAL CONFLICT AND DOMESTIC ABUSE **See Domestic Abuse Act (2021) to understand the statutory definition of domestic abuse (under the DA Act children who witness DA are considered victims in their own right).** **See SETDAB website for tools and resources.**			
Parental conflict and domestic abuse	Children are experiencing constructive resolution of any arguments, characterised by mutual respect and emotional control.	There is a lack of open and honest communication; difficulties are minimised, not recognised or addressed. Child is beginning to be affected by conflict between their parents, this may be observed in their demeanour, behaviour or from direct feedback.	One or more adult members of the family is physically and emotionally abusive or is coercive and controlling to a member of the family, over the age of 16. Child being significantly adversely affected; children's mental health and/or behaviour being affected.	One or more adult members of the family is a perpetrator of a pattern of serious physical or sexual violence or coercive and controlling behaviour which may also be increasing in severity, frequency, or duration.

	UNIVERSAL NEEDS Level 1	ADDITIONAL NEEDS Level 2	INTENSIVE NEEDS Level 3	SPECIALIST NEEDS Level 4
		The parents/carers is a victim/survivor of domestic abuse and the risk to the victim has been assessed as standard risk, or they appear to have a positive support network and safety mechanisms, to keep themselves and the family safe. There are historical domestic abuse incidents but there appears to be no imminent risk.	The perpetrator/s show limited or no commitment to changing their behaviour and little or no understanding of the impact their violence and abuse has on the child/ unborn child. The parents/carers has recently (within last 12 months) been a victim of domestic abuse and is a victim/survivor of abuse assessed as medium/high risk.	The behaviour of the perpetrator, fixated on the victim/survivor, they appear to have limited capacity to change this behaviour and it is emotionally harming the child/unborn child who are experiencing domestic abuse as victims in their own right. The parents/carers is a victim of a pattern of domestic abuse which has taken place recently and is assessed as high risk. The victim/ survivor has limited ability to keep safe, due to the abuse suffered, and has a minimal support network putting child/unborn at risk of significant harm.
PHYSICAL HEALTH - CHILD				
Diet and nutrition	The child is provided with and eats a varied diet that is appropriate for their age and stage of development and is maintaining an appropriate weight.	The child has inadequate, limited or restricted diet, e.g. lack of regular meals, no lunch money, being under or overweight which is impacting on health.	The child is not provided with adequate food, which is affecting their health (such as being under/overweight, showing early signs of tooth decay, at risk of type 2 diabetes, faltering growth and development).	The child is not provided with adequate food or is intentionally starved, and this is seriously affecting their health such as chronic obesity, malnutrition, severe/multiple tooth decay, unmanaged diabetes, faltering growth.

	UNIVERSAL NEEDS Level 1	ADDITIONAL NEEDS Level 2	INTENSIVE NEEDS Level 3	SPECIALIST NEEDS Level 4
	The child's special dietary requirements are met.		Child's special dietary requirements are rarely met.	Child's special dietary requirements are not met, or professionals are unable to assess.
Personal hygiene / social awareness	The child has a good level of cleanliness, personal hygiene and is socially aware. The child has appropriate clothing/school uniform, which is clean.	The child's appearance frequently reflects poor cleanliness, personal hygiene, lack of appropriate clothing/school uniform and/or social awareness, which results in some isolation/ alienation from peers.	The child frequently has poor cleanliness and hygiene, and/or does not have appropriate clothing/school uniform. The child is not supported to interact effectively and respond appropriately to peers/ adults and lacks social awareness which increases their vulnerability.	The child's appearance is consistently poor, lack of cleanliness, personal hygiene, appropriate clothing/school uniform and/or social awareness, which results in isolation/alienation. Previous intervention has not improved the situation and there is accumulative harm or impact on physical health.
Physical activity	The child undertakes regular physical activities and has good physical and mental health.	The child undertakes little physical activity and has some physical and/or mental health needs or disability which affects their everyday functioning, but support is sought, and these needs are largely met.	The child undertakes no physical activity, and this has a serious negative impact on their wellbeing.	The child is either unable to or is prevented from taking part in physical activity which has a significant impact on their wellbeing.

UNIVERSAL NEEDS Level 1	ADDITIONAL NEEDS Level 2	INTENSIVE NEEDS Level 3	SPECIALIST NEEDS Level 4
PHYSICAL HEALTH – INJURY **See also non-accidental injuries**			
Injury	The child has injuries which are consistent with age-appropriate play and activities. The parents/carers of the child seeks appropriate medical attention in a timely manner.	The child has frequent minor injuries for which poor supervision was a contributing factor. The parents/carers seek out or accept advice on how to avoid accidental injury caused inside or outside the home.	Injuries are more frequent than would be expected for a child of a similar age and stage of development. Parents/carers is unclear on how the injuries have occurred.	The child has unusual or unexplained injuries, for example bruising, scalds, burns, bites and scratches, which are unusual for the age and stage of the child and inconsistent explanations are offered by the parents/carers. Injuries and bruising to non-mobile/pre-mobile children. Child has sustained significant injuries as a result of lack of parents/carers supervision. Allegation of physical abuse from child or parents/carers. Unexplained significant injuries.
Supervision	The child is supervised or left in a safe place, considering age, maturity and capability.	The child is left unsupervised with potential risks and hazards (including caused by siblings/pets) but the parents/carers are responsive to advice offered.	The child is left unsupervised with potential risks and hazards (including caused by siblings/pets) and the parents/carers are not always responsive to advice offered.	The child is left in unsafe environments or unsupervised for significant periods of time.

UNIVERSAL NEEDS Level 1	ADDITIONAL NEEDS Level 2	INTENSIVE NEEDS Level 3	SPECIALIST NEEDS Level 4

PHYSICAL HEALTH – PARENTS/CARERS

Chapter 19 SET Procedures Perplexing presentation, Fabricated or Induced illness SET procedures.

Medical needs	Parents/carers take interest in the child's appearance and the importance of hygiene to the child's wellbeing including dental care. Head lice, skin conditions (including nappy rash) and other medical needs are treated promptly and appropriately, using correct medication if required. Parents/carers ensures Child has access to and makes use of health and advice services, including management of any long-term conditions.	Parents/carers are inconsistent at meeting the child's basic care and oral health needs. At times child was not brought to appointments. Head lice and skin conditions (including nappy rash) and other medical needs are inconsistently treated, and correct medication is not always used, but parents/carers treat it if given encouragement and advice.	Parents/carers may intentionally or unintentionally be causing harm to their child through their behaviour and actions, such as trying to convince professionals that a child's state of physical and/or mental health or neurodevelopment is impaired. Parents/carers do not respond to concerns expressed by professionals.	Evidence of serious neglect including failure to meet a child's medical needs, resulting in significant risk and harm to the child. The child is consistently not brought for appointments. A child is harmed due to parents/carers behaviour and action, carried out intentionally or unintentionally to convince professionals that the child's state of physical and/or mental health and neurodevelopment is impaired. There are concerns that the child's birth is not registered, and/or parents are not considering the potential health needs of the baby.

UNIVERSAL NEEDS Level 1	ADDITIONAL NEEDS Level 2	INTENSIVE NEEDS Level 3	SPECIALIST NEEDS Level 4
PHYSICAL HEALTH - PREGNANCY **See also pre-birth assessment and concealed pregnancy.**			
Pregnancy Expectant parent/s seek support for any difficulties they may have which could negatively impact on the unborn baby and they engage with routine ante-natal care.	Expectant parent/s are inconsistent in seeking routine ante-natal care. Young parents or parents with additional needs may need additional support. Expectant parent/s who book late for the pregnancy (post 24 weeks).	Expectant parent/s are unaware or indifferent to the impact of their own difficulties or activities on the unborn child and do not seek routine ante-natal care.	Expectant parent/s do not address difficulties and engage in activities that could hinder the development, actively seek/ or inflict harm on the unborn baby. Expectant parents deny or conceal pregnancy or actively avoid medical care which endangers the life of the unborn. (See concealed, denied, and late booking of pregnancies policy).
SEXUAL ABUSE – (for sexual exploitation/harmful sexual behaviour see criminal, exploitation & harm in the community)			
Sexual abuse Nothing to indicate child is being sexually abused.	Concerns relating to unhealthy relationships within the family/household may be resulting in inappropriate sexual behaviours.	Allegation of non-recent sexual abuse but no longer in contact with perpetrator. The child is using sexualised behaviour/language.	Concerns about inappropriate sexual behaviour or sexual abuse from within the family/ family network/household. A known sexual offender who poses a serious risk is in contact with the family.

	UNIVERSAL NEEDS Level 1	ADDITIONAL NEEDS Level 2	INTENSIVE NEEDS Level 3	SPECIALIST NEEDS Level 4
				Parents/carers/significant other has expressed thoughts that they may sexually abuse the child. Reports of sexual abuse or concerning sexual behaviour.
Sexual abuse	Child has good knowledge of healthy relationships and sexual health.	Age-appropriate attendance at sexual health clinic. The child appears to have pain or discomfort in the genital area or has a urinary infection.	Sexually transmitted infections (STI's) in the context of the age, vulnerability and developmental stage of the child. Child's understanding of consent may be limited. Verbal or non-contact sexualised behaviour.	Sexually transmitted infections (STI's) in the context of the age, vulnerability and developmental stage of the child. Concerning sexual activity (behaviour that is upsetting to others). Pregnancy, miscarriages and/or terminations as a result of sexual abuse.
Sexual abuse	Child is engaging in safe healthy age and developmentally appropriate sexual activity where there are no wider concerns. (child 16+, between the ages of 13-16 there should be professional curiosity).	Child is regularly exposed to or shares inappropriate sexualised online images and material. (16+, between the ages of 13-16 there should be professional curiosity).	Child is exposed to or shares inappropriate sexualised online images and material (under 13). Child reports emotional distress about images seen/received. Child exposed to violent/ degrading pornography (16+).	An adult intentionally causes a child to witness sexual acts including online.

Challenging decisions and escalating concerns

The formal process for challenging decisions is set out in Chapter 11 of the SET Child Protection and Safeguarding Procedures however practitioners should always try and resolve any issues informally first.

An informal discussion should always take place to try and understand the other agency's decision making process and reasons for the decision, these discussions should be clearly recorded in the notes for that agency. If an informal discussion does not resolve the issue, then consideration will need to be given to escalating those concerns in line with the SET Child Protection and Safeguarding Procedures. All stages of escalation, records of discussions and any decisions reached should be recorded in writing.

Resources

Southend, Essex and Thurrock (SET) Safeguarding and Child Protection Procedures	SET Procedures
Services and support for special educational needs and disability	Special Educational Needs and Disabilities (SEND) | Essex Local Offer
For Videos explaining the Essex County Council Children and Families Hub, the role of the Team Around the Family Support Officers, Request for Support guidance-what makes a good referral and the windscreen of need-levels of support.	ESCB - Concerns about the welfare of a child
Directory of Services	Directory of services | Essex County Council
SET Child Exploitation Partnership Pathway and information on Risk in the Community	ESCB - Exploitation (risk in the community)
Essex Schools InfoLink	Essex Schools InfoLink | Essex Schools Infolink
Information and resources for early years settings-safeguarding	Safeguarding (essex.gov.uk)
National FGM Centre	National FGM Centre – Developing excellence in response to FGM and other Harmful Practices
Southend Essex and Thurrock Child and Adolescent Mental Health Services (CAMHS) practitioner consultation line	Mon to Thurs 10am – 12pm 0300 300 1996 Southend, Essex and Thurrock (SET) CAMHS | NELFT NHS Foundation Trust
Essex Domestic Abuse Helpline and website	Essex Domestic Abuse Helpline 0330 333 7444 Essex Compass
Essex Child and Family Wellbeing-HCRG Care Group 0-19 Service in Essex	Essex Child and Family Wellbeing Service

Acknowledgments

This guidance was developed collaboratively with representatives from the Statutory Partners (Integrated Care Boards, Police and Essex County Council) The guidance was widely consulted on, giving organisations across Essex an opportunity to engage with the development of the guidance at all levels.

The Effective Support for Children and Families in Essex is an Essex Safeguarding Children Board document that is agreed by all Board partners.