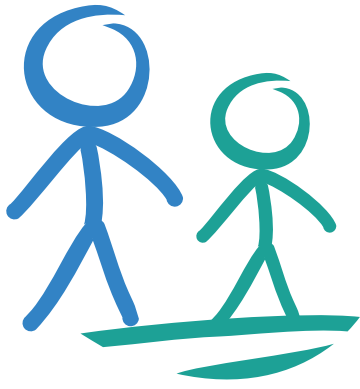




**Westmorland and Furness
Safeguarding Children
Partnership**

Westmorland and Furness Understanding the Level of Need and Risk



Context

This document provides information about possible indicators within different circumstances for each level of the continuum of need and the anticipated practice response. This is not a checklist to meet each level of need, professional judgement must be used. Practitioners must discuss with their Designated Safeguarding Lead any worries they have about children before beginning any intervention or referral.

In making a professional judgment about level of need there are a number of key questions that need to be asked. These questions are relevant, regardless of the level you are working at:

- What are the individual needs and views of each child in the family?
- What is the evidence of impact on the child, in relation to their health and development or harm/likely harm?
- What are the risks to the child if things don't change?
- What is the likelihood of this happening and what would be the level of severity?
- What have you and/or others done to try to help?

Practitioners along with their Designated Safeguarding Lead should consider whether the family should be referred to Children's Services. Where a family is to be stepped down to Family Help/ Targeted Family Help, the local Step Down Procedure must be followed which can be found here.

Professionals should gain a record of parental consent to a referral being made for Universal, Family Help and Targeted Family Help (Levels 1, 2 and 3). At Level 4, parental consent should be sought for a Child and Family Assessment if this does not put the child at further risk. Where a child is at risk of significant harm a referral should be made to the Multi-Agency Children's Hub with or without consent.

Professionals should also consider:

Step Up / Step Down

- Movement between levels should reflect the child's changing needs and risk.
- Where needs reduce, follow the Step Down procedure to Family Help.
- Where needs increase, escalate promptly and seek advice.
- "Escalation and de-escalation as need changes"

Key Practice Expectations

- Always involve children and families where safe to do so.
- Ensure plans are clear, outcome-focused, and regularly reviewed.
- Work collaboratively across agencies.
- Record all decisions and rationale.
- Maintain continuous oversight through DSL and management supervision.
- Practitioners take timely and appropriate action. If in doubt, seek advice and escalate concerns

The following information provides indicators of possible lead by theme. These are intended to assist in the practical application of the threshold guidance and should not be considered as a 'check list'.

Indicators of Possible Need – Universal (Level 1)

Indicators of possible need – Universal

Health

- Child appears healthy and accesses health services as appropriate
- Registered with a GP
- Pre-natal and post-natal health needs are being met (where relevant)
- Immunisations and developmental checks are up to date
- Daily routines support the child's wellbeing, including nutrition, hygiene and sleep
- Caregivers are able to meet the child's health needs with no identified additional needs impacting care

Relationship and Emotional Development

- The child has good mental health, emotional well-being, and stable relationships with supportive caregivers.
- The child is developing age appropriate emotional, social and practical skills, including empathy, self control and a positive sense of self
- The child has positive peer relationships and opportunities for friendship and social interaction
- The child is confident in social situations, can adapt to change, and has a positive sense of self.
- The child is raised in a stable family environment with consistent boundaries and guidance, with no safeguarding concerns
- Relationships with caregivers are stable, supportive and consistent, providing guidance and boundaries, having the opportunity to develop healthy emotional resilience within their childhood and adolescence prior to their transition to adulthood.

Education

- The child attends school regularly, is achieving key educational stages in line with expectations and there are no unresolved barriers to learning.
- Any minor concerns (e.g. confidence, behaviour or friendships) are manageable within the school environment
- There is planned progression beyond statutory education, with support for future goals. Parents/ carers provide strong support for learning, engage with schools, and offer a conducive home learning environment.
- The child participates in educational activities, meets developmental milestones, and demonstrates a range of skills and interests.
- Behaviour issues are managed, the child engages appropriately with technology and social media.
- There is a planned and supported pathway beyond compulsory education, linked to future aspirations
- Home and school work together to support learning and educational engagement

Abuse and neglect

- The child is safe, with their carer protecting them from danger and no identified concerns relating to abuse or neglect
- The child shows no physical signs that could indicate neglect.
- Any injuries the child has are consistent with typical childhood play and activities.
- The carer does not physically harm or use physical punishment on the child.
- The child is appropriately supervised and demonstrates age appropriate, safe behaviours, including online
- The child shows age appropriate curiosity and behaviour, with no concerns about sexual abuse, sexualised or harmful behaviour.

Substance misuse

- The child has no history of substance misuse or dependency.
- Carers and family members either do not use drugs or alcohol, or their use does not affect their parenting and they are accessing relevant community services/know how to.

Safety in the home, employment and finance

- Accommodation is suitable, well-maintained and has basic amenities
- Appropriate levels of hygiene and cleanliness are maintained
- The child lives in a safe, clean and stable home environment
- The child is appropriately supervised and there are no known safeguarding risks associated with adults in or around the home
- Daily routines support positive behaviour and age appropriate use of technology and social media
- Household finances are stable and not contributing to additional pressures on the child or family

Extra-familial harm

- If the child occasionally misses school or is out of the home, criminal/sexual or extremist exploitation is not a known or suspected concern.
- There are no known or suspected safeguarding risks linked to adults in or around the child's life
- Family facing harassment or discrimination outside the home.
- Needing assistance with inappropriate ideologies while being open to different perspectives

How adults manage disagreements

- No history or incidents of violence, emotional abuse, coercive or controlling behaviour.
- Children are experiencing constructive resolution of any arguments, characterised by mutual respect and emotional control. Disagreements are resolved in a healthy way

Disability

- Child has no identified disabilities where the needs cannot be met through community services
- Where carers and family members have disabilities, this does not impact the child's care, development or wellbeing

Young Carer

- The child does not have any caring responsibilities.
- Caring needs within the household are being met by adults or appropriate services
- The child's development, education and wellbeing are not impacted by caring responsibilities

Practice Response – Universal (Level 1)

The following summary for each level of need and risk, provides guidance on the practice response

Universal (Level 1)

Children are healthy, developing appropriately, living in stable environments, and accessing universal services

What to do next (Practice Response)

- Continue to support through universal services (education, health, community).
- Address emerging single needs within your own service.
- Seek advice from line manager/DSL if unsure.
- Consider early support offers (e.g. school-based interventions, health support).



Indicators of Possible Need – Family Help (Level 2/3)

Indicators of possible need – Family Help / Targeted Family Help Health

- The child is missing some routine health appointments or engagement with services has become less consistent, this includes missed antenatal or postnatal appointments where relevant
- Ongoing health needs or disabilities can be managed in everyday settings, but additional support may be needed
- Concerns about eating, sleep, growth, weight or hygiene are becoming more noticeable
- The child shows signs of loneliness, worry, low mood, anxiety or emotional withdrawal but can be supported in everyday settings, with support from caregivers
- The child is slower to reach expected developmental milestones, or has health needs that are not yet fully supported
- Carers' needs or health issues, including post-natal depression, are impacting the care and development of the child.

Relationship and Emotional Development

- The child is showing early changes in behaviour due to ongoing difficulties in family or peer relationships such as increased frustration, clinginess, or withdrawal. They may present with responses that indicate a need for additional support or intervention, with no suicidal thoughts or intent identified
- Friendships are more difficult, or the child is finding peer pressure harder to manage
- There are early signs of influence from older peers or unsafe social groups
- Emotional support at home is sometimes inconsistent, and can be overly critical, with setting clear boundaries being challenging at times impacting the child's development
- The child has come across self harm related content online, but with no evidence of self harm
- The child has low confidence or self esteem increasing their vulnerability to negative influences
- A parent/carer experiences mild or occasional emotional or mental health difficulties, with support and protective factors in place
- The child has experienced a recent loss or bereavement and is coping, but would benefit from short term additional support

Education

- School attendance has reduced over time, with increasing absences or lateness and the reasons aren't yet clear
- The child is finding it harder to engage in learning and motivation has decreased
- Some developmental milestones are not yet being met, with support in place through everyday services
- The child has experienced repeated school changes or is showing early signs of exclusion risk
- There are concerns about home education, or frequent school moves, though any bullying is being appropriately addressed
- The child is struggling with understanding, organisation or problem solving, affecting progress in learning
- Communication between home and school has become less consistent, with the carer not actively supporting the child's education and extra support may be needed to strengthen this

Abuse and neglect

- At times, adults in the household find it difficult to keep everyone safe, and extra support could reduce future risk or danger at home, online and in the community
- The child occasionally shows physical signs that raise concerns about care and neglect
- Physical discipline has been used without physical injury, but caregivers are willing to seek help with managing behaviour
- The child is becoming more independent than expected for their age and developmental stage, which may indicate unmet needs
- The child is experiencing more frequent illness, with no known cause or medical explanation
- The child is showing early unhealthy sexual behaviour or is involved in activities that may not be safe for their age

Substance misuse

- Use of alcohol or drugs by adults in the household is beginning to affect parenting, and although the child is currently safe, there are concerns this may worsen if use continues
- The child or a household member has been found with small amounts of class C drugs
- The child is experimenting with alcohol, smoking or illegal drugs, but the misuse is not currently escalating

Safety in the home, employment and finance

- Supervision and daily routines are sometimes inconsistent, and extra support would help provide stability
- The condition of the home is starting to decline, is overcrowded or temporary, affecting comfort, routines and a risk of homelessness
- The family is experiencing serious financial strain, including rent arrears or risk of eviction or repossession
- Access to essential services is limited, linked to low income, unemployment or frequent moves
- Recent life changes have led to financial difficulty and barriers to work, and the family may need practical support
- The child is from an asylum seeking or refugee family with additional needs or is in a kinship care arrangement made by their own family, requiring extra guidance and support.

Extra-familial harm

- The child may be more vulnerable to grooming or exploitation in person or online, for example through new friendships, gifts or online contact, and would benefit from early support and guidance
- The child is sometimes missing from school or home, raising concerns about time spent with unsafe influences such as drug and alcohol use, antisocial behaviour, or associations with older individuals.
- The child has connections with peers involved in criminal activities

How adults manage disagreements

- The child is occasionally exposed to arguments or incidents that cause distress at home which may be affecting their wellbeing, but there are some protective factors in place
- A pregnant carer has experienced occasional abuse from their partner, or there is a past history. This can include physical, emotional, sexual, financial and controlling behaviour, and can take place in person or online.
- Arguments are frequent and unresolved between adults and the child, or within the household, though there is no clear pattern of one person being harmed by another

Disability

- The child has some additional health needs that require a level of support
- Parents/carers or family members have disabilities that sometimes affect their ability to provide care and some support or adjustments are needed, but the child is not at risk of harm

Young Carer

- The child has occasional caring responsibilities that sometimes impact on their opportunities and wellbeing



Practice Response – Family Help (Level 2/3)

Family Help (Level 2/3)

Children are healthy, developing appropriately, living in stable environments, and accessing universal services

What to do next (Practice Response)

- Discuss concerns with DSL / line manager.
- Check if a Your Family Assessment already exists.
- With consent, initiate an Your Family Assessment.
- Identify a Team Around the Family (TAF).
- Agree a Lead Practitioner/Coordinator.
- Develop a plan with clear actions and timescales.
- Review the plan every 4–6 weeks.
- Record and share progress with involved professionals.

When to escalate

- If needs increase or are not improving, escalate and/or seek consultation

Targeted Family Help (Level 2/3)

Multiple and/or complex unmet needs requiring coordinated multi-agency support

Legal Framework

- Section 17 Children Act 1989 – Child in Need

What to do next (Practice Response)

- Ensure a Your Family Assessment is in place and up to date.
- Ensure a multi-agency TAF is actively engaged.
- Confirm a Lead Practitioner is coordinating the plan.
- Strengthen the plan with clear outcomes, roles, and review points.
- Hold regular multi-agency reviews (every 4–6 weeks or sooner if risk increases).

Additional actions

- Seek support from the Family Help Panel where concerns are escalating.
- Consult with Family Help services for advice.
- Ensure ongoing DSL oversight.

Specific processes to consider

- Child Exploitation: consult with SPACE Team where appropriate.
- Homelessness (16–17 year olds): follow local protocol.
- Private fostering: refer to MACH if identified.

When to escalate

- If risk of harm increases or plans are ineffective, step up to Level 4.

Indicators of Possible Need – Multi-Agency Child Protection Teams (Level 4)

Indicators of possible need – Multi-Agency Child Protection Teams

Health

- The child has serious or long term health needs that are not consistently managed or left untreated by their carer. This may be linked to missed appointments or limited support.
- Some aspects of family routines or lifestyle may be contributing to the child's health difficulties.
- There are signs of physical injury, unexplained marks, or unmet basic care needs.
- The child has a severe mental health condition that significantly affects daily life and requires specialist support; however, the parent is not seeking treatment, increasing the risk of mental health deterioration.
- The child has expressed thoughts about suicide, without plan or intent, and has required hospital assessment or service involvement.
- The parent or carer is finding it difficult to support the child's health needs, which can lead to high anxiety or using drugs or alcohol to cope
- Developmental milestones are not being met, and the child faces significant challenges, including potential disabilities or other conditions (e.g. conduct disorder, ADHD, anxiety, depression)
- The child has a disability or complex needs that require specialist or coordinated support to help their development and wellbeing
- There has been little or no engagement with antenatal or postnatal care, raising concerns about the support needed to safely care for a baby and indicating the need for a pre birth assessment.
- The child lives within a home environment which is persistently sub-standards to enable them to be safe from harms contributing to significant neglect.

Relationship and Emotional Development

- The child shows very low self esteem, trauma related responses, or withdrawn behaviour, increasing the child's vulnerability to grooming or exploitation and leading to increase negative behaviours.
- The home environment is unstable or unpredictable, negatively impacting the child and increasing the child's vulnerability to harm or exploitation.
- The child is not consistently emotionally supported, including limited comfort when distressed or experiencing pressure that exceeds their emotional capacity
- The child has accessed online content linked to self harm and has self harmed, resulting in injuries.
- There are concerns about harmful or controlling relationships affecting the child.
- The child has experienced a recent bereavement, with a noticeable impact on behaviour and emotional wellbeing that may require longer term support.
- A parent or carer has significant mental health difficulties that affect their ability to care safely, including periods of compulsory treatment and limited support networks.
- A parent or carer has shared suicidal thoughts, and there is not plan in place for them and/or the child.
- There are concerns regarding the private fostering arrangements for the child, raising potential issues about the carer's treatment of the child.
- The child displays harmful behaviour, including sexualised behaviour, that may place themselves or others at risk.

Education

- The child experiences ongoing absence from education, with attendance regularly below 90%, or is not accessing education at all, with concerns about suitability of home education arrangements
- The child is not meeting expected developmental milestones and requires targeted or specialist support.
- The child has significant difficulties with learning, understanding information, and problem solving, leading to serious underachievement despite current support.
- The carer is disengaged from school and resistant to offers of support or intervention.
- Abuse and neglect
- The child shows signs of physical, sexual, or emotional abuse.
- There are clear physical indicators of neglect, including poor care and unmet basic needs
- The carer is unable to protect their family from danger or significant harm and persistently avoids contact with childcare professionals.
- The child has frequent injuries with unclear, inconsistent, or unknown explanations, including injuries caused by physical punishment.
- The family is in crisis, with a risk of care arrangements breaking down or carers expressing unwillingness to continue caring for the child.
- The child shows an unusually high level of self reliance that is not appropriate for their age or stage of development.
- There are concerns that illness may be fabricated or deliberately caused.

Substance Use

- The child's substance use is severely affecting their physical and mental health, including hospital admissions.
- A carer shows little concern about the child's underage use of alcohol, smoking, or drugs.
- Substance use within the family is increasing, causing distress, anxiety, fear, or emotional harm to the child.
- There is evidence of serious drug involvement, including possession or supply of Class A or B drugs or drug related items in the home either by the child or household member
- There is evidence of substance use during pregnancy, presenting risks to an unborn baby.

Safety in the home, employment and finance

- The child is left alone or without appropriate supervision, placing them at risk.
- Home and housing conditions are unsafe or unhygienic, posing a risk of serious harm to the child's health and safety.
- There are concerns about carers' ability to consistently protect the child from harm.
- Long term unemployment is significantly affecting parental identity, resilience, and caregiving capacity.
- The family is unable to secure employment due to a severe lack of basic skills or long-term substance misuse.
- Housing instability or homelessness is affecting the ability to keep the child safe, supervised, and protected

Extra-familial harm

- There is confirmed or suspected exploitation, including sexual, criminal, county lines involvement, grooming, or trafficking.
- The child is frequently missing from home, including episodes where they are missing for long or unexplained periods.
- Involvement with extremist or violent groups
- Participation in gang or organised crime activities

How adults manage disagreements

- The child is living in a household where domestic abuse or violence is present or where adults may pose a serious risk. The child is being harmed by seeing or hearing domestic abuse within the family. The adult causing the harm shows little or no understanding of its impact on the child and little evidence of change.
- A pregnant parent or carer has experienced domestic abuse on a number of occasions
- An adult who has previously used abusive behaviour remains in the household, and there are concerns that abuse may still be happening or that ongoing risks are being downplayed.

Disability

- Family disabilities are impacting the consistency and quality of care provided to the child
- Carers are unable to meet the child's needs due to their disabilities and require a significant amount of support.

Young Carer

- Child has regular caring responsibilities that significantly impact their development, wellbeing and life opportunities.

Immediate risk indicators that would require a MACPT response

- Child at immediate risk of significant harm, including physical, sexual, emotional harm or neglect.
- Unexplained or suspicious injuries, or inconsistent explanations, including concerns for pre mobile infants.
- Family crisis likely to result in imminent breakdown of care arrangements.
- Serious concerns about risk of harm to an unborn baby.
- Child is remanded or has disclosed abuse.
- Serious threat to the life of a parent/carers or the child from a violent partner.
- Vulnerable child left alone or without appropriate supervision.
- Child living with, or in contact with, an individual who poses a known risk of harm
- Significant risk of harm linked to gang involvement or criminal exploitation.

Practice Response – Multi-Agency Child Protection Teams (Level 4)

Multi-Agency Child Protection (Level 4)

Children at risk of significant harm or where needs cannot be met without statutory intervention

Legal Framework

- Section 47 Children Act 1989 – Child Protection enquiries.

What to do next (Practice Response)

- Seek immediate advice from DSL / line manager.
- Make a referral to the Multi-Agency Children's Hub (MACH).
- Use the Single Contact Referral Form.
- Do not delay referral if there is risk of significant harm.

Urgent response

- Contact emergency services if a child is in immediate danger.
- Refer immediately without consent if required to safeguard the child.



