

**The Plymouth  
Assessment Framework  
&  
Threshold Guidance  
for Safeguarding Children,  
Young People and their  
Families**

**2016**

## **Plymouth Assessment Framework**

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Final version for Publication September 2016

For review September 2017

This document will be out of date and updated in September 2017

Current version available on-line at [www.plymouthscb.org.uk](http://www.plymouthscb.org.uk)

# The Plymouth Assessment Framework & Threshold Guidance for Safeguarding Children, Young People and their Families

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## Foreword

By Andy Bickley

Independent Chair of the Plymouth Safeguarding Children Board

Dear Colleagues,

I am pleased to recommend the second edition of our Assessment Framework to you, in the expectation that you will find this helpful in your contribution towards keeping children and young people safe.

This Framework includes the protocols offered by Plymouth City Council for use by all agencies, and complements the requirements of Chapter One of the statutory guidance, Working Together to Safeguard Children 2015.

The second edition has been developed and strengthened following consultation with practitioners and our partner agencies. The Plymouth Safeguarding Children Board understands that only by working together across agencies and professional disciplines can safeguarding be effective.

The responsibility felt by all when there is a concern about the welfare of a child requires a supportive, learning environment where practitioners and managers can work confidently across agency boundaries, in a condition of mutual trust and support.

The guidelines offered here, including the examples of Thresholds, will allow clarity and shared understanding of all our roles and responsibilities. The Plymouth Assessment Framework stands alongside and illuminates current procedures, as a tool for effective multi-agency working for child protection.

Please accept my thanks for your hard work and diligence in safeguarding children in Plymouth.



Andy Bickley  
Independent Chair

For further guidance:

Multi-Agency safeguarding guidance [www.swcpp.org.uk](http://www.swcpp.org.uk)

Children's Social Care Procedures:

<http://plymouthchildcare.proceduresonline.com/>

## PART ONE

### 1A) The Assessment Framework

Every time someone starts to look systematically at concerns about a child, they are starting to undertake an assessment. The assessment framework gives agencies working with children, young people and families a common language to understand both the needs of the child/young person and what is happening to them. Using the assessment framework provides a way to gather and analyse relevant information within 3 domains:

- The developmental needs of the child;
- The parental capacity to meet the child's needs;
- The impact of the wider family and environmental factors on both parenting capacity and the child's development.

This Assessment Framework should be read in conjunction with



[Working Together 2015](#);

[Practice Guidance for information Sharing 2015](#);

[Plymouth Procedures for Children's Social Care](#); and

[The South West Child Protection Procedures](#).

It is important to secure consent and involvement of the parents to share information between agencies, to facilitate an integrated service response. Consent may not always be sought before sharing information during child protection enquiries [sec 47, Children Act 1989]

### 1B) Levels of Need

This document supports practitioners and managers in identifying a child's level of need and the type of response that is required in order to address and meet their need.

The diagram at the end of this section describes the spectrum of support and the relationship between the different levels of need. It illustrates how a child's level of need can move forward and backwards across the continuum, highlighting the importance of integrated service delivery. It also reinforces the need for continuity of care when a child or young person moves between different levels of support.

This approach highlights the importance of there always being a practitioner in place to co-ordinate service activity [the lead professional] and to act as a single point of contact whenever a child or young person requires integrated support.

Children, young people and their families have different levels of need which often change over time depending on their circumstances. Plymouth, Devon and Torbay Local Safeguarding Children Boards [LSCBs] have agreed an arched model to enable a common understanding by all agencies of identified levels of need. This is explained in the next section of this guidance.

It should be understood that:

- the child's needs can move from one level to another;
- all children at all levels can access universal services; and
- the aspiration is to prevent a child's needs from escalating through the levels.

The agreed multi-agency thresholds are set out across four levels of need which are:

**Universal [Level 1]** – Children and young people who are achieving expected outcomes and have their needs met within universal service provision without any additional support.

**Early Help [Level 2]** - Children and young people where some concerns are emerging and who will require additional support usually from professionals already involved with them. An early help and/or CAF assessment should be considered where the needs of the children are unclear or broader than one agency can meet.

**Targeted Early Help Support and Prevention [Level 3]** – Children and young people who are causing significant concerns over an extended period or where concerns recur frequently. A child has complex needs and a CAF and/or Early Help assessment should be completed as a minimum requirement. Information should be shared with The Gateway and this will be recorded.

**Statutory Threshold [Level 4]** – Children who are at risk or likely to suffer significant harm, including children with disabilities, highly complex or enduring levels of need that have not already been met by multi-agency involvement. A referral must be made to the Hub within the Plymouth Referral and Assessment Service.

It is important to recognise that children and young people will move between the different levels as their needs change. This framework will help to develop a common understanding amongst practitioners of the needs of vulnerable children and young people. It provides the opportunity for shared assessment procedures and gives a platform for early help intervention and prevention.

This model recognises that children and young people's welfare and safety is everyone's responsibility. We all have a duty, as stated in the Children Act 2004, to promote cooperation between the Local Authority and its partners with a view to improving the well-being of children and young people. All partners have a duty under Section 11 of the Children Act 2004 to safeguard and promote the welfare of children and young people and that all services support this objective.

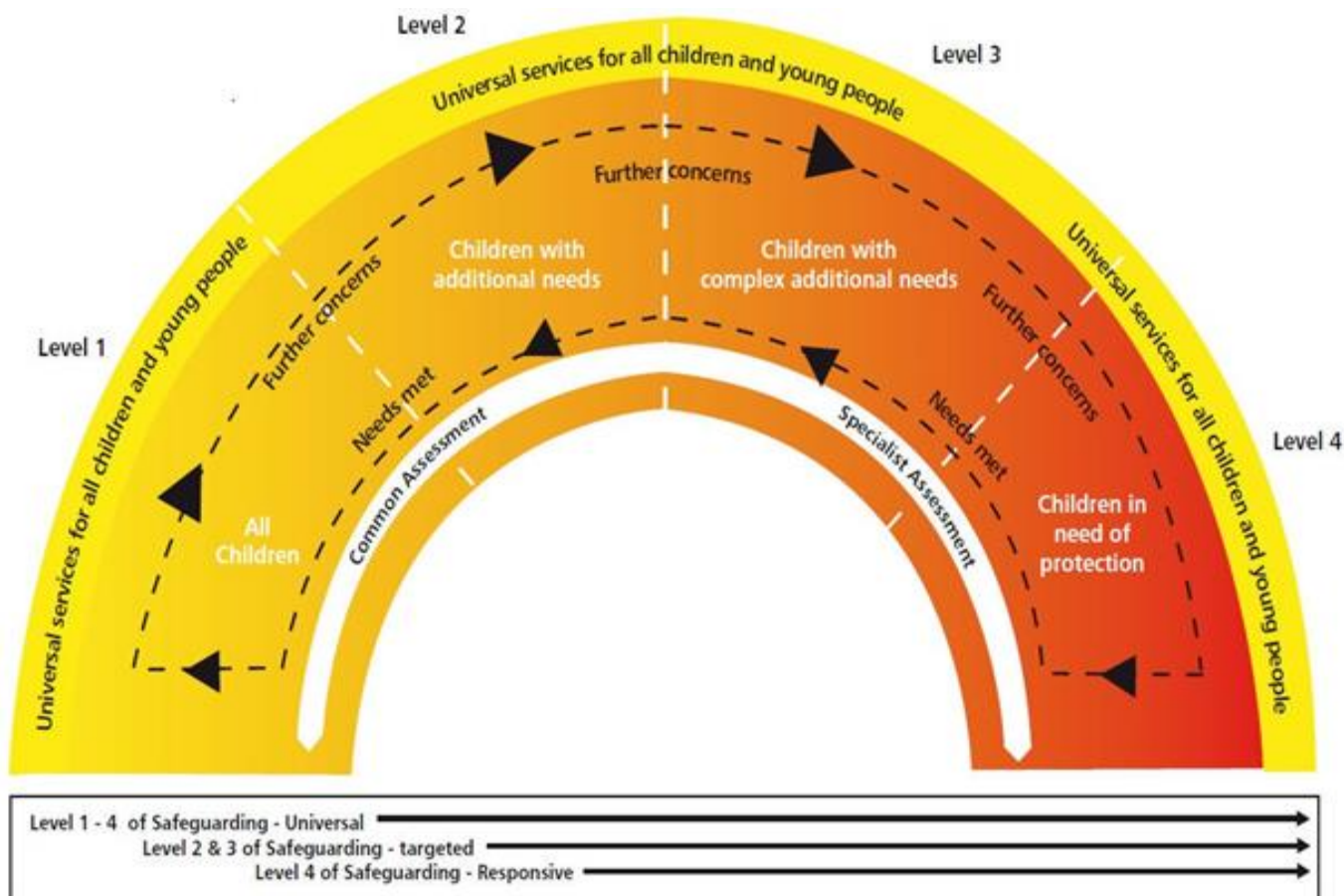
The arch diagram below illustrates the level of need from 'Universal' (Level 1) to 'Statutory' (Level 4).

**An assessment is necessary when** a child/young person is at risk of not achieving one or more of the framework for outcomes for young people, without the provision of additional services. These outcomes are for every child to

- be healthy, physically and emotionally;
- stay safe, whilst learning age-appropriate independence through exploration;
- have fun, enjoy life and achieve at school and in the community;

and to grow up to be able to;

- make a positive contribution to society; and
- have the means to achieve independent economic wellbeing.



<https://www.gov.uk/government/publications/framework-of-outcomes-for-young-people>

## **PART TWO**

### **2A) Threshold Guidance**

This section provides definitions and indicators for practitioners to assist in the identification of levels of need for children and young people. A threshold in this guidance is the point at which we analyse what is happening and what action is needed in order to meet a child's needs. This document is not intended to be a definitive list but provides a framework to identify when a child or young person may be at risk of poor outcomes, alongside guidance on when to commence a CAF or Early Help assessment. There is no substitute for sound professional judgment, effective inter and intra-agency communication and good evidence based practice founded in up-to-date research.

### **2B) Threshold Indicators**

The following pages provide definitions and indicators grouped around the 3 domains of the assessment triangle [Framework for Assessment of Children Young People and Families] to assist practitioners in identifying levels of need. In section 3 there is a matrix which you can use to summarise the levels of need for a child or young person.

#### **2B:1) Level 1 Threshold: All Children / Universal Services**

Children or young people who don't present significant concerns and are living in circumstances where there may be worries, concerns or conflicts over time, but these are infrequent and quickly resolved by family, community or those professionals with whom they are normally involved.

Universal services working with communities are the most likely to identify that a problem is emerging with a child or family.



## LEVEL 1 INDICATORS

### Child's Developmental Needs

#### HEALTH

- Good physical health
- Adequate diet/hygiene/clothing
- Health appointments kept [including routine developmental checks and immunisations]
- Milestones met, including speech, language, fine and gross motor skills, vision and hearing
- Health appointments are kept
- Appropriate height and weight
- Healthy lifestyle
- Sexual activity appropriate for age
- Good state of mental health and emotional well-being
- Good dental/optical health
- Age appropriate involvement in physical activity
- No substance or alcohol use

#### EDUCATION AND LEARNING

- Good attendance at nursery/school/college/training
- No barriers to learning
- Access to training and work opportunities
- Well motivated and self-confident
- Acquiring a range of skills and interests

#### EMOTIONAL AND BEHAVIOURAL DEVELOPMENT

- Secure attachments
- Ability to adapt to change
- Empathic
- Appropriate self-control and social behavior
- Growing level of competencies in practical and emotional skills

#### IDENTITY

- Positive sense of self and abilities
- Demonstrates feelings of belonging and acceptance
- An ability to express needs

#### FAMILY AND SOCIAL RELATIONSHIPS

- Stable and affectionate relationship with caregivers
- Good sibling relationships
- Positive relationships with peers

#### SOCIAL PRESENTATION AND SELF-CARE SKILLS

- Good level of personal hygiene
- Gaining confidence and skills to undertake activities away from the family
- Age appropriate independent living skills

### Parents and Carers

#### BASIC CARE, SAFETY AND PROTECTION

- Provides for child's physical needs
- Protects from danger and harm in the home and elsewhere
- Works effectively with services in the best interest of the child

#### EMOTIONAL WARMTH AND STABILITY

- Carers provide secure and consistent care
- Carers show appropriate warmth, praise and encouragement

#### GUIDANCE, BOUNDARIES AND STIMULATION

- Carer sets appropriate and consistent boundaries taking account of age and development
- Enables child to access appropriate activities
- Supports development through interaction and play

### Family and Environmental Factors

#### FAMILY HISTORY AND FUNCTIONING

- Supportive family relationships, including where parents are separated
- Coping well with family stresses
- Few significant changes in family composition
- Larger familial network

#### HOUSING, EMPLOYMENT AND FINANCE

- Housing has basic amenities and appropriate facilities
- Housing is clean and well maintained
- Not living in poverty

#### FAMILY'S SOCIAL INTEGRATION

- Good adequate social and friendships networks
- Community are generally supportive of child and family
- Appropriate use of social media

#### COMMUNITY RESOURCES

- Generally good universal services

## Level 1 Service Response Required

A child's needs are met universally through services such as health care and education. They can access GP services, child health clinics, Great Expectations antenatal groups, Chatterbox groups, weaning groups, parenting groups and may be able to access Children's Centres, Nurseries and Youth Services etc.

A lead professional is not required at this level. However, the health visiting service has lead professionals at this level.

### Services at Level 1 include

- PLYMOUTH ONLINE DIRECTORY [POD] - The aim of the directory is to offer information about advice, help and support services for children, young people and families who live and work in Plymouth.
- HEALTH VISITORS – Health visitors will routinely see children aged 0-5 for developmental reviews as part of the Healthy Child Programme, but can offer extra support where additional health needs have been identified.
- CHILDREN'S CENTRES – support for all children who are under 5 is available through Children's Centres.
- PRIMARY HEALTH CARE – a range of advice, help and resources are available from GP surgeries, health centres and other local health provisions.
- EARLY YEARS PROVIDERS – nurseries and other providers of early years education may be able to offer advice and support to parents, free early years education may be available for some children.
- SCHOOLS – all schools will work closely with parents and children to ensure that they are happy, safe and ready to learn. Many schools have specific staff who can offer help and advice, including Parent Support Advisors, ELSA Teaching Assistants, Inclusion Managers and SENCOs.
- VOLUNTARY SECTOR ADVICE AGENCIES – there are a range of voluntary agencies which provide advice or direct support to children or parents.

## 2B:2) Level 2 Threshold: Early Help

This applies to Children or young people where there are concerns. They may be living in a situation where the worries, concerns or conflicts are becoming more frequent or over an extended period. In order to resolve the issues these children may require support, advice, direction and sometimes planned intervention or additional resources. These resources would be planned for and provided by professionals already involved.

### LEVEL 2 INDICATORS

<b>Child's Developmental Needs</b> <b>HEALTH</b> <ul style="list-style-type: none"><li>• Developmental delay identified</li><li>• Missing immunisations or developmental checks. Not registered with GP/Dentist</li><li>• Susceptible to minor health problems</li><li>• Minor concerns re diet, hygiene, clothing</li><li>• Low level substance misuse or alcohol consumption</li><li>• Disability requiring support services</li><li>• Under age sexual activity</li><li>• Regular Emergency Department and/or Minor Injuries Unit attendance</li><li>• In need of some secondary or Acute health provision(e.g. Paediatric review/Children's community nurse support/ dietician/speech therapy input/ child development centre)</li></ul> <b>EDUCATION AND LEARNING</b> <ul style="list-style-type: none"><li>• Occasional truanting or non-attendance, poor punctuality</li><li>• At risk of fixed term exclusion or previous exclusions</li><li>• Few opportunities for play / socialization</li><li>• Not in education, employment or training</li><li>• Identified language and communication difficulties</li><li>• Not reaching educational potential or making the expected progress</li></ul> <b>EMOTIONAL AND BEHAVIOURAL DEVELOPMENT</b> <ul style="list-style-type: none"><li>• Low level mental health, self-harm or emotional issues requiring intervention</li><li>• Substance or alcohol use that this not immediately hazardous.</li><li>• Involved in anti-social behavior</li><li>• Attachment issues or emotional developmental delay.</li><li>• Involved in bullying behavior</li></ul> <b>IDENTITY</b> <ul style="list-style-type: none"><li>• Some insecurities around identity</li><li>• May experience bullying around 'difference'</li></ul> <b>FAMILY AND SOCIAL RELATIONSHIPS</b> <ul style="list-style-type: none"><li>• Some support from family and friends</li><li>• Has some difficulties sustaining relationships</li><li>• Undertaking occasional caring responsibilities</li><li>• Child of a teenage parent</li><li>• Adopted child</li><li>• Low parental aspirations</li></ul> <b>SOCIAL PRESENTATION</b> <ul style="list-style-type: none"><li>• Can be over friendly or withdrawn with strangers</li><li>• Personal hygiene becoming problematic</li></ul> <b>SELF-CARE SKILLS</b> <ul style="list-style-type: none"><li>• Not always adequate self-care e.g. poor hygiene</li><li>• Slow to develop age appropriate self-care skills</li><li>• Over protected / unable to develop independence</li></ul>	<b>Parents and Carers</b> <b>BASIC CARE, SAFETY AND PROTECTION</b> <ul style="list-style-type: none"><li>• Poor parental engagement with services</li><li>• Parents require advice around parenting or access to support around child's development delay</li><li>• Health appointments not being prioritized to meet the needs of the child</li><li>• Some concerns re child's physical needs not being met</li><li>• Some concerns re substance and or alcohol use in the home</li><li>• Some exposure to hazards /or risks in the home / community or online</li><li>• Teenage parent</li></ul> <b>EMOTIONAL WARMTH AND STABILITY</b> <ul style="list-style-type: none"><li>• Inconsistent responses to child or young person</li><li>• Inconsistent or erratic care from multiple carers</li><li>• Poor home routine</li></ul> <b>GUIDANCE, BOUNDARIES AND STIMULATION</b> <ul style="list-style-type: none"><li>• Inconsistent boundaries</li><li>• Limited interaction / stimulation for child</li><li>• Child spends long periods alone</li><li>• Child not supported to access positive new experiences</li><li>• Vulnerability to social isolation</li></ul>
	<b>Family and Environmental Factors</b> <b>FAMILY HISTORY AND FUNCTIONING</b> <ul style="list-style-type: none"><li>• Family conflicts or parental dispute involving the child / low level domestic abuse</li><li>• Loss of significant adult</li><li>• Young Carer</li><li>• Living with kinship carers</li><li>• Moderate physical, learning or mental health difficulties</li><li>• Multiple births / numbers of children</li><li>• Parent or sibling involved in criminal behavior</li><li>• Family socially isolated</li></ul> <b>HOUSING, EMPLOYMENT AND FINANCE</b> <ul style="list-style-type: none"><li>• Family affected by low income or unemployment</li><li>• Barely adequate / poor / temporary accommodation</li><li>• Difficult to secure employment due to poor basic skills</li><li>• Low level debt / in need of financial advice</li><li>• Asylum seeking family</li></ul> <b>FAMILIES SOCIAL INTEGRATION</b> <ul style="list-style-type: none"><li>• Family socially excluded</li><li>• Frequent house moves</li><li>• Social exclusion problems</li></ul> <b>COMMUNITY RESOURCES</b> <ul style="list-style-type: none"><li>• Adequate community resources but not accessing</li></ul>

## Level 2 Service Response Required

Use of the pre-CAF or early help assessment can support professionals to think about all of the difficulties and vulnerabilities facing the family and to decide whether any specific service can respond to all of the needs. It can also be used to determine whether the needs can be met with the involvement of another single agency or whether a full CAF multi-agency process is required.

### Services at Level 2 include

- PLYMOUTH ONLINE DIRECTORY [POD] - The aim of the directory is to offer information about advice, help and support services for children, young people and families who live and work in Plymouth.
- PLYMOUTH GATEWAY – a coordinated point of contact for professionals and family members seeking advice for children and young people experiencing some developmental difficulties, parenting difficulties or environmental difficulties.
- HEALTH VISITORS – Health visitors will routinely see children aged 0-5 for developmental reviews as part of the Healthy Child Programme but can offer extra support where additional health needs have been identified.
- FAMILY NURSE PARTNERSHIP. Home visiting programme offered to young first time expectant mothers aged 19 and under, offering support during pregnancy and until the child becomes 2 years old.
- SCHOOL NURSING SERVICE- can offer support where health needs have been identified for 5-18 year olds.
- CHILDREN'S SPEECH AND LANGUAGE THERAPY - specialist assessment and treatment for children who, for a variety of reasons, may be experiencing difficulties communicating.
- CAMHS - The Child and Adolescent Mental Health Service provides help for children and young people and their families when the child or young person has a difficulty with their mental health. CAMHS delivers a range of assessment and therapy skills focusing on children and young people with emerging and enduring mental health and emotional well-being difficulties.
- PRIMARY HEALTH CARE – a range of advice, help and resources are available from GP surgeries, health centres and other local health provision, as well as paediatric and acute medical care
- CHILDREN'S CENTRES – support for all children who are under 5 is available through Children's Centres.

- EARLY YEARS PROVIDERS – nurseries and other providers of early years education may be able to offer advice and support to parents, free early years education may be available for some children.
- SCHOOLS – all schools will work closely with parents and children to ensure that they are happy, safe and ready to learn. Many schools have specific staff who can offer help and advice. For example: ELSA teaching assistants, learning mentors, counsellors, therapists and education psychologists.
- VOLUNTARY SECTOR ADVICE AGENCIES – there are a range of voluntary agencies which provide advice or direct support to children or parents.  
[examples]
- YOUTH SERVICE – Youth workers are able to offer advice and support to a variety of young people aged 11-17.
- SPECIAL EDUCATIONAL NEEDS AND DISABILITY SERVICE – Referrals can be made through the Gateway
- EDUCATION WELFARE OFFICERS - EWOs carry out statutory enforcement responsibilities in relation to school attendance and student welfare. EWOs work to try and engage young people, their parents/carers and school staff in processes to support full attendance and, where this fails, to implement legal proceedings. EWOs provide a fast response service with regard to the safeguarding of young people with a commitment to multi-agency working.

## 2B:3) Level 3 Threshold: Targeted Early Help Intervention and Prevention

A child or young person presenting with significant concerns, and is living in circumstances where the worries, concerns, behavior or conflict are frequent, complex, multiple and persistent. The young person or family may be resistant to help offered and may require proactive engagement. Non-statutory specialist assessment, plans and interventions are required if the situation is not to escalate into neglect, abuse or long-term dysfunction. These include CAF, Early Help and TAM [team around the child] assessments.

### LEVEL 3 INDICATORS

#### Child's Developmental Needs

##### HEALTH

- Some chronic/recurring health problems
- Significant disability impacting on day to day living
- Child with more significant mental health concerns
- Non-attendance health appointments
- Persistent excessive alcohol consumption or substance use
- Frequent injuries / accidents requiring medical attention and delay in seeking medical attention

##### EDUCATION AND LEARNING

- Short term exclusion or persistent truanting / poor attendance
- At risk of permanent exclusion
- Significant learning difficulty
- Infrequent and attendance and disruptive when they do attend

##### EMOTIONAL AND BEHAVIOURAL DEVELOPMENT

- Difficulty coping with anger frustration or upset
- Significant concerns re physical and emotional development
- Significant attachment difficulties
- Disruptive/challenging behaviour
- Inappropriate sexual behaviours including on-line and social media
- Persistent bullying behavior
- Offending or regular anti-social behavior

##### IDENTITY

- Subject to discrimination
- Significantly low self-esteem, escalating self-harm
- Extremist views
- Gang membership

##### FAMILY AND SOCIAL RELATIONSHIPS

- Peers also involved in challenging behavior
- Regularly needs to care for another
- Significant conflict with peers / siblings
- Adoptive family under severe stress

##### SOCIAL PRESENTATION

- Clothing regularly unwashed
- Significantly poor hygiene
- Provocative in behavior and appearance

##### SELF CARE SKILLS

- Slow to develop age appropriate self-care skills
- Young people living independently
- Poor hygiene

#### Parents and Carers

##### BASIC CARE, SAFETY AND PROTECTION

- Parent struggling to provide adequate care
- Parents needing additional support to meet caring responsibilities of disabled child
- Parental learning disability, parental alcohol and substance misuse impacting on care of child
- Parent previously subject to CP plan or Looked After
- Teenage parent

##### EMOTIONAL WARMTH AND STABILITY

- Child often scapegoated
- Child rarely comforted when distressed
- Receives inconsistent care
- Has no other positive relationships
- Parents unable to exercise any control of child

##### GUIDANCE, BOUNDARIES AND STIMULATION

- Few age appropriate toys/activities
- Parent rarely steps in during sibling conflict
- Exposure to inappropriate or harmful behaviour

#### Family and Environmental Factors

##### FAMILY HISTORY AND FUNCTIONING

- Evidence of domestic abuse
- Acrimonious separation
- Family members with physical or MH difficulties
- Parental involvement in crime
- Problematic substance and alcohol use
- Destructive relationships with wider family

##### HOUSING, EMPLOYMENT AND FINANCE

- Overcrowding / temporary accommodation. Homelessness, unemployment
- Poor home conditions e.g. no bedding, unhygienic conditions
- Serious debts/low income/poverty impacting on parenting

##### FAMILY'S SOCIAL INTEGRATION

- Family socially excluded
- Escalating victimization

##### COMMUNITY RESOURCES

- Parents socially excluded with access problems to local facilities and targeted services

## Level 3 Service Response Required

A CAF and/or early help assessment must be offered as a minimum requirement with multi-agency involvement and input. Gateway to be informed.

Within this level of need, the Youth Offending Service may allocate a worker in relation to statutory court orders and the Education Welfare Service in relation to education supervision orders. Children with disabilities, where there are complex or enduring levels of need may include social work involvement where this is appropriate.

Children may present with complex needs and on occasions, professionals may be unsure whether a referral to Children's Social Care should be undertaken. In such circumstances, professionals must consult their line manager or contact the Gateway team for information and or advice.

### Services at Level 3 include

- PLYMOUTH ONLINE DIRECTORY [POD] - The aim of the directory is to offer information about advice, help and support services for children, young people and families who live and work in Plymouth.
- PLYMOUTH GATEWAY – a coordinated point of contact for professionals and family members seeking advice for children and young people experiencing some developmental difficulties, parenting difficulties or environmental difficulties.
- HEALTH VISITORS – Health visitors will routinely see children aged 0-5 for developmental reviews as part of the Healthy Child Programme but can offer extra support where additional health needs have been identified.
- CHILDREN'S CENTRES – support for all children aged under 5 is available through Children's Centres.
- PRIMARY HEALTH CARE – a range of advice, help and resources are available from GP surgeries, health centres and other local health provision, as well as paediatric and acute medical care.
- FAMILY NURSE PARTNERSHIP. Intensive Home visiting programme offered to young first-time expectant mothers aged 19 and under, offering support during pregnancy and until the child becomes 2 years old.
- SCHOOL NURSING SERVICE- can offer support where health needs have been identified for 5-18 year olds
- CHILDREN'S SPEECH AND LANGUAGE THERAPY - specialist assessment and treatment for children who, for a variety of reasons, may be experiencing difficulties communicating.

- CAMHS - The Child and Adolescent Mental Health Service provides help for children and young people and their families when the child or young person has a difficulty with their mental health. CAMHS delivers a range of assessment and therapy skills focusing on children and young people with emerging and enduring mental health and emotional well-being difficulties.
- ADULT MENTAL HEALTH SERVICES
- EARLY YEARS PROVIDERS – nurseries and other providers of early years education may be able to offer advice and support to parents, free early years education may be available for some children.
- SCHOOLS – all schools will work closely with parents and children to ensure that they are happy, safe and ready to learn. Many schools have specific staff who can offer help and advice. These may include, specialist TAs, learning mentors, counsellors, therapists, educational psychologists and primary mental health workers.
- VOLUNTARY SECTOR ADVICE AGENCIES – there are a range of voluntary agencies which provide advice or direct support to children or parents.  
[examples]
- CAMHS – details of how to refer to CAMHS are detailed on the POD
- FAMILY NURSE PARTNERSHIP – Intensive home visiting programme for first-time teenage parents aged 19 and under.
- TARGETED FAMILY SUPPORT SERVICES – Referrals can be made through the Gateway
- SPECIAL EDUCATIONAL NEEDS AND DISABILITY SERVICE – Referrals can be made through the Gateway
- YOUTH SERVICE - Youth workers are able to offer advice and support to a variety of young people aged 11-17.
- MAST – [Excellence Cluster Multi-Agency Support Team]. This is a service that most primary schools buy in and can be referred to through the individual school.
- EDUCATION WELFARE OFFICERS - EWOs carry out statutory enforcement responsibilities in relation to school attendance and student welfare. EWOs work to try to engage young people, their parents/carers and school staff in processes to support full attendance and where this fails, to implement legal proceedings. EWOs provide a fast response service with regard to the safeguarding of young people with a commitment to multi-agency working.



## 2B:4) Level 4 Threshold: Statutory Threshold / Children with complex needs where significant harm has or is likely to occur.

A child or young person living in circumstances where there is a significant risk of harm.

### LEVEL 4 INDICATORS

#### Child's Developmental Needs

##### HEALTH

- Severe chronic health problems/significant acute health issues
- Non-organic failure to thrive/faltering growth
- Persistent substance and alcohol use AND failure to engage in support
- Fabricated illness
- Serious mental health issues AND failure to engage in necessary support services.
- Seriously obese
- Dental decay and non-engagement with treatment
- Sexual exploitation/abuse
- Sexual activity under the age of 13
- Disability requiring highest level of support

##### EDUCATION AND LEARNING

- No education provision and refusal to engage with support
- Significant developmental delay and no engagement with support

##### EMOTIONAL AND BEHAVIOURAL DEVELOPMENT

- Regularly involved in anti-social/criminal activities
- Puts self or others in danger
- Frequently goes missing from home for long periods
- Child or young person who abuses others
- Severe attachment problems and concerning behaviours and non-engagement with services

##### IDENTITY

- Experiences persistent and prolonged discrimination
- Socially isolated/alienates self from others
- Distorted self- image
- Extremist views or behavior

##### FAMILY AND SOCIAL RELATIONSHIPS

- Family breakdown related to child's behavioural difficulties despite intervention.
- Subject to physical, emotional or sexual abuse or neglect
- FGM [female genital mutilation]
- Adoption breakdown
- Forced marriage of a minor
- Main carer for family and non-engagement with support services
- Child subject to a private fostering arrangement [28 days or longer]

##### SOCIAL PRESENTATION

- Poor and inappropriate self-presentation

##### SELF-CARE SKILLS

- Neglects self-care because of alternative priorities e.g. substance, alcohol use or self harm, despite intervention.
- Poor self-care skills.
- Unaccompanied Young Person
- Online obsessive behavior e.g. gaming or sexualized social networking

#### Parents and Carers

##### BASIC CARE, SAFETY AND PROTECTION

- Parents unable to provide 'good enough' parenting that is adequate and safe, despite support
- Parental substance or alcohol use significantly affecting parenting
- Parents who have had previous children removed
- Serious and prolonged domestic abuse
- Parents involved in criminal behavior that places the child at risk
- Extremist views or behavior
- Parents unable to protect child from harm

##### EMOTIONAL WARMTH AND STABILITY

- Parents inconsistent, highly critical or apathetic towards child
- Rejected or abandoned child

##### GUIDANCE, BOUNDARIES AND STIMULATION

- No effective boundaries set by parents despite intervention
- Ongoing anti-social behavior despite intervention
- Child beyond parental control despite intervention
- Subject to a parenting order due to criminal behavior or persistent school absence

#### Family and Environmental Factors

##### FAMILY HISTORY AND FUNCTIONING

- Destructive relationships within extended family e.g. family member who is a risk to child or under investigation for child abuse
- Parents are deceased and no family or friends to care for child
- Parents are in prison/hospitalized or absent and no family or friends to care
- Significant physical health difficulties within immediate family which place child at risk

##### HOUSING, EMPLOYMENT AND FINANCE

- Accommodation places child in danger
- No fixed abode or homeless and all other support options have been exhausted
- Chronic unemployment due to significant lack of basic skills or longstanding issues such as substance misuse/offending etc. and support non-effective
- Extreme poverty, debt impacting on ability to care for child and all support options exhausted.

##### FAMILY'S SOCIAL INTEGRATION

- Enforced isolation or exclusion
- Involvement in gang related/extremist activity

##### COMMUNITY RESOURCES

- Poor quality services with long-term difficulties accessing target populations.
- Restricting and refusing intervention from services.

## Level 4 Service Response Required

Level 4 represents concern of actual and likely significant harm. Such a child will have a highly complex and/or enduring level of need which crosses the statutory threshold, is a risk to self or others, or is experiencing significant harm and in need of child protection. A referral to Children's Social Care [Referral and Assessment Service] must be undertaken if a child has needs identified as at risk of significant harm. The depth of the level of need is determined via a specialist assessment of risk and need.

If the child is at risk of significant harm, the responsibility for service delivery and monitoring will fall to the key worker in the statutory service – a statutory child protection social worker. It is good practice, however, for the Lead Professional through the CAF process to liaise with the social worker and, where appropriate, continue to be involved with the family. Similarly, when an assessment is concluded by a social worker and is no longer considered a child in need, the social worker should link in with all professionals involved to advise of outcome of assessment. If on-going multi-agency involvement is required, the social worker should help to identify the CAF plan and formally hand over to an agreed CAF professional.

Where it has been immediately identified that a child has identified needs at level four, a CAF assessment will not be needed.

Children's Social Care will exercise its statutory duties in relation the Children Act (1989) to establish whether or not a child is at risk of significant harm. An assessment will be completed using the 'Framework for the Assessment of Children in Need and their Families' to determine the depth of need and the level of support and provision required by the family.

## Services at Level 4 include

All of those identified in level 1-3.

The supplementary Level 4 thresholds are set out below at the following levels of need:

### **4a) Children in Need of Specialist Support from Children's Social Care**

Children and young people who have:

- Highly complex needs [including children with a disability or adopted children]
- A need for multi-agency high level support and are experienced compromised parenting
- A significant risk of family breakdown or of being harmed
- A likelihood of significant harm but where the single assessment suggest that the risk can be managed outside of a child protection plan
- A risk of causing serious harm to others

#### **4b) Children in Need of Protection**

Children and young people who are suffering or likely to suffer significant harm.

#### **4c) Children in Need of Care**

Children who are in need of care or have been in the care of the Local Authority.

The key factors taken into account when deciding whether or not a child or young person requires Children's Social Care intervention under the Children Act 1989 are:

- What will happen to a child's health or development without services being provided; and
- The likely effect the services will have on the child's standard of health and development

## **PART THREE**

### **3A) Guidance on categories of Child Abuse**

#### **Physical Abuse**

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child whom they are looking after. This situation is commonly described using terms such as fabricated illness by proxy or Munchausen syndrome by proxy.

#### **Emotional Abuse**

Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effect on the child's emotional development. It may involve conveying to the children that they are worthless or unloved, inadequate, or valued only in so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children to feel frightened or in danger, or the exploitation or corruption of children, or children seeing or hearing the ill-treatment of another. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone.

#### **Sexual Abuse**

Sexual abuse involves forcing a child or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

#### **Neglect**

Neglect is the persistent failure to meet a child's physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter or clothing, appropriate medical care or treatment. It may also include neglect of or unresponsiveness to, a child's basic emotional needs.

For more detailed information regarding the terms use to describe abuse please consult *Working Together to Safeguard Children* (2015) H M Government.

### **3B) Procedure for resolving professional differences through escalation between agencies**

Where there are professional disagreements of the assessment of the risks and needs associated with a child, or differences relating to the planned support and intervention, practitioners must protect the best interests of the child, and their own judgement, by escalating their concerns through their management structure, utilising the LSCB procedures for resolving professional differences.

### 3C) Simple Matrix for checking an assessment

		Level 1	Level 2	Level 3	Level 4
Development (Health)	General Health				
	Physical & Sensory Development				
	Speech, Language and Communication				
Development	Emotional and Social				
	Behaviour				
	Identity, self-esteem, image				
	Self Care Skills and Independence				
Development (Learning)	Understanding, Reasoning & Problem Solving				
	Participation in Education or Work				
	Progress and Achievement in Learning				
	Aspirations				
Parents and Carers	Basic Care/Ensuring Safety and Protection				
	Emotional Warmth and Stability				
	Guidance, Boundaries and Stimulation				
Family & Environmental Factors	Family History, Functioning and Well-being				
	Wider family				
	Housing, Employment and Finances				
	Social and Community Elements				
Vulnerability Assessment		US	SA	MA	Stat
<b>Level 1:</b> Children with no additional needs (Universal Services)					
<b>Level 2:</b> Children with additional needs (Targeted Support – Single Agency)					
<b>Level 3:</b> Children with complex additional needs (Multi-Agency Targeted Support)					
<b>Level 4:</b> Children in need of protection (Statutory Threshold)					

## PART FOUR

### 4A) Gateway

The Gateway provides a direct point of contact for professionals and families requiring advice or guidance about how to support a child or young person who may be experiencing some developmental difficulties, parenting difficulties or environmental difficulties. This is a level 1-3 service [but is also the referral route for children with Level 4 complex disabilities] and consent should always endeavour to be sought. Gateway has access to Plymouth Referral and Assessment Service information and will escalate a concern to level 4 if necessary.

**The contact number for Gateway is 01752 668000**

You may contact the Gateway for any of the following reasons:

- Advice about your early help/CAF assessment and planning and processes
- Family are not engaging with support
- Difficulties with other agencies not engaging with a family
- Advice regarding escalating need to Referral and Assessment service
- Advice on coordinating support for a family
- Concerns about a family situation (e.g. parental substance misuse, young person's self harm)
- To refer to targeted youth or family support
- Signposting parents for information and advice around Special Educational Needs and Disability and Inclusion [including referring to Children with Disabilities Service].
- Difficulties with other agencies not engaging
- Information about other services that could support or assist a family that have not been identified via the POD
- To gather previous history re a family with consent

### 4B) Plymouth Referral and Assessment Service [including the Hub]

If a practitioner has a level 4 safeguarding concern regarding a child and considers that a child is in need of specialist support from Children's Social Care they should contact the Hub within the Plymouth Referral and Assessment team on 01752 305200 or 01752 668000 and ask for the Hub.

**1. The referral information provided should meet the standards agreed by the PSCB.** It should include information about the child's developmental needs and the capacity of the parent/carer to meet these needs, spelling out the referrer's involvement, the nature of their concerns and clarity about the perceived harm or risk of harm. Professionals have a good understanding of signs of safety in understanding family needs, risks and strengths. The Referral & Assessment Service / Hub considers all referrals where there are safeguarding concerns, including where the child is disabled.

**2. Plymouth Children's Social Care [CSC] Referral & Assessment and Hub practitioners respond within 24 hours.** Inter-agency checks include

**access** to previous assessments such as a CAF;

**prompt response** by all lead agencies and professionals in contact with the child to R&A requests for information;

**checking of local authority historical records**, including chronologies;

**checking of chronologies** routinely updated by lead agencies involved with the child as a core element of decision-making

**a decision** about whether to progress a concern to a social care referral within 24 hours of receiving the information.

**3. When it is agreed that Children's Social Care will not be progressing a concern** to assessment the professional referrer will be verbally informed. This can be followed up in writing if necessary. Advice can be provided to support the professional referrer with following up outstanding concerns for the child and if multi-agency coordinated response is needed the Referral and Assessment / Hub worker will notify Gateway.

**4. Referrals are assigned promptly for a decision within 24 hours about how to respond.** The response is proportionate to the level and type of need and risk, including:

**an early help assessment**, such as a CAF process;

**a child in need assessment** (s17 of Children Act 1989);

**a child protection assessment** (s47 of Children Act 1989) by a qualified social worker

**an assessment for potential voluntary accommodation** (s20 of Children Act 1989);

**assessment for application to a Court for a Care Order** (s 31A Children Act 1989)

Social work assessments subject to s17, s47, s31A and s20 are always undertaken by a qualified and registered social worker. All other social care assessments are supervised by a social worker or a social work manager.

**5. Timescales for Assessment:** In cases where there is evidence of actual significant harm or risk of significant harm, the child will be seen and strategy discussions are held within 24 hours of a decision being made. Children's Social Care will be the lead agency regarding the undertaking of enquiries under Section 47 of the Children Act 1989, involving all agencies who know the child and/or family.



Strategy discussions should involve, as a minimum, the Social Work Manager, the Police and a Health practitioner but wherever practicable also the professional who knows the child best.

Social Work assessments begin immediately, and for all other CSC accepted referrals that do not indicate actual or immediate significant harm, the child is seen as soon as practicable in line with the perceived level of risk (no more than 10 working days in every case). A timescale for completion of the assessment, proportionate to the case, is agreed with the Social Work Team Manager. In any case there are checkpoints at 10, 20 and 35 days. In exceptional circumstances social work assessments may be extended beyond 35 days to a maximum of 45 days, to ensure timeliness for the child.

**6. The assessment process should not delay** agreed urgent help and support being put in place.

**7. Link to referral form**  [INTER-AGENCY REFERRAL TO CHILDREN'S SOCIAL CARE \[258KB\]](#)

## APPENDIX 1 - Guidance for Professionals

### What to do when a professional is concerned for a child or family they are working with

Unless you are concerned that a child is at immediate risk of harm you should always consider the following actions:

- Talk to family about your concerns
- Talk to other professionals involved with the family
- Explore the intervention that has already been put in place to address the concern.
- Explore all available resources.
- Undertake a CAF or early help assessment
- Seek advice or guidance from Gateway

### Are you concerned that the child is at risk of or suffering significant harm? These include;

- Child has made a disclosure of physical or sexual harm
- Child has an unexplained or suspicious injury
- Parent is intoxicated or under influence of substances and unable to safely care for the child
- Child is witnessing significant or repeated incidents of domestic abuse
- Fabricated illness
- Radicalisation of parent or child
- Female Genital Mutilation
- Sexual exploitation through grooming and prostitution
- Significant emotional/psychological problems/developmental delay due to neglect or poor parenting
- Forced Marriage
- Parent involved in serious criminal acts that impact on the child e.g. abusive images of children
- Child aged under 16 in a private fostering arrangement
- Child is an unaccompanied minor
- Child is at immediate risk of accommodation and despite intervention this cannot be prevented e.g. homeless young person.

This is not an exhaustive list and you should refer to level 4 indicators.

**YES – Contact the Hub within Plymouth Referral and Assessment Service to make a referral for consideration of a statutory assessment for the family.**

## APPENDIX 2 - Questions that may be asked when you call Gateway or Hub

### NEGLECT

#### If concerns are the home conditions are filthy: think about

- Bedding – is there any? Is it dirty, urine and or faeces soaked?
- Does the child have a safe space to play? Exposed plugs, scissors, lighters, meds etc. in reach of small children?
- How cluttered is the home? Are things piled from floor to ceiling?
- What is the kitchen and bathroom like? Food in fridge and cupboards – is it edible or mouldy? Is there enough?
- Is there faeces smeared over walls or floor?
- Are there piles of rubbish bags in the property causing a stench?
- Is the property riddled with flies?
- Have parents been made aware of the concerns?
- What prevention has already been attempted and by whom?

#### Child presents as unkempt:-

- Does the child have head lice? Has this been treated? Is scalp infected?
- Does the child smell? Is this body odour or urine?
- Does child choose not to wash or are parents not washing child.
- Teeth – has dental decay led to several extractions?
- Are child's clothes, too small/big, lots of holes etc.?
- Have been parents been made aware of the concerns?
- What prevention has already been attempted and by whom?

### DRUGS / ALCOHOL

#### Concerns that parent is drinking all the time or taking drugs:-

- What is the parent taking/drinking?
- How much are they taking/drinking?
- How often are they doing this?
- Where are they doing this and where are the children at the time?
- How does this affect the parent's basic functioning?
- Can the parent afford to do this or do they have to steal etc. to fund this?
- Is money going on substances rather than food?
- Are concerning adults coming to the address due to substance use?
- Are substances in reach of child?
- Are they getting help?
- Have been parents been made aware of the concerns?
- What prevention has already been attempted and by whom?

#### Concerns that a young person is using drugs and or alcohol:-

- Same as above in relation to how much, how often and how does it affect them?
- Where are they getting it from?
- How are they funding it?
- How do parents respond to this?
- Why are they taking this?
- Are they involved with specialist services to address this?

- Have been parents been made aware of the concerns?
- What prevention has already been attempted and by whom

## **DOMESTIC ABUSE**

- What is the abuse? Verbal, physical etc.?
- Who is it between?
- How many previous incidents and of what nature?
- What was the outcome of previous assessments?
- Is it the same perpetrator?
- If no history with the victim does the perpetrator have a history with someone else? Do you know the outcome of assessments on those children?
- Was the child present? Witness? Did they intervene? Were they hurt?
- Was the child being held at the time by either victim or perpetrator?
- Are the couple still together or has the relationship ended?
- Have been parents been made aware of the concerns?
- What prevention has already been attempted and by whom

## **MENTAL HEALTH**

### **Parental Mental Health**

- What is the nature of the mental health e.g. self harm, overdose, depression etc.?
- What is the history of MH?
- Is there a protective parent or care in the home?
- Are MH services involved? What is their assessment?
- Where is child when parent self harms/overdoses etc.?
- Does parent threaten to harm the child due to MH?
- Have been parents been made aware of the concerns?
- What prevention has already been attempted and by whom?

### **Child Mental Health**

- What is the nature of the MH e.g. self harm, overdose etc.?
- How severe is the MH e.g. if cutting where is a child cutting on their body, how deep, how often? If overdose is a concern what are they taking and how much?
- How do parents respond to this behaviour e.g. do they keep potentially harmful things locked away? Do they engage with health services?
- Have the parents been made aware of the concerns?
- What prevention has already been attempted and by whom?

## **LACK OF ENGAGEMENT**

### **Caller advises CAF not working/missed appointments/non engagement**

#### **Missed Appointments:-**

- What are the appointments for?
- What would it mean to the child's health and development if they are missed?
- What has already been done to encourage appointments to be kept? E.g. have T/C's been made, letters sent, visits attempted? Has letter been sent detailing consequence if not kept?
- Is address accurate? Can parent read?
- Have the parents been made aware of the concerns?
- What prevention has already been attempted and by whom?

### **Non- Engagement / CAF:-**

- Has caller tried engaging parent through another service e.g. could contact be made when a child is collected from or taken to school?
- Why is there non-engagement?
- Could someone else better engage parent?
- What is the plan of support? Is this achievable?
- How long has non-engagement been an issue? Recent or long-standing?
- Is it non-engagement from parent or young person?

### **INJURIES**

- Where is the injury, what type of injury [burn, scratch, bruise], what size, how many injuries, what shape?
- When did it occur – is there a delay in calling – if so why?
- Who saw the injury?
- What explanation was given for injury and to whom?
- What does child say? What does parent say? Are the explanations consistent?
- Have you completed a skin map?
- Has a medical professional seen the injury? Are they satisfied with explanation?
- Does the alleged perpetrator have any contact with other children, e.g. any other of their own children in a different household, siblings grandchildren etc.?

### **DISCLOSURES**

- What is the young person actually saying? Their words.
- Who have they disclosed to? Have they told a number of people? Is it the same story each time?
- Depending on age do they want to make a formal complaint to the police?
- Did anyone witness what is being disclosed?
- When did alleged incident happen?
- Have parents been informed? What were their reactions, explanations?
- Who is the allegation about? Is it someone living in the house i.e. mum or dad or is it a stranger, friend, relative?
- Is the perpetrator a child?
- Does the alleged perpetrator have any contact with other children?

## APPENDIX 3 - Useful Contacts

Plymouth On-line Directory (POD) [www.plymouthonlinedirectory.com](http://www.plymouthonlinedirectory.com)

<b>Gateway – (Plymouth City Council)</b>	<b>668000</b>
<b>Plymouth Referral and Assessment Service (Plymouth City Council)</b>	<b>668000</b>
Barnardos	569263
CAFCASS	0844 353 3894
CAMHS	434477
18+ Team	398200
Child Development Centre	0845 155 8174
Children’s Integrated Disability Service (Plymouth City Council)	307264
Community Learning Disability Team (Adults)	0845 1558077
Careers South West	207701
Devon and Cornwall Police (General switchboard)	101
Devon and Cornwall Central Safeguarding Team [Police]	0845 605 1166
Devon and Somerset Fire and Rescue	01392 872200
Diocese of Plymouth	01364 645360
Early Years Safeguarding (Plymouth City Council)	308997 / 07795121445
Education Welfare (Plymouth City Council)	307404
Family Intervention Project (Plymouth City Council)	312556
Family Information Service	0800 783 4259
Harbour (Teens)	314181
Harbour (Adults)	267431
Hamoaze House	566100
Local Authority Designated Officer (Plymouth City Council)	307144
NSPCC	0844 892 0288
Out of Hours Emergency Duty Team (Plymouth City Council)	346984
Plymouth Centre for Faiths and Cultural Diversity	254438
Plymouth District Race Equality Council	224555
Plymouth Domestic Abuse Service	252033
Plymouth Probation Service	827500
Plymouth Safeguarding Children Board	307535
Plymouth Octopus Project [Voluntary and Community Sector]	395139
Plymouth Social Inclusion Unit (Plymouth City Council)	304321
REACH (Reducing Exploitation & Absence from Care & Home – PCC)	308840
Royal Navy Royal Marine Welfare Team	02392 728777

Women's Refuge	562286
Youth Services (Community Teams – Plymouth City Council)	306596
Youth Service Intensive Support Team (Plymouth City Council)	312561
Youth Service Streetwise Team (ASB & Risk Taking Behaviour - PCC)	308730
Youth Offending Team (Plymouth City Council)	306999
The Zone	206626
<b>Health Safeguarding</b>	
Safeguarding Midwife	431503
Safeguarding Children – Derriford Hospital	439053
Designated Nurse for Child Protection	398791
Derriford Hospital Switchboard	0845 155 8155
Safeguarding Children Team- Livewell Southwest	435063
<b>Health Visiting Service:</b>	
South Locality HV Team	435169
North Locality HV Team	434188
West Locality HV Team	434008
East Locality HV Team	435370
Family Nurse Partnership Team	434314
<b>School Nursing Service:</b>	
School Nursing Service:	434119
<b>Children's Centres</b>	
Crownlands Children's Centre	770321
DELL Children's Centre	306334
Four Woods Children's Centre	366795
Green Ark Children's Centre	565555
Keystone Manor Street Children's Centre	208650
Keystone Morice Town Children's Centre	208660
LARK Children's Centre	313293
Nomony Children's Centre	261844
St Maurice	340537
Woodford Children's Centre	346008
Plym Bridge Children's Centre	786444
Popin Children's Centre	395302
Plymstock Children's Centre	407496

Southernway Children's Centre	775849
Sweet Peas Children's Centre	0782 727 2041
Tamar FOLK Children's Centre	361052
Whitleigh Children's Centre	237691

**Note: information about children and families should never be sent using e-mail that is not secure or encrypted.**