



LBBD's Family Help Continuum of Need Framework

The right help, at the right time, from
the right person

**Multi-agency guidance on supporting children, young people and
their families within Barking and Dagenham**

Document control details

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This framework is pending approval by the Barking and Dagenham Safeguarding Children Partnership and applies to safeguarding partners and relevant agencies working with children, young people and families in Barking and Dagenham. The framework is a live practice document and should be used alongside current statutory guidance, local safeguarding arrangements and partner agency procedures. Practitioners should ensure they are using the most recent approved version.



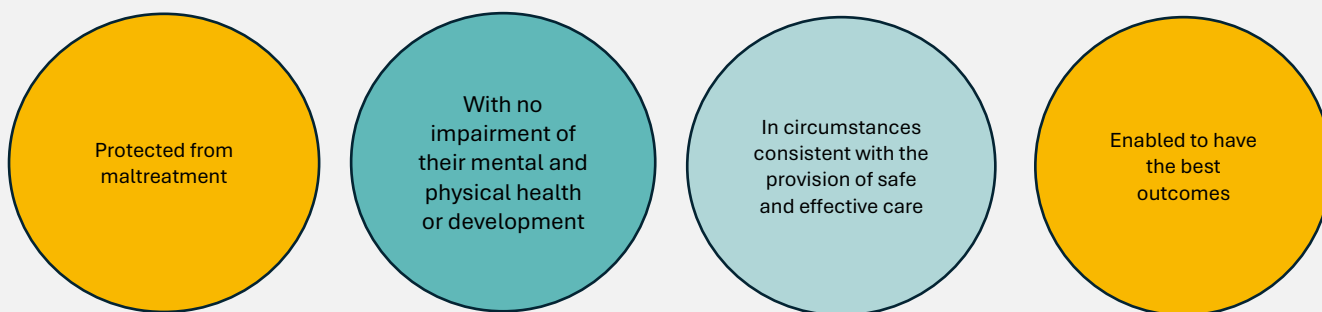
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Part 1: Introduction and Practice Foundations

1 Introduction

In Barking and Dagenham, all children and young people should grow up:



In Barking and Dagenham, we recognise that children, young people and families may experience challenges at different points in their lives which, if not addressed, could hinder children's safety, wellbeing and development. In line with the Families First Programme reforms, we are committed to providing the right help at the right time through proportionate, strengths based and family focused support that prevents difficulties from escalating.

Most children and young people will have their needs met through universal services alone. However, some will experience additional or emerging needs at various stages of their lives which require earlier, more coordinated and personalised support. Where this is the case, families should be supported through clear, child focused and outcome led plans that promote safe and healthy home environments and enable children to remain within their families and communities wherever it is safe to do so.

Our core objective is to deliver a seamless and coherent system of support across universal services, Family Help and Children's Social Care. We are committed to identifying need at the earliest opportunity, sharing information effectively, and working collaboratively with families and partners to stop issues from escalating into statutory intervention unless this is necessary to safeguard children.

Safeguarding children in Barking and Dagenham is a shared responsibility. In accordance with Working Together to Safeguard Children 2026, we will work together with partners, children and families to deliver timely, inclusive and effective responses that improve outcomes, reduce risk and promote children's welfare. [Working Together 2026](#)

This guidance applies to everyone who works with children, young people and their families and carers in Barking and Dagenham. It is underpinned by Barking and Dagenham's CARES Practice Model, which expects all practitioners to work with **Compassion**, demonstrate **Accountability**, be **Respectful**, **Empower** children and families, and value **Sharing** and participation – "**Nothing about you, without you**".

These values, alongside the principles set out in this guidance, must underpin everything we do so that all children and young people in Barking and Dagenham receive the **right help, at the right time, from the right person**.

2 Aim of this Guidance

This document sets out Barking and Dagenham's shared approach to identifying and responding to the needs of children, young people and families so that they receive the right help, at the right time, from the right person.

This guidance links directly to the London Child Protection Procedures, the Families First for Children reforms and Working Together to Safeguard Children 2026. It gives partners a shared framework for understanding need, applying professional judgement and making proportionate decisions. It also supports early help and prevention, reducing the need for statutory intervention where it is safe to do so.

In practice, this guidance has three connected functions:

Purpose and Scope	A Shared Decision Making Framework	Supporting Effective Practice
Why this guidance exists	What the framework provides	What should practitioners be able to do
- Applies to practitioners and managers working with children and families from pre birth to 18 years. - Supports early identification of need and timely, coordinated intervention. - Promotes strengths based, family focused practice with children's welfare at the centre. - Focuses on lived experience, partnership working and timely action to improve outcomes.	- Sets out graduated indicators of need, consistent with the London thresholds - Sets out four levels of support, from Universal Services to Child Protection. - Creates a common language for multi-agency discussion and professional judgement. - Supports proportionate assessment, information sharing, escalation and movement across the continuum.	- Know how to respond when worried about a child. - Apply the Continuum of Need consistently across the partnership. - Access Family Help and know when and how to refer to Targeted Family Support or MASH. - Share information appropriately, apply professional curiosity and challenge when needed.

2.1 Local implementation of the Family Help model

Working Together to Safeguard Children 2026 brings targeted early help and statutory support under section 17 within a single Family Help pathway. Barking and Dagenham is transitioning to this model through its Families First Partnership arrangements. Until the new operating model is fully implemented, practitioners must follow the current approved local referral routes, service arrangements and statutory procedures. This framework uses Family Help terminology while clearly identifying the distinction between non statutory targeted early help, statutory support under section 17 and multi-agency child protection.



3 CARES and the 8 C's: Our Practice Foundation

The Barking and Dagenham CARES Practice Model and our collective 8 C's Practice Principles underpin how we work with children, young people, families and one another across the partnership. They are not separate from this Continuum of Need Framework; they provide the practice foundation that informs how need is understood, assessed and responded to at every level of the continuum.

The Continuum of Need should not be used as a checklist, scoring system or gateway to services. Decisions about need, risk, support and intervention must always be informed by professional judgement, meaningful relationships with children and families, and a clear understanding of the child's lived experience. The CARES values and 8 C's provide the framework through which practitioners should exercise that judgement.

When applying this guidance, practitioners should act with Compassion, Accountability, Respect, Empowerment and Sharing, ensuring families are involved in decisions wherever it is safe and appropriate to do so.

These values are brought to life through our collective 8 C's Practice Principles, which provide the behaviours, attitudes and professional approach expected when working with children, young people and families across the Continuum of Need.

4 Our collective 8 'C's Practice Principles

1. **Child Centred:** Keeping the child's voice, lived experience and wellbeing at the heart of every decision.
2. **Curious:** Questioning assumptions, exploring context and understanding why things are happening.
3. **Creative:** Using flexible, engaging approaches so participation is meaningful and inclusive.
4. **Communicative:** Being open, honest and clear, amplifying the voices that are least heard.
5. **Cultural Competence:** Understanding identity, challenging discrimination and addressing marginalisation.
6. **Collaborative:** Working with children, families and partners to co-produce plans and solutions.
7. **Challenge:** Having respectful, courageous conversations to prevent drift and keep children safe.
8. **Consistent:** Staying involved, committed and purposeful until it is safe to step away

Our CARES values and 8 C's should be evident throughout assessment, planning, decision making, information sharing, Family Help, safeguarding interventions and review activity. Regardless of where a child sits within the Continuum of Need, practitioners should always ask:

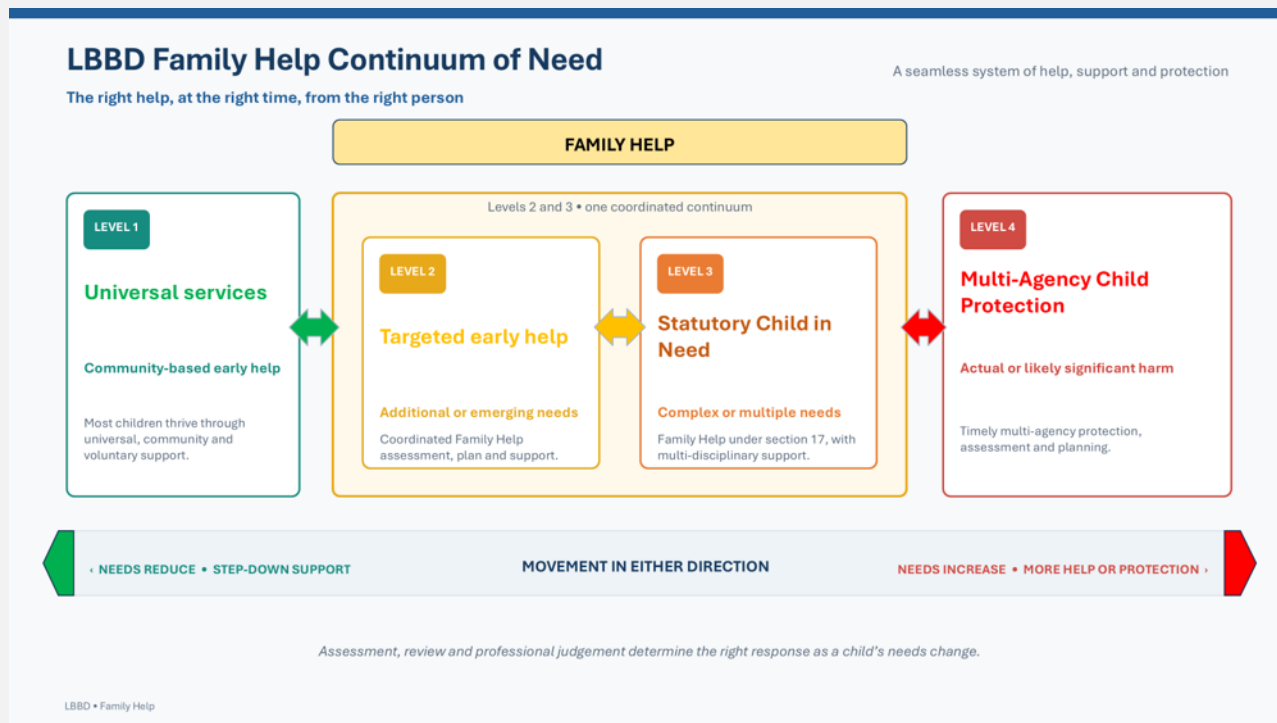
"How do the CARES values and 8 C's help me understand this child's lived experience, involve the right people, make the right decision and deliver the right help at the right time?"

By applying these principles consistently, partners across Barking and Dagenham can ensure that the Continuum of Need remains a tool that supports relational, strengths based and child centred practice, rather than a process driven approach to thresholds and services.



Part 2: Understanding the Continuum

5 LBBD's Family Help Continuum of Need



5.1 How to Use the Continuum of Need in Barking and Dagenham

The Barking and Dagenham Continuum of Need provides a shared framework for professionals working with children, young people and families to identify when a child may require additional help, protection or intervention to achieve positive outcomes. It adopts the London Child Protection Procedures threshold framework, which all London local authorities are required to apply to ensure consistency of language, thresholds and expectations across agencies.

The thresholds support professional judgement, assessment, planning and decision making across the partnership. They are designed to help practitioners identify when needs or risks are increasing, when additional support may be required, and when statutory intervention is necessary. The indicators associated with each level provide examples, not an exhaustive list, and must not be used as a 'tick box' exercise or as fixed criteria for access to services.

In Barking and Dagenham, the Continuum of Need should be used to:

- Support early identification and timely help
- Inform multi agency discussion and shared decision making
- Guide further assessment, escalation or step down
- Promote proportionate, child centred responses

Safeguarding indicators must always be considered alongside a child's wider needs, strengths and circumstances. A focus on need or strengths should never obscure concerns about safety or risk.

The London Child Protection Procedures Indicators of Need form the threshold framework on which this guidance is based. Practitioners should access and use the live London Threshold Document when considering levels of need, safeguarding concerns and referrals to Children's Social Care. The most current version can be accessed via the link below

[London Child Protection Procedures](#)

6 The Continuum of Need: Levels of Need and Expected Response

This section sets out the four levels of need within the Continuum and the expected response at each level. It distinguishes universal services and community based early help, Family Help through targeted early help, statutory Family Help under section 17 of the Children Act 1989, and multi-agency child protection. The levels guide professional judgement, support consistent multi-agency conversations and help ensure that children and families receive the right help, at the right time, from the right person.

6.1 Level 1 – Universal Services and Community Based Early Help

Most children have their needs met through universal services, including early years, education, health, community and voluntary sector provision. These services are central to promoting wellbeing, building resilience and identifying emerging needs early.

Universal services are expected to:

- Maintain a strong safeguarding culture and professional curiosity
- Listen to children and respond to their lived experience
- Work collaboratively with parents and carers
- Act promptly where concerns emerge or needs change

Universal support remains important at all levels of the continuum, and children receiving additional or statutory intervention should continue to access universal services wherever possible

6.2 Level 2 –Early / Targeted Early Help (Family Help) (Additional Needs - Moving to Complex needs)

At this level, support is:

- Preventative and strengths based for children with additional needs as well as those with complex needs.
- Voluntary and consent led
- Coordinated through a multi-agency response
- Proportionate and responsive to need

In line with Families First, partners share responsibility for identifying need early, coordinating support and reviewing progress. At Level 2, Family Help provides Early Help / Targeted Early

Help for children and families with multiple or complex needs requiring a coordinated specialist or multi-agency response, where statutory support or intervention is not required. Universal and community based Early Help services should remain involved wherever appropriate.

6.3 Level 3 – Statutory Child in Need (Family Help) (Children with Multiple Complex Needs)

At Level 3, children in need require statutory assessment, support and services under section 17 of the Children Act 1989. This forms the statutory part of Family Help and should build on existing relationships, information, assessments and plans wherever possible. Statutory accountability, management oversight and the legal duties owed to children in need must remain explicit.

Support at this level:

- Is informed by robust assessment and direct work with children and families
- Requires coordinated multi agency planning
- Focuses on reducing risk and strengthening parental capacity

Children at this level may continue to receive universal and Family Help support alongside statutory social work intervention where this best meets their needs.

6.4 Level 4 – Multi-Agency Child Protection (Actual or Likely Significant Harm)

Where a child is suffering, or is likely to suffer significant harm, a Child Protection response is required under section 47 of the Children Act 1989.

This level involves:

- Clear multi agency accountability and timely decision making
- Effective information sharing and professional challenge
- Strong oversight and purposeful planning.
- Meaningful engagement with children and families to reduce risk

Child Protection intervention must remain child centred, proportionate and evidence based, with a clear focus on improving safety and planning for safe step down when risks are reduced

7 Responding to Changing Needs Across the Continuum

Children and families will not necessarily remain at one level of the Continuum. Family Help spans targeted early help and statutory support under section 17, creating a more seamless pathway while preserving the legal distinction between non-statutory and statutory intervention. Assessment, review and professional judgement should determine whether the current response remains right for the child or whether a different level of help, support or protection is required.

As practitioners we often think:

"This family was Level 2, but the circumstances now indicate Level 3." or "This family has made sustained progress and no longer requires statutory Level 3 or 4 intervention. Their needs can now be met through Early Help / Targeted Early Help or Universal Services."

For example:

- A child receiving support through Universal Services and Community Based Early Help (Level 1) may require Early Help / Targeted Early Help (Family Help) at (Level 2) where emerging needs are identified that require a coordinated multi-agency response.
- A child receiving Early Help / Targeted Early Help (Family Help) at (Level 2) may require support at Level 3 – Statutory Child in Need (Family Help) (Children with Multiple Complex Needs) where needs become more complex, cumulative or intensive and statutory intervention is required.
- A child supported as a Level 3 – Statutory Child in Need (Family Help) (Children with Multiple Complex Needs), they may require a Level 4 – Multi-Agency Child Protection (Actual or Likely Significant Harm) response, where concerns indicate that they may be suffering, or are likely to suffer, significant harm.
- Although support should be offered at the earliest opportunity and at the least intensive level that can meet need, some children may require an immediate Level 4 response without previous support at Levels 1, 2 or 3.

Similarly, where circumstances improve and risks reduce, the most appropriate response may move across the Continuum to a different level of support:

- A child receiving Child Protection intervention (Level 4) whose risks have reduced may no longer require Child Protection oversight but continue to require support as a Child in Need (Level 3).
- A child supported under Child in Need arrangements (Level 3) may move to Family Help: Targeted Early Help (Level 2) where statutory intervention is no longer necessary but coordinated support remains beneficial.
- A child receiving Family Help: Targeted Early Help (Level 2) may have their needs met through Universal Services and Community-Based Early Help (Level 1) where outcomes have been achieved and changes are sustainable.

Movement across the Continuum is not a hierarchy of services. Each level provides important support at different points in a child's life. Movement should ensure support stays proportionate, responsive and linked to the child's current lived experience, strengths, needs and risks. As needs change, practitioners should ask:

"Does the current level of support continue to provide the right help, at the right time, from the right person?"

Part 3: Family Help and Family Networks

8 Family Help and the Family Help Lead Practitioner

As the Continuum of Need shows, Family Help spans Level 2 Early Help / Targeted Early Help and Level 3 statutory support under section 17. It brings practitioners together through a coordinated, multi-disciplinary approach, with a consistent focus on the child's lived experience, family strengths, need, risk and measurable outcomes. A Family Help Lead Practitioner (when they are formally in place), will coordinate the assessment and plan at Levels 2 and 3, subject to local arrangements, practitioner competence and the statutory oversight required for work under section 17. Where child protection concerns emerge, the Family Help Lead Practitioner should remain involved and contribute relevant information, while social workers with child protection expertise lead and oversee protective activity.

The Role of the Family Help Lead Practitioner

- Build a trusting relationship with the child and family.
- Coordinate the Family Help assessment and plan.
- Ensure the child's voice is represented throughout planning.
- Convene and coordinate Team Around the Family meetings.
- Promote information sharing and professional challenge.
- Monitor progress and review outcomes.
- Escalate concerns when risks increase.
- Support effective step up and step down planning.

Review and Oversight

The Family Help lead practitioner has a key role in reviewing the plan, maintaining oversight of its impact and checking whether support continues to meet the child's needs.

- Plans should be reviewed regularly.
- Progress should focus on measurable outcomes for the child.
- Multi-agency attendance should be expected where agencies have responsibilities within a plan.
- Drift should be identified and challenged promptly.

9 Family Networks and Family Group Decision Making (FGDM)

"Who is available around this child?"

Children are usually best supported within their own families and communities wherever it is safe to do so. Family networks often provide important emotional, practical and protective support that helps improve outcomes for children and reduces the need for statutory intervention.

In Barking and Dagenham, practitioners should recognise families as partners in identifying solutions and planning for children. Family network approaches should be considered whenever concerns about a child's wellbeing, safety or development emerge and should form

part of assessment, planning and review activity across the Continuum of Need.

Family Group Decision Making (FGDM) reflects the principle that families are often best placed to identify the people who matter to children and who may be willing and able to provide support. Engaging family networks early can strengthen safety planning, reduce isolation, increase resilience and promote sustainable change.

Practitioners should work with children, parents and carers to identify and explore the wider family and support network at the earliest opportunity. This may include:

- Grandparents
- Adult siblings
- Extended family members
- Friends and trusted adults
- Community and faith networks
- Kinship carers and connected persons

Family networks should be considered at all levels of need, including where concerns are escalating. The existence of family support does not remove safeguarding concerns, but it may provide additional protection, practical assistance and opportunities to safely prevent escalation.

Where appropriate, practitioners should consider family network meetings, family group decision making (FGDM) or other family led approaches to:

- Develop safety plans
- Identify practical support
- Strengthen protective factors
- Prevent family breakdown
- Support children to remain safely within their families
- Inform permanence and contingency planning

Practitioners must remain professionally curious and ensure that family network involvement is safe, beneficial and focused on improving the child's lived experience. Where family networks are unable or unwilling to provide sufficient support or protection, safeguarding action must not be delayed.

Engaging fathers, male carers and significant adults

Practitioners should make every reasonable effort to identify, engage and involve fathers, step fathers, male partners and other significant adults who play an important role in a child's life. Their involvement should be considered from the earliest stages of assessment and planning, regardless of whether they live in the family home or have parental responsibility. Parents, carers and family members should not be viewed in isolation from the wider network of adults who may positively or negatively influence a child's lived experience.

Fathers, male carers and significant adults can be important sources of care, support,

protection and resilience for children. Equally, their behaviour, relationships and circumstances may contribute to risk, harm or unmet need. Understanding their role is therefore essential to gaining a complete picture of the child's experience, family functioning and support network.

Practitioners should:

- Identify fathers, male carers and significant adults at the earliest opportunity.
- Seek to understand their relationship with the child and their contribution to the child's daily life.
- Consider both strengths and risks associated with their involvement.
- Ensure their views are sought and considered within assessment, planning and review processes where appropriate.
- Remain alert to situations where significant adults are absent from assessment activity, where access to them is restricted, or where others seek to limit professional engagement.

The involvement of fathers, male carers and significant adults should form part of assessment, analysis and decision making. Where they are not involved, practitioners should record the reasons why and consider any impact this may have on understanding the child's lived experience and safeguarding needs.

The key question for practitioners should always be:

"Who are the people who matter to this child, and how can they help keep them safe, supported and connected?"

Part 4: Assessment and Decision Making

10 Family Help Assessment, Planning and Practice Expectations

Effective assessment supports early Identification of need and ensures that children, young people and families receive the **right help, at the right time, from the right person**. All agencies have a shared responsibility to assess, respond and act promptly where concerns about a child's welfare or safety are identified. All practitioners working with children, young people and families are responsible for identifying emerging or additional needs early and taking timely action. The assessment process should inform professional judgement about where a child needs to sit within the continuum of need and the level of support intervention and oversight required.

Developing a Full Picture of the Child

Effective safeguarding assessments require more than gathering available information. Practitioners must actively seek to understand the child's lived experience, identify gaps in knowledge and consider what information may be missing.

Children who are experiencing abuse or neglect may be unable, unwilling or frightened to disclose their experiences. Practitioners should therefore not rely solely on disclosure when assessing risk. Consideration should be given to the child's presentation, behaviour, relationships, daily experiences, observed interactions and the overall pattern of information available.

Good assessment requires practitioners to develop and test working hypotheses, remaining open to alternative explanations until sufficient evidence is available to support decision making.

Assessments must be:

- **Child centred** – focused on the child's voice, lived experience and daily impact on their safety and wellbeing.
- **Whole family focused** – recognising the role of parents, carers, family networks and wider context.
- **Multi-agency** – informed by timely information sharing and contributions from relevant partners.
- **Analytical** – grounded in professional judgement, not descriptive accounts alone.

What Every Assessment Should Consider

- The child's developmental needs, including wishes, feelings and lived experience
- Family, environmental and contextual factors affecting the child
- Parental and carer capacity, including emotional, physical and support needs
- Individual vulnerabilities (for example age, disability, caring responsibilities or exploitation risk)
- Risk, harm, impact and protective factors, including cumulative and contextual harm
- Strengths and family networks, including wider family and community supports.

Equality, identity and inclusion – (Assessments must):

- Give due regard to race, ethnicity, culture, religion, disability, gender, sexuality and
- communication needs
- Recognise and respond to discrimination, marginalisation, adultification and disproportionality
- Reflect how identity and lived experience shape risk, resilience and outcomes.

Information gathering and analysis – (Effective assessments will include):

- Proportionate information gathering, using recognised tools where appropriate (for example Graded Care Profile 2, domestic abuse or exploitation risk tools)
- Use of research, national learning and local reviews to inform analysis
- Clear distinction between fact, observation and professional opinion
- Professional analysis and judgement, clearly explaining how conclusions are reached

Planning and Outcomes – (Assessments should result in):

- Clear, outcome focused recommendations and plans, proportionate to the level of need.
- Plans should build on strengths and protective factors and support sustainable change.
- Assessments should inform Family Help, safeguarding or statutory responses, avoiding unnecessary escalation where it is safe to do so.

Working with Children and Families – (Assessments should be written in):

- Clear, accessible language, avoiding professional jargon.
- Children and families should be able to understand what has been concluded and why.
- Wherever possible, assessments should be shared openly, with children and families' views sought and recorded.
- Information must be shared lawfully and appropriately, and without delay where safeguarding concerns exist.

Recording, Advice and Professional Support

- Practitioners should seek advice through their own agency safeguarding arrangements, including line managers or Designated Safeguarding Leads, where needed.
- Record all conversations, decisions and actions promptly and accurately.

11 Practice Considerations When Assessing Need and Risk

Recognising changing needs and vulnerabilities

Children may experience different levels of need and risk at the same time, and these may change quickly depending on their circumstances, age and experiences. The Continuum of Need is therefore dynamic, supporting movement across threshold levels rather than a linear progression through services.

However complex a child's needs, universal services, including education and health, remain central to promoting wellbeing and safeguarding children. Universal services continue to have responsibility for safeguarding and for working with partners at all levels of the continuum.

When assessing need and risk, professionals must pay particular attention to children with additional vulnerabilities, including those with disabilities, complex needs, communication difficulties or long term health conditions, the parental or carer response to a child's vulnerability, and the impact of this response on the child's lived experience, must be explicitly considered as part of assessment and decision making.

Professional Curiosity, Challenge and Respectful Uncertainty

Professional curiosity is the capacity and commitment to explore, question, understand and verify what is happening in a child's life, rather than accepting information at face value. It requires practitioners to remain open minded, test assumptions and seek a fuller understanding of the child's lived experience.

Professional curiosity helps practitioners to:

- Ask questions when information is unclear, inconsistent or incomplete.
- Explore what life is like for the child on a day to day basis.
- Seek the child's wishes, feelings and experiences directly whenever possible.
- Test assumptions and remain open to alternative explanations.
- Look beyond individual incidents to identify patterns, cumulative harm and changing risk.
- Consider what is missing, unknown or not being discussed.
- Draw together information from children, families, practitioners and agencies to develop a fuller picture of strengths, needs and risk.
- Maintain respectful uncertainty where concerns remain unresolved or change is not sustained.

Professional curiosity should be evident at every level of the Continuum of Need and should inform assessment, planning, review, information sharing and decision making. It is not about intrusive questioning or assuming that information is untrue. It is about being respectfully inquisitive, checking understanding and keeping the child's welfare and lived experience at the centre of professional judgement.

Practitioners in Barking and Dagenham are expected to:

- Consider the quality, consistency and impact of parental engagement
- Be alert to signs of disguised or superficial compliance
- Recognise when families seek to reduce professional oversight
- Apparent cooperation that is not accompanied by sustained change.
- Attempts to minimise concerns, divert professional focus or control information.
- Families becoming increasingly isolated from services, support networks or professional contact.
- Patterns of missed appointments, cancelled visits, restricted access to children or selective engagement with professionals.
- Draw together information from multiple agencies through forums such as the MASH and multi-agency panels

Practitioners should critically analyse the nature and quality of family engagement. Engagement should not be measured solely by attendance at meetings, agreement with professionals or willingness to participate in assessments. The key consideration is whether engagement is resulting in meaningful and sustained improvements in the child's lived experience.

Resolving Professional Disagreement

Safeguarding children is a shared responsibility. Effective safeguarding relies upon respectful

challenge, constructive professional disagreement and timely escalation where concerns remain unresolved. Practitioners should feel confident to challenge decisions, actions or inaction where they believe a child may be at risk of harm or where services are not responding effectively to identified need.

Practitioners should:

- Raise concerns promptly with the relevant professional.
- Focus challenge on the child's welfare and lived experience.
- Use supervision and management oversight appropriately.
- Escalate concerns where disagreements cannot be resolved locally.
- Refer to the BDSCP escalation policy where necessary.

Professional disagreement should never delay action where there is concern that a child may be suffering or likely to suffer significant harm. Our conflict, resolution and escalation protocol can be found here, which provides a step by step approach to managing disagreements.

[Conflict Resolution and Escalation Protocol](#)

Understanding the Child's Lived Experience

Understanding a child's lived experience requires more than recording what adults say about them. Practitioners must make every effort to see, hear and understand the child directly, considering what daily life feels like from their perspective. The child's wishes, feelings, experiences, relationships and observations should inform assessment, planning and decision making at every level of the Continuum.

Assessments should:

- Record when the child has been seen.
- Record whether the child has been spoken with alone where appropriate.
- Capture the child's wishes and feelings.
- Include practitioner observations.
- Explain what life is like for the child on a day to day basis.
- Distinguish between adult accounts and the child's lived experience.
- Demonstrate how the child's views influenced analysis and planning.

Practitioners should be able to answer:

- What is life like for this child?
- What does the child say is happening?
- What have I observed?
- What worries the child?
- What is working well for the child?
- How has the child's voice influenced our plan?

Where safeguarding concerns exist, practitioners do not need parental consent to speak directly with a child. Parental cooperation should be sought where possible, but a lack of engagement must not stop professionals from hearing the child, understanding their welfare, offering reassurance and showing kindness.

Transitional Safeguarding and Young Adulthood

Some vulnerabilities do not end when a young person reaches the age of 18. Risks associated with exploitation, mental ill health, substance misuse, homelessness, domestic abuse and criminal involvement may continue into adulthood. Practitioners should recognise that adolescence and young adulthood are periods of significant change and ensure that support is coordinated and responsive to ongoing needs.

Practitioners should:

- Begin transition planning early.
- Consider ongoing risks beyond a young person's eighteenth birthday.
- Work collaboratively with adult services where appropriate.
- Consider support for care leavers and vulnerable young adults.
- Ensure transitions are planned and purposeful.
- Avoid service gaps that may increase vulnerability.

Transitional safeguarding should focus on need, vulnerability and risk rather than chronological age alone.

Bias, Inequality and Critical Reflection

Professionals must be alert to inequalities, assumptions and biases that can affect how risk and need are perceived, assessed and responded to. This includes assumptions related to ethnicity, religion, disability, gender, sexuality and socio economic context.

Biases that can impact safeguarding practice include:

- Adultification, where children are perceived as more resilient or responsible than they are
- Diffusion of responsibility, where action is delayed because it is assumed another agency will respond
- Confirmation bias, where information is interpreted to confirm existing views
- Source bias, where information is weighted depending on its source rather than its content
- Risk aversion, where uncertainty leads to inaction

In Barking and Dagenham, critical reflection, supervision, multi-agency challenge and learning through quality assurance activity and BDSCP learning reviews support professionals to recognise and address these risks.

12 What Good Assessment Looks Like at Each Level

This section sets out the expectations for effective assessment at each level of need, from universal support through to child protection. It reinforces the importance of proportionate, child centred and strengths based assessment, ensuring that risk, vulnerability and impact are clearly understood and responded to at the right time. High quality assessment at every level supports early identification, timely intervention and improved outcomes for children and

families.

12.1 Level 1 – Universal Services and Community-Based Early Help

Most children whose needs are met through universal services

Effective assessment at this level:

- Identifies strengths, protective factors and resilience within the child, family and community
- Considers the child's development, wellbeing and lived experience
- Supports early conversations with children and families about emerging needs
- Encourages access to universal services and community support
- Records concerns, actions and outcomes clearly to support early identification if needs escalate

12.2 Level 2 – Family Help: Targeted Early Help

Children who require coordinated early support to prevent escalation

Effective assessment at this level:

- Builds a holistic picture of need, considering family, environmental and contextual factors
- Uses proportionate information gathering and recognised tools where appropriate
- Identifies specific vulnerabilities (for example disability, caring responsibilities or exploitation risk)
- Actively involves the child and family in understanding needs and co producing a Family Help plan
- Focuses on outcomes, strengths and early intervention, avoiding unnecessary escalation
- Is shared openly with the family and reviewed regularly as needs change

12.3 Level 3 – Family Help: Statutory Support under Section 17 (Child in Need)

Children with significant or cumulative needs requiring statutory intervention

Effective assessment at this level:

- Is analytical and evidence based, clearly explaining risk, harm and impact on the child
- Considers cumulative harm, family history and contextual risks
- Includes multi agency information and contributions, with timely information sharing
- Gives due regard to equality, identity, discrimination and disproportionality
- Clearly distinguishes between fact, observation and professional judgement
- Results in a clear Family Help plan, focused on improving outcomes and reducing risk

12.4 Level 4 – Multi-Agency Child Protection (Actual or Likely Significant Harm)

Children who are suffering, or are likely to suffer, significant harm

Effective assessment at this level:

- Is completed without delay, prioritising the child's immediate safety
- Is robust, multi-agency and child centred, with direct work evident
- Clearly identifies significant harm, risk factors and protective factors
- Uses appropriate specialist risk assessment tools to inform decision making
- Demonstrates professional challenge, escalation and senior oversight
- Leads to clear protective action and plans, reviewed and updated as risk changes
- Ensures lawful and timely information sharing, even where consent is not given

Part 5: Information Sharing and Referrals

13 Family Engagement, Information Sharing and Agreement

Effective Family Help begins with meaningful engagement, honest conversations and strong working relationships with children, young people and their families. In Barking and Dagenham, we are committed to working openly, respectfully and transparently with families, recognising them as partners in understanding concerns, identifying strengths and planning support. This reflects our CARES values and our commitment to "Nothing about you, without you".

Practitioners should start by engaging the family in conversation, seeking to understand their perspective, explaining concerns clearly and discussing what support may help improve outcomes for the child. Information sharing and agreement should not be viewed as separate procedural tasks but as part of a collaborative process that enables children, young people and families to participate meaningfully in decisions that affect them.

13.1 What does seeking agreement mean?

Wherever it is safe and appropriate to do so, children and families should understand:

- What the concerns or worries are.
- What is working well and the strengths that can be built upon.
- What support, assessment or intervention is being proposed.
- Who may be involved in providing support.
- What information may need to be shared and why.
- What the possible benefits and implications of support may be.

In most circumstances, agreement should be informed through conversation, understanding and partnership. 'Consent' remains an important practice requirement, but practitioners should see consent as one element of effective engagement rather than the sole focus of the interaction.

13.2 Building Understanding and Agreement

Before support is offered, a referral is made, or information is shared, practitioners should

engage children, young people and families in a clear and respectful discussion about what is being proposed.

Good engagement helps families understand:

- Why practitioners are involved.
- What support may be available.
- How information sharing may help professionals work together.
- What choices and participation opportunities are available.
- What may happen next.

The aim is not simply to obtain agreement, but to ensure that children and families are genuinely informed and able to participate in decision making. Where families understand and agree to the proposed support, assessment or information sharing, this should be recorded as informed consent.

13.3 When should agreement and consent be discussed?

Agreement and consent should normally be discussed before sharing information or making referrals where services are voluntary, including:

- Family Help.
- Multi-agency support meetings, panels or consultation processes.
- Referrals to the Multi-Agency Safeguarding Hub (MASH), unless safeguarding exceptions apply.

Practitioners should clearly record:

How discussions took place.

- Who was involved.
- What information was explained.
- Whether agreement was reached.
- Whether informed consent was provided.
- Any lawful reason why consent was not sought or was not required.

Where appropriate, written consent should be obtained and recorded. Where verbal consent is given, this should also be accurately documented. Young people who are Gillick competent and demonstrate sufficient understanding should be actively involved in discussions about support, information sharing and consent.

13.4 Where a referral to Children's Social Care is being considered

Where concerns indicate that Children's Social Care involvement may be required, practitioners should normally discuss the referral with the child and family and seek their understanding and agreement before making the referral.

Families should understand:

- Why professionals are worried.
- Why Children's Social Care involvement is being considered.

- What information will be shared.
- What may happen following the referral.

The referring practitioner should record how the discussion took place and whether agreement was obtained, unless safeguarding exceptions apply.

Where a referral is accepted, Children and Families should be informed about the assessment process and involved wherever possible. Information should be shared openly and transparently unless doing so would place a child or another person at risk.

Where agreement has not been reached, or where families require additional explanation, practitioners should continue to seek engagement and understanding wherever possible.

13.5 Multi-Agency Information Sharing

No single agency can ever hold a complete picture of a child's life. Effective support depends upon partners sharing relevant information appropriately and proportionately.

Information sharing supports:

- Early identification of need.
- Effective Family Help.
- Child protection and safeguarding.
- Better decision making.
- Coordinated multi-agency responses.
- Appropriate escalation and step down planning.

Children and families should normally understand how professionals are working together and why information may need to be shared.

Key reminder: All agencies must follow their own organisational information governance arrangements, data protection requirements, safeguarding procedures and this Continuum of Need guidance.

13.6 When is agreement or consent not required?

There are circumstances where safeguarding responsibilities override the need to seek agreement or consent before information is shared.

In line with Working Together 2026 and the London Child Protection Procedures, information can and must be shared without consent where:

- Seeking agreement would place a child or young person at increased risk of harm.
- There is reasonable cause to suspect significant harm.
- Information sharing is necessary to prevent, detect or investigate a crime.
- Information sharing is required by law or court order.

Where information is shared without consent, families should normally be informed unless doing so would increase risk to the child or another person.

The rationale for sharing information without consent must always be clearly recorded.

13.7 Engagement is an Ongoing Conversation

Building understanding and agreement should be viewed as an ongoing process rather than a one off event.

Practitioners do not need to repeatedly seek consent at every contact, visit or discussion where support continues within an agreed and understood plan. However, conversations should be revisited where there are significant changes in circumstances, including where:

- Needs escalate.
- Risks increase.
- A different level of intervention is required.
- New agencies become substantially involved.
- The nature of information sharing changes significantly.
- There is a significant change to the agreed plan.

Families should be kept informed and involved as plans develop and support progresses.

13.8 Practice Principle: Engage Before You Ask

Practitioners should not approach consent as a form to be completed or a procedural requirement to be satisfied. Effective engagement involves:

- Building trust.
- Listening carefully.
- Understanding the family's perspective.
- Explaining concerns honestly.
- Recognising strengths as well as worries.
- Being clear about professional responsibilities.
- Supporting informed decision making.

In most situations, agreement should arise from meaningful conversation rather than a request for permission. A useful practice question is: **"Have I helped this family understand what we are worried about, what support is available and why we are proposing this action?"**

13.9 Examples of Relational Practice

Practitioners may find it helpful to use language such as:

"I'd like to talk with you about some support that may help your child and hear your views before we decide what happens next."

"I want to explain why professionals are worried and discuss together what support might help."

"Let's talk about who may need to be involved and how we can work together to support your child."

"I want to make sure you understand what information may be shared and why this may help us provide the right support."

Agreement should be based on understanding and participation, not compliance.

13.10 When Families Do Not Agree or Withdraw Their Agreement

Practitioners should seek to understand the reasons why a child, young person or family may be unwilling to engage, agree to support or consent to information sharing.

Reluctance may arise from:

- Anxiety or fear.
- Previous experiences of services.
- Trauma.
- Shame or stigma.
- Language or communication barriers.
- Cultural factors.
- Mistrust or misunderstanding.

Understanding the reason for disagreement often provides opportunities for further engagement and can improve participation and outcomes. The absence of agreement must never automatically result in no further action.

Practitioners should continue to consider:

- The child's lived experience.
- Known risks and protective factors.
- Professional judgement.
- Whether further engagement is possible.
- Whether information can or should be shared lawfully without consent.

Where concerns remain, practitioners should apply professional curiosity, respectful uncertainty and defensible decision making.

13.11 Working with Adolescents

Where an adolescent does not agree to support or information sharing, practitioners should consider:

- Their age and maturity.
- Their understanding of the situation.
- Their ability to weigh up risks and consequences.
- Any vulnerability or influence from others.
- The nature and seriousness of the concerns.

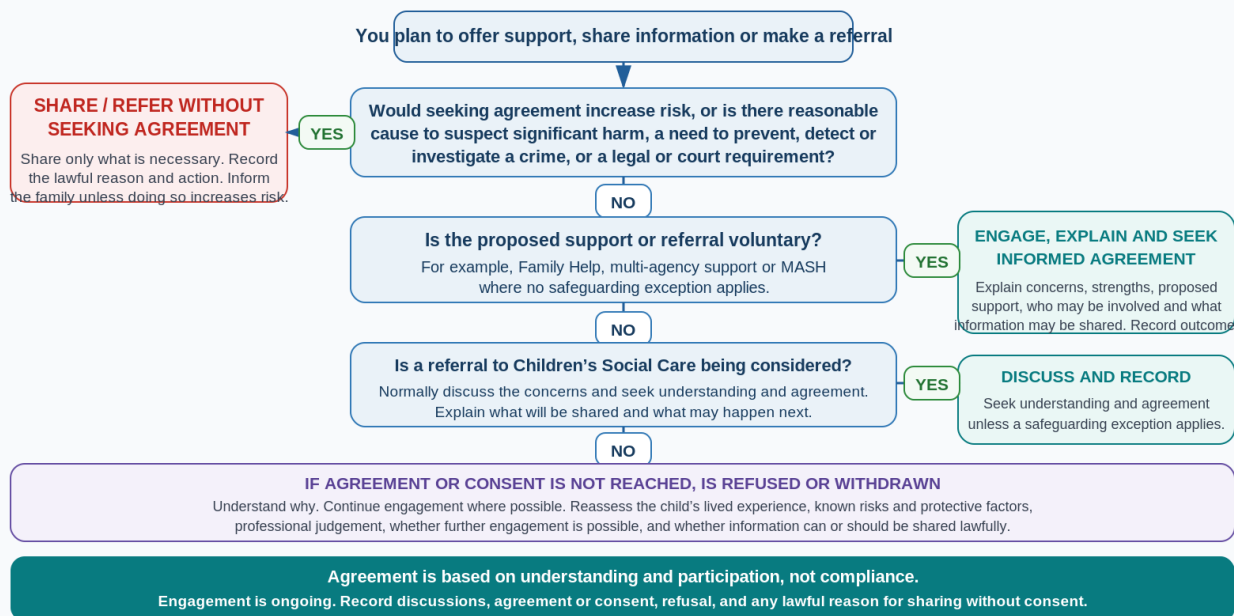
This is particularly important where there are concerns about exploitation, coercion, extra familial harm, mental ill health, substance misuse, missing episodes or significant harm. Where safeguarding concerns remain, practitioners must continue to take proportionate action to protect the young person, including sharing information lawfully where necessary.

Agreement, Consent and Information Sharing Practice Decision Guide

Use with current safeguarding procedures, information governance requirements and your agency policy.

SAFEGUARDING REMINDER

Agreement supports engagement. It must not override the duty to safeguard children.



Based on LBBD Family Help Continuum of Need Framework v1.5, section 13.

13.12 Practice to Avoid

Practitioners should avoid:

- Treating consent as a form filling exercise.
- Seeking agreement without first providing adequate information.
- Using threatening, coercive or conditional approaches.
- Repeatedly seeking consent as a risk avoidance measure.
- Ending involvement solely because agreement has not been reached.
- Using a lack of consent as a substitute for professional judgement.
- Assuming that disagreement removes safeguarding responsibilities.
- Failing to explore the child's lived experience because agreement has not been obtained.

Key reminder: Family engagement, participation and agreement are central to effective Family Help and safeguarding practice. However, the duty to safeguard children always takes precedence. If you are worried that a child may be suffering or likely to suffer harm, you must not delay information sharing, referral or protective action because you believe consent is required. Safeguarding children remains everyone's responsibility.

14 Making a Good Referral

A good referral tells the child's story, explains why help is needed now, recognises strengths as well as risks, and enables the right decision to be made first time.

Key reminder: The Continuum of Need is a decision support framework. It supports professional judgement and consistent threshold conversations, but it must not be used as a checklist, scoring tool or automatic gateway to services.

If you are worried about a child, do not delay seeking advice or making a referral. The London Safeguarding Procedures detail clearly the roles and responsibilities of all professionals and should always be referred to when making a safeguarding referral or when conducting child protection enquiries. This can be found here: [London Child Protection Procedures](#)

Before Making a Referral – Have You...?	
Considered whether needs can be met through universal services or Family Help	☐
Discussed concerns with the child and family where safe to do so	☐
Made an immediate referral if there is a safeguarding concern	☐
Sought and recorded parental consent, where appropriate	☐
Recorded rationale if consent is not sought due to risk	☐
Provided the details of Child and parent/carer	☐
Provided the details of the household members and significant adults	☐
The school or early years setting details.	☐
Provided the details of the child's health, disability or additional needs	☐
Provided a clear description of concerns and reason for Referral – Why now?	☐
Provided specific examples, patterns or escalation	☐
Detailed what has changed or increased risk	☐
Detailed the day to day life from the child's perspective	☐
Detailed the impact on safety, wellbeing or development	☐
Detailed the child's wishes and feelings (where known)	☐
Detailed what is working well and protective factors	☐
Detailed the support already provided and outcomes	☐
Highlighted why this is no longer sufficient	☐
Detailed why Children's Social Care involvement is required	☐
Highlighted the risks if no further action is taken	☐

If you need further advice or guidance regarding a referral, please contact one of the following helplines:

Family Help advice line 020 8227 5600 (Monday to Friday 9:00am - 4:45pm)	MASH advice line 020 8227 3811 (Monday to Friday 9:00am - 4:45pm)
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Part 6: Resources and Practice Tools

15 Safeguarding framework, guidance and practice resources

The Continuum of Need does not operate in isolation and should be used alongside statutory safeguarding guidance, pan London procedures, local safeguarding arrangements, strategies and practice tools. Together, these documents support professional judgement, help practitioners understand levels of need and risk, and provide a consistent framework for assessment, decision making, planning and intervention.

No single tool or document should determine a decision. Practitioners should consider the child's lived experience, the impact of cumulative harm, protective factors, family strengths, presenting risks and contextual influences when deciding what support, intervention or protection may be required. The resources below provide additional guidance for specific safeguarding issues including domestic abuse, child sexual abuse, neglect, contextual safeguarding and risk outside the home, while also setting out local partnership expectations and safeguarding responsibilities.

15.1 Multi Agency Safeguarding Arrangements (MASA)

The Multi Agency Safeguarding Arrangements set out how safeguarding partners work together to safeguard and promote the welfare of children in Barking and Dagenham. The arrangements provide the local framework for leadership, accountability, learning, scrutiny, information sharing and multi-agency safeguarding practice.

Practitioners should use the MASA documents alongside this Continuum of Need to understand local safeguarding responsibilities, escalation processes, partnership expectations, safeguarding priorities and learning from reviews. The arrangements support consistent decision making across the partnership and reinforce that safeguarding children is a shared responsibility.

[MASA Summary](#)

[MASA Full Document](#)

15.2 London child protection procedures

This Continuum of Need should be used alongside the London Child Protection Procedures, the London Threshold Document and Barking and Dagenham safeguarding strategies and practice resources. These documents support professional judgement by helping practitioners understand presenting need, assess risk, identify cumulative harm and decide what level of help or protection is required.

Practitioners should not use the Continuum of Need as a checklist or fixed threshold tool. It should be read alongside the wider guidance, strategy documents and practice tools below, particularly where there are concerns about domestic abuse, child sexual abuse, neglect, exploitation or contextual harm.

These procedures provide the core safeguarding procedures for London and should be used by practitioners when considering safeguarding referrals, strategy discussions, section 47 enquiries, information sharing, escalation and child protection processes. The London Threshold Document provides the pan London Continuum of Need indicators which underpin this local guidance.

[London Child Protection Procedures](#)

[London Child Protection Threshold document.](#)

15.3 Domestic abuse strategy, guidance and supporting documents

Domestic abuse is a significant safeguarding issue in Barking and Dagenham and must be considered through the impact on the child, not only the incident reported by adults. Practitioners should consider coercive control, emotional harm, physical risk, economic abuse, patterns of repeat incidents, perpetrator behaviour, survivor safety and the extent to which the child has been directly or indirectly harmed.

The domestic abuse guidance and toolkit should be used alongside this Continuum of Need where families are affected by domestic abuse. The tools support practitioners to identify domestic abuse, consider risk, complete relevant assessments, access referral routes and apply local practice expectations. The domestic abuse offer also references Support to Safety, Safe and Together, risk assessment practice and the wider strategic context, including the domestic abuse strategy and Violence Against Women and Girls strategy.

[Domestic Abuse Resources](#)

15.4 Child sexual abuse strategy, pathway and supporting documents

Child sexual abuse is a Barking and Dagenham Safeguarding Children Partnership priority. Practitioners must consider sexual abuse, harmful sexual behaviour, online harm, exploitation, grooming, intra familial abuse, sibling risk and the impact of trauma on children. Concerns may be partial, delayed, withdrawn or unclear, so assessment must not rely only on disclosure.

The CSA strategy, pathway and associated documents should be used where CSA is known, suspected or possible. They support practitioners to identify indicators of abuse, access specialist advice, consider immediate safety, use relevant assessment tools and make sure CSA risk is carried through assessment, planning, supervision and review.

[Barking and Dagenham Child Sexual Abuse Strategy 2026-2029](#)

15.5 Neglect strategy, tools and indicators

Neglect is a key safeguarding priority for the Barking and Dagenham Safeguarding Children Partnership. Practitioners should consider neglect as cumulative harm, not only as isolated incidents. This includes physical, emotional, educational, medical and supervisory neglect, and the impact of neglect on babies, older children, adolescents and children with additional vulnerabilities.

The Neglect Strategy should be used alongside this Continuum of Need where there are concerns about unmet needs, poor supervision, missed health or education, poor home conditions, parental capacity, disguised compliance, drift or repeated low level concerns. The local neglect resources also include the Graded Care Profile 2 and LBBD Neglect Screening Tool, which should support assessment and planning where neglect is a concern.

To support professional understanding of how neglect may be presented, please refer to the additional Indicators of Neglect (IoN) attached. The IoN document should be used in conjunction with the broader Continuum of Need Framework and the Graded Care Profile 2 tool which has been referenced within the attached documents. The IoN should not be seen as a prescriptive tool, rather a document that enables practitioners to identify possible indicators of neglect and support professional decision making around an appropriate response based on where the family are on the Continuum of Need (threshold) Framework.

[Neglect Strategy](#)

[Tackling Neglect in Barking and Dagenham](#)

15.6 Risk Outside of the Home (ROTH)

Children and young people may experience significant harm beyond their family home, including through exploitation, peer groups, schools, online environments, community settings and public spaces. Risk Outside of the Home (ROTH) recognises that these harms often arise from the wider contexts in which children live, socialise and spend their time, and may not be fully addressed through interventions focused solely on parents or carers.

Practitioners must identify, assess and respond to extra familial harm through a contextual safeguarding approach, working with partner agencies, families and communities to understand risk, strengthen protective factors and reduce the likelihood of further harm. ROTH should be considered whenever concerns arise about child exploitation, serious youth violence, harmful peer relationships, missing episodes, radicalisation, online harm or other risks occurring beyond the family home.

[Risk Outside the Home \(ROTH\) Resources](#)

Appendix 1: Accessing and Using the London Indicators of Need

16 Using the London Indicators of Need

The London Child Protection Procedures **Indicators of Need** provide practitioners with a shared framework for understanding levels of need, vulnerability, risk and required intervention across the Continuum of Need.

The full Indicators of Need are not reproduced within this document. Practitioners should access and refer to the most current version available through the London Child Protection Procedures threshold document via the link below. Using the live document ensures practitioners are working from the most up to date pan London guidance.

The Indicators of Need support professional judgement, assessment, planning and decision making. They provide examples of needs, strengths, vulnerabilities and risks that may be present at different levels of the Continuum of Need. They are not exhaustive and should not be used as a checklist, scoring tool or as the sole determinant of service eligibility.

Practitioners should consider the indicators alongside the child's lived experience, developmental needs, strengths, protective factors, family circumstances and any evidence of cumulative harm. A child may present with needs and risks across more than one level of the Continuum at the same time, and individual indicators should never be viewed in isolation. The Indicators of Need should be considered holistically and used to support reflection, analysis, professional discussion and multi-agency decision making. Professional judgement, informed by direct work with children and families, remains central to all assessment and intervention.

Where there are concerns that a child is suffering, or is likely to suffer, significant harm, practitioners must not delay safeguarding action or a referral to Children's Social Care while consulting the Indicators of Need. The child's safety and welfare must always remain the primary consideration.

Access the current London Indicators of Need here:

[Threshold / Continuum of Need Document.](#)

Appendix 2: Neglect Practice Framework and Indicators

Supporting Professional Judgement Across the LBBD Family Help Continuum of Need

Companion guidance to the LBBD Family Help Continuum of Need Framework

The right help, at the right time, from the right person

This appendix supplements, but does not replace, the London Child Protection Procedures Threshold Document. It provides additional local practice guidance to support the identification, assessment and response to neglect across Levels 1-4 of the LBBD Family Help and Multi-Agency Child Protection Continuum.

17 How to Use LBBD Indicators of Neglect

Purpose of this tool

- Supports professional reflection, assessment, planning and decision making.
- Helps practitioners identify possible neglect, cumulative harm and impact on the child.
- Should be considered alongside the child's lived experience, strengths, protective factors and family context.
- Should be used alongside the LBBD Family Help Continuum of Need and Graded Care Profile 2.

The indicators should

- Support reflection
- Support professional discussion
- Support analysis
- Support proportionate decision making

The indicators should not

- Be used as a checklist
- Be used as a scoring tool
- Determine service eligibility
- Replace professional judgement

Practitioners should always consider

- What is life like for this child?
- What is the impact on daily lived experience?
- What strengths and protective factors exist?
- Is there evidence of cumulative harm?
- What needs to happen next?

18 Understanding Neglect

Neglect is often cumulative and is rarely a single event. Repeated low level concerns can cause significant harm when they become the child's normal daily experience.

Neglect may include

- Physical neglect: unmet needs for food, clothing, hygiene, warmth, housing conditions or basic care.
- Emotional neglect: lack of consistent warmth, attention, comfort, encouragement or emotional availability.
- Medical neglect: missed appointments, delayed treatment, poor medication management or failure to follow health advice.
- Educational neglect: persistent absence, lateness, lack of support for learning or failure to respond to additional needs.

- Supervisory neglect: being left alone, exposed to unsafe adults, unsafe environments or situations beyond the child's age and understanding.

Professionals should

- Look beyond individual incidents and avoid viewing each concern in isolation.
- Consider patterns over time through chronology, family history and multi-agency information.
- Explore cumulative harm by asking what daily life is like for the child.
- Maintain professional curiosity by checking explanations and whether change is sustained.
- Consider disguised compliance where adults appear to engage but the child's lived experience does not improve.

Practice Foundation: The Child's Lived Experience

Every assessment should seek to answer

- What is life like for this child day to day, including care routines, safety, relationships, school, health and home conditions?
- What does the child tell us through their words, behaviour, presentation, relationships and routines?
- What have we observed directly, and do those observations match what adults are telling us?
- What worries the child, what do they avoid saying, and are they trying to minimise what is happening?
- What is working well, who provides reliable care or protection, and is this making a measurable difference?
- How is neglect affecting physical care, emotional security, education, health, friendships, confidence and being noticed by adults?

Key practice question

- What is the child's experience of growing up in this family, and what evidence shows whether adults understand the impact of neglect and are able to sustain change?

19 Neglect Across the Family Help and Multi-Agency Child Protection Continuum

This framework supports a seamless system of help, support and protection. The indicators should inform Family Help assessment and plans, multi-disciplinary working, family network engagement and timely Multi-Agency Child Protection action where significant harm is suspected.

Domain 1: Child's Lived Experience	How neglect is affecting the child's health, development, learning, presentation, emotional wellbeing, friendships and daily life.
Domain 2: Parenting Capacity	Whether parents and carers can understand, prioritise and consistently meet the child's needs, including safety, health and emotional availability.
Domain 3: Family and Environmental Factors	How housing, nutrition, resources, networks, community context and online risk affect the child's safety and wellbeing.
Cross cutting practice expectations	Professional curiosity, cumulative harm, disguised compliance, equality and identity, fathers and male carers, family networks, Family Group Decision Making (FGDM), multi-disciplinary working and proportionate movement across the continuum.

20 Domain 1: Child's Lived Experience

This domain focuses on the child's day to day lived experience and the impact of neglect on development, health, education, presentation, relationships and emotional wellbeing across Family Help and Multi-Agency Child Protection.

Area	Level 1 Universal Services and Community Based	Level 2 Family Help: Targeted Early Help	Level 3 – Family Help: Statutory Support under Section 17 (Child in Need)	Level 4 Multi-Agency Child Protection
Development and stimulation Pre-birth to 5 years	Child is stimulated through responsive care, play, talking, reading and age appropriate routines.	Interaction and stimulation are sometimes inconsistent; additional Family Help may prevent escalation.	Stimulation is limited or inconsistent and is affecting development, attachment, communication or daily routines despite support.	Development is significantly impaired; the child experiences little or no stimulation and neglect is causing actual or likely significant harm.
Development and stimulation School age children	Child has age appropriate play, learning opportunities, activities and encouragement.	Opportunities for play, learning and activities are inconsistent due to pressures, but carers respond to advice.	Child has limited opportunities, spends long periods without age appropriate stimulation, or digital activity replaces interaction.	Child is persistently denied opportunities for play, learning, activities or outings, causing significant developmental or emotional harm.
Education and attendance	Child engages in education; attendance is good and carers actively support school, homework and routines.	Attendance, punctuality or homework support are beginning to be affected; carers need support to sustain routines.	Educational needs are significantly affected by inconsistent attendance, poor home school engagement or lack of support despite intervention.	Educational neglect is causing significant impairment; carers make little or no effort to support attendance, learning or engagement.
Friendships and social participation	Child is supported to develop safe friendships and age appropriate social opportunities.	Friendships are not consistently promoted; the child has limited access to peers outside school.	Child's friendships are restricted, disrupted or unsupported and this is affecting wellbeing, confidence or social development.	Child is isolated or deliberately denied safe friendships, or is allowed age inappropriate relationships that place them at risk.
Physical health and wellbeing	Health needs are consistently met through appropriate services, advice, treatment and preventative care.	Some appointments, advice or treatment routines are missed or inconsistently followed; support would help prevent deterioration.	Health needs are regularly unmet, appointments are frequently missed, or treatment plans are not followed despite support.	Essential health treatment is persistently absent or refused, causing actual or likely significant harm.
Presentation and care	Child is clean, appropriately dressed, and personal care needs are consistently met.	Hygiene, clothing or presentation needs are occasionally unmet and may begin to affect wellbeing or participation.	Hygiene and presentation needs are frequently unmet and are affecting health, social relationships, school participation or self esteem.	Persistent unmet care needs are causing serious concern about neglect and are affecting health, development or safety.
Emotional wellbeing	Child experiences warmth, comfort, encouragement and predictable care.	Emotional needs are inconsistently met, with periods where the child lacks comfort, attention or praise.	Child experiences persistent emotional unavailability or lack of comfort, affecting confidence, wellbeing or behaviour.	Emotional neglect is causing significant impairment or risk of significant harm, including severe isolation, distress or loss of trust in adults.

21 Domain 2: Parenting Capacity

This domain focuses on the capacity of parents and carers to understand, prioritise and consistently meet the child's needs, including health, emotional availability, supervision and safety, and how support is coordinated through Family Help or Multi-Agency Child Protection.

Area	Level 1 Universal Services and Community Based Early Help	Level 2 Family Help: Targeted Early Help	Level 3 – Family Help: Statutory Support under Section 17 (Child in Need)	Level 4 Multi-Agency Child Protection
Basic care and routines	Parents/carers consistently meet everyday needs for care, warmth, routines and attention.	Parents/carers struggle at times to provide consistent care but respond to help and advice.	Parents/carers frequently struggle to meet basic care needs and the child's routines, hygiene, warmth or comfort are affected.	Parents/carers are unable or unwilling to meet basic needs, resulting in actual or likely significant harm.
Health response and treatment	Parents/carers seek timely advice, attend appointments and follow treatment plans.	Advice is sought or accepted, but follow through is inconsistent because of practical or personal pressures.	Health appointments, preventative care or medication routines are frequently missed despite support.	Essential healthcare is delayed, refused or actively restricted, causing deterioration or significant risk.
Safe infant care	Care decisions are infant focused; safe sleep and health advice are followed.	Safe sleep and infant care advice are understood but followed inconsistently; support is needed.	Infant needs are secondary to adult needs; safe sleep, smoking, alcohol or drug related advice is not consistently followed.	Infant safety is significantly compromised by disregard or resistance to safe sleep or health advice.
Disability and additional needs	Child's disability, health condition or communication needs are understood and supported.	Parents/carers accept advice but may need help to respond consistently to additional needs.	Parents/carers have limited understanding of the child's additional needs and support is inconsistent despite advice.	Additional needs are not recognised or met, causing deterioration, unsafe care or significant harm.
Emotional availability	Child experiences reliable affection, comfort, praise and adult interest.	Emotional availability is inconsistent, particularly under stress, but carers can respond to support.	The child experiences persistent emotional unavailability, rejection or lack of comfort; impact is evident in daily life.	Emotional neglect, rejection or absence of warmth is causing significant impairment or likely significant harm.
Safety and supervision at home	There are appropriate safety measures, routines and supervision for the child's age and needs.	Some safety measures are inconsistent; advice or practical support is needed to maintain protection.	Inadequate safety measures or poor supervision place the child at recurring risk in the home.	Serious lack of supervision or dangerous home conditions create actual or likely significant harm.
Safety in the community	Child has age appropriate independence, boundaries and safe supervision outside the home.	Carers sometimes struggle with supervision, boundaries or routines in busy or public settings.	Child is regularly exposed to unsafe community situations, lacks age appropriate oversight or plays out without clear boundaries.	Child is dangerously exposed to harm outside the home and carers do not understand or respond to risk.
Online safety and digital supervision	Online activity is age appropriate, understood and actively monitored.	Some safeguards are in place but monitoring is inconsistent and carers need support.	Carers have limited oversight of online activity or do not consistently respond to known risks.	Carers disregard online risk despite warning signs, placing the child at risk of exploitation, harm or coercion.

22 Domain 3: Family and Environmental Factors

This domain focuses on the wider circumstances that shape the child's safety and wellbeing, including home conditions, nutrition, family networks, community context and protective factors, with Family Group Decision Making (FGDM) considered where appropriate.

Area	Level 1 Universal Services and Community Based Early Help	Level 2 Family Help: Targeted Early Help	Level 3 – Family Help: Statutory Support under Section 17 (Child in Need)	Level 4 Multi-Agency Child Protection
Home environment	Home conditions support healthy development, safety, sleep, hygiene and daily routines.	Home conditions occasionally affect wellbeing or routines; carers respond to advice and practical support.	Home conditions regularly affect health, hygiene, safety or development and improvement is not sustained.	Home conditions place the child at significant risk of harm, including unsafe sleep, lack of essential facilities, hazards or severe disrepair.
Facilities and utilities	Essential facilities are available, safe and maintained, including heating, water, bedding and washing facilities.	Some essential items or utilities are worn, unreliable or difficult to maintain but impact on the child is limited.	Essential facilities are frequently unavailable, damaged or poorly maintained, affecting the child's health, sleep or hygiene.	Little or no essential facilities are available, leaving the child unsafe or without a safe place to sleep, wash or keep warm.
Nutrition and mealtime routines	Child has sufficient nutritious food and regular routines appropriate to age and developmental need.	There are emerging concerns about diet, quantity, routines or access to food; support would help stabilise care.	Nutritional needs are frequently unmet or mealtimes are chaotic, affecting growth, wellbeing, concentration or school participation.	Failure to meet nutritional needs is causing actual or likely significant impairment to health or development.
Household organisation and cleanliness	Home is organised well enough to support safe routines, hygiene, sleep and play.	Carers struggle at times with cleanliness or organisation but accept support and the child's needs remain mostly met.	Home is regularly cluttered, dirty or disorganised and this affects the child's hygiene, safety or routines.	Home conditions are persistently unsafe, unhygienic or chaotic and are causing serious concern about neglect.
Family support and protective factors	There are reliable protective adults and safe family or community networks around the child.	Support networks are limited but can be strengthened through Family Help planning.	Networks are weak, inconsistent or negative; the child lacks reliable protective adults and support is not sustained.	Family or network breakdown, isolation or unsafe adults increase the risk of significant harm.
Fathers, male carers and significant adults	The role of fathers, male carers and significant adults is understood and considered in support planning.	Some significant adults are not fully engaged; further work is needed to understand strengths and risks.	Important adults are absent from assessment or their role is unclear, limiting understanding of the child's lived experience.	Adults in or around the household present serious risk, or lack of engagement prevents safe assessment and protective planning.
Community and contextual factors	The child benefits from safe community connections, activities and positive peer relationships.	Community stress, isolation or lack of local support is beginning to affect the family or child.	Community factors, unsafe peers or local risks are affecting daily life and the family needs coordinated support.	Contextual risks, exploitation, unsafe adults or repeated missing episodes create actual or likely significant harm.

23 Professional Analysis, Planning and Decision Making

Professional curiosity

Professional curiosity helps practitioners understand neglect by looking beneath presenting issues and testing whether adult explanations match the child's daily lived experience. It supports careful attention to patterns, cumulative harm, disguised compliance and whether help is making a real difference for the child.

Practitioners should consider:

- What has changed, and what has stayed the same?
- Are concerns increasing in frequency, severity or impact?
- What patterns are visible across the chronology?
- Is there evidence of cumulative harm?
- Is engagement genuine, or is there possible disguised compliance?
- What does the child say and what have practitioners directly observed?

Protective factors to actively consider

Practitioners should use these indicators to move beyond identifying neglect and develop a balanced analysis of what the concerns mean for the child. This includes weighing strengths, protective factors and risk, and deciding what help is needed next.

They should check for:

- A positive relationship with at least one safe adult.
- A reliable family network or trusted adult who can provide practical protection.
- Consistent school or early years engagement.
- A positive professional engagement that is making a measurable difference.
- Safe community connections and positive peer relationships.
- Stable routines, housing, food, warmth and access to health services.

Family network questions

Family networks should be explored to understand who is important to the child, who can provide safe support, and whether wider family or trusted adults can reduce risk. This should include fathers, male carers and significant adults, while keeping the child's safety and lived experience at the centre of planning.

Practitioners should ask:

- Who matters to this child?
- Who can help keep them safe, supported and connected?
- Have fathers, male carers and significant adults been identified and considered?
- Have extended family, community and trusted adults been explored safely?

- If support has been offered, has it changed the child's lived experience?

Key reminders

These reminders should be used to check that assessment, planning, review and movement across the continuum remain focused on the child's lived experience, level of need and the impact of support.

Before making a decision, practitioners should check:

- The Indicators of Neglect support professional judgement and should be used alongside GCP2 and the LBBD Family Help Continuum of Need.
- The Indicators are not a checklist, scoring tool or threshold test.
- Individual indicators should be considered holistically, not in isolation.
- Where there are concerns that a child is suffering or likely to suffer significant harm, practitioners must not delay safeguarding action.
- **Always ask: does this child have the right help, at the right time, from the right person?**

