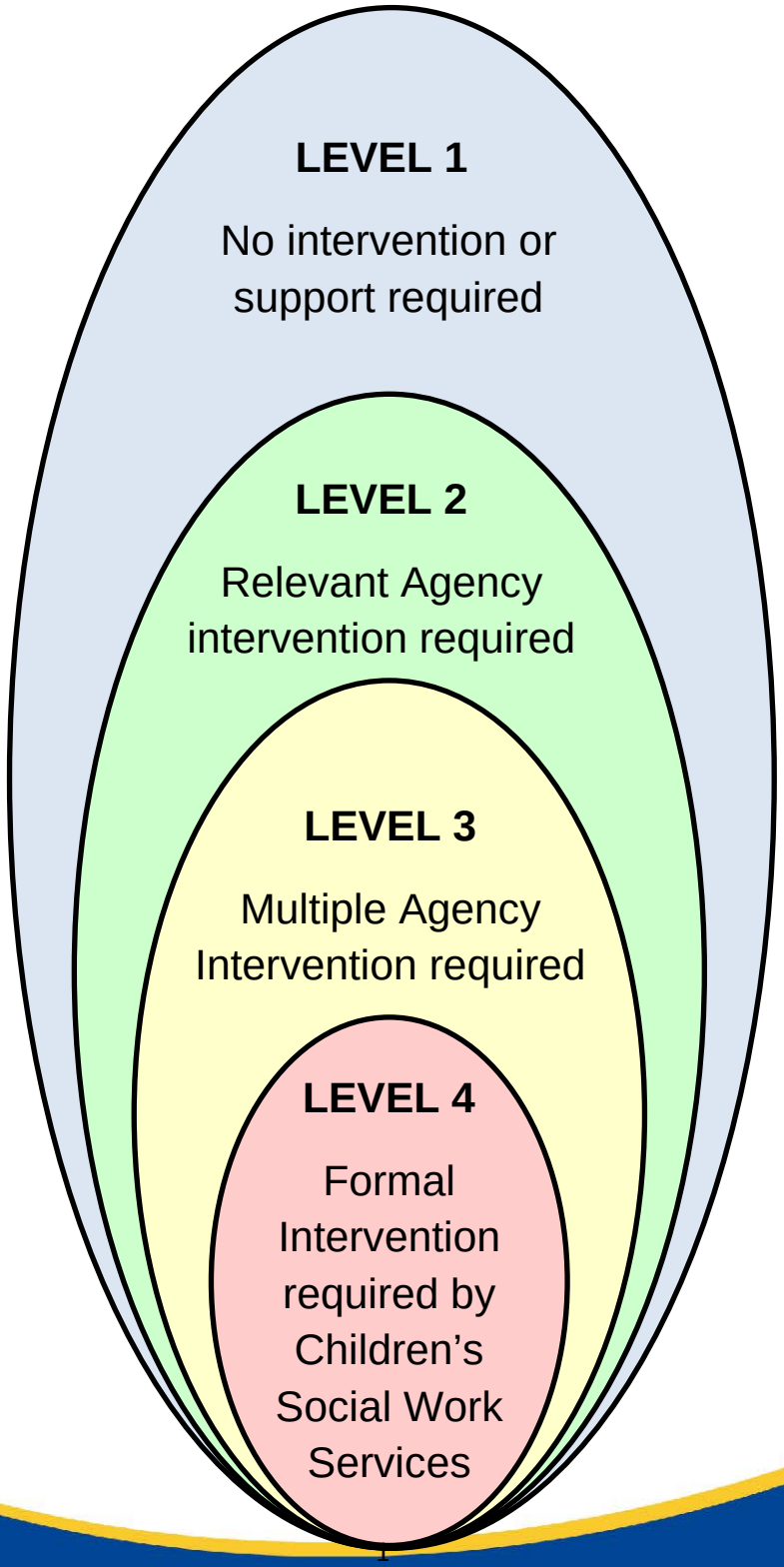
Supporting Professional Judgement: Thresholds



INTRODUCTION

Working Together to Safeguard Children (2015) sets out the core functions of Solihull Safeguarding Children Board (LSCB). One of the functions is the development of a Threshold Guidance. This document is intended to assist professionals within Solihull to identify suitable responses to the needs they identify amongst the children, young people and families they are working with. It is not intended to be prescriptive or exhaustive, nor is it a definitive way to open or close a gateway to a particular service or range of services. Every child and family is unique. Their needs should be considered on a case by case basis, using professional judgement supported by this guidance.

A Shared Responsibility

Safeguarding and promoting the welfare of children, in particular protecting them from significant harm, depends upon effective joint working between practitioners with different roles and expertise. Individual children, especially some of the most vulnerable children and those at greatest risk of social exclusion, will need co–coordinated help from health, education, children's social care, and sometimes the voluntary sector and other agencies, including youth justice services. Adult services, such as mental health or substance misuse services should always include consideration of the needs of any children and young people involved and possible risks of harm to them when planning the adult's on-going treatment or discharging the adult from their care into the community.

Making professional judgement about levels of need

Professionals make judgements about children's needs every day as part of their core responsibilities and will help the child and family avail of in-house resources as a normal part of their everyday work. When they need to consider involving partners, they need to work out who can help the child and how best this can be achieved. In many cases, this involves engaging one other partner who will provide a service and there is no need for any further complexity. In some cases, more than one partner will be involved, but it is a straightforward and simple process and services can be delivered without the need for co-ordination or structure. When there are a number of partner agencies that need to be involved and the child's problem is emerging and becoming complex, then partners will need a more structured way of working together, engaging the family and keeping the child at the centre of their thinking. When the child is a Child in Need, including children in need of protection and as defined by the Children Act 1989, the Local Authority has a statutory duty to make enquiries. Similarly where a child has committed an offence the Youth Justice services have statutory responsibilities. If a child has an acute mental health need, urgent care from mental health providers is required. This document is an aid to help practitioners to make a judgment about these levels of need.

When making these decisions, the following areas to consider are generally found to help.

- How does the child describe the need and what help he/she needs?
- How do the parents describe the child's needs and what help he/she needs?
- Who, in terms of partners, can help?
- Is it likely the child will need several partner agencies to help him/her?
- Is this straightforward or does it need co-ordination?
- Is this likely to be multi-agency, involving several partners?
- Is the child a Child in Need as defined by the Children Act 1989? This includes children in need of protection.
- Is there a possibility of domestic violence?

Any professional who considers that a child needs multi-agency help should always consider discussing this with an experienced peer or a line manager/supervisor. Professionals may wish to discuss this with a professional from another agency also involved with the child or family to gain a better understanding of the child's situation before deciding on a course of action. This is justified under the LSCB information sharing protocol as it is necessary to consider the needs and welfare of the child.

If you believe a child is at risk of significant harm, the child must be referred to Children's Social Work Services without delay
https://eservices.solihull.gov.uk/ChildrensSocialWorkServiceReferral/

Information sharing

See the LSCB information sharing protocol:
(http://solihulllscb.proceduresonline.com/chapters/p_info_share.html).

Practitioners should always seek the consent of the parents and the child, if the child is mature enough, before proceeding with sharing information with partner agencies. In some circumstances, children will need a formal referral to social care as there is a child protection concern and parents may refuse consent. The information must still be shared. Also in rare circumstances, seeking consent might pose a risk to the child. When making a referral like this, then it is important to explain why consent was not established and/or why the referrer considered that it would pose a risk to the child. If a parent does not give consent to engage with the Early Help Process and this raises concerns about the ability of the parents to promote their child's welfare which might lead to their inability to protect the child, a child protection referral should be made.

Domestic violence

Practitioners need to be mindful of the possibility that domestic abuse could be at the root of the family's problems and that this is an issue that victims and perpetrators will not want to talk about and the child may find it difficult to articulate. If domestic abuse is considered a possibility, then completing the Domestic Violence Risk Inventory Matrix (DVRIM), as well as referring to the thresholds guidance, will help practitioners to make judgments specifically about domestic violence.

DVRIM: http://solihulllscb.proceduresonline.com/pdfs/dom_viol_risk_ident_matrix.pdf

Domestic Abuse Procedures: http://solihulllscb.proceduresonline.com/chapters/p_dom_abu.html

The levels of need a summary;

Children may have unmet needs at any age or stage of development and their circumstances and needs change.

Level 1 represents children with no identified additional needs. Their needs are met through the services they receive in early years, schools and health services such as the GP and the health visitor and some will be also receiving services from housing and the voluntary sector. The majority of children will have this level of need.

Level 2 represents children with additional needs that can be met by a single agency or practitioner or straightforward working with one or more partners. Services provided at level one may identify a need to engage a partner to provide support, such as the educational psychologist, mental health and substance misuse services, Primary mental health services as well as services to ensure attendance at school. Other services, such as those advising on domestic violence may also provide advice and support.

Level 3 represents children with complex needs that can only be met by a co-ordinated multi-agency plan and this requires structure and leadership. Those working with the child and family will identify the need to engage specialist health services such as mental health, substance misuse, inclusions services and specialist advice, such as Women's Aid, or any other service or voluntary organisations as there is a need to ensure a co-ordinated multi-agency approach to help the child.

Level 4 represents children who need statutory and/or specialist interventions including;

- **children in need** including those **in need of protection,**
- Young people who have committed an offence,
- Children with acute mental health needs.

Level 4: Children in need

The definition of 'children in need' is defined by the Children Act 1989 s17 (10), which provides that a child is to be taken as 'in need' if:

(a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority . . .; or

(b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or

(c) he is disabled.

At subsection (11) the definition of 'disabled' for the purposes of CA 1989 Part III is given as follows:

For the purposes of this Part (of the act), a child is disabled if he is blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed".

Level 4: A child in need of protection is described in Section 47 of the Children Act 1989, Paragraph (1)

"Where a local authority has reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm, the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare."

This duty also applies to children who are in need of care, are unaccompanied asylum seekers, are in the care of the Local Authority, or are subject to an Emergency Protection Order, Interim Care Order or full Care Order. Alternatively, a child who is remanded by a court into local authority accommodation or Youth Detention Accommodation will also be deemed as a Looked After Child and the LA has duties towards them.
All partners working with these children will continue to deliver services and work in collaboration with the Local Authority children services social care who takes the lead in these cases and co-ordinate services.

Level 4: Young people who have committed an offence.
This refers to young people who get into trouble with the police or are arrested, are charged with a crime and go to court and/ or are convicted of a crime and given a sentence.
All partners working with these children will continue to deliver services and work in collaboration with the Youth Offending Service.

Level 4: Children with acute mental health needs
This refers to children who endanger their own lives through self-harm, suicide attempts, or have eating disorders requiring immediate action.
Partners will continue working with these children in collaboration with acute mental health services.

Using this guidance
There are two tables in this guidance;

The first summarises the levels of need and the services that may be involved.

The second describes the continuum of need to help practitioners make a judgement about appropriate action.

For advice, call/email:

Early Help: 0121 709 7000 or email engage@solihull.gov.uk

MASH: 0121 788 4333

Information on Training is provided here: http://solihulllscb.co.uk/training.php

LEVELS OF NEED				
LEVEL ONE				
Support needed	***Agencies who may provide support at this level***	***Example indicators; (see the reference table for more detail).***	***What to do***	***Reference***
No additional support needed beyond that which is already available and provided by the school and health services.	Schools and nurseries Early Years Health visiting School Nursing Young people's services Voluntary and community sector	Children making good overall progress in all areas of development broadly receiving appropriate universal services such as health care and education.	Sustain agreed action by existing services. If situation changes/no improvement review.	Early Help Engagement Handbook: http://socialsolihull.org.uk/earlyhelp/wp-content/uploads/sites/23/2016/05/Early-Help-Handbook-Final-May-2016.pdf
LEVEL TWO				
Support needed	***Agencies who may provide support at this level***	***Example indicators; (see the reference table for more detail).***	***What to do***	***Reference***
Children and young people with emerging vulnerabilities whose needs require targeted support	Services above may engage Educational psychology, mental health services (e.g. Solar primary mental health service) and substance misuse services and or other services to help the child and family.	Children; • whose parents need advice about managing behaviour. • in families where there is poor hygiene (including dental hygiene). • identified by school as requiring additional educational support. • with additional health needs that require extra support. • involved in criminal activity. • in households where difficulties in adult relationships have the potential to impact on the child if early help is not offered. • starting to have unauthorised absences from school. • involved in substance misuse. • of families seeking asylum.	Sustain agreed action by existing agencies. This may be enough help for the child. Consider early help process if current actions are thought not to be enough to sustain improvements.	Early Help: 0121 709 7000 or email engage@solihull.gov.uk Early Help Engagement Handbook: http://socialsolihull.org.uk/earlyhelp/wp-content/uploads/sites/23/2016/05/Early-Help-Handbook-Final-May-2016.pdf

LEVEL THREE: Threshold to initiate early help process				
Support needed	***Agency who may be involved at this level***	***Example indicators; not an exhaustive list.***	***What to do***	***Reference***
Children or young people with identified vulnerabilities and needs that require a multi-agency coordinated approach.	Services above may also engage SOLAR Specialist community mental health services, Domestic violence co-ordinator, adult mental health, substances misuse services and other appropriate specialist services.	Children; • with a significant emotional and/or behavioural disorder. • who are Young Carers. • persistently absent from school. • beyond parental control. • in families without permanent accommodation. • with acute or chronic health conditions, (including morbid obesity). • involved in substance misuse. Children in households needing help and effectively engaging with partners because they need interventions as a consequence of: • mental health issues • substance misuse • domestic abuse • learning difficulties • poverty and debt • physical disability/long term health conditions • prolific offending/in custody and these interventions are proving to improve outcomes for the child.	Initiate engagement of the family and the child working with the Engage tool and following the Engage protocol Bring involved partners together. Create a plan for who does what and when, including the parents and the child.	Early Help Engagement Handbook: http://socialsolihull.org.uk/earlyhelp/wp-content/uploads/sites/23/2016/05/Early-Help-Handbook-Final-May-2016.pdf

Level four: Criteria for statutory intervention				
Support needed	***Agency involvement***	***Example indicators; not an exhaustive list.***	***What to do***	***Reference***
Children requiring formal statutory intervention under either section 17 of the Children Act 1989 (children in need); or section 47 of the Children Act, safeguarding children.	Formal statutory multi-agency intervention required under child protection or children in need procedures.	Children; • who disclose abuse or harm. • are suffering or likely to suffer significant harm. • whose parents are unable to provide care, for whatever reason. • where physical, sexual or emotional abuse or neglect is suspected. • may be suffering as a result of suspected fabricated illness. • are at risk of sexual exploitation and trafficking. • are at risk of female genital mutilation (FGM). • are at risk of forced marriage and honour based violence. • where there are allegations of harm by a person in a position of trust. • who are in contact with persons who are considered to pose a risk to children, • who are unaccompanied Asylum Seekers. • whose behaviour is so extreme they are at risk of removal from home e.g. control issues, risk taking, dangerous behaviour. • as yet unborn and there is concern that a pregnant mother exhibits features that may adversely impact on them • with a disability. • who were in level 3 above, and early help interventions have been provided and are proving to fail and this failure gives rise to concerns that the child is suffering or likely to suffer significant harm.	Follow child protection/child in need procedures. Use the online referral form.	Solihull Child Protection Procedures http://solihulllscb.proceduresonline.com/ Online Referral Form: https://eservices.solihull.gov.uk/ChildrensSocialWorkServiceReferral/ Solihull MASH: 0121 788 4333
Young people who have committed an offence.	Youth Offending Services	Young people who get into trouble with the police or are arrested, are charged with a crime and go to court and/ or are convicted of a crime and given a sentence.	Police/Court refer to YOS who will lead.	https://www.gov.uk/government/organisations/youth-justice-board-for-england-and-wales
Children with acute mental health needs.	Acute specialist mental health services.	Endangers own life through self-harm, suicide attempts, eating disorder requiring immediate action.	Refer to nearest Accident and Emergency.	

Level of need continuum			
Childs developmental needs: Health			
Level One	Level Two	Level Three	Level Four
No specific action	Straightforward ;(one or two partners,)	Complex, multi-agency co-ordination and planning required	Children in need/ Child Protection.
Meeting developmental milestones, including speech and language	Slow in reaching development milestones, short interventions make improvements.	There is a threat to optimal achievement of developmental milestones due to family or environmental factors.	There is a likelihood of significant harm to child's health and development
Physically and psychologically well.	Susceptible to minor health problems	Has some chronic/recurring health problems or terminal illness	Have severe chronic/recurring health problems, including severe obesity and dental decay unresolved by early help interventions. Fabricated/induced illness Non-organic failure to thrive
Adequate diet/hygiene/clothing	Minor concerns re: diet/dental health, hygiene/clothing.	Concerns about diet/hygiene/clothing impacting on child's emotional well- being.	Concerns about diet/hygiene/clothing persistent and severe and not improving following early help interventions.
No mental health problems	Minor emotional problems resolved with short term intervention. Low self esteem	Concerns around mental health, self-harm, depression, eating disorders, body image.	Concerns persistent and there are concerns about the parents ability to safeguard the child and promote their welfare. Endangers own life through self-harm, suicide attempts, eating disorder.
Accesses health services, including dental and optical care.	Missing health checks/immunisations	Missing routine and non-routine health appointments. Parents not responding appropriately to child's health needs.	Persistent non-compliance even though parents aware of short and long term implications, likely to cause significant harm.
Disabled but no need for support services	Disabled and requiring support services	Disabled and requiring multi-agency support services and sound planning.	Disabled and meets criteria for social care intervention.(see ref) And/or there are safeguarding concerns.
Sexual health not a concern. Participating in general healthy & safe relationships education appropriately	Starting to have sex (under 16). Previous pregnancy. Participating in general healthy & safe relationships work	Conception aged under 16 Inappropriate sexual behaviour. CSE Under 12 risk screened as universal needs. CSE over 12 risk screened at level 1	Sexual activity under the age of 13 Sexual exploitation/abuse. CSE Under 12 screened as vulnerable or extremely vulnerable. CSE over 12 risk screened at level 2 or 3

Childs developmental needs (2)			
Education			
Level One	***Level Two***	***Level Three***	***Level Four***
No specific action	Straightforward (one or two partners,)	Complex, multi-agency co-ordination and planning required	Children in need/Child protection
Attends school regularly Training.	Occasional truanting or non-attendance, poor punctuality Not in education, employment or training (NEET)	Persistent truanting or poor school attendance. Previous fixed term exclusions Previous permanent exclusion from another educational establishment Managed move. Persistent NEET	Multi agency interventions are not working and the child is suffering or likely to suffer significant harm.
No barriers to learning	At risk of exclusion, 'School action' or 'School action plus'. Few opportunities for play/socialisation. Identified language and communication difficulties	Short term exclusion. Permanently excluded from school or at risk of permanent exclusion. Statement of Special Educational Needs	Excluded from education and concerns that the child is suffering or likely to suffer significant harm.
Achieving key stages	Not achieving educational potential.	Persistent low achievement requiring multi-agency support.	Significant development delay due to neglect/poor parenting.
Emotional and Behavioural Development (see Health and development for sexual behaviours)			
Good quality early attachments	Low level mental health or emotional issues. Unauthorised absences from home.	Difficulty coping with anger, frustration and upset. Starting to go missing from home.	Puts self or others in danger. Child abuses others. Frequently missing from home or care.
Growing competencies in practical and emotional skills	Involved in behaviour that is seen as anti- social	Offending or regular anti-social behaviour.	Young people who get into trouble with the police or are arrested, are charged with a crime and go to court and/ or are convicted of a crime and given a sentence.
No substance misuse issues	Some concern about the child's substance misuse.	Problematic substance misuse.	Endangers own life through substance misuse.
Identity			
Positive sense of self and abilities	Some insecurities around identity.	Subject to discrimination. Extremist views.	Parents unable to protect from race hate. Persistently demonstrates extremist views
Demonstrates feelings of belonging and acceptance	May experience bullying/isolation around perceived difference, or bully others.	Hostile to other children . Hostile to adults.	Unaccompanied asylum seeking Child. Socially isolated and lacking appropriate role models Alienates self from others/ involved in gangs.

Childs Developmental Needs (3)			
Family and Social Relationships			
Level One	***Level two***	***Level three***	***Level four***
No specific action	Straightforward ;(one or two partners,)	Complex, multi-agency co-ordination and planning required	Child in need or child protection
Stable and affectionate relationships with care givers.	Undertaking some caring responsibilities occasionally.	Regularly needed to care for another family member.	Child is main carer for a family member.
			Child in care or care leaver.
	Loss of significant parent/carer, There is a significant attachment to another relative providing support.	Depression anxiety, eating disorders, substance misuse related to the loss. See xxx above. There is no individual significant attachment figure in the child's life.	Family breakdown. Deceased parents and no arrangements to care for the child.
	Child of a teenage parent in need of some practical advice and support.	Child of a teenage parent who is finding parenting challenging. There is little warmth and affection seen.	Teenage parent who is a subject of Child protection plan or is a child looked after.
	Low parental aspirations.	Unconcerned about child's potential	High criticism, low warmth.
Good relationships with siblings.	Child worried about sibling rivalries.	Unstable relationship with Siblings due to separation, bereavement and loss.	Hostility between siblings not managed by parents resulting in possible significant harm.
Positive relationships with peers.	Some difficulties with peers.	Disputes with Peers/bullying/withdrawn.	Frequent aggression and violence. Criminal activity.
Social presentation			
Appropriately dressed for different settings.	Inappropriately dressed- resolved with advice.	Persistently inappropriately dressed for the weather, shunned by other children.	Persistently inappropriately dressed despite multi-agency interventions and parents unable to take action.
Good level of personal hygiene.	Poor Personal hygiene resolved with advice and support.	Persistent poor hygiene resulting in social isolation from peers.	Poor hygiene persistent and chronic despite advice and support. Child neglects basic hygiene as distracted by other risk factors such as CSE, missing and/or substance misuse problems.

Family and Environmental factors			
Family History and Functioning			
Level One	Level Two	Level Three	Level Four
No specific action	Straightforward ;Refer normally, (one or two partners,)	Complex, Early Help Assessment; multi-agency co-ordination and planning required	Child in need / Child protection
Supportive family relationships, including when parents are separated. Extended family members provide support to the child.	Parents have relationship difficulties which may affect the child. Child has support from key extended family such as grandparents and aunties.	Persistent disputes and hostility between parents, possible domestic violence impacting on the child. No supportive attachments beyond immediate parents/care givers.	Significant parental discord, domestic violence/honour based violence/forced marriage. Continuous instability and violence in the home. Child privately fostered (cared for by non-relative). Destructive relationships in extended family. Abuse/neglect
Where domestic violence is suspected always complete a DVRIM (Link)(Domestic violence Risk Inventory Matrix			
Housing, Employment and Finance			
Housing has basic amenities and appropriate facilities.	Family affected by low income or unemployment Parents have limited formal education. Adequate/poor housing. Family seeking asylum or refugees.	Overcrowding, temporary accommodation, homelessness.	Physical accommodation places child in danger. No fixed abode or homeless. 16-17 year old homeless young people
Parents aspirational for their child.	Unemployment by key provider affecting aspirations.	Prolonged unemployment, inter-generational worklessness.	Parents ability to safeguard the child affected by debt and poor financial management.
Not living in poverty, sufficient income.	Financial difficulties, EG redundancy	Serious debts/poverty impacting on ability to care for the child. Vague reasons for not managing finances.(Suspect substance misuse)	Debt and poor financial management, for example due to need to purchase drugs or alcohol, is resulting in inadequate care, e.g. utilities supplies cut off, rent in /eviction and or no money for food.
Family's Social Integration/accessing community resources.			
Social and friendship networks, family will demand services.	Some social exclusion problems. Family may be new to area or new to Britain. Family not engaging in local Services.	Family socially excluded. Escalating victimisation. Family finds it difficult to access.	Family chronically socially excluded likely to cause significant harm to the child. Children from families experiencing a crisis likely to result in a breakdown of care arrangements.

Parenting capacity (1)			
Basic Care, Safety and Protection			
Level One	Level Two	Level Three	Level four
No specific action	Straightforward ;Refer normally, (one or two partners,)	Complex, Early Help Assessment; multi-agency co-ordination and planning required	Child in need/Child protection
Carers able to provide for the child's physical needs and protect from danger & harm.	Parent requires advice on parenting issues.	Parent is struggling to provide adequate care and needing support from a number of agencies.	Parents unable to protect their child/ren and cannot prioritise the child's needs over their own. Severe or long term harm has been or is likely to be done to the child and/or the parents/carers are unwilling or unable to engage in work to improve care provided. (NSPCC GCP2) History of parents being unable to provide safe care for children. Child subject to public law proceedings in the family court.
	Some basic needs unmet but most of the time a good quality of care is provided.	Failure to provide good quality care across a number of the areas of the child's needs some of the time. Parental learning disability is impacting on ability to provide care.	Failure to provide good quality care across most of the child's needs most of the time.
	Professionals suspect possibility of substance misuse by adults within the home.	Parents have a substance misuse problem (including alcohol) impacting on parenting ability.	Parents' use of alcohol or other substances is impairing their ability to provide safe care for their child/ren.
	Teenage parent(s).	Teenage parents who themselves were subject to Child Protection Plan or Looked After Private fostering or young carer	Teenage parents who themselves are subject to Child Protection Plan or Looked After Private fostering or young carer.

Parenting Capacity (2)			
Parents and carers Basic Care, Safety and Protection Cont'd			
Level One	***Level Two***	***Level Three***	***Level Four***
No specific action	Straightforward ;Refer normally, (one or two partners,)	Complex, Early Help Assessment; multi-agency co-ordination and planning required	Child in need/Child protection
Carers provide warmth, praise and encouragement and a stable environment.	Sometimes inappropriate expectations of child/young person for age/ability Inconsistent parenting but parents respond well to advice and support.	Child is often scapegoated. Child receives inconsistent care/has multiple care givers. Child is rarely comforted when distressed Parents have no other positive relationships. Parents lack empathy for child.	Parents inconsistent, highly critical or apathetic towards child. Child is rejected or abandoned Parents are negative and abusive (verbally, emotionally and/or mentally) towards the child.
Carers support development through interaction and play.	Parents need help to understand the importance of activities and play in the child's development.		
Carers provide appropriate guidance and boundaries.	May have different carers Inconsistent boundaries offered. Can be anti-social. Spends much time alone. Child not exposed to new experiences.	Erratic or inadequate guidance provided Parent rarely manages disputes between siblings. Inconsistent parenting which impairs emotional or behavioural development	No effective boundaries set by parents Regularly behaves in an anti-social way in the neighbourhood Inconsistent and violent discipline Subject to a parenting order which may be related to their child's criminal behaviour, anti-social behaviour or persistent absence from school.

What should be included in a referral to Children's Services?

- The referrer's name and designation/relationship to the child;
- The full name, date of birth and gender of child/children;
- The full family address and any known previous addresses;
- The identity of those with Parental Responsibility
- The names, date of birth and information about all household members, including any other children in the family and significant people who live outside the child's household;
- The ethnicity, first language and religion of children and parents/carers;
- Any need for an interpreter, signer or other communication aid;
- Any special needs of the children.

Child in need referral	Significant harm referral
• What support services you have already offered to the child or family to address the needs you have identified; • Why you think the time is right to refer the matter with Children's Social Work Services; • What information you can give about: The child's development needs; Parenting capacity; Social and environmental factors. • How you will remain involved with the family and if appropriate how you can help to introduce a social worker to the family, e.g. by a joint visit; • Whether the parents know that you are making the referral and whether they were in agreement to you making the referral; • Whether you have any information about difficulties being experienced by the family/household due to domestic abuse, mental illness; substance misuse, and/or learning difficulties; • Confirm any significant/important recent or historical events/incidents in the child or family's life; • Clarify what information that the referrer is reporting directly and what information has been obtained from a third party; • Discuss any known or suggested information relating to the child or family being in contact with a Person Posing a Risk to Children • Confirm what you think Children's Social Work Services might do as a response to your referral.	• The cause for concern including details of any allegations, their sources, timing and location; • The child's account and the parents' response to the concerns if known; • The identity and current whereabouts of any suspected/alleged perpetrator and or degree of contact with the child; • The child's current location and emotional and physical condition; • Whether the child is currently safe or is in need of immediate protection because of any approaching deadlines (e.g. child about to be collected by alleged abuser); • The parents' current location; • The referrer's relationship and knowledge of the child and parents/carers; • Known current or previous involvement of other agencies/professionals.

What should be included in a referral to The Youth Offending Service?

- The referrer's name and designation/relationship to the child;
- The full name, date of birth and gender of child/children;
- The full family address and any known previous addresses;
- The identity of those with Parental Responsibility
- The names, date of birth and information about all household members, including any other children in the family and significant people who live outside the child's household;
- The ethnicity, first language and religion of children and parents/carers;
- Any need for an interpreter, signer or other communication aid;
- Any special needs of the children.

Prevention	Sexual Harmful Behaviour
• The cause for concern – details of offending behaviour/anti social behaviour • Confirm what you think the Youth Offending Service might do as a response to your referral • Whether the parents and young person know that you are making the referral and whether they were in agreement to you making the referral • Whether you have any information about difficulties being experienced by the family/household due to domestic abuse, mental illness; substance misuse, and/or learning difficulties • What information you can give about: The child's development needs; Parenting capacity Social and environmental factors. • Confirm any significant/important recent or historical events/incidents in the child or family's life • Clarify what information that the referrer is reporting directly and what information has been obtained from a third party • Discuss any known or suggested information relating to the child or family being in contact with a Person Posing a Risk to Children • Confirm what other agencies are involved with the young person/family • Details of education, training or employment the young person is engaged in • How will you as the referrer remain involved	• Provide details of concerning/offending behaviour, including whether the young person is subject to police investigation, court/police bail or has been charged with an offence • Has the young person been referred to Children's Social Work Services in regards to these concerns • Details of the child's account and parents' response to the concerns if known • Whether the parents and young person know that you are making the referral and whether they were in agreement to you making the referral • Has any sexual health / relationship work been undertaken with the young person, if so, give details and response of the young person • The child's current emotional and physical condition • What information you can give about: The child's development needs; Parenting capacity Social and environmental factors • Confirm any significant/important recent or historical events/incidents in the child or family's life • The identity and current whereabouts of any suspected/alleged victim and / or degree of contact with the young person • How the behaviour/offence has affected the family – is the young person still living within

with the family and if appropriate how can you help	the family home • Whether you have any information about difficulties being experienced by the family/household due to domestic abuse, mental illness; substance misuse, and/or learning difficulties • Clarify what information that the referrer is reporting directly and what information has been obtained from a third party • Confirm what other agencies are involved with the young person/family • Details of education, training or employment the young person is engaged in • How will you as the referrer remain involved with the family and if appropriate how can you help

What should be included in a referral to SOLAR- Emotional Wellbeing and Mental Health Service

Checklist for referrers

Please ensure the child or young person meets all of criteria for the referral to be processed appropriately. Consent must be gained from the child or young person and/or their parents in order to proceed. The child or young person must have a Solihull postcode, attend a Solihull school, have a Solihull GP, or be a Looked After Child/Young Person under the care of Solihull MBC or a Looked After Child/Young Person living with Foster Carers approved by Solihull MBC; they do not need to meet all four conditions.

If any assessments, interventions or similar have been delivered or implemented, any evidence or information would be really helpful in order for Solar to assess and meet the needs of the child or young person.

Is Solar the most appropriate place to refer the child or young person?

There are a wide range of services in Solihull to support children and young people. Before making a referral to Solar please consider what interventions have taken place in the child or young person's education setting and/or the home. Typically a child or young person will respond better to any intervention if it is delivered by practitioners known to them in a setting that they are comfortable in. Similarly, families themselves would rather receive support and guidance to manage their own needs before accessing 'professional' support.

Solar cannot offer the same intensive low level support that other services such as schools and Early Help offer. When you complete a referral we ask for the information of any partners that are involved, if this isn't shared or hasn't been accessed, one of most likely recommendations will be to access support from other partners.

Have you completed all of the basic information, other agency involvement/information sharing/referrer information and the data protection and confidentiality information?

By referring to SOLAR, the child and young person will have a patient record with Birmingham and Solihull Mental Health Foundation Trust.

Confidentiality, information sharing and data protection is very important, please ensure you have the correct consent and it is recorded properly. Crucially if a family and/or child or young person does not wish for their information to be shared please record this.

These pages are vital in order for the service to process the referral, if we do not have complete and accurate information we cannot proceed and the child or young person is not supported.

Describing the presenting symptoms and their impact

For each symptom or collective symptoms we need to know 'how often', 'how long for' and 'how bad' – for instance "Jane self-harms" does not enable us to assess risk effectively or ensure Jane receives the most appropriate service. A more robust entry would be – "self-harming by cutting wrists with scissors, three times per day for the last three months. Jane's cuts leave marks but do not draw blood".

Please ensure any self-harm, suicidal ideation or attempts and/or psychosis symptoms are recording accurately

Where do these symptoms present themselves? If a child or young person is suffering with anger outbursts are these at home only? At school only or they can occur anywhere?

We need to know how the symptoms are affecting the child or young person, can they function as normal or is it affecting their ability to access education? Socialising with friends? Eating and sleeping habits?

Finally are the above factors escalating or are they 'stable' in how they have presented?

Identifying any causes of triggers for the specific symptoms

What has triggered or continues to trigger the symptoms listed above? Has there been an abnormal event or trauma? Is the child or young person experiencing ongoing difficulties or challenging situations that could contribute to their symptoms? Or are there no obvious triggers that the family and/or child or young person can explain?

Other information that might be useful

Please detail any support or interventions that have already been accessed. Detail successful and unsuccessful interventions, including why it has or hasn't worked for the child or young person.

Include any information in relation to a diagnosis or assessment for specific disorders such as ADHD or ASD.

If the child is known to children's services, include a summary of their involvement and any work that has been undertaken.

What outcomes would the child or young person like to achieve?

Any referral made to Solar should be made with the consent of the child or young person. If they are, what would they like to achieve from any interventions we would do with them? What would a better day look like? If they could improve or change one thing what would it be?

If a child or young person completes this area or not, we get an idea as to whether they are happy to engage in any interventions that we may offer and if they have the capacity to change e.g. if they are being referred for anger management, does the child or young person see there is a problem? Are they prepared to do something about? Are they prepared to change or make changes?

Solihull Local Safeguarding Children Board
The Bluebell Centre, 10 West Mall
Chelmsley Wood Shopping Centre
North Solihull B37 5TN

Phone: 0121 788 4325 **(General) or** 0121 788 4478 **(Training)**

E-mail: lscb@solihull.gov.uk **(General) or**
E-mail: lscbtrain@solihull.gov.uk **(Training)**

Website: www.solihulllscb.co.uk