

**TITLE OF REPORT:** Review of Child Protection in Gateshead – Second Evidence Gathering

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### **SUMMARY**

Council has agreed that this committee should review how the child protection system operates in Gateshead. The review will examine each stage of the process and will explore the way decisions are taken, risks are managed, and the involvement of partners. The review will explore how Gateshead undertakes its safeguarding responsibilities in conjunction with partners within the policy context and legal frameworks for Child Protection.

The review will provide the committee with an overview of how the child protection process works in Gateshead and provide examples of how Gateshead children's social work service operates in conjunction with partners to ensure children's safety. It will focus in particular on the ways in which services operate collectively, review the evidence and contribute to the future development and delivery of child protection within Children's Social Care Services.

### **Background**

1. The Committee agreed the scope of the review at its meeting on 18<sup>th</sup> June and proposed that the focus of this review will be on the specific aspects of the system which are concerned with child protection. The review will follow the potential steps for a child who becomes subject to a child protection plan.
2. It is suggested that the key issues which this review will need to address are:
  - a. An understanding of the child protection system, the policy context and clarity on roles and responsibilities.
  - b. The opportunity for improvement of systems, processes and improving efficiency.
  - c. The effectiveness of multi-agency working, especially around communication and information sharing.
  - d. The ways in which the views of children, young people and their families are used.
3. The first evidence gathering session on the 10<sup>th</sup> September provided the committee with a precis of the legislative framework and statutory guidance, and set the scene for how the child protection system is organised and delivered in Gateshead.

## Second evidence gathering

4. This second evidence gathering has been developed to provide the committee with an overview of how children and young people are referred into children's social care, the thresholds that govern at what level the child and family should be assessed and how the level of support is determined to meet their needs.
5. The session will enable the committee to follow the journey of a child and their family to illustrate the steps and considerations social workers make when delivering their service from the point of referral through to the end of the **Child in Need (CIN)** assessment.

## Referral and Assessment

6. **Working Together Guidance** provides the framework for interagency working and sets out specific arrangements for how children should be referred and assessed within the arena of safeguarding and promoting the welfare of children.
7. Where the criteria for child in Need (as defined by the Children Act 1989) are thought to be met, a referral should be made to the local Children's Social Care team, the Referral and Assessment Team, who will consider the need to undertake a statutory assessment. Where an assessment is deemed appropriate, a Social Worker will complete the assessment within 45 working days.
8. Local authority children's social care has the responsibility for clarifying the process for referrals. Anyone who has concerns about a child's welfare should make a referral to local authority children's social care. For example, referrals may come from: children themselves, teachers, a GP, the police, health visitors, family members and members of the public. Within local authorities, children's social care should act as the principal point of contact for welfare concerns relating to children. Therefore, as well as clear protocols for professionals working with children, contact details should be signposted clearly so that children, parents and other family members are aware of who they can contact if they require advice and/or support.
9. When professionals refer a child, they should include any information they have on the child's developmental needs and the capacity of the child's parents or carers to meet those needs.
10. Feedback should be given by local authority children's social care to the referrer on the decisions taken. Where appropriate, this feedback should include the reasons why a case may not meet the statutory threshold to be considered by local authority children's social care for assessment and suggestions for other sources of more suitable support.
11. In Gateshead both contacts and referrals are recorded on Carefirst. During the last 4 years we experienced an unprecedented number of child referrals peaking at 2,434 by the end of March 2014. In the following year referrals declined to a level more in line with figures pre 2012. By the end of the year 2014/15 there had been 1720 referrals 93.7% of which led to a Child in Need

assessment. In the first 2 quarters of 2015/16 we have experienced a slight increase 900 referrals having been received, 886 of which went on to a CIN assessment, 98.4%. A 10% increase in the number of CIN assessments being carried out this year.

12. In 2013/14 the figures for referrals made per 10,000 of children aged under 18 years were; Nationally 573 per 10K, North East region 659.8 per 10k and 604.1 per 10k in Gateshead. Referral figures across the region fell by 12% during 2014/15 compared to the previous 12 months, in Gateshead we experienced a more significant fall of 29% however, the current picture as above is showing a moderate increase.

13. Over the last 5 years the proportion of referrals from various sources has remained fairly consistent with the majority coming from police/probation/courts as detailed below.

Referrals by referring agency		2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Anonymous	%	1.8%	1.7%	1.7%	2.2%	3.2%	3.2%
Friends/Family		11.5%	12.1%	11.4%	10.1%	9.1%	7.6%
Gateshead Department		7.8%	8.4%	8.7%	7.6%	10.1%	10.4%
Health		19.6%	18.8%	19.3%	17.9%	19.1%	20.2%
Other		10.6%	12.8%	11.4%	13.5%	11.2%	10.0%
Police/Probation/Courts		31.7%	33.2%	34.5%	34.9%	34.2%	33.2%
School/Education		14.7%	10.8%	11.4%	11.9%	11.0%	12.8%
Self		2.3%	2.2%	1.7%	1.8%	2.1%	2.6%

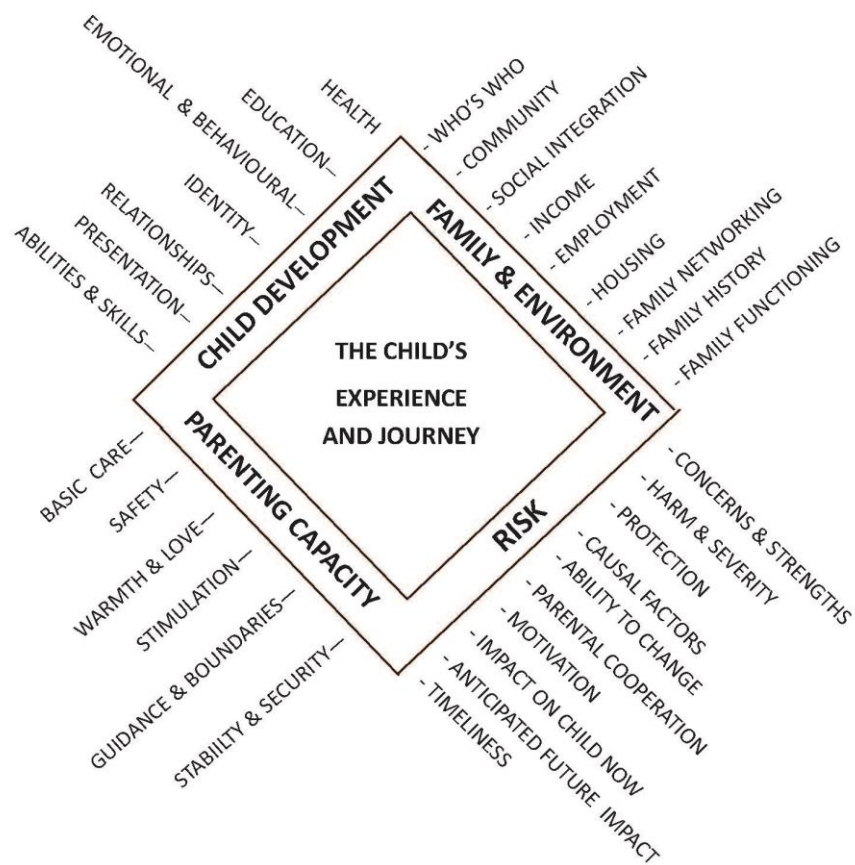
## The Assessment Framework

14. In 2013 a regional assessment framework was developed to ensure that assessments across the region were compatible in terms of quality standards, style, content and timescale in order to facilitate the transfer of cases across boundaries. The work was commissioned by the regional Vulnerable Children's Safeguarding Network.

15. Whilst Working Together re-stated the traditional 3 domains of assessment;

- i. Child development
- ii. Family environment
- iii. Parenting capacity

The regional framework added the additional domain of risk that should be considered in all assessments. The diagram below shows the areas that social workers consider under each domain.



- 16.** The regional guidance describes assessment as the *methodical collation of information which allows the practitioner to identify, through analysis and evaluation, the risks to, and the needs of, the child and family. Crucially the assessment should provide the practitioner with a level of understanding about the child and the family context to enable an appropriate plan to be formulated which builds on child and family strengths and addresses the areas requiring change in order to improve the child's outcomes and keep them safe. Through this process the practitioner will develop an understanding of those factors and indicators which denote the likelihood of success within a timescale appropriate for the child. The assessment process and consideration of such factors and indicators will also provide the practitioner with an indication of which services are the most appropriate to be involved with the child and family to meet the identified needs.*

**17.** In order to ensure that assessment is completed in a timely fashion and that there are clear opportunities for management oversight clear check points have been established which take place at the 10 day point, 28 day point and 40 day point. At each check point the social worker and their line manager should have regard to the following:

- Consider the information that has been gathered and how other agencies have or should contribute - this should include consideration of agencies or services that are currently involved in providing services to the child or family and whose involvement will need to feature in the planning for the child. This is particularly relevant where there are or have been specialist assessments under part 3 of the Children and Family Bill (when enacted in early 2014) or for example assessments undertaken within youth justice or Child and Adolescent Mental Health Services.
- Consider from the perspective of the child(ren) the current circumstances
- Consider and evaluate the level of parental engagement in the process
- Identify information that is not yet known and how this will be gathered
- Discuss on the basis of known information if services should be provided immediately to improve the outcomes for the child
- Consider if a different course of action is needed
- Discuss emerging hypotheses and how these will be tested
- Discuss and begin to formulate a proposed plan for the child
- Consider the need to hold a multi-agency meeting to discuss progress and coordinate involved specialists in the formulation of a single plan
- Agree the anticipated timescale for completion
- Record the discussion and agreed actions on the Carefirst system

**18.** The principles for assessment are also set out within the regional guidance stating that all assessments should adhere to the following:

- The child is at the heart of the assessment.
- The child's known or perceived experiences will form the corner stone of plans which will be designed to improve the outcomes for the child.
- A working agreement will be agreed with the family that clearly states:
  - why an assessment is needed
  - who will undertake the assessment
  - how the assessment will be conducted and who needs to be involved
  - the anticipated timescale
  - what is expected and what can be expected
- Assessments will be concluded within a timescale that ensures the needs of the child are understood and are addressed in accordance with identified need.
- Assessments will be conducted openly and honestly with children and their families and will actively involve them in the assessment and planning process.
- Assessments will take due consideration of the context within which the child lives, the views and wishes of the child and their carers, and be

conducted in such a way so as to facilitate their involvement and engagement.

- Assessments will identify strengths as well as areas of concern
- Assessments will be evidence based and where appropriate reference current research in support of the conclusions reached.
- Assessments will include information from other professionals as appropriate and be integrated in approach
- Where there is more than one child the assessment process will specifically consider each child individually
- Areas of disagreement will be taken seriously and considered with the family. The child and family will have information that informs them how to make a complaint.
- Assessments will result in a single plan designed to coordinate professional intervention.
- Plans will be reviewed with the family and their effectiveness monitored.

**19.** In Gateshead the majority of assessments are undertaken by the Referral and Assessment team (82%). However where the support provided to is ongoing there is a need to re-assess, either when there is a significant change in circumstances or in line with our quality standards which ensure children have up to date assessments that are no older than 2 years old so that a clear and relevant picture is available to support the planning for the individual child.

**20.** Between April 2014 and March 2015, a total of 2010 CIN assessments were completed. Of these, 1961 (97.7%) were completed within timescales. The national figure for completion within timescale stands at 82.2% (CIN census 2013/14)

**21.** Between April and September 2015 a total of 1007 CIN assessments have been completed. Of these 964 (95.7%) were completed within timescales. Currently there are 322 open CIN assessments

## **Thresholds**

**22.** The multi-agency thresholds document provides guidance for professionals and service users, to clarify the circumstances in which to refer a child to a specific agency to address an individual need, to carry out a Common Assessment Framework (CAF) or to refer to Children's Social Services. The Indicators of Need document describes the criteria for access to Children's Social Services/Care in Gateshead and how that fits within the wider context of multi-agency services and a range of needs. It is intended as a guide to assist practitioners in deciding, either at the initial screening stage or following an assessment, whether a child has additional needs and at what level or by what agency those needs could best be met. (The document is attached at appendix A)

**Level 1: Baseline = Universal Services**

**Level 2 : Moderate = Targeted Services**

**Level 3: High = Specialist Social Care Services**

## External Scrutiny

**23.** In 2013 Ofsted undertook inspection of the Local Authority's arrangements for child protection provide they considered key aspects of a child's journey through the child protection system, focusing on the experiences of the child or young person, and the effectiveness of the help and protection that they are offered. Gateshead's overall effectiveness was judged to be good. Ofsted noted a number of areas of strong practice including In relation to referrals they judged that:

'Partner agencies in Gateshead understand thresholds well and apply them consistently when making appropriate referrals to children's social care' and also that

'Historical information is effectively analysed and documented well within the contact and referral record and this informs sound decision making.'

In relation to assessment they reported that:

'Assessments are timely; child focused and routinely consider historical information, clearly identifying risk and protective factors. The quality of analysis is good and leads to recommendations which coherently address identified needs. Assessments of unborn babies are undertaken at an early stage and appropriately identify potential risks and strengths... The assessment process supports effective case planning and results in targeted interventions to reduce risk and the provision of appropriate support'

**24.** In July 2014 Gateshead took part in a themed inspection of assessment carried out by Ofsted the subsequent report was published in August 2015. In their feedback to senior managers Gateshead inspectors reported that assessments were of good quality and were rich in information and that they had seen evidence of the positive change to social workers' approach to analysis.

## Evidence gathering continued

**25.** It is proposed that future evidence sessions will review the following aspects of the child protection system:

- 3 December 2016 – third evidence gathering report – Strategy discussions, meetings and S47 investigations
- 21 January 2016 – fourth evidence gathering report – Child protection conferences, plans and reviews

## Recommendations

**26.** Committee members are invited to:

- i. Comment on this second evidence gathering;
- ii. Outline any additional information / evidence they wish to have included in the review at this second evidence gathering stage.

## **Appendix A**

### **THRESHOLD DOCUMENT**

#### **Delivering a Continuum of Integrated Support: Indicators of Need and Service Response**

##### **1. Introduction**

The foundation of the Indicators of Need and Service Response is based on Gateshead's Common Assessment Framework (CAF) Protocol. The Protocol states that every child and young person in Gateshead, whatever their circumstances, will have the support they need to be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic well-being.

Effective multi-agency working and the Lead Practitioner role are key elements of improving outcomes for children and young people through the provision of integrated support. Team Around the Family (TAF) is a framework for joint and multi-agency working for all children, and young people and families with additional needs.

All children and young people with additional needs, and particularly those who require integrated support from more than one practitioner, should experience a seamless and effective service. This includes the lead practitioner taking overall responsibility for coordinating support and services through a written CAF / TAF plan that achieve agreed outcomes.

##### **2. Aim**

Gateshead Council and partners recognise that early intervention and preventative work with children, young people and their families can reduce the risk of abuse, family breakdown and social exclusion. It is Gateshead's aim to reduce and attempt to eliminate the extent to which vulnerable children and young people are at significant risk of harm and/or their life chances are impaired through a co-ordinated approach to the CAF, TAF and support plans by universal, targeted and specialist services.

Working Together to Safeguard Children 2013 asks professionals to be alert to the potential need for early help for a child who:

- Is disabled and has specific additional needs
- Has a special educational need
- Is a young carer
- Is showing signs of engaging in anti-social or criminal behaviour
- Is in family circumstances presenting challenges for the child, such as substance misuse, adult mental health, domestic violence and or
- Is showing early signs of abuse and or neglect



## **Using the Indicators of Need**

Professionals and partners from a variety of agencies, particularly health, education and community services, are often in the best place to identify whether a child or their family are experiencing difficulties and have additional needs. The indicators of need framework is intended as a guide to assist practitioners in deciding, either at the initial screening stage or following an assessment, whether a child has additional needs and at what level or by what agency those needs could best be met:

- **Level 1: Baseline = Universal Services**
- **Level 2 : Moderate = Targeted Services**
- **Level 3: High = Specialist Social Care Services**

These indicators of need are not prescriptive and are designed to assist practitioners in using their professional judgement to gauge what level of intervention will be most appropriate.

### **Level 1: Baseline = Universal Services**

If a child's needs are being met in accordance with this baseline level, this would indicate that the child is making good progress across all areas of their development and there would be no need for any additional supports other than those accessed through universal services.

If a child's needs are mostly being met in accordance with this baseline but there are one or two needs identified in Level 2 below, this would indicate that overall the child is making good progress across most areas of their development but may need additional support from a single agency to maximise life chances. A CAF may help to focus the support needed and the strengths within the family to maximise future resilience.

### **Level 2: Moderate = Targeted Services**

If some of a child's needs are being met in accordance with the baseline (Level 1), but there is a cluster of needs identified in Level 2, this would indicate that they have some significant needs that are not being met and without intervention or support their health and wellbeing will be impaired. If ignored, these issues could develop and lead to adverse outcomes where risks increase over time leading to statutory intervention.

These children will require a co-ordinated multi-agency response. The interim lead practitioner would undertake a CAF assessment to identify the needs and initiate a Team around the Family meeting bringing together practitioners from the services required to meet the identified needs, develop a single multi agency support plan, and identify the most appropriate person to undertake the lead practitioner role.

Tools for undertaking a CAF assessment and initiating a TAF are available here:

<http://www.gateshead.gov.uk/childrenstrust/Training/Training.aspx>

### **Level 3: High = Specialist Services**

If a child's needs are mainly clustered in level 3 (or have a number of needs clustered in level 2, with some needs identified at level 3) a referral to the Social Care Referral and Assessment Team would be appropriate. A decision will then be made within 1 working day as to whether a child in need assessment is necessary.

The purpose of the assessment is to gather important information about the child and family, analyse their needs, risks and protective factors and decide if the level of need identified would indicate that they are a Child in Need under section 17 Children Act 1989 and or at serious risk of significant harm or are suffering significant harm. Enquiries under section 47 of the Children Act 1989 may need to be instigated; this decision would be made at a strategy meeting/ discussion by a social care manager, police and health professional following a referral or as the outcome of an assessment.

Following enquiries it may be necessary to remove a child from their home to a safe place this can either be under a voluntary agreement with parents (section 20 Children Act 1989) or through initiating legal orders. The Local Authority will always take legal advice before making these decisions.

The children who have needs identified at this level are our most vulnerable children and need a multi-agency response led by a Social Worker. During the assessment process a care team meeting may be organised to enable the child, family and professionals to share information and contribute to the outcome of the assessment. Further information about how to make a referral to social care is available here: <http://www.gateshead.gov.uk/lscb/Worried-for-a-child/Worriedforachild.aspx>

### **4. Professional judgement**

Professional judgement should be used at all times; the indicators of need are not exhaustive and children's needs do not always clearly fit into specific levels. Therefore if the needs are spread across the levels, a judgement should be made as to where the greatest need lies and an assessment should be undertaken to analyse these needs, drawing on the strengths of the family and protective factors to balance risk and determine the best way to support the family.

Needs change over time and therefore the service response is expected to be used flexibly so that the child and their family are supported by a range of professionals through a continuum of seamless integrated working.

If professionals feel they need support or advice in making a judgement they should

discuss this with their line manager and / or contact the following service for advice from a Social Worker ;**Referral and Assessment Team Duty on 0191 4332653 or 4332349 or 4332505.**

## **5. Planning**

Effective planning requires agencies and professionals to work in partnership with each other, the child and their family; this will ensure support is appropriate, co-ordinated and tailored to the assessed needs. At the conclusion of a CAF or CIN assessment where the assessor has identified further support would be beneficial an interagency team around the family meeting or outcome meeting should be held. The purpose of the meeting will be to draw together the findings of the assessment and formulate any plan required, including a contingency plan, identify who would be most appropriate to lead the plan and agree timescales for review.

## **6. Specialist Services - Referral and Assessment Team**

The role of all professionals working with vulnerable children is to safeguard and minimise risk of harm, promote positive lifestyles, and develop resilience for children to maximise life chances. However, where there are clear concerns that a child is in need of protection you should contact the Referral and Assessment Team immediately, including in the following situations:

- A child with an unexplained or suspicious injury.
- Observed injury or suspicious bruising.
- A child who has alleged physical or sexual abuse.
- A child who is suffering specific incidents of emotional abuse or neglects that is harming, or likely to harm their health and/or development (including non-organic failure to thrive).
- A child who is physically injured in an incident of domestic abuse (even inadvertently).
- A child living in a household where a person deemed to be a risk to children has moved or has plans to move or there is regular contact.
- Suspected induced or fabricated illness.
- Serious concern about the risk of significant harm to an unborn baby or where children have been previously removed or adopted.
- A young/vulnerable child left alone (if the child is known to be alone the police should be contacted immediately at that time).
- Sexual activity in children under the age of 13.
- Concerns about sexual exploitation or trafficking.

The following children are also entitled to a CIN assessment:

- Unaccompanied asylum-seeking children.
- Young carers.
- Homeless 16 and 17 year olds.
- Disabled children

**LEVEL 1: BASELINE Universal (Single agency)**

<b>Health</b>	<b>Education</b>	<b>Emotional and Behavioural Development</b>	<b>Identity</b>	<b>Family and Environmental</b>	<b>Parenting Capacity</b>
Appropriate height and weight for age  Physically healthy  Developmental and medical checks up to date  Adequate and nutritious diet  Regular dental and optical care  Good state of mental health  No misuse of substances	Enjoys and participates in educational activities and school life  No concerns around cognitive development  Regular school attendance  Access to books, toys as appropriate  Good links between home and school	Good quality attachments/relationships  Demonstrates appropriate responses in feelings and actions  Able to adapt to change  Able to demonstrate empathy	Positive sense of self and abilities  Demonstrates feelings of belonging and acceptance by family / peer group  No experience of bullying due to ethnicity, sexual orientation, disability, or poverty	Adequate income with resources used appropriately to meet child's needs  Accessing universal services in neighbourhood  Accommodation has basic amenities and appropriate facilities  Good family networks and friendships outside of the family unit  Good relationships with siblings	Protection from danger / significant harm in the home and community  Shows warmth, praise and encouragement  No substance misuse issues  Supportive relationship between parents, including when separated / divorced

**Notes:**

*These indicators are intended to assist practitioners in making a decision regarding a child / family's needs. They are not exhaustive and no single indicator should be taken out of context.*

*If a child's needs are being met in accordance with this baseline above, this would indicate that the child is making good progress across all areas of their development and there would be no need for any additional supports other than those accessed through universal services.*

*If a child's needs are mostly being met in accordance with this baseline but there one or two needs identified in Level 2 below,, this would indicate that overall the child is making good progress across most areas of their development but may need additional support from a single agency to maximise life chances.*

*A CAF may help to focus the support needed and the strengths within the family to maximise future resilience.*

**LEVEL 2: MODERATE Targeted (CAF team around the Family)**

<b>Health</b>	<b>Education</b>	<b>Emotional and Behavioural Development</b>	<b>Identity</b>	<b>Family and Environmental</b>	<b>Parenting Capacity</b>
<p>Not registered with a GP/Dentist</p> <p>Preventative health measures not taken, e.g. dental checks, vision, hearing, immunisations.</p> <p>Some missed health Appointments</p> <p>Medical advice and treatment not consistently adhered to</p> <p>Inadequately nutritious Diet</p> <p>Speech, language and communication delay</p> <p>Developmental delay</p> <p>Unexplained wetting and Soiling</p> <p>Experimental alcohol and substance misuse</p> <p>Risky sexual activity (under 16 years)</p>	<p>Under stimulated - lack of positive interaction through play</p> <p>Lack of parental encouragement to learn</p> <p>Not reaching education/learning potential.</p> <p>Low aspirations</p> <p>Poor links between home and school</p> <p>Often late for school; tired during lessons impacting on ability to learn</p> <p>Often hungry at school/nursery</p> <p>Poor attendance</p>	<p>At risk of involvement in criminal activities and anti social behaviour or involved in low-level offending</p> <p>Lack of self control in response to change or challenge</p> <p>Low-level self-harming</p> <p>Challenging behaviour in home and community</p> <p>Disruptive behaviour and inability to control anger</p> <p>Withdrawn</p>	<p>Experiences of bullying and discrimination due to ethnicity, sexual orientation, disability, or poverty</p> <p>Low self image, doesn't feel valued</p> <p>Low self-esteem</p> <p>Difficulties in relating to peers</p> <p>Poor hygiene and / or inappropriate clothing leading to alienation from peers</p>	<p>Some level of poverty or debt impacting on household and child</p> <p>Lack of family support</p> <p>Isolated in the Community</p> <p>Home in poor repair with lack of some basic amenities</p> <p>Threat of eviction</p> <p>Stressful family Relationships</p> <p>Child's clothing is regularly unwashed and frequently ill-fitting</p> <p>Child is a young carer</p>	<p>Inconsistent Parenting</p> <p>Parents critical and show inconsistent warmth, praise and affection</p> <p>Inexperienced parent who needs support.</p> <p>No family network</p> <p>Domestic disputes</p> <p>No effective Boundaries</p> <p>Problematic alcohol and substance misuse</p> <p>Some concerns regarding attachment to child</p> <p>Significant or enduring physical or mental health issues</p>

*Notes:*

- These indicators are intended to assist practitioners in making a decision regarding a child / family's needs. They are not exhaustive and no single indicator should be taken out of context.*
- If some of a child's needs are being met in accordance with the baseline (Level 1), but there is a cluster of needs identified in Level 2, this would indicate that they have some significant needs that are not being met and without intervention or support their health and wellbeing will be impaired. If ignored, these issues could develop and lead to adverse outcomes where risks increase over time leading to statutory intervention. These children will require a co-ordinated multi-agency response (CAF/TAF).*

**LEVEL 3:HIGH Specialist (Child In Need Assessment Social Care)**

<b>Health</b>	<b>Education</b>	<b>Emotional and Behavioural Development</b>	<b>Identity</b>	<b>Family and Environmental</b>	<b>Parenting Capacity</b>
Severe developmental delay, failure to gain weight or average expected rate of growth for age  Unexplained or suspicious injury  Multiple A&E/ Walk-In Centre attendance  None compliance with medical treatment resulting in impaired health  Failure to seek medical attention for significant injuries or ailments  Sexual activity under 13 Years  Sexual exploitation  Problematic substance and alcohol misuse	Significant underachievement proportionate to child's ability  None school attendance  Parent encourages or colludes in absence from school  Constantly late for school; tired during lessons impacting on ability to learn  Constantly hungry at school/nursery	Suicidal thoughts  Significant self harm or eating disorder  Extreme anxiety or depression  Constantly missing from home  Behaviour beyond parental control – violent, abusive etc  Risk to self and others	Rejected by parent, no positive relationship resulting in no sense of belonging within family  No sense of individuality or positive view of themselves  Feelings of self-loathing leading to deterioration in mental health	Serious poverty or debt impacting on household and child  Frequent changes of living situation – transient (accommodation and household members)  Home environment highly unsuitable exposing child to risk of injury or significant harm to health  Failed asylum seeking family with children under 18r	Serious neglect of primary needs  Inability to protect child from sexual, physical, or emotional harm  Domestic violence on a regular basis witnessed by child  No engagement with school or nursery  Multiple carers  Home alone (relevant to age)  Misusing alcohol and substances when in sole care of the child which overrides their ability to meet basic needs of child  No longer want to care for the child

*These indicators are intended to assist practitioners in making a decision regarding a child / family's needs. They are not exhaustive and no single indicator should be taken out of context. If a child's needs are mainly clustered in level 3 ( or in the level 2, but there are some needs identified at level 3) this would indicate that they may be at serious risk of significant harm or are suffering significant harm. These are our most vulnerable children and need a multi-agency response led by a Social Worker. Please refer to list of circumstances for immediate referral to the Referral and Assessment Team.*