

Thresholds for access to services

For children and families
in Leicester, Leicestershire & Rutland



Thresholds for access to services for children and families in Leicester, Leicestershire & Rutland

Working Together to Safeguard Children 2018 requires Local Safeguarding Children Partnerships to publish a threshold document, which sets out the local criteria for action in a way that is transparent, accessible and easily understood.

This should include:

- The process for the early help assessment and the type and level of early help interventions or services to be provided; and
- The criteria, including the level of need, for when a case should be referred to Local Authority Children's Social Care for assessment and for statutory intervention or services under:
 - Section 17 of the Children Act 1989 (children in need);
 - Section 47 of the Children Act 1989 (reasonable cause to suspect child is suffering or likely to suffer significant harm)
- Clear procedures and processes for cases relating to:
 - The abuse, neglect and exploitation of children
 - Children managed within the youth secure estate
 - Disabled children.

This document is relevant to:

Practitioners and Managers in agencies and organisations providing services to children and families in Leicester, Leicestershire & Rutland.

Updated: October 2019

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Introduction

Promoting children's welfare is most effective when they receive help early and at a level according to their needs. The aim is to provide early interventions for children, young people and families that require support to prevent them moving towards higher levels of need, and to reduce the levels of need once these have been identified. This guidance is designed to help identify when a threshold or trigger has been reached, indicating when a child or family might need safeguarding and protection and then to identify where best to get this support from.

This guidance is for practitioners in all agencies who have direct or indirect contact with children, young people and their families in Leicester, Leicestershire and Rutland.

Using the guidance will help practitioners and managers to identify the support that a child, young person or family might need and how best this support can be provided.

The needs of children and young people and their families should be considered on a case by case basis. Responses should be based on robust assessment, sound professional judgment and, where appropriate, statutory guidance. Professionals should also take account of the available resources, local priorities, agency and national policy guidance.

This document applies to all practitioners, managers and organisations across Leicester, Leicestershire and Rutland. Each local authority area has a different type of service to offer in Children's Social Care, Early Help offer as well as Disabled Children Service. It replaces all other previous Threshold Guidance.

This document is only intended to offer guidance about the type of need which would trigger service. There will be circumstances in which children's needs will cross tiers and for which practitioners will need to seek advice and guidance to ensure service provision is having an impact.

Who is this document for?

- Practitioners who are in contact with children and families who have a concern about a child and want to know how they should help them.
- All children services providers to enable them to support and safeguard children.
- Anyone who has concerns about a child.

Principles underlying this document

It's good to talk

- Early identification of difficulties or risks to provide improved outcomes for children and young people are aided by close collaboration between individual workers, parents and wider partner agencies. This starts with having early conversations with parents and other professionals and asking what will help and how this can best be provided.
- The needs of children and young people are the concern and responsibility of all agencies and practitioners in Leicester, Leicestershire and Rutland that have contact with children.
- Talking and listening to children and observing their behaviour will help us to understand their lived experiences; what support/help they need.

Proportionate intervention

- Children's needs should be determined by a robust assessment which informs a proportionate service response. This threshold document seeks to enable practitioners to identify the right support for the right child at the right time.
- Most children are helped best by those who already know them and work with them.

A coordinated approach – avoiding duplication

- Safeguarding children is everyone's business.
- In some cases, especially those which are considered complex, a range of specialist meetings associated with different processes may be required. The aim(s) of some of these meetings may be complementary and good coordination and planning will be central to ensuring that families have a clear understanding of what help is on offer and how this is being delivered.

Working in partnership with the family

- Parents and carers should be involved at the earliest opportunity when safeguarding concerns are identified to enable a discussion about how best they can support and protect their child.

Different types of assessed need and levels of intervention

In this guidance we have identified four levels of need: –

Tier 1 | Requiring universal services – children with no additional need (UNIVERSAL)

Children and young people who are achieving expected outcomes and have their needs met within universal mainstream service provision without any additional support.

Tier 2 | Requiring early intervention – children with some additional needs (ADDITIONAL)

Children and young people where some worries are emerging and who will require additional support usually from professionals already involved with them i.e. schools, health visiting services, children's centres etc and may also require an Early Help Assessment.

Tier 3 | Requiring targeted early help support – children with multiple needs becoming more complex (TARGETED)

Children and young people where there are significant worries over an extended period or where worries recur frequently which would benefit from a coordinated multi-agency team around the family approach, and which will be supported by an Early Help Assessment.

Tier 4 | Requiring acute/statutory intervention – children with complex and or acute needs (SPECIALIST)

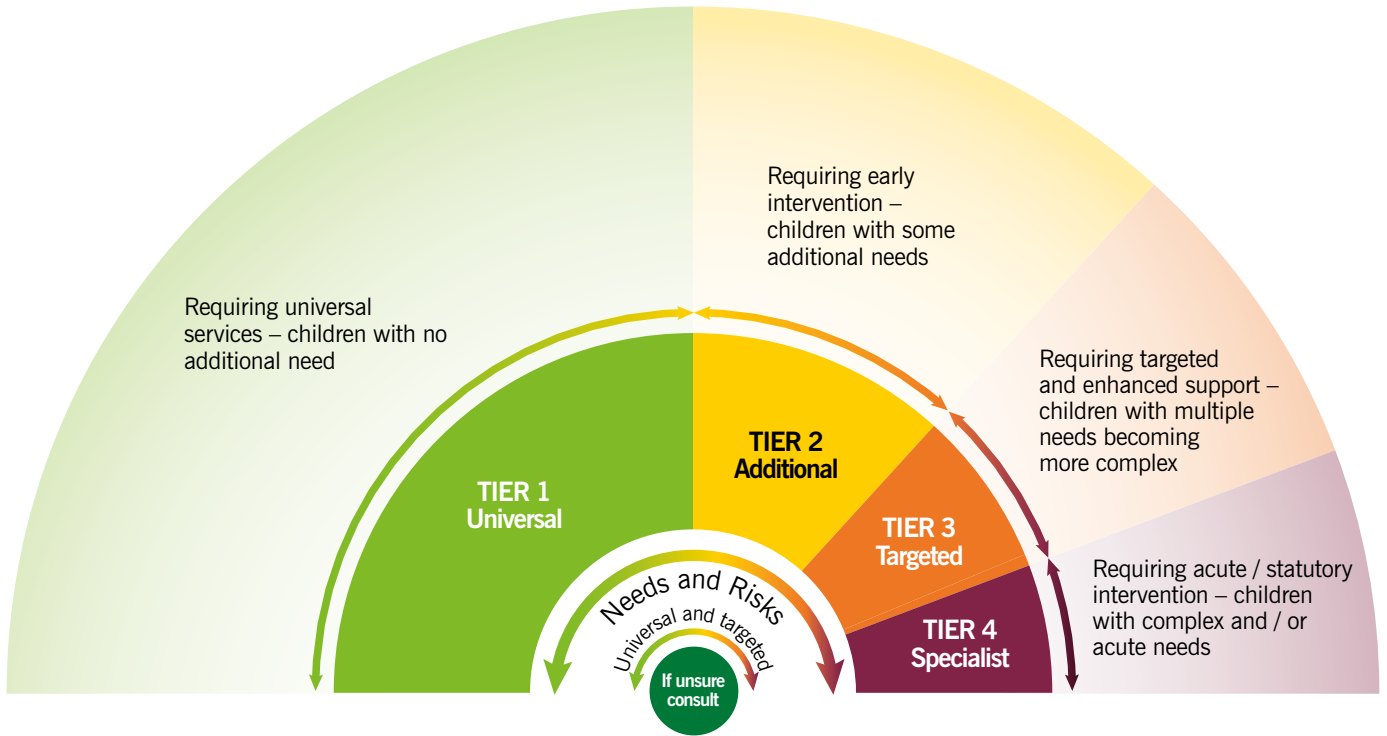
Children and young people who present with acute needs / are very vulnerable and where interventions are required to respond to risk of abuse or neglect. They will require a response from specialist service such as Children's Social Care, Community Mental Health Services, Youth Offending Services.

When there is reason to suspect that a child is suffering or likely to suffer significant harm, referral must be made following Leicester, Leicestershire and Rutland's Children Safeguarding Procedures.

This document is intended to offer guidance about the type of need which would trigger service. However, there will be circumstances in which children's needs will cross tiers and for which practitioners will need to seek advice and guidance to ensure service provision is having an impact. The tiers represent the types of agencies involved. However within Tier 3, a specialist agency such as CAMHS could be the lead professional for an Early Help Assessment where there are no safeguarding issues. Within Tier 4, a range of early help services may be supporting families as part of a specialist intervention.

Practitioners should refer to safeguarding procedures and seek advice and guidance from their line managers and safeguarding leads for assistance in complex situations and can seek advice from social care managers when this is required.

Different types of assessed need and levels of intervention



Continuum of need

The continuum of need in Leicester, Leicestershire and Rutland has four levels. These should help professionals to decide what assessments and support children, young people and families may require in order to meet their needs.

Children, young people and families will move between levels of need according to circumstances, so services need to be flexible to meet need as it changes.

Most children's development needs can be met solely through universal services such as health, education, housing and the voluntary and community services sector. However, some children may need further help to maintain a good level of development and achieve good outcomes. This may be due to disability, disadvantaged circumstances or poor standards of parenting. These children may need targeted services and interventions from a range of agencies to meet their needs and maximise their outcomes. For some children, unassessed or unmet needs create risk of abuse or neglect and the intervention will focus on keeping them safe from harm. To be effective this will rely on robust multi-agency assessment and safety planning.

All practitioners should ask what they can do to help and support children that they come into contact with in order to ensure that their additional needs are identified. Practitioners will need to continue to contribute to multi-agency plans when children's needs become complex. All agencies should make reasonable adjustments to enable children and their families to access services, as required under the Equality Act 2010.

Working Together 2018 notes that Practitioners should, in particular be alert to the potential need for early help for a child who:

- Is disabled and has specific additional needs
- Has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
- Is a young carer
- Is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- Is frequently missing / goes missing from care or from home
- Is at risk of modern slavery, trafficking or exploitation
- Is at risk of being radicalised or exploited
- Is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- Is misusing drugs or alcohol themselves
- Has returned home to their family from care
- Is a privately fostered child.

Understanding Early Help - accessing support at Tier 2 and Tier 3

What is Early Help Assessment?

Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early help relies on local organisations and agencies working together.

The Early Help Assessment (EHA) is a multi-agency team around the family approach with an identified lead professional co-ordinating a whole family plan to address multiple issues at an early help threshold. The assessment is used to assess the needs of the child, young person or family when additional needs start to be identified and when these become more complex and require more than one agency to provide help. It provides a framework for professionals and families to work together to improve outcomes for children.

When should an Early Help Assessment be completed?

Tier 2 and 3 below describe the continuum of support for children and families. However, all professionals should have access to support via a line manager or designated safeguarding lead to provide support when making decisions regarding intervention and how a child's needs can be met. More guidance to support making referrals using the multi-agency referral form (MARF) for social care and council early help services are available at the links on page 10 below.

Tier 2 – Agencies will undertake their own assessment to identify need. Some agencies may have their own assessment tool that is used to identify single agency support for children. An assessment of need could be considered at this tier as it can assist in making sense of a child's needs and what help is required. The EHA provides a framework to start conversations with parents and children and can be used to identify what agency support may be required at Tier 2. This should be considered as soon as there is a worry that a child has additional needs.

Tier 3 – Where agencies request support from other agencies (except the local authority) to contribute towards an assessment and provision of support for a family. The Early Help Assessment should be used when single agency help is not bringing expected outcomes and a multi-agency whole family plan is being considered at Tier 3. It can help to determine the help and support that a child, young person or family requires to meet their needs when multiple issues may be emerging. It is important that the child and parents' voices are captured as part of the Early Help Assessment process and that they both understand and are committed to the action they need to take to improve their own outcomes. An Early Help Assessment will require parent/carers and young people aged over 16 to engage with the process and agree to the services that are being recommended.

What happens once the Early Help Assessment is completed?

There are different coordination points running along the continuum of need. Co-ordination points are meetings, processes or services that play a key role in identifying and coordinating needs, activities and services. They all play a role in coordinating the help that a child and family need but the specifics of the process may be defined locally across Leicester, Leicestershire and Rutland.

In principle the completion of an Early Help Assessment should result in a meeting to agree a plan with the family. This may be called an Early Help planning meeting or a Team Around the Family (TAF) meeting. This meeting should include the child, young person, family and practitioners from any relevant agencies to develop an action plan that meets the needs of the child, young person or family.

At the first TAF meeting, a 'lead practitioner' should be identified. The lead practitioner ensures that agency involvement is rationalised, coordinated and communicated effectively. The lead practitioner should be appointed through consultation with the child or young person and their family together with the agencies involved in the plan. The lead practitioner can come from any agency. The person appointed to the role should be the practitioner most appropriate given the circumstances and the wishes of the child, young person and family. The name and contact details of the lead practitioner should be clearly communicated to the child, young person and family as well as all the practitioners involved. The Team Around the Family plan should be reviewed at regular periods, normally six to twelve weeks, until the identified improved outcomes have been achieved.

Each local authority area has a clearly defined early help offer and early help assessment model. Many services across Leicester, Leicestershire and Rutland provide a range of early help services that can support the Early Help Assessment model to be effective for families. Further information about the current Early Help offer and Early Help Assessment model and how to request targeted early help services in Leicester, Leicestershire and Rutland can be found online at the links given here:

Leicester-specific information

- Early Help offer: [here](#)

Leicestershire-specific information

- Early Help offer: [here](#)

Rutland-specific information

- Early Help offer: [here](#)

If at any point during the Early Help Assessment process risk of harm is identified or the plan is having no impact to improve outcomes for the child(ren), consideration should be given to making a referral to Children's Social Care. If professionals suspect that the child or young person is suffering, or is likely to suffer, significant harm then a telephone referral should be made without delay to the appropriate Children's Social Care Duty Service using the local procedure. Some authorities refer to these as 'front door' or 'access point'.

Multi-Agency Referral Form (MARF) links

- Leicester City MARF form link: [here](#)
- Leicestershire & Rutland MARF form link: [here](#)



Children entitled to a statutory assessment – Specialist services at Tier 4

Statutory requirements for children in need – Children Act 1989

The Children Act 1989 sets out the Local Authority duties to provide services for children in need for the purposes of safeguarding and promoting their welfare.

Local Authorities undertake assessments of the needs of individual children and must give due regard to a child's age and understanding when determining what, if any, services to provide.

- A child in need is defined under Section 17 of the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.
- Under Section 47 of the Children Act 1989, 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 Local Authority has a duty to make enquiries as it considers necessary to decide whether to take any action to safeguard or promote the child's welfare. Such enquiries, supported by other organisations and agencies, as appropriate, should be initiated where there are concerns about all forms of abuse or neglect.

There are specific requirements to consider the needs of some young people where specific complexities may be identified. These include:

- Disabled children and their carers
- Young carers
- Children in secure youth establishments
- Children where threats exist outside of the family – which is known as 'contextual safeguarding'.

Contextual safeguarding recognises the impact of the public/social context on young people's lives, and consequently their safety. Contextual safeguarding seeks to identify and respond to harm and abuse posed to young people outside their home, either from adults or other young people. It's an approach that looks at how interventions can change the processes and environments, to make them safer for all young people, as opposed to focusing on an individual.

These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including: exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation.

Further information on the duties of the Local Authority regarding assessments can be found in the statutory guidance Working Together to Safeguard Children 2018.

A link is available [here](#).

Further information about the current disabled children processes in Leicester, Leicestershire and Rutland can be found online at the links given here:

Leicester-specific information

- Disabled Children Service offer: [here](#)

Leicestershire-specific information

- Disabled Children Service offer: [here](#)

Rutland-specific information

- Disabled Children Service offer: [here](#)



Pre-birth Assessments

The Leicester, Leicestershire & Rutland Safeguarding Children Procedures on Pre-birth Assessments apply to all practitioners who have identified any concerns for an unborn baby and provide a framework for responding to safeguarding concerns and safe planning by practitioners working together, with families, to safeguard the baby.

The procedures can be found [here](#).

Information sharing

Information sharing is essential to enable early intervention and preventative work for safeguarding and promoting welfare and for wider public protection.

A key factor identified in many serious case reviews (SCRs) has been a failure by practitioners to record information, to share it, to understand its significance and then take appropriate action.

The current Information Sharing Agreement is [here](#).

Resolving practitioner disagreements and escalation of concerns

The Leicester, Leicestershire & Rutland Safeguarding Children Procedures contain details on the resolution processes appropriate in circumstances where differences exist between the agencies regarding the handling of a case.

The Boards' procedures can be found [here](#).

Role of the LADO

Allegations against staff or volunteers working with children and young people

Allegations are sometimes made against professionals or others working with children. It is a legal requirement that any agency must inform the designated officer (known as the LADO) within one working day when an allegation is made against any member of staff or volunteer and prior to any further investigation taking place.

Further details about the LADO processes can be found [here](#).

Whistleblowing

Whistleblowing or confidential reporting policies are designed to encourage any member of staff to raise concerns if they suspect malpractice in their organisation. The Public Interest Disclosure Act 1998 encourages individuals to raise concerns about malpractice in the workplace. Staff should raise concerns within their organisation first unless they think the employer will cover it up, would treat them unfairly if they complained or hasn't sorted it out and they've already told them. If this is the case the employee can contact a Prescribed Organisation, which has a duty to deal with the concern.

The multi-agency procedures relating to Whistleblowing can be found [here](#).

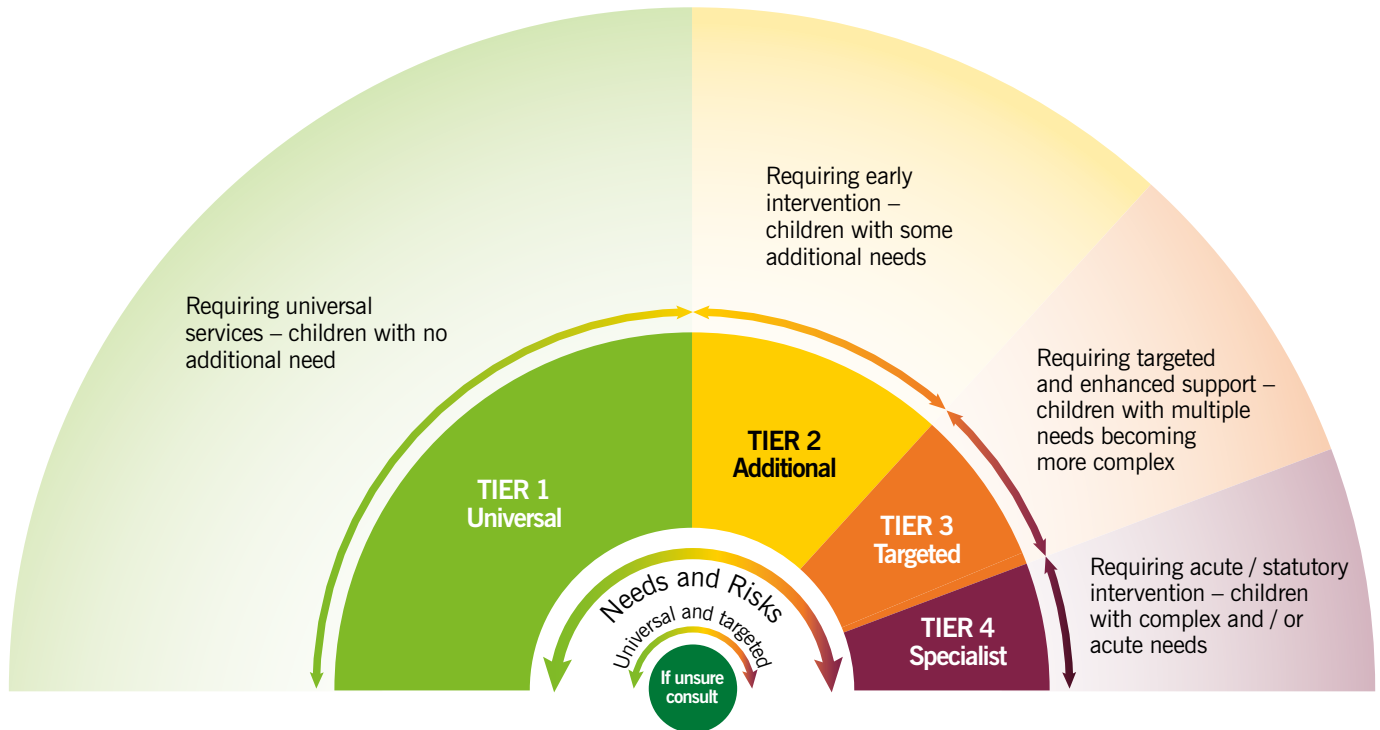
Assessment Framework

For more information about the principles of assessment in Leicester, Leicestershire & Rutland see the Safeguarding Children Partnerships procedures [here](#).



Appendix 1

Children and young people's needs, risk and thresholds



	Requiring universal services – children with no additional need (UNIVERSAL)	Requiring early intervention – children with some additional needs (ADDITIONAL)	Requiring targeted and enhanced support – children with additional needs becoming more complex (TARGETED)	Requiring acute / statutory intervention – children with complex and or acute needs (SPECIALIST)
Child Factors	<ul style="list-style-type: none"> • Child is healthy and well, registered with a GP and dentist, and parents are accessing health services • Parents are able to provide good care, meeting children’s safety, physical and protection needs • Parents provide a safe and secure environment and support access to consistent and positive activities • Regular attendance at nursery or school, causing no concerns to teaching staff • Parents provide secure attachment and caring parenting; guidance and boundaries in place to help child develop appropriately 	<ul style="list-style-type: none"> • Developmental delay • Health problems / disability which can be maintained in a mainstream school • Low level mental or emotional issues requiring intervention • Challenging behaviour that parents find difficult to manage • Poor school attendance. Failure to make progress in learning. Defaulting on health appointments. • Bullying / being bullied • Difficulty in forming positive peer relationships • Lack of age appropriate self-care skills • Adverse family and/or environmental circumstances beginning to impact on child’s wellbeing 	<ul style="list-style-type: none"> • Disability or health condition requiring specialist support including mental health conditions • Inadequate care; parents unable to meet child’s health / safety / developmental needs • Challenging / offending behaviour attributable to lack of parenting and/or adverse environment • Child occasionally missing from home or education • Substance or alcohol misuse – parent or child – posing risk to health or the health of an unborn child • Sexual behaviour inappropriate to age / harmful sexual behaviour • Sexual activity posing a risk to health and safety • Pupil progress is significantly below expected levels for age range • Short term exclusions; persistent non-attendance • Repeated failure to attend or be brought to health appointments 	<ul style="list-style-type: none"> • Prolonged neglect of child’s wellbeing and developmental needs • High level of disability and/ or serious physical, mental or emotional health problems • Child’s behaviour and activities place self or others at imminent risk • Child discloses abuse / neglect; injuries not consistent with explanation • Child persistently missing from home • Child persistently missing from education • Child is permanently excluded from school and there is a risk of family breakdown • Serious family and environmental factors impacting on child’s safety and wellbeing – e.g. domestic abuse, parental mental health, parental substance and /or alcohol misuse • Fabricated or induced illness (FI)
ACTION	<p>Children and family will access universal services and have no additional need</p>	<p>Gather more information, consider completion of EHA with family</p> <p>Involve relevant agencies in the TAF</p> <p>Identify lead professional</p>	<p>Complete an Early Help Assessment with the Family</p> <p>If concerns escalate, seek advice from agency / safeguarding lead</p> <p>Consider referral to Children’s Social Care</p>	<p>Referral to Tier 3 and 4 services</p> <p>Child requires specialist or statutory involvement</p> <p>Follow Safeguarding Children Partnership Procedures if child at risk of, or suffering, significant harm</p> <p>Refer to Childrens Social Care immediately</p>

	Requiring universal services – children with no additional need (UNIVERSAL)	Requiring early intervention – children with some additional needs (ADDITIONAL)	Requiring targeted and enhanced support – children with additional needs becoming more complex (TARGETED)	Requiring acute / statutory intervention – children with complex and or acute needs (SPECIALIST)
Parenting Factors	<ul style="list-style-type: none"> • Consistent parenting providing appropriate advice, guidance and boundaries • Supportive and positive family relationships, including separated parents • Good quality early attachments, secure and caring parenting • Support for and promoting of learning and development through education and play • Safe and secure housing and environment • Children’s physical, safety, developmental and emotional needs are met • Parenting generally demonstrates praise, emotional warmth and encouragement 	<ul style="list-style-type: none"> • Poor parental relationship impacting on child • Inconsistent care / difficulties in attachment • Difficulties in managing child’s physical, emotional and developmental needs • Harsh parenting / lack of boundaries and guidance • Lack of ante-natal / post-natal care • Parental needs impacting on care of child – e.g. mental / physical health needs, substance misuse • Parental isolation / bereavement • Requires advice on parenting and behaviour management • Condones absence from school / lack of support and interest in child’s education • Daily stresses affecting ability to ensure child’s safety • Parental history of adverse childhood experiences impacting on parenting 	<ul style="list-style-type: none"> • Substance and/or alcohol misuse / learning disabilities or poor mental health affecting the parent’s ability to parent safely • Criminal or anti-social behaviour affecting parenting • Inconsistent parenting impairing the physical, emotional or behavioural development of the child • Children with significant needs whose parents are unable to meet them without support; support offered at a lower level has not achieved and sustained the desired outcomes • Chaotic, intolerant, critical or rejecting parents • Child deliberately kept out of school and or not receiving a suitable and efficient education. • Evidence of neglect of child, inappropriate boundaries, no access to play • Risk of relationship breakdown between parent/carer and child • Child undertaking inappropriate caring / parenting tasks for siblings or parents • Parent whose criminal, anti-social or hostile behaviour threatens the welfare of the child or undermines the intervention to support the child • Parental behaviour: domestic abuse, substance misuse/ mental health, criminal, anti-social or hostile behaviour threatens the welfare of the unborn child 	<ul style="list-style-type: none"> • High levels of domestic violence that puts child or unborn baby at risk • Young child left alone • Evidence of fabricated illness • Crisis occurring, including where parents have disengaged with support services, where parent / carer has a disability, illness, mental health problem, substance misuse or domestic abuse which affects or is likely to affect their ability to parent safely • Child / young person rejected from family home • Child beyond parental control • Suspicion of physical, emotional, sexual abuse or neglect • Unable to protect the child from immediate harm / inability to recognise child is being placed at risk • Individual in the home who is known to pose a risk to children • Individual in the home who has previously had a child removed or had previous social care involvement
ACTION	<p>Children and family will access universal services and have no additional need</p>	<p>Gather more information, consider completion of EHA with family</p> <p>Involve relevant agencies in the TAF</p> <p>Identify lead professional</p>	<p>Complete an Early Help Assessment with the Family</p> <p>If concerns escalate, seek advice from agency / safeguarding lead</p> <p>Consider referral to Children’s Social Care</p>	<p>Referral to Tier 3 and 4 services</p> <p>Child requires specialist or statutory involvement</p> <p>Follow Safeguarding Children Partnership Procedures if child at risk of, or suffering, significant harm</p> <p>Refer to Children’s Social Care immediately</p>

	Requiring universal services – children with no additional need (UNIVERSAL)	Requiring early intervention – children with some additional needs (ADDITIONAL)	Requiring targeted and enhanced support – children with additional needs becoming more complex (TARGETED)	Requiring acute / statutory intervention – children with complex and or acute needs (SPECIALIST)
Family and Environmental Factors	<ul style="list-style-type: none"> • Supportive, positive family relationships, even where parents are separated • Good quality stable housing • Good social and friendship networks • Income is consistent and sufficient to meet child's needs • Access to universal services locally or parent has access to transport • Access to consistent and positive activities • Family members are generally physically and mentally well 	<ul style="list-style-type: none"> • Children affected by conflict in family relationships, including parental conflict • Low income, debt or unemployment affecting family income and causing stress • Overcrowded, unsafe or temporary housing / home not conducive to child's play or activities • Bereavement impacting on child or parents' well being • Unsafe neighbourhood • Family are victims of harassment / bullying or crime • Poor access to universal services • Lack of wider family support • Sibling or close family member with disability or significant health problem • Social isolation • Poor hygiene in family home 	<ul style="list-style-type: none"> • Homeless in temporary accommodation or at risk of eviction • Inadequate or overcrowded housing likely to significantly impair health or development and previous intervention has been ineffective • Family does not have enough income to meet their needs • Significant parental discord / Domestic Abuse • Children do not have access to adequate clothing and nutrition • Hygiene standards in family home are a cause for concern and have not improved following intervention • Parent socially excluded with no access to local services or family support • Domestic abuse is present in the family environment • Children or young people at risk of Child Sexual Exploitation (CSE), child criminal exploitation (CCE) or radicalisation (Prevent) Modern slavery, cybercrime, online grooming. Any of the above presentations affecting a pregnant woman. 	<ul style="list-style-type: none"> • Individual who has contact with the family and is known to pose a risk to children • Lack of adequate food, heating and clothing • Homeless and destitute • High levels of domestic abuse that put the child at risk • Family home used for illegal activities including prostitution, drug taking and selling • Children placed at risk by intoxicated adults visiting the home • Child and family need immediate protection due to harassment and discrimination • Forced marriage • Honour based violence • Breast Ironing • Female genital mutilation (FGM) • Children or young people who have experienced Child Sexual Exploitation (CSE), Child Criminal Exploitation (CCE) or Radicalisation (Prevent) Modern slavery, cybercrime or online grooming. Any of the above presentations affecting a pregnant woman.
ACTION	<p>Children and family will access universal services and have no additional need</p>	<p>Gather more information, consider completion of EHA with family</p> <p>Involve relevant agencies in the TAF</p> <p>Identify lead professional</p>	<p>Complete an Early Help Assessment with the Family</p> <p>If concerns escalate, seek advice from agency / safeguarding lead</p> <p>Consider referral to Children's Social Care</p>	<p>Referral to Tier 3 and 4 services</p> <p>Child requires specialist or statutory involvement</p> <p>Follow Safeguarding Children Partnership Procedures if child at risk of, or suffering, significant harm</p> <p>Refer to Children's Social Care immediately</p>

The following table lists examples of Leicester, Leicestershire & Rutland agencies available to provide services to children, young people and families within the various tiers. Although support to families should normally be offered at the lowest level to meet identified needs, there will be situations where a high level of risk / need suddenly becomes apparent and there is a need for immediate referral to a higher tier service. The tables also recognise that early help services can be used at any level to support families to reduce risk.

	Requiring universal services – children with no additional need (UNIVERSAL)	Requiring early intervention – children with some additional needs (ADDITIONAL)	Requiring targeted and enhanced support – children with additional needs becoming more complex (TARGETED)	Requiring acute / statutory intervention – children with complex and or acute needs (SPECIALIST)
Types of services available	<ul style="list-style-type: none"> • Universal services are available to this group of families – e.g. schools, family centres, GPs, Health Visitors • Access to more specialist provision may be required for time-limited of specific issues, such as access to specialist health services for specific conditions • Local Authority, Borough and District Council services e.g. housing, homeless services, Community Safety Partnerships (CSP) • Third Sector housing and homelessness services 	<ul style="list-style-type: none"> • All services at universal level • Family Information Service • Targeted Youth Support • Family Centres Children Centres and Family Support Workers • Schools - Pastoral Support Team, Parent Support Advisors • Educational Welfare Service • Barnardo’s Sibling Support and Young Carers Project • Substance Misuse Services • Specialist Health Visitors • Inclusion Services • School Nursing Team • Domestic Abuse Support Services 	<ul style="list-style-type: none"> • All services at universal and targeted levels • Children’s Social Care • Tenant’s First • Youth Offending Team • MARAC • Integrated Inclusion Service • SEND services • IAPT Well-Being practitioners • CAMHS • Specialist Health and Disability Services • Adult Mental Health • Adult Learning Disability • Child Sexual Exploitation, Sexual Abuse and Sexual Violence Support Services • Multi-Systemic Therapy Team 	<ul style="list-style-type: none"> • All services at universal, additional, and targeted levels • Children’s Social Care • Leicestershire Police

Links to Local Authority, Borough and District Council websites

- Leicester City Council: [here](#)
- Leicestershire County Council: [here](#)
- Rutland County Council: [here](#)
- Borough and District Council websites: [here](#)



