The Norfolk Threshold Guide:

A Child Centred Framework for Making Decisions

Norfolk Safeguarding Children Board

Ensuring that children & young people receive the right services at the right time and for the right duration

Introduction

This Norfolk Threshold Guide sets out our approach to keeping children in Norfolk safe and protected from harm. The Guide is intended to help professionals embed into their practice the Signs of Safety philosophy, and is designed to ensure that across the continuum of need professionals consider that the right help is given to the right children at the right time and for the right duration.

This document has been updated from its second revision in 2017 in response to the changes made around the 'front door. This transformation has been designed to improve the conversations we have when we are concerned about children and ensure that professionals know the best support route so that the issues children and families are facing can be managed as early as possible.

Protecting children involves professionals in the difficult task of analysing complex information about human behaviour and risk. It is rarely straightforward: it involves consideration about past and potential harm and family deficiencies, but it is also important to recognise that to balance the picture, it is vital to obtain information regarding any past, existing, and potential safety and strengths. This balance of information regarding family functioning allows the worker(s) to achieve a comprehensive assessment which applies just as much when issues are first emerging as when an incident of significant harm is identified.

The Norfolk Threshold Guide is designed to encourage early discussion and dialogue when we have emerging worries about children, and to acknowledge that all professionals will need a framework to help them recognise risk and agree an appropriate response. All professionals should ensure that they undertake training and professional development to keep their safeguarding knowledge up to date. Professionals should use their own organisation's internal professional support and supervision where there may be emerging concerns which relate to significant harm.

In Norfolk we are working to a model of staged intervention which reflects four tiers of need. The tables at the end of this summary provide a quick reference point for professionals to have the necessary conversations with other professionals and with the family. They are not exhaustive and family circumstances will rarely fit into one particular category. The purpose of this guidance is to help match the response to the child's needs, and is not a check list of concerns, but a way of supporting consistent and clear responses to children's safeguarding and wellbeing.

This guidance document is intended to support and guide professionals who have a concern about a child or young person. The tables at the end of the document set out examples of the types of presenting risks, needs or concerns and gives an indication the level and type of service response that may be most appropriate. Using the guide to support their conversations with others and decision making will help professionals to make sure the child they are worried about will get the right service at the right time for the right duration. This will also add to professionals' knowledge and experience.

It is important to remember that guidance will never give all the answers, nor will it ever take the place of talking to each other – or the exercise of sound professional judgement and good communication. Where a practitioner has concerns about a child's welfare and/or doubts about the most appropriate pathway to meet a child's needs, they should consult initially with their own manager and organisation's safeguarding leads.

Working Together to Safeguard Children

As safeguarding is everyone's business, it's important that everyone is clear about their roles and responsibilities. These are set out clearly in *Working Together.* This statutory guidance states that having defined thresholds for action which are understood by all professionals, and applied consistently, including for children returning home from care, should ensure that services are commissioned effectively and that the right help is given to the child at the right time. The Norfolk Threshold Guide is *Working Together* compliant and in keeping with the spirit of its overarching principles.

Working Together strengthens the focus away from processes and onto the needs of the children. It seeks to emphasise that effective safeguarding systems are those where:

- the child's needs are paramount, and the needs and wishes of each child, be they a baby or infant or an older child, should be put first, so that every child receives the support they need before a problem escalates
- all professionals share appropriate information in a timely way and can discuss any concerns about an individual child with colleagues and local authority children's social care;

Ultimately, effective safeguarding of children can only be achieved by putting children at the centre of the system, and by every individual and agency playing their full part, working together to meet the needs of our most vulnerable children.

Principles of Practice

The Norfolk Threshold Guide also recognises that family members and children play an important role in shaping decision making. Even where the views of adults and the wellbeing of children are in conflict it is our job to listen, and involve all parties in the decision making, alongside any activity to protect children whose safety must be paramount. Our principles of practice require us to be honest, open and transparent in explaining the assessments and decisions we make. Whatever 'threshold' professionals are working within, we need to ensure that our involvement is helpful and outcomes for children are positive.

The principles of practice

It is important that all those working with children and their families work to a common set of principles that underpin good practice. These principles are drawn from our approaches to Early Help and specialist services, and are also informed by our work as a system using Signs of Safety; they also resonate strongly with the principles of Working Together.

Our principles include being:

- Child centred
- Rooted in child development and informed by evidence
- Focused on actions and outcomes for children
- Respectful for all people at all times
- Listening to family members and giving importance to what they say
- Hearing the voices of children and young people
- Understanding of the family's individuality, values, beliefs, culture and spirituality and recognising difference

- Recognising and celebrating the importance of a child or young person's family and community
- Honest and transparent communication about what we do and why we are involved
- Setting out clearly in a way appropriate to the family any concerns we have and what needs to happen to reduce those concerns.
- Building on strengths as well as identifying difficulty
- Offering help early – doing all we can to assist in keeping our intervention at the lowest possible, safe level

How are our services organised?

Norfolk's Vision

We believe that all children, young people and their families have the right to be healthy, happy and safe; to be loved, valued and respected; and to have high aspirations for their future. We also recognise that children and young people live in families and families live in communities. We strive to ensure that a good local offer is at the heart of our locality model for service delivery. Norfolk partners, families and communities need to work together to make this happen.

Locality Areas

Norfolk Children's Services deliver services in six localities across the county, following the boundaries of the district councils and largely following the operational policing boundaries, the clustering arrangements of our schools and health visiting and school nursing arrangements. Your Local Safeguarding Children Groups (LSCGs) are the local forum for coordinating and improving services working within each locality area.

Did you know your Local Safeguarding Children Group is a great way to access training and to find out about resources available in your areas? The Local Safeguarding Children Groups have a great deal of experience and expertise about the important local safeguarding issues.

We are committed to ensuring that children will have their needs met in universal services wherever possible, but we also recognise that some families need additional help for their children sometimes and that some children might have their needs best met by living apart from their families.

This is never a static process: situations change and as a result so does need and risk. We need to understand that children may **'step up'** and need more services and '**step down'** as interventions have impact, and needs and risk change as a consequence.

Safeguarding is everybody's responsibility and by working together effectively and earlier we will reduce the number of children and young people requiring statutory interventions and reactive specialist services.

Conversation Opportunities

Conversation opportunities are the phone calls and meetings that take place between children, their families and professionals across Norfolk. They also take place between

professionals who believe that a child's needs are not being met or that something more or different is needed to improve the outcomes and quality of life for that child.

In order to ensure that all children and young people are receiving the right services at the right time and for the right duration, conversations need to be constructive. Recognising concerns is often the first part of these conversations, but to really understand the needs of any child or family it is important to then consider the support and services available.

Most constructive conversations will start with the child and their family because an anxiety or uncertainty has arisen about the welfare of a child. The value of the knowledge and trust that a professional already working with a family has must not be underestimated. Working with the child and their family to address worries as they arise, rather than waiting for concerns to escalate is appropriate for the majority of children and can ensure much needed consistency for a family. Providing encouragement, building on strengths and sharing information with or about other services that might help are all key ingredients to promoting children's wellbeing.

We must also recognise that where concerns regarding children exist, there is often a story of family life, and there may be involvement from various agencies with family members. Different professionals will each have important knowledge and a crucial role to play in supporting a family. This highlights why conversations are so important and why drawing professionals and family together in a coordinated way is helpful to the whole family.

Most important is knowing when it is appropriate for professionals to make contact with statutory services to discuss safeguarding concerns. Sometimes this will be because the early help provided is not working and things are not getting better for the child. This should be discussed and agreed with the parents/carers and the other agencies involved first. However, sometimes it is because an incident, or an injury to the child, or something the child has told you suggests they are **at immediate risk of harm or have been harmed.** While the expectation is that all professionals working with children have training to ensure they recognise child protection concerns, they should never be discouraged from seeking specialist safeguarding advice either within their own agency or directly with the Children's Advice and Duty Service. The call handler within that service is a qualified senior social worker, or a Consultant Social Worker, and can access any additional information held in the Multi-Agency Safeguarding Hub that puts anxieties or concerns into context. A consultation with the Children's Advice and Duty Service should be regarded as one of the most vital conversation opportunities.

In certain child protection investigations there may be occasions where there is a need to restrict pieces of information, available to the family, in order to effectively safeguard. These could include Police or Housing investigations. Any clarity needed should be sought from the relevant agency.

Remember: actions speak louder than words! It is okay to challenge the families you work with. Expect parents/carers to demonstrate how they are putting the needs of the children first.

Don't just take their word for it. Speak to the children too and assure yourself that you understand their wishes and feelings.

Determining the level of need or urgency

Everyone knows children and families do not fit neatly into boxes or categories and much of the work done will be in circumstances in which children's needs and support will cross tiers and for which practitioners will need to seek advice and guidance. Support already being provided by an organisation to the child/young person/their family should continue until any plans agreed determine that this is no longer required. The family will always be informed of changes being made such as the inclusion or withdrawal of a service, so they can continue to make informed decisions about the support they require to best meet their children's needs.

Practitioners should also refer to safeguarding procedures and seek advice and guidance from their line manager and organisation's safeguarding lead in the first instance regarding applying thresholds to the child they are worried about. Further information, guidance and support is available via the Norfolk Safeguarding Children's Board website.

The extent of harm or significant harm is determined by the balance between risk and protective factors in a child's life. Generally speaking, those factors which are present where children have no additional needs are considered to be protective in nature; those where children have additional or complex needs are considered to be potential risk or vulnerability factors.

Other factors should also be taken into consideration, such as the age of the child and the context of care that the child is known to experience. Ensuring that information used to inform the assessment is accurate and that fact is always distinguished from opinion, is essential in determining the correct course of action.

Everyone who works with children and families has a responsibility to ensure they have received safeguarding training and, where appropriate, Family Support Process training to ensure they are equipped with the level of knowledge required so they are able to judge when they need to seek further information about a child's circumstances and when to seek advice from their organisation's safeguarding lead, line manager or another agency.

It is also important to recognise the potentially harmful impact on children and families of over intervention or intervening in a way that does not provide support effectively. This includes un-necessary recourse to use of statutory intervention. People who are concerned about children, therefore, need to have a comprehensive understanding of, and associated responsibility for, the impact referrals and requests for support they make will have for the child and their family.

At Tier 3/4, there is likely to be a combination of factors which will require careful information gathering, assessment and analysis to ensure that the services offered to children and families meet need and prevent further escalation of risk, taking account of their present circumstances.

Using the Signs of Safety Framework

Norfolk Safeguarding Children Board (NSCB) has adopted **Signs of Safety** as the basis of work with children across all partner agencies engaged in providing services for children in Norfolk. Signs of Safety is a way to assess risk and find solutions. It uses four simple questions to ask when thinking about and working with a family.

1. What are we worried about?
2. What's working well?
3. What needs to happen?
4. How worried are we on a scale of 0 – 10.

This provides a sound and well-structured focus for the conversations that take place when we believe children's needs are not being met and something else is needed to improve outcomes for the child.

The questions below provide a focus to a conversation that should be inclusive, balanced and well-evidenced from the experience of practitioners working with children and their families and knowing them well. It also provides a sound base for managers and safeguarding leads to ensure consistent assessment and decision making through supervision and management oversight.

Questions you might ask when concerns arise in working with children, young people and families:

What are we worried about?

- What have you seen or heard that worries you?
- Are there any barriers preventing the family from speaking openly?
- What are you most worried about?
- If nothing changes what are you worried will happen to the child?
- Have things become worse recently?
- What has been the impact on that child?
- What are the child's worries?
- What do you already know about the family and the child's needs and difficulties that makes this problem harder for them to manage?

What is working well?

- Where do the family and child get their best support from?
- Who and what are those supports?
- In relation to the worry, what do the family and child do already that makes things even a little better?
- What has already been done to try and help the situation: who did what and when?

What needs to happen?

- What do you think needs to happen to make the situation better?
- Are other universal services needed for this family?
- Will a coordinated, multi-agency approach help this family?
- Have the family been told about Early Help?

AND …..The Scaling Question - this is critical to multi-agency working and dialogue. The scaling question might be designed around a particular concern, or be a gauge by which we assess the threshold of need for professional involvement. It is always on a scale of 0-10.

0 might be the child will definitely be exposed to the worst example of the concern again and 10 might be that there is very little/no risk of the concern ever happening again. Or 0 might mean that a child protection meeting is needed to coordinate a plan that will keep the child safe and 10 is that support for the child and family can safely be coordinated within early help services. The important thing is that an appropriate scaling question is discussed that helps everyone understand the risks and safety for the child, and that the rationale for how family members and professionals answer the question is fully explored: - "What makes it a 6 in your opinion?" "What else would need to happen for it to be 10?"

Questions you might ask the family:

- Is there anyone else supporting you at the moment?
- Do you mind if I speak to them?
- Is there any other support that you feel you need at the moment?
- Have you heard of our Early Help hub?
- What would you ideally like to see happen next?
- Have you told anyone about this before?
- Has this happened before?
- Do you feel that professionals understand your concerns?
- On a scale of 0-10 where 0 is that you struggle every day with this issue, and 10 is that today just a bad day, where are you?

Think about the type of issues you might see during your working day and what actions you would like to see happen or what services you think might be helpful for some of the children and families you work with.

Ask yourself: what do you worry about and what questions could you ask to find out how a child is doing

Having a conversation as outlined previously doesn't always result in escalating levels of intervention. It may be, as result of having a conversation with the family and/or other professionals, sharing information and seeking advice, that the needs of the child or young person can still be met within universal services, even if these need to be changed or the approach adapted. If universal services or a coordinated multi-agency Early Help approach cannot meet the needs of a child or family, if a family are not consenting to Early Help assistance or if a Family Support Plan is not helping to address the concerns, then conversations may need to focus on whether statutory services are needed to keep a child safe from harm. Where you are becoming more concerned about a child, young person or family you should have a conversation with your line manager or designated safeguarding children lead to share what you are worried about and agree what else needs to happen to meet the child's/children's needs.

This approach has many advantages. It:

- Is grounded in collaboration and partnership
- Promotes shared responsibility and flexibility

- Recognises the unique needs of each individual child and family
- Reduces bias of individual professionals and agency decisions

This is where the Signs of Safety approach is helpful, giving us a clear framework to facilitate dialogue and map risk effectively. The framework encourages practitioners to:

- understand present and past concerns;
- recognise existing strengths and safety;
- be clear about what needs to happen;
- scale risk and to discuss any disagreement.

We expect managers and designated safeguarding leads to support practitioners in the discussions, especially where there is disagreement, in order to ensure a speedy resolution.

Make sure you are clear about who is owning the actions and that the family is getting the direction and leadership it requires from the multi-agency partnership.

Information Sharing

Knowing when and how to share information isn't always easy – but it's vital to try and get it right. Children, young people and their families need to feel that their confidentiality is respected. In most cases, you will only share information about families with consent – but there may be circumstances when you will need to override this. Refusal to give consent to share information or to engage with services should not been seen in isolation as a reason to escalate concerns to the next level. This is more likely to alienate the family than secure cooperation. All agencies, but particularly those who are referring, have a responsibility to endeavour to engage positively with the family they intend to refer, to work alongside children, young people, parents and carers to develop relationships that are experienced as supportive and helpful rather than critical and punitive. Building on strengths while being honest about the worries that are identified is the best way of securing both consent, engagement and participation to improve the lived experience of children and their families.

In general, conversations about what is worrying you happens with the family first to test if they share your worries and assess what help they need. If parents understand that you are trying to help and are willing to work with you, they may be open to you making a referral for them to get additional support as required, which will need their explicit consent. Consent means that the family is fully informed about the services they are being referred to, agree with the referral being made and understand what information professionals are passing on and why.

While it is usually good practice to seek consent for making any referral, there are some exceptions when it comes to protecting children. For example, if having a conversation with the family would place the child, or another child, or someone else, or you the referrer, at increased risk of suffering harm you do not need consent. You also don't need consent if it might undermine the investigation of a serious crime. This includes making a child protection referral for a child who has made an allegation about a physical or sexual assault by a parent or carer, or where a delay in getting consent may mean the child or young person is put at further risk of harm. There may be occasions, such as criminal investigation or local authority proceedings, which require an element of confidentiality from the family involved. Any professional ambiguity should be clarified with the relevant agency to ensure that investigations or proceedings are not compromised.

Anyone concerned about information sharing should also refer to government guidance Information sharing advice for safeguarding practitioners.

Seven golden rules of information sharing

1. Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.

2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.

4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.

5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.

6. **Necessary, proportionate, relevant, adequate, accurate, timely and secure**: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).

7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

The Children's Advice & Duty Service

In October 2018, Norfolk's Children's Services transformed its front door arrangements to ensure the right pathway first time for Norfolk's children and young people. This approach is telephone based with a direct line for professionals to a Consultant Social Worker in the call handling team; this team is integrated into the wider partnership front door and is working to reduce unnecessary assessments that end in step down to Norfolk Early Help Family Focus Teams or support provided by universal services.

Norfolk Children's Advice and Duty Service (CADS) is made up of a team of Consultant Social Workers who have had specialist training and use a coaching style to empower partners to be more confident in working with families and meeting needs. The Consultant Social Workers will provide advice, support and signposting, identifying the correct services and support for the child or young person. This could be by going through to an Early Help Provision, Social Work Team or initially into the Multi Agency Safeguarding Hub (MASH)

when there are safeguarding concerns and inter-agency checks are required. This ensures a holistic multi-agency risk analysis and collaborative decision making.

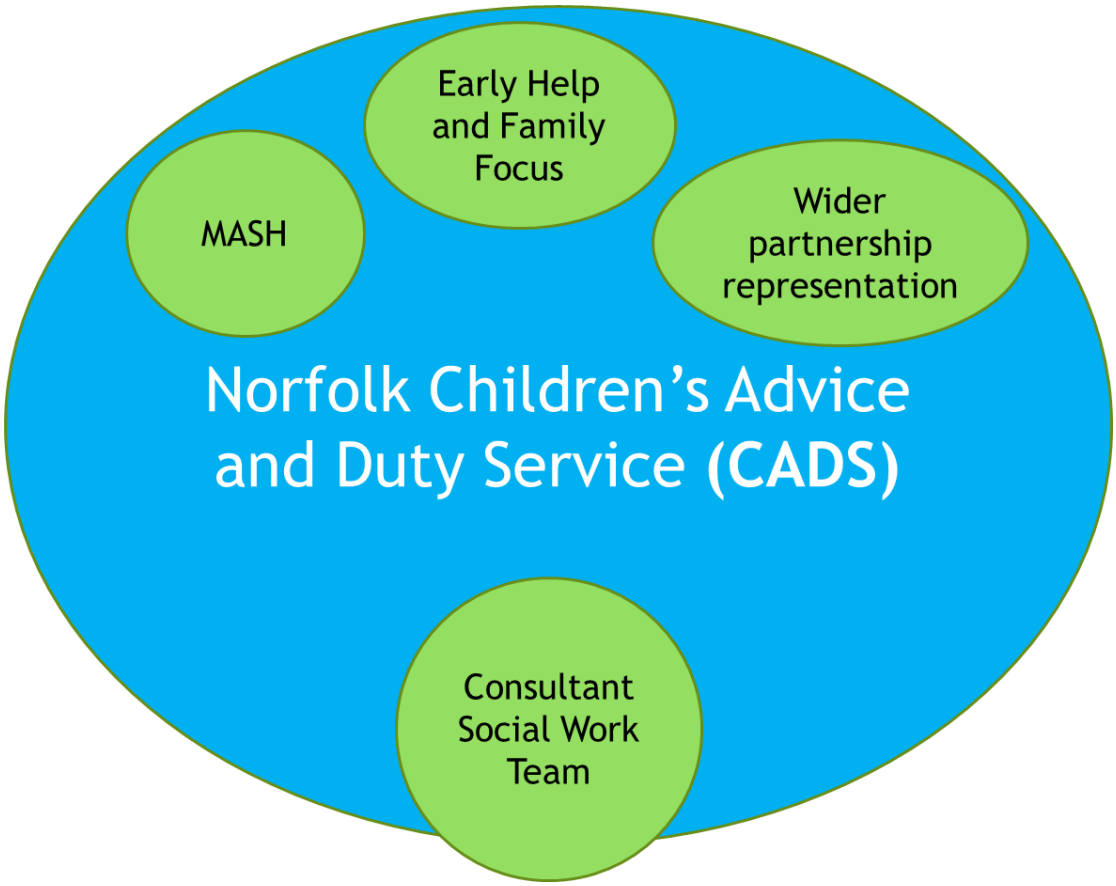
The Consultant Social Workers in the Children's Advice and Duty Service will be the first point of call in any conversation where concerns about children need to be raised. They are working to the principle of **'never do nothing'**. The outcomes of theses conversation will result in a clearly defined pathway:

- caller will be advised of the action required to resolve the concerns either directly or with the support of partner agencies, not necessarily Children's Services
- A formal contact, recording the level of need. Depending on the level, the contact will be processed into either an Early Help Family Focus Team or Social Work Team

A consultation record of any advice and guidance provided of all conversations to have a clear audit trail of the outcome agreed.

If a child is at risk of immediate harm the information will be shared within the Norfolk Multi-Agency Safeguarding Hub (MASH). The Consultant Social Worker handling the call will maintain oversight of the contact.

In total, the Children's Advice and Duty service contains the Consultant Social Work team, MASH, Early Help Pathway Advisors, and wider partnership representation.



The Multi-Agency Safeguarding Hub (MASH)

The Norfolk Multi-Agency Safeguarding Hub (MASH) is the place where agencies concerned with the welfare of children and families come together to share and consider information that once analysed will determine decisions about what if any is the right course of action to be taken in order to safeguard and promote children's welfare.

The work that all the agencies represented in the MASH undertakes is detailed, resource intensive and essential in ensuring children referred get the right service from the right place when they need it. Partners can actively contribute to the success at their MASH and ensure children and families gain maximum benefit from the service provided by making sure that it is fully utilised for its intended purpose.

For the MASH to work effectively all partners should ensure that they develop a working knowledge of the thresholds of need and risk that apply to the different levels of response available. They must also make sure that they inform parents that they are making a referral for a social care service and, unless there are good reasons not to, obtain consent from them to share any pertinent information. Partners can also contribute by using their own judgment about where in the system the child and family are likely to get the most appropriate level of help and protection.

They can do this by:

- using the descriptors included in the Norfolk Threshold Guide (see below)
- accessing support and advice from their organisation's own safeguarding lead
- actively seeking realistic and readily available information, guidance and support from a range of local services, including the Early Help hub in their locality.

The pages that follow in the next section offer a brief description of threshold indicators at the various tiers and offer prompts about the best way to access support for children/their families with one or more of the needs described. It is not a comprehensive list. The tables are for guidance only as the needs of a child or family will rarely if ever fall neatly into one tier.

Of course if you have evidence about significant harm to a child and their immediate safety, advice and guidance can be sought from the Children's Advice and Duty Service directly.

The Consultant Social Workers managing calls into the Children's Advice and Duty Service will always give feedback to referrers about the outcome of the contact/referrals they have made.

Recording what we do and the decisions we take

All conversations in relation to our involvement in the lives of children and young people, whatever the outcome, need to be recorded appropriately and in accordance with each agency's procedures, in order to show that conversations took place and what was agreed.

Be aware of your own agency's recording policies and codes of conduct. Remember, don't just record – reflect!

Recording needs to be clear, concise, explain the evidence, explain the analysis, and record the decisions, the people responsible for actions and the timescales. The Signs of Safety mapping tool provides a useful framework to do this.

Where possible, the statements that are developed and recorded should focus on specific, observable behaviours rather than judgement loaded terms or vague interpretations. Statements that avoid professional jargon and are written in a language more readily understood by the family are more conducive to working in partnership with families. The language we use should maximise the families' understanding of what agencies are concerned about. Plans agreed should always focus on what changes families need to make to address the concerns, what support is offered and what needs to happen to reach a position where statutory interventions can cease or be avoided.

The Consultant Social Worker in the Children's Advice and Duty Service will create a child's record on their electronic systems where parental consent has been obtained or it is clear that there are safeguarding concerns. The named Consultant Social Worker will always e mail the caller a summary of the conversation and agreed decision.

Where possible, always capture the views or behaviour of the child or young person and reflect this in your recording.

Single Agency Record Keeping

Initially, all concerns will be dealt with verbally in a phone conversation with the Children's Advice and Duty Service. Individual agencies are advised to keep a written record of their concerns and action taken, e.g. phoning the Children's Advice and Duty Service, on their own database; this will provide an internal audit trail recording any concerns raise with Children's Services, in addition to any written follow up Children's Advice and Duty Service provide. This will not only enable an effective audit trail, but will also provide structure for the caller to think through their concerns ahead of any conversation. This is for single agency internal use only. The Children's Advice and Duty Service **will not** accept any written referrals.

What Do We Mean By Thresholds?

As professionals we describe services using four tiers generally; the language we use often makes little sense to those on the receiving end. The descriptors in the following pages explain how the jargon we use can be translated when talking to families.

It is important to recognise that what is happening to a vulnerable child can be experienced as a process, even where it is initiated by a single event. Safeguarding involves all those who may be working with a child or family and all the people involved in the child's life. Effective safeguarding requires trust and communication and we must ensure that any changing circumstances are understood and put in context in terms of the impact on the child.

Some children with specific needs will always require statutory intervention, for example, children who are privately fostered please refer to the government guidance on Private Arrangements for Fostering (Children's Act 2005). Another cohort will include children who have long lasting and substantial disabilities which limits their ability to be independent in the future and those that have or are at risk of experiencing sustained periods of neglect in their life. All children who are considered young carers, i.e. are at risk of undertaking excessive and inappropriate care would be offered an assessment of their needs by Norfolk Family Focus in conjunction with Adult Social Care where they are caring for a disabled adult or parent with a long term illness using the Family Support Assessment. Support to reduce or

remove the risk of excessive and inappropriate care would then be provided by either the Family Focus Team or where required under s.17 by a Social Work team.

The Descriptors of Possible Need

The indicators on the following pages are designed to provide practitioners with an overarching view on what tier of support and intervention a family might need.

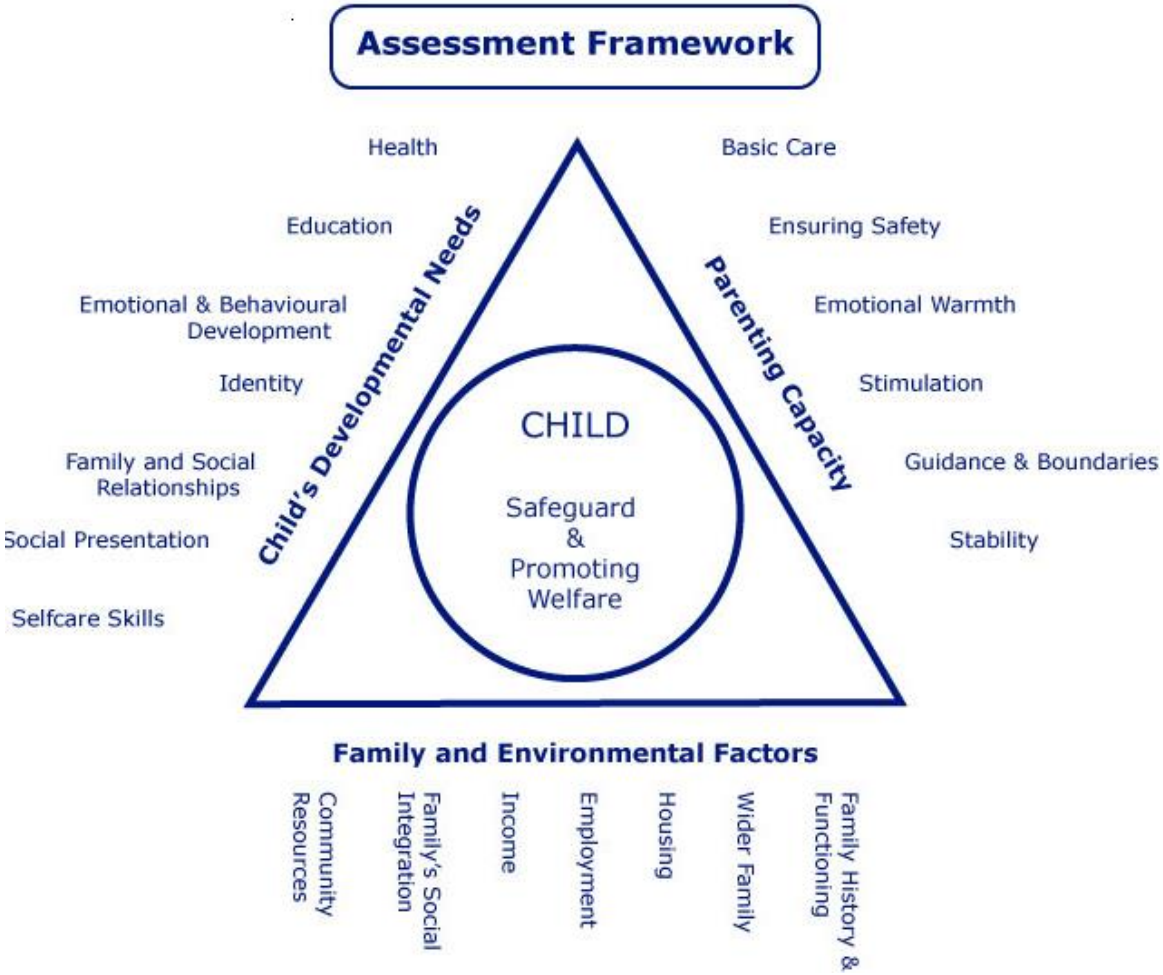
This is intended to give a quick-reference guide to support professionals in their decision-making, including conducting further assessments, referring to other services and understanding the likely thresholds for higher levels of intervention.

Remember that if there is a combination of indicators of need under Tier Two, the case may be a Tier Three case overall. Equally one or two indicators of need appearing in Tier Three does not necessarily mean that the best response is one from a statutory service. An enhanced early help offer may meet the need more effectively.

Also remember that need is not static; the needs of a child/young person/ family will change over time. Where a plan has been agreed, this should be reviewed regularly to analyse whether sufficient progress has been made to meet the child's needs and on the level of risk faced by the child. This will be important in cases of neglect where parents and carers can make small improvements, but an analysis will need to be undertaken on whether this leads to significant improvements for the child/young person.

The Assessment Triangle

The Assessment Triangle is a well-established framework as set out in Working Together. The framework will enable professionals to assess need and use the three domains - child's developmental needs, parental/family factors and family and environmental factors - in order to form a judgement regarding appropriate intervention to meet the child's needs.


Assessment Framework
Health
Education
Emotional & Behavioural Development
Identity
Family and Social Relationships
Social Presentation
Selfcare Skills
Child's Developmental Needs
Basic Care
Ensuring Safety
Emotional Warmth
Stimulation
Guidance & Boundaries
Stability
Parenting Capacity
CHILD
Safeguard & Promoting Welfare
Family and Environmental Factors
Community Resources
Family's Social Integration
Income
Employment
Housing
Wider Family
Family History & Functioning

Descriptors of Need Matrix [Tiers 1 - 4]			
Development of the baby, child or young person			
This includes the child's health, family and social relationships, including primary attachment, and emotional and behavioural development. Some of the indicators will depend on the child's age. These are guidelines to support practitioners in their decision-making. This is not intended to be a 'tick box' exercise and practitioners should use their professional judgement.			
Tier 1 Children with no additional needs whose health and developmental needs will be met by universal services.	**Tier 2** Children with additional needs that may be met through the provision of enhanced universal provision or 'early help' where there are a number of needs identified - a referral to children's social care is NOT required.	**Tier 3** Children with complex multiple needs who may need targeted or specialist services. A referral to the Early Help Hub or conversations with the Children's Advice and Duty Service may be required.	**Tier 4** Children in acute need. a referral to **Children's Advice and Duty Service** is indicated or direct to the police where there is imminent danger.
The child's education and employment			
Developmental milestones met**.**	Some developmental milestones are not being met which will be supported by universal services.	Some developmental milestones are not being met which will require support of targeted/specialist services.	Developmental milestones are significantly delayed or impaired.
Possesses age-appropriate ability to understand and organise information and solve problems, and makes adequate academic progress.	Able to understand and organise information and solve problems is impaired and is under-achieving or is making no academic progress.	Able to understand and organise information and solve problems is very significantly impaired and is seriously under-achieving or is making no academic progress despite learning support strategies over a period of time.	Not able to understand and organise information and solve problems is adversely impacting on all areas of his/her development creating risk of significant harm.

The young person is in education, employment or training (EET)	The young person is not in education, employment or training (NEET) or their attendance is sporadic and they are not likely to reach their potential.	The young person refuses to engage with educational or employment opportunities and are increasingly socially isolated – there is concern that this results from or is impacting on their mental health.	
The child's health			
Is healthy and does not have a physical or mental health condition or disability.	Has a mild physical or mental health condition or disability which affects their everyday functioning but can be managed in mainstream schools. Child may be on school action or action plus/SEN statement Child in hospital.	Has a physical or mental health condition or disability which significantly affects their everyday functioning and access to education. Child may have an EHCP.	Has a complex physical or mental health condition or disability which is having an adverse impact on their physical, emotional or mental health and access to education.
Is healthy, and has access to and makes use of appropriate health and health advice services.	Rarely accesses appropriate health and health advice services, missing immunisations.	No evidence that child has accessed health and health advice services and suffers chronic and recurrent health problems as a result.	Has complex health problems which are attributable to the lack of access to health services.
Undertakes regular physical activities and has a healthy diet.	Undertakes no physical activity, and/ or has an unhealthy diet which is impacting on their health.	Undertakes no physical activity and has a diet which seriously impacts on their health despite intensive support from early help services.	Despite support, no physical activity undertaken and has a diet which is adversely affecting their health and causing significant harm.

Has no history of substance misuse or dependency.	Is known to be using drugs and alcohol with occasional impact on their social wellbeing	Substance misuse is affecting their mental and physical health and social wellbeing.	Substance misuse dependency is putting child at such risk that intensive specialist resources are required.
The child's emotional wellbeing			
Engages in age appropriate activities and displays age appropriate behaviours.	Is at risk of becoming involved in negative behaviour/ activities - for example antisocial behaviour [ASB] or substance misuse.	Is becoming involved in negative behaviour/ activities, for example, non-school attendance and as a result may be excluded short term from school. This increases their risk of being involved in ASB, crime, substance misuse and puts them at risk of grooming and exploitative relationships with peers or adults.	Frequently exhibits negative behaviour or activities that place self or others at imminent risk including chronic non-school attendance. Child may be permanently excluded or not in education which puts them at high risk of CSE.
Has a positive sense of self and abilities.	Has a negative sense of self and abilities.	Has a negative sense of self and abilities to the extent that it impacts on their daily outcomes.	Has such a negative sense of self and abilities that there is evidence or likelihood that this is causing harm.
Has positive sense of self and able to reduce the risk that they will be targeted by peers or adults who wish to exploit them.	Has a negative sense of self and abilities and suffers with low self-esteem which makes them vulnerable to peers and adults who pay them attention and/or show them affection but do so in order to exploit them.	Negative sense of self and low self-esteem has contributed to their involvement with peers and/or adults who are thought to be treating them badly and/or encouraging them to get involved in self destructive and/or anti-social or criminal behaviour.	Vulnerability resulting from their negative sense of self and low esteem has been exploited by others who are causing them harm.

Is emotionally supported by his/her parents/carers to meet their developmental milestones to the best of their abilities.	Occasionally does not meet developmental milestones due to a lack of emotional support.	Is unable to meet developmental milestones due to the inability of their parent/carer to emotionally engage with them.	Development is being significantly impaired.
Has not experienced any significant bereavement/loss/suicide/acrimonious relationship breakdown.	Has suffered a bereavement recently or in the past and is distressed but receives support from family and friends and appears to be coping reasonably well – would benefit from short term additional support enhanced universal services.	Has suffered bereavement recently or in the past and doesn't appear to be coping. They appear depressed and/or withdrawn and there is concern that they might be/are self-harming or feeling suicidal.	Has suffered bereavement and is self-harming, going missing and/or disclosing suicidal thoughts.
The child's social development			
Has strong friendships and positive social interaction with a range of peers	Has few friendships and limited social interaction with their peers	Is isolated, and refuses to participate in social activities.	Is completely isolated, refusing to participate in any activities.
Is able to communicate with others, engages in positive social interactions and demonstrates positive behaviour in a wide variety of social situations. Demonstrates respect for others.	Has communication difficulties and poor interaction with others.	Has significant communication difficulties. Interacts negatively with others and demonstrates significant lack of respect for others.	Has little or no communication skills. Positive interaction with others is severely limited.

Demonstrates accepted behaviour and tolerance towards their peers and others. Where on occasion this is not the case, this is managed through effective parenting and universal services.	Exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community. Support is in place to manage this behaviour.	Exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community. Early support has been refused, or been inadequate to manage this behaviour.	Exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community, and which is impacting on their wellbeing or safety.
Demonstrates feelings of belonging and acceptance.	Is a victim of discrimination or bullying.	Has experienced persistent or severe bullying which has impacted on his/her daily outcomes.	Has experienced such persistent or severe bullying that his/her wellbeing is at risk.
The child's behaviour			
Demonstrates self-control appropriate with age and development.	Occasionally displays lack of self-control that would be unusual in peer groups.	Regularly displays lack of self-control that would be unusual in peer groups.	Displays little/ no self-control that seriously impacts on relationships with others; puts themselves/ others at risk.
Has growing level of practical/ independent living skill competencies.	Competencies in practical/ independent living skills are at times impaired/ delayed.	Does not possess/ neglects to use, self-care and independent living skills appropriate to age.	Severe lack of age appropriate behaviour/ independent living skills; likely to result in significant harm. e.g. bullying/ isolation.

Doesn't run away from home and whereabouts are always known to parents/ carers.	Has run away from home before or not returned at normal time; reasons are understood.	Runs away frequently and/ or goes missing for periods; reasons for whereabouts not understood/ reason to believe involvement in risky behaviours making them vulnerable to exploitation in all forms.	Persistently runs away and/ or goes missing; doesn't recognise potential risks; evidence suggesting sexual exploitation/ potential involvement in criminal activity including gangs/ extremism.
Doesn't have caring responsibilities	Has occasional caring responsibilities for family members that can impact on daily life	Childhood, educational and social opportunities are adversely impacted by caring responsibilities.	Outcomes are adversely impacted by unsupported long term, ongoing caring responsibilities that are unlikely to end in the near future.
Activities are legal.	Occasionally involved in anti-social behaviour.	Involved in anti-social behaviour/ may be at risk of gang involvement;	Currently involved in persistent/ serious criminal activity and/ or is known to be engaging in gang activities
Engages in age appropriate use of internet, gaming/ social media.	At risk of becoming involved in negative internet use, lacks control/ is unsupervised in gaming/ social media use.	Engaged in/ victim of negative/ harmful behaviours associated with internet/ social media use, e.g. bullying, trolling, sending inappropriate images/ or obsessively involved in gaming, hindering social functioning.	Signs of being secretive, deceptive/ actively concealing internet/ social media activities, e.g. at risk of being groomed for child sexual exploitation/ showing signs of addiction (gaming, pornography).
Engages in age appropriate internet use/ social media, displaying age appropriate behaviours/ self control; able to recognise right from wrong and has mutual respect and tolerance of those with different beliefs.	Unsupervised internet access: at risk of becoming involved in negative internet use that will expose them to extremist ideology/views; / has disclosed to adults/ peers intentions to research such ideologies/ casual support for extremist views; expresses	Engaged in negative/ harmful behaviours associated with internet/ social media use; known to have viewed extremist websites/ claims, shares these views; believes extreme violence should be used against people who disrespect their beliefs/ values.	Significant concerns of grooming for involvement in extremist activities; viewed extremist websites/ actively concealing internet/ social media activities; refuses to discuss views or make clear their support for extremist views; is thought to be involved in extremist groups; supports travel to conflict zones for

	sympathy for ideologies linked to violent extremism but open to other views/ loses interest quickly		extremist/ violent purposes or with intent to join terrorist groups; expresses generalised intent to go/join.
Abuse and neglect			
Shows no physical symptoms which could be attributed to neglect.	Occasionally shows physical symptoms which could indicate neglect such as a poor hygiene or tooth decay.	Consistently shows physical symptoms which clearly indicate neglect	Shows physical signs of neglect such as a thin or swollen tummy, poor skin tone/sores/rashes, prominent joints and bones, poor hygiene or tooth decay which are attributable to the care provided by their parents/carers.
Is appropriately dressed.	Child/their siblings sometimes come to nursery/ school in dirty clothing or they are unkempt or soiled.	Child/their siblings consistently come to school in dirty clothing which is inappropriate for the weather and/ or they are unkempt or soiled. The parents/carers are reluctant or unable to address these concerns.	Consistently wears dirty or inappropriate clothing and are suffering significant harm as a result [e.g. they are unable to fully participate at school, are being bullied and/or are physically unwell.

Has injuries, such as bruising on their shins etc., which are consistent with normal childish play and activities.	Has occasional, less common injuries which are consistent with the parents' account of accidental injury. The parents seek out or accept advice on how to avoid accidental injury.	Has accounted for injuries e.g. bruising/burns/scalds/scratches but are more frequent than would be expected for a child of a similar age.	Has unaccounted for injuries, e.g.bruising/scalds/burns/scratches. Child alleges injuries were not accidental.
Is provided with an emotionally warm and stable family environment.	Experiences parenting characterised by a lack of emotional warmth and/ is overly critical and/or inconsistent.	Experiences a volatile and unstable family environment that negatively impacts on child who is vulnerable to grooming and/or exploitative relationships with abusive adults or risky peer groups due to emotional neglect.	Has suffered long term neglect of emotional needs and now at high risk of/ already involved in sexual/other forms of exploitation either as a perpetrator/victim.

Environmental Factors			
Including access to and use of: community resources; living conditions; housing; employment status; legal status. These are guidelines to support practitioners in their decision-making. This is not intended to be a 'tick box' exercise and practitioners should use their professional judgement.			
Tier 1 Children with no additional needs whose health and developmental needs can be met by universal services.	**Tier 2** Children with additional needs that may be met through the provision of enhanced universal provision or 'early help' where there are a number of needs identified - a referral to children's social care is NOT required.	Tier 3 Children with complex multiple needs who may need targeted or specialist services. A referral to the Early Help Hub or conversations with the Children's Advice and Duty Service may be required.	Tier 4 Children in acute need. a referral to Children's Advice and Duty Service is indicated or direct to the police where there is imminent danger.
The family feels integrated into the community.	The family is chronically socially excluded and/ or there is an absence of supportive community networks.	The family is socially excluded and isolated to the extent that it has an adverse impact on the child.	The family is excluded and the child is seriously affected but the family actively resists all attempts to achieve inclusion and isolates the child from sources of support.

The family has a reasonable income over time and financial resources are used appropriately to meet the family's needs. The family are living on a very low income and/or have significant debt but the parents use their limited resources in the best interests of their child/children. The parents maximise their income and resources. The parent / carer is able to manage their working or unemployment arrangements and do not perceive them as unduly stressful.	There are concerns that the parents are unable to budget effectively and as a result the child occasionally does not have adequate food, warmth, or essential clothing. However, the parents are working with support services to address these issues.	The family does not use its financial resources in the best interests of the child and the child regularly does not have adequate food, warmth, or essential clothing. For example, expenditure on drug, alcohol, gambling or other addictive behaviours means that there isn't enough money to meet the child's basic needs.	The child consistently does not have adequate food, warmth, or essential clothing. The parents are consistently unable to budget effectively and are resisting engagement.
The family's accommodation is stable, clean, warm, and tidy and there are no hazards which could impact the safety or wellbeing of the child. For example the parent/carer ensures access to balconies is restricted unless a young child is with an adult.	The family's accommodation is stable however the home itself is not kept clean and tidy and is not always free of hazards which could impact on the safety and wellbeing of the child.	The family's home is consistently dirty and constitutes health and safety hazards.	The family's home is consistently dirty and constitutes health and safety hazards. The family has no stable home, and is moving from place to place or 'sofa surfing'.

Safe neighbourhood/positive environment; encouraging good citizenship.	Child affected by low level anti-social behaviour in the locality	Neighbourhood/locality negatively impact child; e.g. is a victim of anti-social behaviour/crime/ participating in antisocial behaviour/ or at risk or participating in/victim of criminal activity.	Neighbourhood/locality has profoundly negative effect on the child who is involved in frequent anti-social behaviour/criminal activity.
Family/child has full/legal indefinite rights to remain in country/indefinitely/employment/public funds.	Family has temporary right to stay in the country is temporary and/or restricted access to public funds/right to work, placing the child and family under stress.	Family/young person's legal status increases risk of involuntary removal; e.g. asylum-seeking families/illegal workers OR having limited financial resources/no recourse to public funds increases the child's vulnerability to criminal activity e.g. illegal employment/child labour/CSE	Family members/young person detained/at risk of deportation or the child is an unaccompanied asylum-seeker.
The child spends time in safe and positive environments outside of the home.	The child is known to be/have been a victim or perpetrator of bullying and/or is part of a group or associated with a group which bullies others.	The child is a repeated victim and/or perpetrator of bullying including sexual or other targeted forms of bullying.	The child is a victim of serious and/or repeated and/or escalating acts of bullying, including sexual bullying.

Parental and Family Factors			
Including basic care, emotional warmth, stimulation, guidance and boundaries, stability and parenting styles and attitudes, and whether these meet the child's physical, educational, emotional and social needs. These are guidelines to support practitioners in their decision-making. This is not intended to be a 'tick box' exercise and practitioners should use their professional judgement. NB Where it reads parent, this refers to both parent and carers. We have written it in the singular, but when applying the descriptors professionals need to consider all the people in the child's life with a parenting role, including, where relevant, absent/estranged parent(s).			
Tier 1 Children with no additional needs whose health and developmental needs can be met by universal services.	**Tier 2** Children with additional needs that may be met through the provision of enhanced universal provision or 'early help' where there are a number of needs identified - a referral to children's social care is NOT required.	Tier 3 Children with complex multiple needs who may need targeted or specialist services. A referral to the Early Help Hub or conversations with the Children's Advice and Duty Service may be required.	Tier 4 Children in acute need. a referral to Children's Advice and Duty Service is indicated or direct to the police where there is imminent danger.
Parenting during pregnancy and infancy			
Parent accesses ante-natal and/or post-natal care.	Parent is ambivalent about ante/post-natal care,e.g irregular attendance/missed appointments.	Parent doesn't access ante-natal and/ or post-natal care.	Parent doesn't access ante/post natal care where there are complicating obstetric factors posing risk to unborn/new born child. Uses drugs/ alcohol excessively whilst pregnant.
Parent copes well emotionally following birth of baby; accesses universal support services where required.	Parent struggles to adjust to the role of parenthood.	Parent suffers post-natal depression. Struggles to adjust to parenthood because of other vulnerabilities, e.g. domestic abuse/substance misuse/learning difficulty.	Parent suffers severe post-natal depression. Other vulnerabilities e.g. substance misuse/ mental ill health/domestic abuse causes serious risk to themselves/their child/ children.

Parent manages child's sleeping/ feeding/crying; is appropriately responsive.	Parent has sustained difficulties managing child's sleeping/feeding/crying but accepts support to resolve difficulties.	Parent has sustained difficulties managing child's sleeping/feeding/crying despite intervention of support services; refuses support services.	Parent can't manage child's sleeping/feeding/crying; can't/won't engage with health professionals to address issues, impacting significantly/adversely on child.
Meeting the health needs of the child -			
Parent understands/responds appropriately to child's health demands.	Parent displays high levels of anxiety regarding their child's health; their response is beginning to impact on child's wellbeing.	Parent displays high levels of anxiety regarding their child's health; their response impacts on the child's well-being, e.g unnecessarily removing child from school/preventing socialising/participation. Some indications parent's concerns for child's health unrelated to physical/ mental symptoms of illness.	Parent's anxiety about child's health is significantly harming the child's development, e.g. poor school attendance/social isolation. Strong suspicions/evidence that parent fabricates/induces illness in their child.
All the child's needs (e.g. disability, behaviour, long-term conditions) are fully met by the parents.	Parents meet the child's health needs but require additional help.	One/more of child's needs (e.g. disability, behaviour, long-term conditions) are not always met by the parents: additional support required, impacting on daily life of child/siblings/parents.	One /more of child's needs (e.g. disability, behaviour, long-term conditions) impact significantly on daily life of child/siblings/parents.
Meeting the educational and employment needs of the child			
Parent positively supports learning/aspirations; engages with school.	Parent doesn't engage with/support learning/aspirations; not engaged with school.	Parent doesn't engage with school; actively resists suggestions of supportive interventions.	Parent actively discourages/prevents child from learning or engaging with the school.

Parent supports young person to success in labour market.	Parent doesn't support young person to success in labour market.	Parent often discourages young person from success in labour market.	Parent actively obstructs/discourages young person from success in labour market.
Child has appropriate education/opportunities for social interaction with peers.	Concern that child's education doesn't teach about different cultures/faiths/ideas o, is derogatory/dismissive of different faiths/cultures/ideas.	Child educated to hold intolerant, extremist views. Public services, e.g. schools/youth clubs not used; only mixing with children/adults who hold similar intolerant/extremist views.	Child is educated by adults who are members of/have links to prescribed organisations – see link for list of terrorist groups/ organisations banned under UK law **https://www.gov.uk/government/publications/proscribed-terror-groups-or-organisations--2**
Meeting the emotional needs of the child			
Child has emotionally warm, stable family environment; parenting generally demonstrates praise/emotional warmth/encouragement.	Parenting often lacks emotional warmth; can be overly critical and/or inconsistent.	Volatile/unstable family environment: parenting is intolerant/critical/inconsistent/ harsh/rejecting, impacting negatively on child. Emotional neglect leaves child vulnerable to grooming/exploitative relationships with abusive adults/risky peer groups	Child suffers long term neglect of emotional needs; now at high risk of/is already involved in sexual or other forms of exploitation either as perpetrator or victim
Warm/supportive relationship between parent/child that supports the child's emotional/behavioural/social development.	Occasional periods of relationship difficulties impact on the child's development.	Relationship difficulties between child/parent significantly inhibits the child's emotional/ behavioural/social development; if unaddressed, could lead to relationship breakdown.	Relationships between child/parent broken down to the extent that child is at risk of significant harm,e.g.parent rejects child from home.

Parent sets consistent boundaries and gives guidance.	Parent struggles to set age appropriate boundaries; has difficulties maintaining the child's routine.	Parent can't judge dangerous situations and/or can't set appropriate boundaries.	Parent can't judge dangerous situations/can't set appropriate boundaries and the child is frequently exposed to dangerous situations in the home/community.
Positive family network; good friendships outside the family unit.	Lack of support from extended family network impacts on the parent's capacity.	Weak/negative family network; destructive/unhelpful involvement from the extended family.	Highly volatile/broken down family network impacting seriously/adversely on the child.
Child/parents are respectful for/tolerant of different beliefs.	Child/parents strong support for an extremist organisation/movement but don't express intention to be actively involved.	Child/parents express strong support for extremist views; generalised, non-specific intention to travel to a conflict zone in support of those views.	Child/parents planning to travel to a conflict zone; evidence suggesting that they are going to support/participate in extremist activities.
Meeting the practical needs of the child			
Parent provides food/drink/warmth/shelter appropriately.	Parent occasionally provides inappropriate/inadequate food/drink/warmth/shelter.	Parent/ carer regularly provides inappropriate/inadequate food/drink/warmth/shelter.	Parent consistently fails to provide appropriate/adequate provisions for food/drink/warmth/shelter.
Parent provides appropriate clean, clothing.	Parent gives consideration to the provision of clean/age appropriate clothes; personal circumstances can get in the way of ensuring child has these clothes.	Parent is indifferent to the importance of providing clean/age appropriate clothes, physically neglecting their child; the impacts of this prevents child meeting developmental milestones.	Parent neglects their child physically/emotionally, e.g. providing dirty/inappropriate clothing, causing severe distress and preventing child from meeting developmental milestones.

Parent provides for all the child's material needs	Parent is sometimes neglectful of the child's material needs, making them vulnerable to peers/adults who offer them clothes/foods/etc in return for favours.	Parent previous/recurring neglect of the child's material needs negatively impacts on the child; leaves them socially isolated because of old /dirty clothing; vulnerable to engaging in petty theft to get clothes etc. Puts child them at risk of grooming/CSA/involvement in criminal activity.	Child has suffered long term neglect of their material needs: now at risk of/is already involved in criminal activity to meet their material needs and/or being sexually exploited.
Domestic abuse			
Expectant mother/parent is not in an abusive relationship.	Expectant mother/parent is a victim of occasional/low-level non-physical abuse.	Expectant mother/parent has previously been a victim of domestic abuse/is a victim of occasional/low-level non-physical abuse.	Expectant mother/parent is a victim of domestic abuse that has happened on a number of occasions.
No incidents of violence in the family; no history/previous assaults by family members.	Isolated incidents of physical/ emotional violence in family; harmful impact is mitigated by protective factors within family, e.g. supportive grandparents looking after the child when there are arguments/disputes at home.	One/more adult members of the family is physically/emotionally abusive to other family member(s). Perpetrator(s) show limited/no commitment to changing their behaviour; little/no understanding of the impact their violence has on the child. Child/ren emotionally harmed by witnessing/awareness of violence; child/ren starting to exhibit behaviours, suggesting risks of becoming perpetrators or victims of abuse, including CSE.	One /more adult members of the family is a perpetrator of persistent/serious physical violence that may be increasing in severity/frequency/duration. Child/ren emotionally harmed by witnessing/awareness of violence; child/ren may be at risk of physical injury, e.g. trying to protect the adult victim. Child/ren at high risk of/is already either a perpetrator or a victim of serious abusive behaviour, including CSE.

Parental and family health issues and disability			
Parents don't use drugs/alcohol. Parental drug/alcohol use doesn't impact on parenting.	Drug/alcohol use impacts on parenting but adequate provision is made to ensure the child's safety. Child currently meeting their developmental milestones but concerns that this won't continue if parental drug/alcohol use continues/increases.	Drug/alcohol use has escalated; now includes binge drinking, drug paraphernalia in the home. Child feels unable to invite friends to the home; child worrying about parent/adults.	Parental drug/alcohol use is routinely/periodically out of control: parent cannot carry out daily parenting, including blackouts/confusion/severe mood swings/drug paraphernalia not stored or disposed of safely. Using drugs/alcohol when child is present; involving child in procuring illegal substances; exposure to overdose.
No evidence of siblings/other household members misusing drugs/alcohol.	Siblings'/other household members' drug/alcohol misuse occasionally impacts on the child.	Siblings'/household members' drug/alcohol misuse consistently impacts on the child.	Siblings'/household members' drug/alcohol misuse impacts significantly/adversely on the child.
Parent's physical/mental health doesn't affect the care of the child.	Parent's physical/mental health creates an adult focus that can detract attention away from the child.	Parent's physical/mental health is put before the child's welfare; child's development is impaired.	Parent's physical/mental health significantly affect the care of their child, placing them at risk of significant harm.
Parent's learning disabilities don't affect the care of their child.	Parent's learning difficulties occasionally impede their ability to provide consistent patterns of care but don't put the child at risk.	Parent's learning disabilities are negatively affecting the care of their child.	Parent's learning disabilities are severely affecting the care of their child and placing them at risk of significant harm.
Parent's mental health doesn't impact the child adversely.	Parent presents with mental health issues that have sporadic/low level impact on the child however there are protective factors in place.	Parent presents with mental health issues that have sporadic/low level impact on the child; no supportive networks/extended family to prevent harm.	Parent's poor mental health impacts significantly on the care of the child. primary carer for the child presents as acutely mentally unwell; attempts significant self-harm; child is the subject of parental delusions.

Protection from harm: physical or sexual abuse			
Parent protects family from danger/significant harm.	Parent occasionally doesn't protect family; if unaddressed could lead to risk or danger.	Parent oftenneglects/is unable to protect family from danger/significant harm.	Parent is unable to protect their child from harm, placing their child at significant risk.
No inappropriate sexual behaviour by parents/siblings. Appropriate age-related boundaries are in place within the family, promoting healthy development of physical/emotional relationships.	History of sexual abuse within extended family/network but the parent understands risks and responds appropriately to the need to protect the child.	Concerns around parent's/sibling's possibly inappropriate sexual behaviour.	Parent/sibling has expressed thoughts that they may sexually abuse their child. Parent/sibling sexually abuses child. Evidence may be based on historical concerns/previous convictions/known history.
No evidence of sexual abuse.	Concerns relating to inappropriate sexual behaviour in the wider family.	Previously family home occasionally used for drug taking/dealing/prostitution/CSE and/or illegal activities.	Family home used for drug taking/dealing, prostitution/CSE and/or illegal activities. Child is sexually abused/exploited. Schedule 1 Offender (serious risk) is in contact with the family.
Parent doesn't physically harm their child. .	Parent physically chastises their child within legal limits but concern regarding negative impact on the child's emotional wellbeing,e.g child appears fearful of the parent; willing to access professional support.	Concern that chastisement may escalate in frequency/severity: parent believes in physical punishment to manage behavior, will access professional support to help them. Parent fails to provide adequate supervision, resulting in avoidable accidents/child injury.	Parent physically chastises child, leaving visible bruising/grazes/scratches/minor swellings/cuts, resulting from a loss of control. Parent deliberately physically harms child. Fails to provide age appropriate supervision, resulting in significant harm to the child.

No concern that child may be subject to harmful cultural practices, e.g. FGM, HBA, Forced Marriage and Belief in Spirit possession.	Concern that the family's cultural background includes harmful practices, however, parents oppose the practices in respect of their children.	Concern that the child may be subject to harmful cultural practices.	Evidence that the child may be subject to harmful cultural practices.
Criminal or anti-social behaviour			
No history of criminal offences within the family.	History of criminal activity within the family.	Criminal record relating to serious/violent crime is held by a member of the family which may impact on the children in the household.	Criminal record relating to serious/violent crime is held by a member of the family, negatively impacting on the children in the household.
Family members are not involved in gangs.	Suspicion, or some evidence that the family are involved in gangs.	Known involvement in gang activity.	Known involvement in gang activity which impact significantly on the child and family.

Threshold Criteria: Section 47 Duty to investigate

If you have immediate concerns for a child's safety, you should call 999 for an emergency response.

In non-emergency situations, professionals should consider all of the information they have available, to decide whether the child or young person's health and/or development is at risk. You may take this view after discussion within their own agency or following a formal consultation with **the Children's Advice and Duty Service**. This dedicated service has a direct phone number for professionals only.

Members of the public can phone **0344 800 8020** –the call will be answered by **Norfolk County Council Customer Service Centre**; state clearly that you have a concern for a child's wellbeing and wish to report that concern.

Customer Services will ask for child's name and address, this enables them to check if the child already has a social worker.

If the child does not have a social worker, Customer Services will do a live three-way handover to the Children's Advice and Duty Service.

For any call raising concerns about a child, the Children's Advice and Duty Service will ask for:

- all of the details known to you/your agency about the child;
- their family composition including siblings;
- the nature of the concern; and
- your view of immediate risks.

They will also need to know where the child is now and whether you have informed parents/carers of your concern.

For cases that are of high concern, as agreed by the social worker and caller, the Children's Advice and Duty Service will undertake further information gathering about the child and their family from relevant agencies and their own multi-agency records, and from this combination of information will make a decision as to whether a referral needs to be made to the Assessment Team local to the child, for a social work assessment. At the point where the concern is raised within the MASH. NB The MASH is incorporated into the Children's Advice and Duty Service and is a referral mechanism undertaking information gathering, analysis and decision-making. It does not provide direct services to children.

Where the concerns for a child are immediate and serious, the information gathering process runs parallel to essential safeguarding action planning between Children's Services, Police and Health.

The Children's Advice and Duty Service will inform referrers of the decision that has been taken.

Section 47, Children Act 1989: Child Protection enquiries [Tier 4]

The table below is an indicator guide of the type of circumstances which would lead to a S47 assessment. This table is intended as a guide and is not exhaustive.

- Any allegation of abuse or neglect or any suspicious injury in a pre- or non-mobile child.
- Allegations or suspicions about a serious injury / sexual abuse to a child.
- Two or more minor injuries in pre-mobile or non-verbal babies or young children (including disabled children).
- Inconsistent explanations or an admission about a clear non-accidental injury.
- Repeated allegations or reasonable suspicions of non-accidental injury.
- A child being traumatised injured or neglected as a result of domestic violence.
- Repeated allegations involving serious verbal threats and/or emotional abuse.
- Allegations / reasonable suspicions of serious neglect.
- Medical referral of non-organic failure to thrive in under-fives.
- Direct allegation of sexual abuse made by child or abuser's confession to such abuse.
- Any allegation suggesting connections between sexually abused children in different families or more than one abuser.
- An individual (adult or child) posing a risk to children.
- Any suspicious injury or allegation involving a child subject of a current child protection plan or looked after by a local authority.
- No available parent and child vulnerable to significant harm (e.g. an abandoned baby).
- Suspicion that child has suffered or is at risk of significant harm due to fabricated or induced illness.
- Child/ren subject of parental delusions.
- A child at risk of sexual exploitation or trafficking.
- Pregnancy in a child aged under 13.
- A child at risk of FGM, honour based violence or forced marriage.

What can I do if I am still worried about the child and I don't think the right decision has been made?

Decisions should always be reached by consensus through constructive conversations; however, sometimes there might be disagreement on how the child's needs can best be met. If this is the case:

- In the first instance talk with your line manager or designated child protection lead for your organisation.
- In the written record of the conversation, check that it has included all of the relevant information and reflects what you are worried about: have you articulated it clearly and has this been captured?.
- If you are still unhappy with the decision, the conversation should be progressed to the line managers/safeguarding leads of each agency, as set out in the Resolving Professional Disagreement Policy

Does your organisation have any guidance or a policy on safeguarding?
When did you last read this?
Do you know who the Safeguarding lead for your organisation is?

Frequently Asked Questions and Supporting Guidance

We know that safeguarding involves managing risk and uncertainty in a complex system of partnerships. The process of talking through concerns will be managed by highly qualified and experienced social works in the Children's Advice and Duty Service. This service has been designed to respond to demand and has developed Frequently Asked Questions document, available on the NSCB website. The team has also developed a duty flow chart and an aide memoire for things to consider before calling Children's Advice and Duty Service so everyone can get the most out of the conversation.

Useful Contacts and Resources

The locality areas are supported by Local Safeguarding Children Groups that have a direct reporting line to the Board to ensure that there is a system in place to communicate messages to and from the frontline. For details of your LSCG, contact the NSCB support team: nscb@norfolk.gov.uk

The NSCB support team can also advise on the Children's Services lead for Early Help and Social Care in each locality area.

Agency	Phone	Website
Barnardo's	0208 550 8822	www.barnardos.org.uk
CEOP Child Exploitation Online Protection	0870 000 3344	www.ceop.police.uk/contact-us/
ChildLine	0800 11 11	www.**childline**.org.uk/
Lucy Faithfull	0808 1000 900	www.stopitnow.org.uk
The Harbour Centre Sexual Abuse Referral Centre	01603 276381	www.the**harbourcentre**.co.uk/
Magdalene Group	01603 610256	**www.magdalenegroup**.org/
MASH Suffolk	0808 800 4005	www.**suffolk**.gov.uk/.../multi-agency-safeguarding-hub-**mash**
NAPAC National Association of People Abused in Childhood	0808 801 0331	www.napac.org.uk
NSPCC Helpline	0808 800 5000	www.**nspcc**.org.uk/
PACE Parents Against Child Exploitation	0113 240 5226	www.paceuk.info
ROSE Project **Reaching Out** on **Sexual Exploitation**	01603 610256	www.magdalenegroup.org/rose-project/

There are some useful resources to be accessed on the Norfolk Safeguarding Children Board Website that support opportunities for further learning. These include links to practice resources around Neglect, Child Sexual Abuse, Child Sexual Exploitation and other safeguarding issues. There is also multi-agency training to support staff to develop their skills in working with these cases.

Did you know the Norfolk Safeguarding Children Board provides a whole range of multi-agency Safeguarding training? You can book online through the NSCB training page

You can find all documents referred to in this guidance on:

http://www.norfolklscb.org/people-working-with-children/threshold-guide/

Documents and links include:

- Working Together 2018
- Information-Sharing-Advice for Safeguarding Practitioners
- Signs of Safety Mapping Tool and Resources
- NSCB Information Sharing and Confidentiality Procedure
- Seven Golden Rules for Information Sharing
- Norfolk Early Help Website
- Early Help Request for Support Form
- Resolving Professional Disagreement Policy
- Children's Advice and Duty Service FAQs
- Children's Advice and Duty Service flowchart

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- Norfolk In Care Council
- The White Lion Café, Parkside Special School young people
- Break, Families House Drop In Group
- Great Yarmouth Mums' Group
- Young parents

nicc norfolk in-care council everyone has a voice	White Lion Cafe 	Families' House part of break Changing young lives	Norfolk County Council

IN TRAN communication for all	If you need this document in large print, audio, Braille, alternative format or in a different language please contact Norfolk County Council 0344 800 8020 or 0344 800 8011(Textphone) and we will do our best to help