



Effective Support for Children and Families

Guidance for all who work with
Children and Families in Somerset to
provide Early Help and Targeted and
Specialist Support



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INTRODUCTION

This guidance aims to assist professional assessment around the provision of effective support for children and families in Somerset. It covers unborn babies, children and young people aged 0 - 18 years, (up to age 25 with special educational needs and disability).

It is important that all agencies understand the needs of each individual child or young person within their own context and realise that each situation is unique and specific to that child. This document should assist professional judgements in determining the next actions in meeting those needs.

Please use this document alongside [Working Together to Safeguard Children](#)

TOP TIPS:

- Always remember that need is not static; needs will change over time and assessments should be reviewed regularly.
- Supporting families at the earliest time can help to avoid escalation of problems.
- The family should be actively involved in the assessment to ensure a holistic view of both their strengths and needs across all descriptors.
- Focus on how the issues impact the child. Not just the **what**, but also the **so what**.
- Consider the involvement of other agencies, and wider support networks.
- Consider the lived experience of the child and what else might be happening in their life, including online.
- Children often spend time in multiple households, within blended families, consider the needs and views of each member of the family.
- QR codes and links are available throughout to enable you to access embedded resources. These can be used in discussions with families to understand what support, if any, they require.
- Please read the SSCP guide to [Information Sharing and Consent](#)

**IF YOU ARE CONCERNED
THAT A CHILD MAY BE
AT RISK OF, OR MAY BE
SUFFERING SIGNIFICANT
HARM CALL:
0300 123 2224**

USEFUL RESOURCES:

Click on the links below or
scan the QR Code:



[Early Help Assessment](#)

[South West Child Protection
Procedures](#)

[Information Sharing and Consent](#)

[Multi-Agency Exploitation Screening
Tool](#)

[Family Strengths and Needs Toolkit](#)

[Step Up Step Down Protocol](#)

[Resolving Professional Differences](#)

Early Help Assessment (EHA):



The Early Help Assessment (EHA) is a tool to enable all services to gather information, form a holistic overview of the family's needs and support professional judgement to provide the right support, in the right place, at the right time.

EARLY HELP ASSESSMENT - follow this link / scan the QR

Child in Need:

A child assessed as being a Child in Need (Section 17, Children Act 1989) is one where:

- They are unlikely to achieve, maintain or have the opportunity of achieving or maintaining a reasonable standard of health or development; or
- Their health or development is likely to be significantly impaired without the provision for them of such services; or
- They are disabled.

Where any one of these criteria are met and services are provided under Section 17 by consensual agreement with the parent(s)/carer(s) this should be led by the Local Authority.

Child Protection:

If there is reasonable cause to suspect that a child is suffering or likely to suffer significant harm child protection procedures should be initiated and these child protection enquiries should always be led by a social worker under Section 47 of the Children Act 1989.

Assessment Summary Sheet:

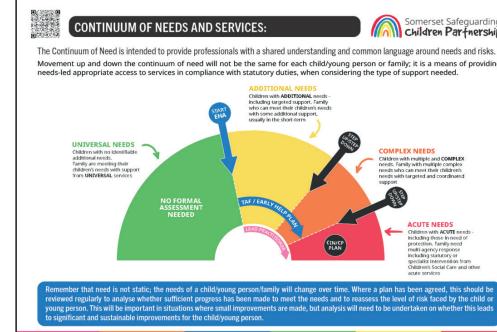


This is an editable Summary Sheet aligned to the descriptors. This can be completed to provide examples and evidence of impact of need and capture the family's views.

This provides a snapshot overview to inform other assessments you may be undertaking, helping to identify areas of strength and any support needs.

MS Word Summary Sheet - click the link / scan the QR Code

Continuum of Needs and Services:



For more info click link / scan QR Code

Team Around the Family (TAF):

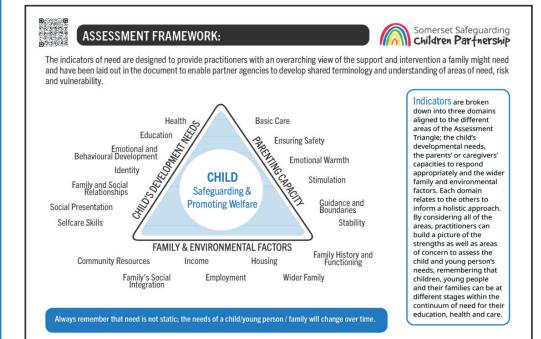


Team around the Family (TAF) meetings bring together practitioners and the family following the completion of the Early Help Assessment to agree on support plans and identify a Lead Practitioner.

These meetings, held every 6-8 weeks (or appropriate frequency), review progress, significant changes, strengths, needs, and actions for ongoing support.

For more info click link / scan QR Code

Assessment Framework:



For more info click link / scan QR Code

UNDERSTANDING THE INDICATORS OF NEED:

UNIVERSAL NEEDS

DESCRIPTION:

Children with no additional needs.

Children who are achieving expected outcomes and have their needs met through universal service provision.

Typically, the child is likely to live in a resilient and protective environment. Families will make use of community resources.

Universal services remain in place regardless of which level of need a child is experiencing.

In general, children with disabilities will have their needs met through early help and targeted services. However, some with a high level of need may require specialist services - please refer to the Somerset Graduated Response tool.

[Somerset Graduated Response tool - click link / scan QR Code](#)



What you need to do:

All children and families should receive universal services, such as health care and education, as well as early years and youth services.

Professionals working with families should check if children are in receipt of universal services and take appropriate action where this is not the case or consider whether to step up to increase support to meet greater emerging needs.

No formal assessment needed.

ADDITIONAL NEEDS

DESCRIPTION:

These are children identified as having an additional need which may affect their health, educational or social development and they would be at risk of not reaching their full potential.

Targeted provision which can be met by a single practitioner / single agency or where a coordinated multi-agency response is needed.

A co-ordinated response, such as Team Around the Family (TAF), may support children and their families. The Early Help Assessment (EHA) is the tool to use to identify need and plan help for the family.

You will need parental consent to share relevant information with other involved practitioners.

What you need to do:

Practitioners should talk to the family and consider carrying out an Early Help Assessment (EHA) alongside this tool to develop an assessment of support needs.

If a joint agency response is needed, a Team Around the Family (TAF) meeting must take place to agree a co-ordinated support plan

Maintaining regular communication within the professional group will help provide an understanding of how the family's needs are changing.

COMPLEX NEEDS

DESCRIPTION:

Despite Early Help interventions via a single agency or partnership response these are children and families whose needs are not being met due to their range, depth and significance. This makes them very vulnerable and at risk of poor outcomes.

Targeted provision for children with multiple issues or complex needs where a co-ordinated multi-agency response is required.

A multi-agency response is required. These families need a holistic and co-ordinated approach and more intensive intervention and help.

The Lead Practitioner could come from a range of agencies as the key issue will be the quality of the relationship that exists between practitioner and family to assist them to make change.

What you need to do:

Practitioners should talk to the family and carry out an Early Help Assessment (EHA) using this tool to inform judgements.

A Team Around the Family (TAF) meeting must take place to agree a co-ordinated response which will be detailed in an action plan.

If there are concerns about mental health please contact our CAMHS Single Point of Access advice line:

0300 124 5012

ACUTE NEEDS

DESCRIPTION:

The child has a high level of unmet and complex needs, or is in need of protection and requires support from statutory services.

Support provided by children's services:

- Child is/or may be at risk of significant harm if they remain in their parent's or carer's care and requires a Child in Need assessment and support.
- Child is assessed as having suffered significant harm requiring a multi-agency Child Protection plan to safeguard them.
- Child may need to be cared for outside their immediate family full time.

A social worker will co-ordinate an assessment of the child's need and a multi-agency response, where it is assessed that on-going support is required. Where it is assessed that the needs are not best met through children's social care involvement, the social worker will ensure that identified needs are shared to enable support to be offered at the right level as part of a [**Step-Down process**](#).

Children with complex or severe needs may also require acute health services e.g. CAMHS.

What you need to do:

All practitioners wishing to request involvement of Children's Social Care in relation to Child in Need or Child Protection you must complete an Early Help Assessment (EHA) and submit this to:

SDinputters@somerset.gov.uk

For children with disabilities also refer to: [**SOMERSET'S GRADUATED RESPONSE TOOL**](#)



CHILD'S DEVELOPMENTAL NEEDS

1

Children all develop at different stages and are individual, consider their development in line with their family's context

HEALTH (1.1)

In all areas of need, the risk of harm is known to be higher for babies and infants under 2 years old.

Bruising in non-mobile babies and children is unusual and is highly suggestive of non-accidental injuries.

[Injuries to Non-mobile Babies and Children Policy](#) - click the link / scan the QR Code



The child has:

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| <ul style="list-style-type: none"> good physical and mental health access to health and advice services a diet that is appropriate for their needs an appropriate weight which is maintained regular physical activity no history of substance misuse or alcohol dependency | <ul style="list-style-type: none"> usually had access to health and advice services some physical / mental / disability needs which affect everyday functioning usually had an appropriate diet but can be overly selective with food which may have a negative impact on their health (including height, weight, or teeth) little physical activity substances or alcohol use that is not significantly impactful | <ul style="list-style-type: none"> not accessed health and advice services and their social, emotional, mental and physical needs are inconsistently supported not had a suitable diet, this is affecting their health (being under/ overweight, at risk of severe tooth decay, diabetes, faltering growth and development) no physical activity substance / alcohol use is affecting their mental and physical health injuries that are not serious but are frequent require further investigation to understand their cause | <ul style="list-style-type: none"> health needs that are complex no access to health care (including sexual health, optical or dental care) and advice services which significantly impacts their day to day life mental health needs that are not recognised or overlooked been subject to numerous unnecessary health procedures / beliefs about their health which indicate fabricated or induced illness/ perplexing presentation bruising where there is no known medical cause injuries that are felt to be non accidental |
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| | | | <ul style="list-style-type: none"> not received an appropriate diet, which has serious health impacts (being severely underweight, obese, malnourished, severe tooth decay, unmanaged diabetes, faltering growth or disordered eating) substance and/ or alcohol misuse is putting them at significant risk |
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EDUCATION (1.2)

The child is/has:

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| <ul style="list-style-type: none"> making expected progress in learning, does not require additional support or accesses support if/when required undertaking learning opportunities, employment or training a home environment that supports learning | <ul style="list-style-type: none"> at risk of not meeting expected outcomes and is accessing additional support for them to make expected progress inconsistent engagement in learning opportunities, employment or training, which may impact behaviour and/or mental health a home environment that generally supports learning, but is not always consistent | <ul style="list-style-type: none"> not meeting expected outcomes despite interventions not in education, employment or training, barriers may include factors outside the home, this impacts behaviour and/or mental health, increasing social isolation a home environment that provides limited support for learning experienced short-term suspensions/low attendance/ periods of missing education, | <ul style="list-style-type: none"> not understanding and organising information and solving problems, which is significantly impacting on all areas of their development, creating risk of significant harm and is impacting behaviour and/or mental health receiving a high level of specialist support difficulties within the family, or risks outside the home that create significant barriers to |
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| | | <p>increasing the risk of exploitation and/or offending behaviour</p> <ul style="list-style-type: none"> been permanently excluded, but educational needs are being met | <p>engaging with learning or employment, increasing social isolation, and vulnerability to exploitation and offending behaviour</p> <ul style="list-style-type: none"> a home environment that does not support learning permanently excluded or not in education and their needs are not being met |
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EMOTIONAL AND BEHAVIOURAL DEVELOPMENT (1.3)

The child is/has:

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| <ul style="list-style-type: none"> displaying appropriate patterns of development and behaviour, participates in age-appropriate activities, demonstrates acceptable behaviour and tolerance towards their peers and others | <ul style="list-style-type: none"> delayed in their development, although appropriate support is being received occasionally been involved in antisocial behaviour some aggressive or destructive behaviour which impacts on others a victim of discrimination or bullying | <ul style="list-style-type: none"> delayed development and support is not always accessed exhibiting behaviour that is consistently challenging and causing significant disruption to the family's home life and child's ability to engage in learning exhibiting harmful behaviours, persistent aggression, bullying, anti-social or other destructive behaviours which increases risk of exclusion, criminality or exploitation, this may include child to parent abuse | <ul style="list-style-type: none"> development that is being significantly impaired and support is not accessed persistently been involved in serious criminal activity and/or is being exploited exhibiting harmful behaviours, persistent aggression, bullying or destructive behaviour (this may include child to parent abuse) which creates a risk of significant harm to themselves or others |
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IDENTITY (1.4)

The child is/has:

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| <ul style="list-style-type: none"> supported by family, peer group and the wider community to develop a positive belief in self and their abilities not expressing sympathies for ideologies linked to violent extremism and there are no concerns relating to radicalisation | <ul style="list-style-type: none"> experiencing some difficulties around their identity being accepted by their family, peer group or the wider community, resulting in low self-esteem/ confidence which can make them anxious or vulnerable to negative influence by others expressing some sympathy for ideologies linked to extremism, with a potential to become radicalised, but loses interest quickly and is open to other views | <ul style="list-style-type: none"> a negative sense of self, low confidence/self-esteem, is negatively influenced by others, treated negatively due to their identity, they feel unsafe to express themselves and this significantly impacts their mental health and wellbeing becoming radicalised, expressing beliefs that align with extremist ideologies | <ul style="list-style-type: none"> a negative sense of self, or low confidence/ self esteem, they may have been bullied or abused because of their identity, do not feel safe to express their views or explore support, this places them or others at risk of significant harm actively discriminating against others due to their gender, culture, race, sexuality, ability or disability radicalised, supportive of travel to conflict zones for extremist/violent purposes or has intent to join terrorist groups or commit terrorism |
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FAMILY AND SOCIAL RELATIONSHIPS (1.5)

The child has:

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| <ul style="list-style-type: none"> friendships and consistent positive social interaction with their family and peers and | <ul style="list-style-type: none"> limited social skills which results in limited friendships and social interactions | <ul style="list-style-type: none"> no access to social interactions which results in social isolation, difficulties in communicating and interacting with others, | <ul style="list-style-type: none"> significant impairment of their development due to social isolation exposure to frequent domestic |
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UNIVERSAL NEEDS

relationships appropriate to their age

ADDITIONAL NEEDS

- some difficulty or inconsistency in important relationships

COMPLEX NEEDS

- resulting in their development being impaired
- difficulty and inconsistency in their relationships with their family that may be related to exposure to domestic abuse which results in emotional/physical harm.
- a relationship that is abusive, coercive or controlling

ACUTE NEEDS

- abuse incidents which is likely to cause significant emotional harm
- a relationship that involves persistent and/or serious physical or sexual violence or coercive and controlling behaviour

SOCIAL PRESENTATION (1.6)

If you have concerns around neglect in any of these areas, please refer to the SSCP Family Strengths and Needs Toolkit:

[Family Strengths and Needs Toolkit](#) - click the link / scan the QR Code



The child is/has:

- clothing that is appropriate to the social or environmental condition
- a good level of cleanliness and personal hygiene
- skills which enable them to interact effectively with a range of peers and adults, across a range of contexts

- clothing that is sometimes inappropriate to the social or environmental conditions.
- occasional poor hygiene leading to a risk of alienation from peers
- skills to usually enable them to interact effectively with a range of peers and adults, but may have discomfort with aspects of their identity

- clothing that is regularly inappropriate to the social or environmental conditions
- poor cleanliness, personal hygiene and/or social awareness, which results in some isolation/ alienation from peers
- difficulties understanding emotions or developing age and context appropriate responses to others which increases their vulnerability

- clothing that is very often inappropriate to the social or environmental conditions
- very poor cleanliness, personal hygiene and social awareness, which results in isolation/ alienation
- difficulties in maintaining peer relationships
- due to an inability to

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| | | | <ul style="list-style-type: none">understand emotions and display age and context appropriate responses and social skillslacks awareness of their own vulnerability, placing them at risk |
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SELF CARE SKILLS (1.7)

The child is:

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| <ul style="list-style-type: none">developing self-care and independent living skills appropriate to their ability, age and stage of development | <ul style="list-style-type: none">inconsistently developing self-care and independent living skills appropriate to their ability, age and stage of development | <ul style="list-style-type: none">not possessing self-care and independent living skills appropriate to their ability, age and stage of development | <ul style="list-style-type: none">unable to develop behaviour and independent living skills in line with their ability, age and stage of development, likely to result in significant self-neglect, impairment or harm |
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PARENTING CAPACITY

2

Consider the parent's strengths and vulnerabilities, how these impact on their children and how open they are to support. For unborn children you will need to consider parents' preparedness for arrival of their baby and how unborn children are uniquely affected by their parent's behavior.

If you have concerns around neglect in any of these areas, please refer to the SSCP Family Strengths and Needs Toolkit:

[Family Strengths and Needs Toolkit](#) - click the link / scan the QR Code



BASIC CARE (2.1)

The child has:

| | | | |
|---|---|---|---|
| <ul style="list-style-type: none"> an appropriate hygiene routine, including dental care support for medical needs, including head lice, skin conditions and nappy rash a healthy varied diet appropriate clothes and shelter | <ul style="list-style-type: none"> reasonable cleanliness and dental hygiene but this is not consistently encouraged inconsistent treatment for medical conditions and correct medication is not always used, but parents/carers generally follow advice, with encouragement a reasonably healthy diet reasonably appropriate clothes and shelter parents who may be inconsistent in seeking advice for their own difficulties which could have some negative impacts. | <ul style="list-style-type: none"> a poor hygiene routine (including dental care), with minimal encouragement/support not received appropriate treatment for medical conditions, and parents/carers are indifferent received insufficient quantity and quality of food and drink and appears hungry sometimes been dressed inappropriately for weather and been without appropriate shelter parents/carers who are unaware or indifferent to the | <ul style="list-style-type: none"> a very poor hygiene routine, with minimal / no encouragement/ support significant dental problems due to poor hygiene or through parents not supporting them to access dental care not had medical needs met and parents/carers are resistant to advice consistently poor, inadequate or excessive diet that can significantly impact their health regularly been dressed inappropriately for weather |
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UNIVERSAL NEEDS

ADDITIONAL NEEDS

COMPLEX NEEDS

ACUTE NEEDS

- parents/carers who have undertaken some preparation for their birth but have not considered everything needed or sought advice on this

- impact of their own difficulties or activities and do not seek support to prevent negative impacts
- parents/ carers who have made very little preparation for their birth, have only considered the most basic requirements and disregard advice
- experience of poor handling and inappropriate supervision during their infancy (e.g. choking risk if bottle left in the mouth, left in car seat for prolonged period of time)
- parents/carers who are unable to cope with their mental health and wellbeing which means they struggle to provide basic care

- and left without appropriate shelter
- parents/ carers who are very ill prepared for parenthood and are very resistant to advice
- experience of very poor handling and inappropriate supervision during their infancy (e.g. choking risk if bottle left in the mouth, left in car seat for prolonged period of time)
- parents/ carers who are concealing the pregnancy from professionals
- parents/carers who have significant mental health and wellbeing needs that impacts their ability to provide basic care, and they cannot or do not accept support to meet the needs of themselves or their child

ENSURING SAFETY (2.2)

In all areas of need, the risk of harm is known to be higher for babies and infants under 2 years old.

Bruising in non-mobile babies and children is unusual and is highly suggestive of non-accidental injuries.

[Injuries to Non-mobile Babies and Children Policy](#) - click the link / scan the QR Code



Parents / carers:

- | | | | |
|---|--|---|--|
| <ul style="list-style-type: none"> provide age appropriate supervision and care, taking appropriate action if the child is not home when expected are protective against potential harm from people and activities in the community and online provide positive reinforcement which promotes a positive sense of self and identity | <ul style="list-style-type: none"> provide variable supervision but intervene when risks emerge, awareness of risks may be inconsistent are generally responsive and alert to safe sleep practices and baby care advice, but can sometimes be inconsistent, especially when under stress, however this poses no significant risk have an awareness of the need to protect against potential harm from people and activities in the community and online, including crime, discrimination, antisocial behaviour, drug and alcohol use. However, there is inconsistency, resulting in growing concerns that the child may be vulnerable to harm. may use alcohol/ drugs but ensure this does not impact significantly on the child | <ul style="list-style-type: none"> provide limited supervision or boundaries, and generally do not respond to dangers which may result in avoidable injuries are not responsive to or do not follow baby care advice around safe sleep, safe handling, coping with crying and/or feeding show limited concern about the child's safety in the community or online creating a risk of exploitation have been unable to protect the child from being involved in discrimination, anti-social behavior or crime cannot protect the child from risks associated with drug/ alcohol use, there may drug paraphernalia in the home may be unable to protect from inappropriate sexual behavior (including online) | <ul style="list-style-type: none"> are unable to provide supervision or boundaries, they often do not know where child is, or who they are with and they may experience avoidable injuries due to poor supervision are indifferent or resistant towards baby care advice, including advice around safe sleep and handling, this places the baby at risk of significant harm or injury allow the child to access inappropriate material (including online) cannot protect the child from radicalisation and they may travel to conflict zones for extremist/violent purposes provide explanation for injuries is inconsistent with the injury or child's account |
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UNIVERSAL NEEDS

ADDITIONAL NEEDS

COMPLEX NEEDS

ACUTE NEEDS

- may have unresolved parental conflicts but they ensure the child is adequately protected from this

- struggle to provide an environment that is free from domestic abuse, including coercive and control or child to parent violence
- may be unable to protect the child from harmful cultural practices

- cannot provide protection against drug and/or alcohol use and this is having significant adverse impact on the child (including during the prebirth period). This may include blackouts, confusion, severe mood swings, drug paraphernalia not stored or disposed of safely, using drugs/alcohol when their child is present, the home may be used for drug dealing or other illegal activity, involving the child in procuring illegal substances, and dangers of overdose
- may be unable to protect from sexual abuse and /or may have expressed thoughts that they may sexually abuse their child
- cannot provide an environment that is free from domestic abuse, concerns around abuse (including coercion and control) are increasing in severity, frequency, or duration. There may also be significant concerns about child to parent violence

- are unlikely to be able to protect the child from harmful cultural practices. See FGM guidance.
- have beliefs about areas such as diet or receiving healthcare place the child at risk of significant harm
- May use physical violence towards their child

EMOTIONAL WARMTH (2.3)

Parents / carers:

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| <ul style="list-style-type: none"> • have a warm and supportive relationship with the child / unborn baby which supports emotional, behavioural and social development | <ul style="list-style-type: none"> • lack emotional warmth and/ or can be critical and/or inconsistent, which could impact the child's emotional, behavioural and social development • report ambivalence towards an unborn baby but are actively seeking and responding to support and interventions to address this | <ul style="list-style-type: none"> • provide a family environment that is volatile and unstable. For example, parents/carers are intolerant, critical, inconsistent, harsh or rejecting and this is having an adverse effect on the child's emotional, behavioural and social development, and may increase their vulnerability to risk • demonstrate ambivalence towards the unborn baby and despite engagement and interventions cannot or are unable to demonstrate a bond | <ul style="list-style-type: none"> • expose the child to persistent emotional maltreatment which causes severe adverse effects on their emotional development, for example conveying to the child that they are worthless, unloved, inadequate, humiliated or valued only because they meet the needs of another person • are not able to demonstrate a bond with the unborn baby and are resistant to engaging with interventions to address this |
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| | | with the unborn baby | <ul style="list-style-type: none"> • impose developmentally inappropriate expectations on the child or expose them to the ill treatment of another which can be significantly harmful |
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STIMULATION (2.4)

Parents / carers:

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| <ul style="list-style-type: none"> • provide effective stimulation and encouragement to develop independence and ensure adequate safety and supervision • provide positive interaction and stimulation for the child and encourage participation in play and learning opportunities which support development • show an active interest in age-appropriate learning or employment opportunities | <ul style="list-style-type: none"> • provide inconsistent stimulation for the child's age/stage of development, and this may impact on the child's development. • understand the importance of play and learning for child development, they provide some play and learning opportunities, but this is inconsistent | <ul style="list-style-type: none"> • provide limited stimulation to the child, and this impacts on the child's development. • do not recognise the importance of play and learning opportunities this for the child | <ul style="list-style-type: none"> • provide minimal stimulation, which is contributing to significant developmental delay in the child or impeding the child's development. • are unable or unwilling to recognise the importance of play and learning on child development and resistant to child's needs or advice from others about the importance of stimulation |
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GUIDANCE AND BOUNDARIES (2.5)

Parents / carers:

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| <ul style="list-style-type: none"> set consistent age-appropriate boundaries and provide guidance, including online | <ul style="list-style-type: none"> can struggle to set age-appropriate boundaries and have difficulties maintaining the child's routine set appropriate boundaries, including online, however this is not always adhered to | <ul style="list-style-type: none"> are unable or unwilling to judge dangerous situations and/or unable to set appropriate boundaries despite significant support set appropriate boundaries, including online, however the child struggles to adhere to this, presenting some risk to their safety and wellbeing | <ul style="list-style-type: none"> are unable or unwilling to judge dangerous situations and/or set appropriate boundaries despite support and the child is frequently exposed to dangerous situations in the home and/or community, including online. set appropriate boundaries, however these are not adhered to creating a risk of significant harm |
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STABILITY (2.6)

Parents / carers:

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| <ul style="list-style-type: none"> have accommodation that is stable ensure the child has stable relationships with people important to them | <ul style="list-style-type: none"> have accommodation is stable, but the child may have experienced frequent moves which have had some impact on the child's development struggle to ensure that the child's relationships are consistent. | <ul style="list-style-type: none"> are unable to provide stability in relationships or living arrangements which impacts on the child's wellbeing frequently argue aggressively in front of the child, and this may at times lead to abuse and/or threatening behaviour | <ul style="list-style-type: none"> are unable to provide any stability in relationships or living arrangements which significantly impacts on the child's wellbeing frequently argue aggressively in front of the child, and this leads to frequent violent and threatening behaviour |
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- sometimes argue in front of the child, but there is no threatening behaviour from either party
- generally ensures the child spends time with people who are important to them

- are unable to ensure the child spends time with people who are important to them

- are in prison, and this is significantly impacting on the family
- are being detained and at risk of deportation or the child is an unaccompanied asylum seeker

FAMILY AND ENVIRONMENTAL FACTORS

3

COMMUNITY RESOURCES (3.1)

The family is:

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| • able to access all key services, social activities and learning opportunities | • usually able to access key services, however there are some gaps such as missed medical appointments or inconsistent school attendance | • inconsistently accessing key services, resulting in a negative impact on the child | • not accessing key services which causes significant impairment to the child's health, education, social development, or emotional wellbeing |
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FAMILY'S SOCIAL INTEGRATION (3.2)

The family experience:

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| • positive friendships and networks locally | • social isolation on occasions and/or there is an absence of supportive community networks | • social exclusion and isolation, which has a negative impact on the child | • social exclusion and isolation and the child is seriously affected |
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INCOME (3.3)

Parents / carers:

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| <ul style="list-style-type: none"> use financial resources to meet the family's needs and are aware of how to access support at times of financial difficulty | <ul style="list-style-type: none"> struggle to budget effectively or have insufficient income and as a result the child occasionally does not have adequate food, warmth, or essential clothing seek support and advice relating to financial difficulties when required | <ul style="list-style-type: none"> do not use available finances in the best interests of the child which means their basic needs are frequently not met are indifferent to support and advice relating to financial difficulties | <ul style="list-style-type: none"> do not use available finances in the best interests of the child which means their basic needs are not met may be at risk of homelessness do not engage with support and advice relating to financial difficulties |
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EMPLOYMENT (3.4)

Parents / carers:

- | | | | |
|--|---|--|--|
| <ul style="list-style-type: none"> are in regular stable employment which provides family stability education, training and employment are viewed positively as part of the family culture | <ul style="list-style-type: none"> are unable to find regular or stable employment, leading to financial instability or negative impact on the child's emotional wellbeing work demands are creating some occasional family instability | <ul style="list-style-type: none"> are not in work, and this is causing moderate financial or emotional difficulties work demands are creating regular instability or disruption | <ul style="list-style-type: none"> are not in work, and this is causing significant financial or emotional difficulties work demands are creating severe instability or disruption for the child and this is significantly affecting the care and supervision they receive |
|--|---|--|--|

HOUSING (3.5)

The home is / has:

| | | | |
|---|---|--|--|
| <ul style="list-style-type: none"> clean and in a good state of repair all necessary basic facilities accessible and suitable for the needs of family members (including family members with disabilities) | <ul style="list-style-type: none"> often not clean and requires repair, actions to address defects are inconsistent which could risk the safety and wellbeing of the child some basic facilities some limitations to accessibility and suitability for family members with specific needs/disabilities | <ul style="list-style-type: none"> persistently dirty, in disrepair or unsafe, compromising the child's safety and wellbeing. Parents/carers often fail to recognise this impact and rarely take appropriate action inadequate basic amenities such as water, heating, sanitation, cooking facilities, sleeping arrangements limitations to accessibility and suitability that poses a risk for family members with specific needs/disabilities | <ul style="list-style-type: none"> in a dangerous state of disrepair that is an immediate risk to the safety and wellbeing of the child. Parents/carers do not take appropriate action, are unable to make changes lacks essential amenities such as water, heating, sanitation, cooking facilities, sleeping arrangements unsuitable for family members with specific needs/disabilities |
|---|---|--|--|

WIDER FAMILY (3.6)

The family is / has:

| | | | |
|---|---|---|---|
| <ul style="list-style-type: none"> positive relationships with their wider family and support networks | <ul style="list-style-type: none"> an inconsistent relationship with their wider family and support network which can be limited | <ul style="list-style-type: none"> a limited and unstable relationship with their wider family and support network which may be detrimental to the child | <ul style="list-style-type: none"> a poor relationship with their wider family and/or support network which has broken down and is having a detrimental impact and pose a risk of harm to the child. |
|---|---|---|---|

FAMILY HISTORY AND FUNCTIONING (3.7)

Parents / carers:

| | | | |
|---|--|---|---|
| <ul style="list-style-type: none"> do not have physical, mental health or disabilities needs which impact the care of the child do not require the child to have caring responsibilities or the child's caring role does not adversely affect their health, wellbeing and/or attainment. do not have history of criminal or anti-social behaviour which would impact on the family | <ul style="list-style-type: none"> have some physical, mental health or disability needs, creating an adult focus which at times may impact the child require the child to undertake some caring responsibilities, which can adversely affect their health, wellbeing and/or attainment may be involved in criminal, anti-social or extremist activity, or there is parental imprisonment within the family where intervention may be needed to reduce the impact on the child have a history of trauma or other adverse life experiences which has some impact on the child | <ul style="list-style-type: none"> have some physical, mental health or disability needs take precedence over the needs of the child which is having a detrimental impact require the child to regularly undertake caring responsibilities, and these having an adverse impact upon their health, wellbeing and/or attainment, for example missing learning opportunities, loneliness and/or risk of poor mental health are involved in serious or violent crime, this is impacting the child's safety, health or wellbeing include an adult who is less than 12 months from their release or who is subject to license/ supervision arrangements and will have parenting responsibilities on release which indicates a risk to the well-being of the child have a history of trauma or other adverse life experiences that significantly affect child | <ul style="list-style-type: none"> physical, mental health or disability is significantly affecting the care of their child placing them at risk of harm require the child to have long term caring responsibilities which are excessive or inappropriate for their age and ability, this means their wellbeing and/or attainment are being significantly impacted have confirmed involvement in serious or violent crime which indicates there is an immediate risk to the safety, health or well-being of the child do not wish to care for the child (relinquished child) have a history of trauma or other adverse life experiences which have a significantly harmful impact on the child |
|---|--|---|---|

Completing an Early Help Assessment

Click on the links or scan the QR Code for more information



COMPLETING AN EARLY HELP ASSESSMENT (EHA):

Discuss the EHA and process with the family unless you are making a child protection referral where you feel obtaining consent places the child at greater risk



Establish which other agencies are working with the family from speaking with them to triangulate information to complete your assessment

Universal Needs

No need for an EHA unless additional needs are emerging and EHA required as preventative assessment.
Store on own agency file.

Additional Needs

If joint agency response, share EHA with consent with that agency and update the EHA together with the family.
Consider TAF

Complex Needs

Lead Practitioner to be identified, TAF to be arranged and completion of joint EHA with the family.
Shared ownership of actions agreed.

Acute Needs

Please refer to diagram: Requesting Involvement from Children's Social Care

The EHA is both an ongoing assessment tool and a request for involvement for other services.

During discussions with partner agencies and in the Team Around the Family (TAF), responsibility needs to be agreed as to who will make the request to another service for ongoing support and intervention.

The EHA should also be used when requesting a Step-In from a listed service (EHA section 9). When requesting a Step-In the date, time and location of the meeting must be included.*

All agencies have a responsibility to store the EHA in line with their own agency procedures.

* Services not listed on the EHA (section 9) should be contacted directly to discuss the Step-In request.

Request for Involvement

Click on the links or scan the QR Code for more information



REQUESTING INVOLVEMENT FROM CHILDREN'S SOCIAL CARE:

**IF YOU ARE UNSURE CONSULT WITH YOUR AGENCY
SAFEGUARDING LEAD OR CALL THE CONSULTATION LINE ON:**

0300 123 3078

CHILD PROTECTION ENQUIRY

Is there reasonable cause to suspect that a child is suffering or likely to suffer significant harm?

CALL Somerset Direct on 0300 123 2224 or 999 if there is immediate risk to the child.

Follow up EHA within one working day.

CHILD IN NEED

Is the child unlikely to achieve, maintain or have the opportunity of achieving or maintaining a reasonable standard of health or development?

Is their health or development likely to be significantly impaired without the provision of such service?

Discussion with social worker at the Family Front Door who will review the information.

If not deemed significant harm.

Complete an EHA and gain consent from parents/carers. Send to Somerset Direct.

Triaged by social worker, contact will be made with parents, child and partner agencies where appropriate.

Analysis and recommended action, feedback to requester.

Strategy Discussion

Child and Family (C&F) assessment with consent from parents/carers.

Request involvement of Early Help Services with consent from parents/carers.

No further action by statutory services.



CHILD EXPLOITATION - Things to consider

Child Developmental Needs:

- Challenges with physical and emotional health (incl. sudden and/or significant changes in presentation / concern for self-injury)
- Missing from home and/or education
- Sexual health / identity / wellbeing and understanding of consent
- Substance misuse
- Past trauma / adverse childhood experiences

Parenting Capacity:

- Attachment and stability (family relationships now and in the past)
- Ability to provide consistent guidance/ supervision (incl. digital / online safety)
- Awareness of or understanding of what might be safe or unsafe for their child(ren)

Family and Environmental Factors:

- Stability in the home and/or family resource (incl. homelessness / transience / financial pressures / family breakdown)
- Availability of community resources – i.e. youth provision / accessible community spaces
- Stability / safety of wider support network of family, friends and peers (within local community and virtual / online)
- Vulnerability to and/or links to criminality / anti-social behaviour
- Treating the child as older or more 'mature' than their age



Somerset Safeguarding
Children Partnership

Things that can help:

- Seeing children as victims
- Positive attachment with a primary care giver
- Relational strength-based work with key adults
- Safe network to offer support, raise concerns and share information
- Visibility of the child to professionals, e.g. engagement in education, training or employment
- Prevention, disruption and diversion through community resources- i.e. youth provision / accessible community spaces
- Collaboration with children and their families
- Realistic and achievable safety planning

USEFUL RESOURCES:

[Multi-Agency Exploitation Screening Tool](#)

[Child Exploitation Initial Response Pathway - incl serious youth violence](#)

[SSCP website resources](#)



CHILD SEXUAL ABUSE - Things to consider

Child Developmental Needs:

- Whether understanding of sex and healthy relationships is developmentally appropriate, including the meaning of informed consent
- Level of self-esteem and understanding of abusive / harmful ideas about relationships and gender
- Access to a trauma-informed educational provision that actively promotes healthy peer relationships
- Living in a physically and emotionally safe home

Parenting Capacity:

- Secure attachments that prioritise the well-being and safety of the child
- Consistent boundaries / guidance around online material – incl. access to pornography, child sexual abuse material, or harmful ideas about relationships and gender
- Appropriate interest and guidance on healthy peer relationships
- Able to meet basic needs and provide an emotionally warm and supportive response
- Seeks support and advice from trusted people / professionals
- Parents treat the child in a way that is appropriate for their age and can recognise healthy adolescent growth/development

Family and Environmental Factors:

- Level of stability and safety in the family unit which prioritises the child(ren)'s emotional needs and physical safety
- Access to safe community resources that promote healthy relationships
- A network of peer relationships that are equitable, healthy, and non-abusive
- Access to an educational provision that responds robustly to abusive/harmful peer relationships.
- Trusted adults do not adultify the child and can recognise/respond to sexual abuse/harm whilst promoting healthy adolescent growth/development

Things that can help:

- Supportive family relationships
- Effective parental supervision
- Access to sex/healthy relationship education throughout childhood
- Positive peer relationships and a network of trusted adults
- Access to support services
- Collaborative, realistic, and meaningful safety planning
- Reporting of concerns about child sexual abuse / harmful sexual behaviour through appropriate channels
- Consideration of additional vulnerabilities

USEFUL RESOURCES:

[SSCP website resources](#)

[The Bridge - Sexual Abuse Referral Centre \(SARC\)](#)

[CSA Centre of Expertise](#)



DOMESTIC ABUSE - Things to consider

Child Developmental Needs:

- Progress within education and school attendance eg anxiety to be away from home
- Progress with development, speech and language and self care skills
- Emotional wellbeing, including anxiety, reports of illness without known cause, self-esteem and ability to regulate feelings
- Quality of relationships including challenges in friendships, bullying, protectiveness towards family and trust in others
- Injuries potentially caused through being caught in physical assaults

Parenting Capacity:

- Parental ability to put in place boundaries, offer consistency and meet parenting demands such as taking children to appointments
- Level of confidence in own parenting eg impact of being undermined, criticised, experiencing self doubt or experience of being alienated
- Associated risks linked to emotional impacts of domestic abuse, including risk of drug and alcohol use
- Emotional availability and fears for child's wellbeing due to experiences of abuse

Family and Environmental Factors:

- History of relationships – including risks within different households of blended families / stability of networks and housing, education arrangements incl. home schooling / off grid living / constraints to access to work and control of finances / cultural norms
- Isolation from friends and families
- Level of connectedness to family, friends and community

Things that can help:

- Legal recognition of children as victims in their own right and availability of support
- Remembering that anyone can be a victim, including men, people in same sex relationships and young people
- Exploring opportunities to build connections within the community
- Understanding the voice of the child
- Understanding that people can be both victims and perpetrators
- Making repeated attempts to work with families
- Offering coordinated support through Team Around the Family processes

USEFUL RESOURCES:

[Clare's Law](#)

[DASH Risk Assessment](#)

[Somerset Domestic Abuse website - Support for Children](#)

[Somerset Domestic Abuse website - Young people and domestic abuse](#)



PRE-BIRTH - Things to consider

Child Developmental Needs:

- Unknown information about the unborn baby's development due to concealed pregnancy or resistance to health advice
- Unborn baby's physical, mental or emotional development is at risk due to parental drug / alcohol use or domestic abuse

Parenting Capacity:

- Preparations that have been made for their baby's arrival
- Safety of sleeping practices, e.g. unsafe co-sleeping or inappropriate sleeping area
- Understanding of safe handling of their baby e.g. choking risk if bottle left in the mouth, left in car seat for prolonged period of time
- Parent's understanding and ability to prioritise the needs of their baby, for example responding to feeding cues, sterilizing bottles, nappy changing and hygiene needs
- Parental mental and emotional health and wellbeing, consider ability to cope with demands of caring for a newborn

Family and Environmental Factors:

- Capacity of support network to offer help during pregnancy and beyond
- Suitability of housing for a newborn child
- Stability and strength of the relationship between parents
- Experience of caring for other children, including any children's social care involvement and experiences of step parenting

Things that can help:

- Strength of bond with the baby
- Willingness to accept support
- Wider support network
- Willingness to make any necessary lifestyle changes and follow any safety plans, e.g. changes to drug use
- Opportunity for coordinated support for Team around the Family and availability of targeted support
- Positive experiences of caring for other children

USEFUL RESOURCES:

[Pre-Birth Planning Toolkit](#)

[SSCP Pre-Birth & Early Years Resources](#)

[SSCP Non-Accidental Injury](#)

[The FOREST Programme](#)

[ICON - Advice for Professionals](#)



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