

Norfolk Guidance to Understanding Continuum of Need

**A child centred framework for
making decisions**

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 Guide to Understanding Continuum of Needs 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.

This iteration of guidance is also being issued during a period of national reform in the child protection arena. Norfolk has established a Families First Partnership Programme Board in adherence to the national [Families First Partnership Programme Guidance](#). As we work towards implementing these changes, we continue to have a clear focus not only on building relationships with children and families, prevention, early help, and family networking, but also the importance of working together in a multi-agency way, sharing information and creating the conditions for practitioners to have the time to undertake effective direct work.

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 service delivery. Norfolk partners, families and communities need to work together to make this happen.

This vision is supported by the Flourish Framework which is being implemented under the NSCP's sister board, the Children and Young People's Strategic Alliance.



Flourish is a useful way to think about continuum of needs and frame thinking around what children want and need to get the best possible outcomes.

Principles of Practice

The Norfolk Guide to Understanding Continuum of Needs 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 risks professionals are managing, we need to ensure that our involvement is helpful and outcomes for children are positive.

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:

- Always putting **children and families at the heart** of everything we do – including in how we develop and shape services
- **No child or family left behind** – we will strive for equity of outcomes for our children, young people and their families
- Focussing on early intervention and prevention aiming to help early in the life of a problem and provide a graduated response to need – **the right help, in the right place at the right time**
- Working restoratively, **doing things with families** instead of to them, for them or doing nothing
- **Thinking Family** and working together so that children and families receive a joined-up response and good transitions
- **Focussing on strengths** within families and communities, understanding the lived experience of children
- **Staying with families** until outcomes are delivered, embedded and change is sustained
- **Being culturally sensitive, competent and inclusive** – we want all our children and young people to be able to celebrate diversity in the county that is their home in adherence to the NSCP [Practice Guidance for Safeguarding Diverse Ethnic Minority CYP & Families](#)
- **Empowering young people and families** to use the information we give them to make decisions for themselves
- **Being Trauma Informed** – supporting the workforce and families to manage and respond to the impact of adversity.
- **Delivering Together for Norfolk** - investing in the things that get the best outcomes for children and families to flourish.

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.

How services are organised

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 and families may require different interventions and levels of support dependent on need and this in turn may lead to different professionals involvement depending on their expertise. We are committed to providing a wraparound and consistent service response to support children and families to work through their issues.

Families can be supported through a continuum of need, where it is imperative that intervention is considered early through the spectrum of support available. The model below illustrates how we respond to the needs of children, young people, and families across the areas of support: Universal, Early Support and Family Help.



Universal

Services available to all, such as school, GP's, Libraries, Community services, Family Hubs.

Early Support

Is where additional needs are met by universal services and early support services working together.

Early support can be provided by a single agency or coordinated through an Early Help Assessment & Plan if several agencies are needed to support a family.

Family Help

Is where locally based, multi-disciplinary services that work collaboratively with partners to provide seamless, and effective support that is tailored to the needs of children and families. Family Help Lead Professionals can come from a range of professional disciplines. This brings together targeted early help (previously Family Support) and child in need support provided Under Section 17 of the Children Act 1989.

Family Help facilitates multi-agency support and coordination where support needs are complex.

Child Protection

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.

Early Help and pathways to support

Universal: Services Accessible to All

Most children reach their full potential through the care of their families and communities. Universal Services are provided to all children and their families through community networks such as schools, primary healthcare, leisure services, voluntary and universal groups. Some examples may include services provided routinely and available to all children & families by schools, nurseries, health providers – including 0-19 Healthy Child Service, GP, acute trusts - and Voluntary and Community Organisations. Services are the foundation support for families and will often continue to be involved with families at every level of need.

Self-Help & Information/ Advice & Guidance

There are many resources where children, young people and families can get useful advice and guidance that assists them with finding solutions to situations without requiring referrals to other services. Services may offer advice & guidance to

families where there is not the requirement for ongoing support or intervention. Resources and useful links include:

Who Should offer Early Help and support?

Early Help is everyone's responsibility. The first person to offer Early Help to a child, young person and their family should be the professional identifying the issue. Every person working with or engaging with children and families, regardless of organisation, status or position, has a responsibility to support the delivery of Early Help. It's not a specific service or team. It's an approach to working that brings together people from a range of different services and teams who will work with the whole family to help improve things for everyone.

Undertaking an Early Help Assessment & Plan (EHAP)

An Early Help Assessment & Plan (EHAP) is the tool we use to coordinate the Multi-Agency early help and support around a family. The forms and process to record EHAPs can be accessed [here](#). Training is free for professionals to learn how to use these tools to undertake an assessment with the family and their network and to create a family-owned plan. The training can be access [here](#).

A review of the plan helps ensure that positive steps made towards achieving the family's goals are celebrated. It is also a time to think about how the plan can continue to progress. In the event where an EHAP has been reviewed and the child's needs are not being met or risk factors have increased, seek consent from the parent / carer to consult with CADS to consider a Family Help response.

Start for Life and family hubs

Norfolk's Start for Life and family hubs approach is enabling us to build on the work already happening to provide early support to families from pregnancy and right up until their child's 19th birthday (up to 25 with special educational needs and disabilities).

Resources for families and professionals have been brought together online, so that it is easier for them to access information, advice, and guidance when they want it and if families or the professionals working with them require further help they can request this through the 'Ask for family hub help' button [Contact family hubs - Norfolk County Council](#). Families and professionals can also access help and support at a family hub site where a range of professionals are co-located along with a wider range of services delivered. These services and community groups are also delivered in the wider community in the places that families already go, such as community supermarkets or libraries, where families access information, advice, and guidance. Support and help to families is not only delivered by professionals but also through peer support from another parent or carer or trained volunteer.

Requesting support for Early Help

If a professional feels they need more help to support a family, they can make a request for support referral through the online form with the family's consent.

[Request Support - Professional Form - Norfolk County Council](#)

The support available to partners, children and their families, from Early Help services can include (but not limited to) Family Networking, guidance for completion of tools such as the Graded Care profile when there are concerns regarding neglect or providing interventions such as parenting courses or support to access substance misuse services and mental health pathways. We must remind ourselves of the true difference we can make when the right support is accessed early, reducing the likelihood of an escalation in concerns and risk, and that you as our partners have the skills and existing relationships with families in communities to best enable this to happen.

The Children's Advice and Duty Service

The Children's Advice and Duty Service (CADS) is a direct line for professionals to speak with a Consultant Social Worker when there are concerns about a child's safety or wellbeing, and it is believed they may be at risk of harm. CADS co-located with the Multi-Agency Safeguarding Hub (MASH), a multi-agency information-sharing service designed to support early and effective safeguarding decisions.

Before calling CADS, professionals should seek advice from their organisation's safeguarding lead to determine the appropriate pathway to support.

The Consultant Social Worker will follow a structured conversation:

- Acquire the caller's details and reason for the call
- Ask for family details and a brief description of concerns
- Review the family's records to understand their journey and risks
- Clarify consent and explain how to obtain it, including interim actions
- Summarise the information, 'name the problem', and ask clarifying questions
- Confirm the caller's relationship with the family and desired outcome
- Reflect on the information and agree an action plan with clear outcomes

The outcomes of the consultation may include:

- Advice on resolving concerns directly or with support from partner agencies (not necessarily Children's Services)
- A formal referral to Family Help

When to contact CADS

CADS should be contacted when there are concerns about a child's safety or wellbeing, and you believe they may be at risk of harm. This includes:

- Immediate Safeguarding Concerns – Risk of significant harm (physical, emotional, sexual abuse, or neglect)

- Escalating Concerns – Previous support has not improved the situation and concerns are increasing
- Concerns About Parenting Capacity – Issues such as substance misuse, mental health, or domestic abuse affecting care
- Professional Consultation – Complex situations requiring advice or guidance on next steps.

The Multi-Agency Safeguarding Hub

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.

Partners located in the MASH include, but is not limited to:

- Children's Services
- Police
- NIDAS (Norfolk Integrated Domestic Abuse Service)
- Health (0 – 19 Healthy Child Service Provider)

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.

The MASH works effectively because all partners ensure that they have a working knowledge of the continuum of need and risk that apply to the different levels of response available. They 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 do this by:

- using the indicators of need included in the Continuum of Need Guide toolbox
- actively seeking realistic and readily available information, guidance and support from a range of local services

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.

Children's Services – Help, Care and Protection

It may be as a result of a call to CADS that a Family Help service is required. These are Multi-Disciplinary Teams (MDTs) who support children and families and are made up of different roles and practitioners. Family Help MDTs case hold from the point of

referral and assessment all the way through to those children needing to come into our care. This may require targeted early help, Child in need or Child protection planning. Children and Families remain at the centre of our Family help teams, ensuring seamless transitions where necessary to the right practitioner based upon risk. Children and Families receive consistent oversight from collaboration across the MDT's and with multi-agency partners.

Our Family Help teams are based in the 6 locality areas, split by three areas – City & South, West & Breckland and North, East & Broadland. They also undertake assessments for Young Carers, Parent carer needs assessments and Supporting Parents with Disabilities.

On occasions where children need to come into care, including applying to court for an Order, the Family Help Social workers will continue to work with the child until their plan is concluded, which could include returning to their birth family, or being placed with Special Guardians or Adopters.

There is also a dedicated Risk Outside the Home (ROTH) Team whose practitioners, through lower caseloads, work much more intensively with young people across the County deemed at high risk of exploitation and/or serious youth violence.

We also have an Enhanced Family Help team, which works across the County, focusing on families where long-term, cumulative neglect is a factor. This team consists of Social workers, family practitioners, Home based support workers and a Clinician to address a family's holistic needs and intensively support to promote sustained change.

If a decision is made for a child to remain looked after on a long-term basis, they transition to the in-care or life beyond care service. These services follow the same practice principles; their corporate parents remain focused on providing every child the opportunity to flourish while continuing to explore ways for them to have meaningful relationships with their birth families.

Establishing a shared language

What do we mean by Continuum of Needs

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. Parents who do not live with their children will impact on the child's lived experience and should always be considered. 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.

The continuum of needs is a core element of the [Thrive Framework](#), which shapes our approach to supporting the mental health and wellbeing of children, young people, and families. It provides a set of guiding principles that underpin the development of integrated, efficient, and responsive systems. These principles promote early intervention, equitable access to support, and foster a shared understanding of mental health across all sectors and communities.

A continuum is **something that keeps on going, changing slowly over time**, like the continuum of the four seasons. In addition to meaning "a whole made up of many parts," continuum can describe a range that is always present. This is crucial when thinking about children's lived experience, their sense of time and their physical, emotional and neurological development. In higher risk situations, needs can both be unmet over a longer period and simultaneously escalated rapidly at crisis points.

Language is one of our most powerful tools but it is important to recognise that not only do we not always have a shared language but also that the language we use can have an impact on our own and other people's understanding of risk. Some basic principles to hold in mind:

- Be descriptive and child centred: articulate the impact of the child's relationships and their lived experience of the care they are receiving
- Avoid jargon and ask for clarification; this includes agreeing what shorthand everyone is familiar with to ensure that assumptions aren't made
- Ask curious questions: whether you are talking through a safeguarding concern with a child, family, safeguarding lead or consultant social worker, being curious about the child and circumstances will lead to be a much richer picture; consider using the Flourish framework to frame questions and use Signs of Safety to consider strengths and resilience factors against worries.
- Consider the power of language: for example, 'immediate harm' may distract from exploring cumulative harm as there is an implication that one is more dangerous than the other. This is particularly relevant in terms of neglect: the long term and cumulative impact of neglect and how to identify non-cooperation of care givers, as possible evidence of neglect. As well as highlighting examples of single significantly harmful events, we need to recognise that neglect includes not being brought to appointments, repeated refusal of services, not complying with advice or not administering or monitoring a child's medication.
- Be mindful of your audience: check that your words are understood by all and, perhaps most importantly, you are telling the story of the child's life and one day they may want to read that story back so make sure your written records are descriptive and clear. Language can also illustrate relational power imbalances, for example, when we talk about compliance it infers that one party needs to obey another. Check the understanding, emotional impact and responses to your words.

The tools in the accompanying toolbox have been designed to help you further develop some of these skills and provide constructive challenge in your multi-agency conversations.

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 different family members. Different professionals will each have important knowledge and a crucial role to play in supporting a family. Understanding the picture of family life can be skewed by listening to a single narrative. 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 and/or long term cumulative 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 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.

Remember: not all children may be able to have their voices heard: Think about unborn babies, children with language barrier, children not in school/accessing mainstream education. For some children their behaviour is their voice.

Ways of working

The Norfolk Safeguarding Children Partnership (NSCP) uses elements of [Signs of Safety](#) to assess risk and find solutions. We continue to use the three columns to structure our thinking around simple questions to ask when working with a family.

1. What are we worried about?
2. What's working well?
3. What needs to happen?

Then we scale 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 all members of 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?

ANDThe 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 level 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

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.

Family Networking Approach

Norfolk uses the Family Networking Approach to ensure that all children, young people and their families are able to have a meaningful connection to their natural network. Families are empowered to manage their own plans to best meet their child/children's needs

The Four Principles of Family Networking Approach

1. Every child/parent has a family and/or network and they can be found if we try
2. A meaningful connection to their family or network helps a child develop and maintain a sense of belonging and identity

3. The single factor most strongly connected with positive outcomes for children is meaningful, lifelong connection to their family and/or network
4. The family and/or network will be involved in the planning and decision making for their child

Families and networks are the experts in their own lives; giving them a voice to say what will help or work for them will enable them to become the fixers and not professionals.

How does Family Networking work?

Family Networking activities promote engagement and ownership of the child's needs by their natural network:

- Engaging the network – build a relationship with the child, young person and their family. It is important to have curious conversations to explore with families what their worries are or what professionals' worries might be at the earliest stage. When building a relationship with a child, young person or their family ensure that you are talking to them about their network from the earliest opportunity. This enables an open dialogue about who is available to support them from their natural network from the beginning
- Identifying the network – using an appreciative inquiry approach can help professionals support families to identify who has helped them before in their network.
- Mobilising the network – professionals can work with families to make contact with their family/natural network to support them to be part of family planning/family decision making.

How does a Family Networking Approach support and help children, young people and their families?

- It helps them explore their worries at an earlier stage
- It is a way of working that helps them be involved and listened to
- It helps families identify those who already support them and those that could support them
- Most importantly, it helps keep families at the centre of decision making

How does a Family Networking Approach support and help professionals?

- It can inform your assessment if you apply the approach at 'first contact'.
- The responsibility becomes shared between you and the family network.
- Everyone knows the plan meaning increasing safety for the children you work with.
- It can lead to less crisis management for a family as the network can intervene before professionals need to.
- Less professional dependence on you and other agencies.

- It can help to reduce professional anxiety i.e., schools / health.
- Family network plans are more likely to work if they, the family, own them, meaning ending your involvement sooner.

A family networking approach also ensures that the whole family and their network are engaged and involved in planning and decision-making, including those individuals who are not always 'visible' i.e. fathers.

As professionals, it is important that you use professional curiosity to consider the families and also the network's needs. It is important to think about safety and ensuring that the child or young person's view is heard when making decisions involving the family network.

There is additional information and resources available on the Just One Norfolk (JON) website (<https://www.justonenorfolk.nhs.uk/our-services/family-networking>).

Whole family working

In Norfolk we recognise that to support families to make changes that are helpful and long lasting we need to work with all members of the family. If we understand and recognise that the needs and desired outcomes of each person in the family affect each other, we are more likely to support and enable sustainable change.

A Think Family approach refers to the steps taken by children's, young people's and adult's practitioners to identify wider family needs which extend beyond the individual they are supporting. For example, in relation to safeguarding, if you work primarily with adults, you should still consider the safeguarding needs of children, and if you work mostly with children, you should still consider the needs of vulnerable adults. Safeguarding in addition to providing early help is everyone's responsibility!

The Think Family approach places responsibility on all practitioners to respond to identified issues from signposting and referral, through to providing services. It requires professionals to communicate with others working with different family members and coordinate those efforts for the best outcomes of the whole family. Here's some tips to on how to think family:

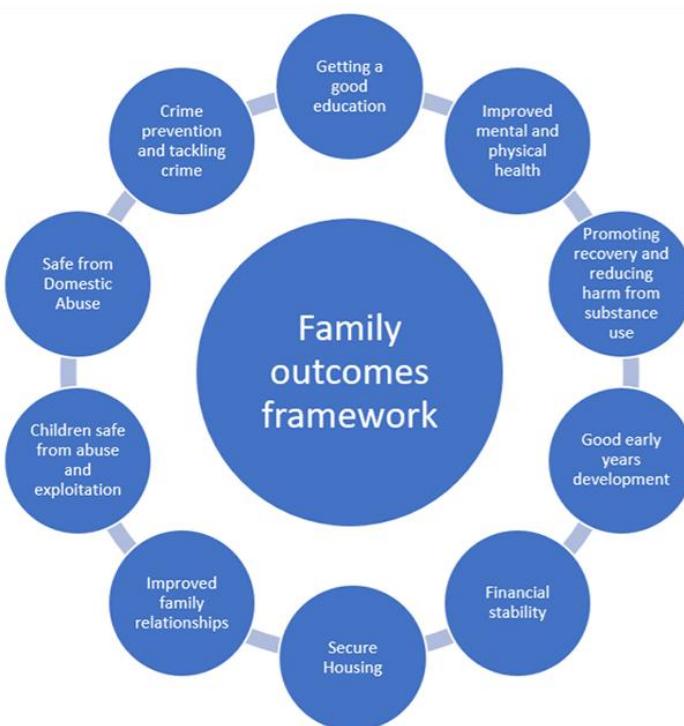
- **Be curious!** Remember, don't work in your own silo, think broader than your own professional background and ask questions that help you understand how children, young people and their families can FLOURISH.
- **Have early conversations.** Use opportunities you have with a family to weave curiosity into everyday conversations. Use 'open' questions that don't seek a yes or no response. Let conversation flow and engage family members to understand their view, gaining rapport, expressing empathy, and focusing on the aspirations they seek.
- **Be strengths based.** Once engaged with a family about their situation, focus on creating shared agenda, maybe with the help of others, evoking a conversation about bringing about change for the whole families benefit. Make a plan about what needs to happen next so that will help the family achieve their goals.

- **Be trauma informed.** Shift your thinking and questions away from 'what's wrong' to 'what's happened'. This will enable us to consider the root causes of the pain, behaviours and difficulties children, young people and adults are experiencing. For more information about trauma informed practice take a look at the NSCP website.
- **Think family & think FLOURISH.** In Norfolk we want all children, young people, and families to flourish. You may find it helpful to use these domains to frame questions that could help you think family.

The importance of identifying all adults, especially fathers and paternal family require systems to recognise the importance of seeing a family in its wider context, including assessing key relationships and obtaining a holistic view of any difficulties in the family, and not focusing solely on individual family members. Systems should ensure that all family members, including fathers and other key relatives, are heard in order to capture important historical information or to understand key dynamics unless there is evidence that doing so would directly cause harm.

It is important to utilise the professional network when working with a whole family so that there is a joint responsibility. Equally, you need to explain to the family why it is important to build a coherent picture so everyone can better understand the history, family dynamics and patterns of behaviour. Genograms, chronologies and network maps are useful tools to support this work and stimulate curiosity. (See also the Continuum of Needs Guidance Toolbox.)

It is also useful to consider the Supporting Families outcomes framework from which whole family needs and outcomes are measured from. The framework provides a focused to be curious about and respond to whole family needs when undertaking an assessment. To understand the 34 indicators behind this framework you can visit [The National Supporting Families Outcome Framework - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/national-supporting-families-outcome-framework)



Norfolk Graded Care Profile

Neglect is often characterised by drift and/or changes that are not sustained by the family. We know that the cumulative impact of neglect can have serious implications on the short, medium and longer term outcomes for children and young people, including significant harm. We have a local assessment tool, the Norfolk Graded Care Profile (NGCP) that is mandated for using in cases where neglect is known or suspected. The NGCP allows professionals to take a 'snapshot' in time and use this as an empirical baseline to measure the effectiveness of interventions and positive changes (or not) in the child and family's circumstances. This tool is nationally recognised and Norfolk has accepted the recommendations from local Safeguarding Practice Reviews to ensure that the NGCP is used in all neglect cases.

For more information on NGCP training and neglect in general, visit the [NSCP website](#).

Determining the level of need or urgency

Everyone knows children and families do not fit neatly into boxes. Much of the work done will be in circumstances where children's needs are varied and dynamic, i.e. on a continuum, and practitioners will need to seek advice and guidance. Support already being provided by an organisation to the child/family should continue until it's clear that support is no longer required. All members of the family must be informed of changes made, i.e. the inclusion or withdrawal of a service, so they can continue to make informed decisions about the support they require to meet their children's needs.

Practitioners should refer to safeguarding procedures and seek advice and guidance from their line manager and organisation's safeguarding lead in the first instance regarding assessing the level of need to the child they are worried about.

The extent of harm or significant harm is determined by the balance between risk and protective factors in a child's life. Generally speaking, factors which are present where children have no additional needs are considered to be protective in nature; when children have additional or complex needs the factors should be seen in the context of potential risk or vulnerability. Other factors should also be taken into consideration, such as the age of the child and the care that the child is known to experience.

Ensuring that information used to inform the assessment is accurate and that fact is 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 receive safeguarding training, including Early Help Assessment Plan (EHAP) training, in line with local and national training requirements. Effective safeguarding requires a basic level of knowledge to be able to judge when practitioners 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's 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 unnecessary recourse to use of statutory intervention. Referrers must therefore have a comprehensive understanding about the desired impact referrals/requests for support they make will have for the child and their family and take responsibility for referring.

At higher levels of risk or concern, 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.

Remember that if there is a combination of lower level indicators the risk might be heightened overall and need to be considered for further interventions. Equally one or two indicators of need appearing as a higher risk 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.

See the toolbox for the Descriptors of Need tool which has been designed against the assessment triangle to help you articulate how well you think a child's basic needs are being met.

Consideration of additional needs

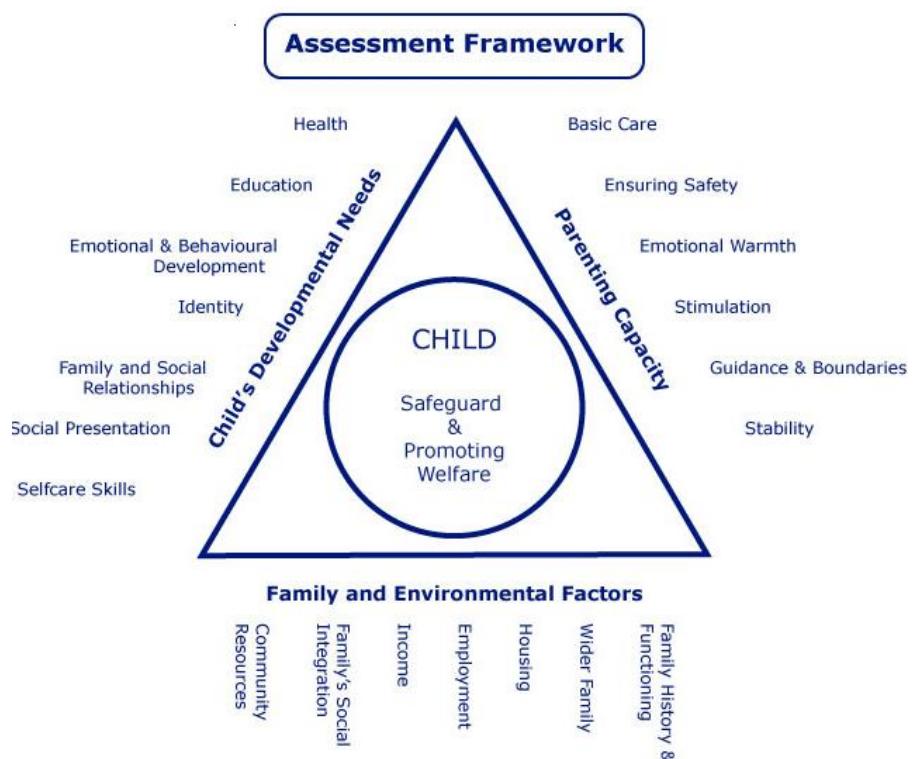
Some children/cohorts of children with specific needs may require statutory intervention and/or may be eligible for additional support and/or entitled to an assessment, for example:

- children who are privately fostered: please refer to the government guidance on [Private Arrangements for Fostering \(Children's Act 2005\)](#).
- 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. For more information on assessing the health and social care needs of children with disabilities (CWD) see the [CWD threshold](#)
- young carers, who may be at risk of undertaking excessive and inappropriate care are offered an assessment of their needs by the local authority.

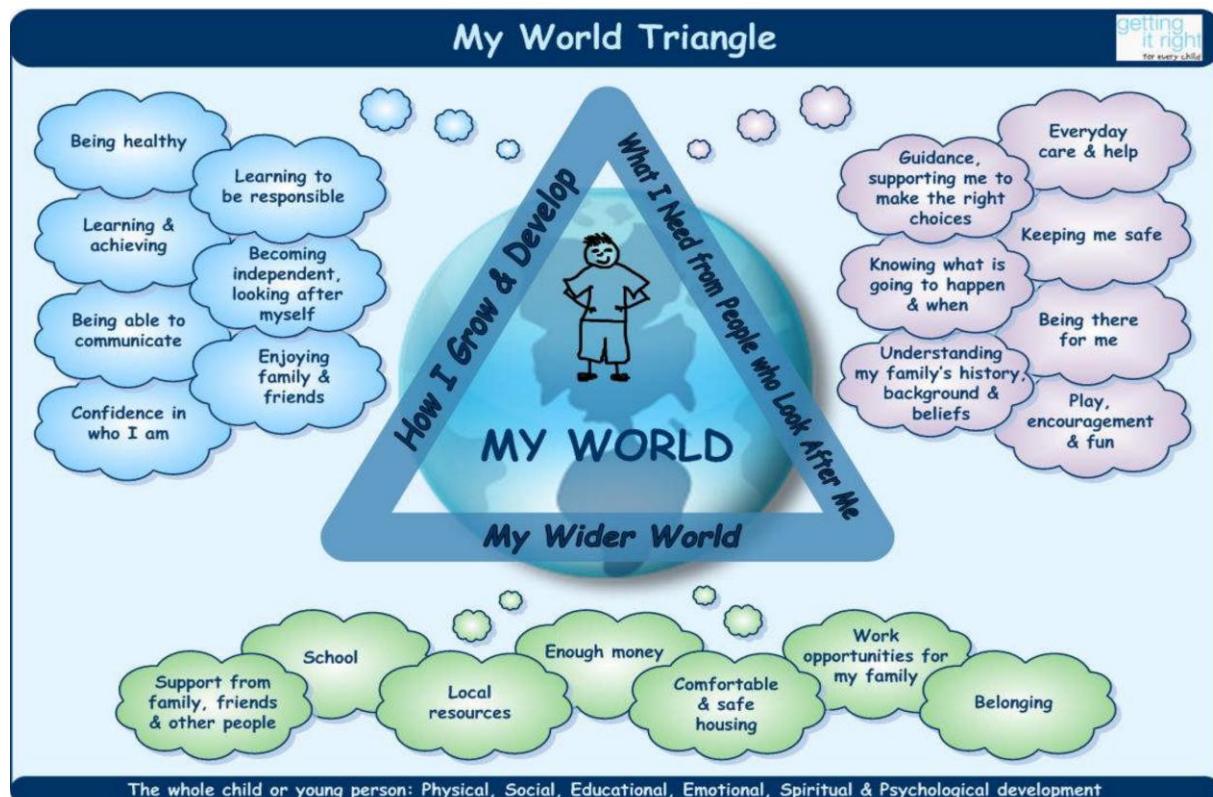
See the toolbox for other tools to consider additional needs.

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. Assessing parenting capacity should include the capacity of all parents of the child.



Some professionals also use the 'My World' Assessment Triangle, which is a tool used to support the holistic assessment of a child's or young person's needs. It is an ecological approach and helps professionals to understand the lived experience of the child by thinking about how the child/young person grows and develops in relation to the care they receive from others and their experiences of their wider social and physical environment. This can be used in conjunction with the Assessment Triangle which should be seen as a starting point for all assessments.



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 be 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 do not need consent if it might undermine the investigation of a serious crime. This includes making a child protection referral 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 General Data Protection Regulation (GDPR), Data Protection Act 2018 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.

Gaining consent and working on a voluntary basis with a family

Why do we ask for consent?

- It's good practice and it's how we demonstrate respect for the families we work with.
- It helps build trust between you and the family or individual.
- People are more likely to agree to take part if they feel they have a choice and have given their consent. When this happens our work with families is likely to be more successful, with better outcomes.
- Mental capacity includes asking for consent for children under 16 in line with [Gillick competence and Fraser Guidelines](#).

Tips on how to approach:

- Explain your role and why you're there (why this is happening e.g., to find out what extra help or services the family or child need in order to be healthy and develop; to stop anything that professionals or family members are worried about from getting worse).
- Be clear from the start that it is a voluntary process and be specific about what you are going to be talking to them about and what you are looking for. Try and keep your language simple, don't use "professional jargon" or acronyms.
- Be clear about the process, what will happen next and when.
- Talk about any confidentiality issues and who you will need to speak to or share information with, for example schools or health professionals (you may need additional written consent for this).
- Give them time to absorb the information and check understanding, "*When I talked about.....what do you think this means?*"

Don't: Add consent in at the end of the conversation, “*by the way....*”

We have developed a leaflet in consultation with families to support you on approaching families to request with consent. This can be found in the toolbox for this guidance.

Explain the advantages to the family of working with us on a voluntary basis:

- ❖ We will listen to you to find out what help and support your family may need and who is the best person to provide that.
- ❖ We will be respectful of your ethnicity, religious and cultural background and any other special requirements.
- ❖ You will be able to say if you don't agree with our assessment or the help being offered. You can share your worries or concerns about this.
- ❖ We will ask your permission about who we can seek information from (except if there is a concern about the welfare of the children, in this case you will be told what your rights are in this new situation)

What if the family don't agree?

Be honest – if there are concerns about the welfare of the children it could be escalated/raised to a child protection case or if not it is possible there could be no further action and the case could be closed, in which case nothing will change, and things won't improve for you or the children.

Remember: We want what the family want – happy, healthy children and families who are supported by their family and friends. Everyone struggles at some point in their life – be clear - we're here to help. Think about how you might feel in their position and find your common ground.

Recording what we do and the decisions we make

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.

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 CADS will create a child's record on their electronic systems where parental consent has been obtained or, if not, made it clear that there are safeguarding concerns. The named Consultant Social Worker will always provide the caller a feedback summary of the conversation and agreed decision within five working days. It is important to remember that children have access to their records and our language and descriptions, including actions taken, will need to make sense to them if they ever read them in the future.

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 should keep a written record of their concerns and action taken, e.g. phoning CADS, on their own database; this will provide an internal audit trail recording any concerns raised with Children's Services, in addition to any written follow up CADS 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. CADS will not accept any written referrals.

For further information see also the guidance on recording in the toolbox below and the supporting [NSCP policy on referrals](#).

Toolbox to support reflective thinking and risk assessment

The focus of this guidance is on principles and approaches but recognises that professionals and families benefit from more bespoke and detailed tools to support their understanding of continuum of needs. A separate toolbox has been developed which includes a range of resources such as:

- Descriptors of Need
- Consent Leaflet
- Identification of Need and Inclusive Provision [INDES](#)
- Chronology and Genogram tools and guidance
- Social GRRRAAACCEEESSS
- Children Advice & Duty Service – CADS - Flowchart - See also:
 - [Early Help Request for Support Form](#)
 - [Children's Advice and Duty Service FAQs](#)
 - [Children's Advice and Duty Service flowchart](#)
- Norfolk Ready Reckoner
- [Harmful Sexual Behaviour Team information](#)
- Direct links to key tools such as the [Norfolk Graded Care Profile](#) and Joint Agency Group Supervision ([JAGS](#))
- Recording Guidance Template
- Glossary

The toolbox has been separated out from the body of this guidance to allow for flexibility. Please keep an eye out for new additions as practice guidance develops. If you have any suggestions for other tools to include, please contact the NSCP Business Unit: nscb@norfolk.gov.uk

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 Family Help (social care) 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

The criteria below is an indicator guide of the type of circumstances which would lead to a S47 assessment. These examples are intended as a guide and is not an exhaustive list.

- 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.
- Unexplained injuries or bruising 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.
- A child at risk of significant harm due to exploitation or trafficking.
- Pregnancy in a child aged under 13.
- A child at risk of FGM, honour-based violence or forced marriage.

Managing challenge, disagreement and uncertainty

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?
- Consider asking for a Joint Agency Group Supervision to enable reflective conversations with the professional network; this should happen outside or ahead of any formal escalation
- If you are still unhappy with the decision or case management, 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?

Useful contacts

The locality areas are supported by Local Safeguarding Children Groups that have a direct reporting line to the Norfolk partners to ensure that there is a system in place to communicate messages to and from the frontline. For details of your LSCG, contact the NSCP support team: nscb@norfolk.gov.uk. The NSCP support team can also advise on the Children's Services lead for Early Help and Social Care in each locality area.

Title	Title	Title
Barnardo's	0208 550 8822	
CEOP Child Exploitation Online Protection	0870 000 3344	www.ceop.police.uk/safety-centre
Change Grow Live	0845 46 47	www.changegrowlive.org
ChildLine	0800 11 11	www.childline.org.uk
The Harbour Centre Sexual Abuse Referral Centre	01603 276381	www.theharbourcentre.co.uk
Just One Number	0300 300 0123 or text 07520 631590	www.justonenorfolk.nhs.uk
Lucy Faithfull	0808 1000 900	www.stopitnow.org.uk
Magdalene Group	01603 610256	www.magdalene-group.org
MAP Mancroft Advice Project	0800 0744454	www.map.uk.net
NAPAC National Association of People Abused in Childhood	0808 801 0331	www.napac.org.uk
NIDAS Norfolk Integrated Domestic Abuse Service	0300 561 0555	www.nidasnorfolk.co.uk
NSPCC Helpline	0808 800 5000	www.nspcc.org.uk
Ivision Trust Supporting Families Affected by Child Exploitation	0113 240 3040	Ivision Trust - We support families affected by child exploitation.
ROSE Project Reaching Out on Sexual Exploitation	01603 610256	www.magdalene-group.org/rose-project

There are some useful resources to be accessed on the Norfolk Safeguarding Children Partnership 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 Partnership provides a whole range of multi-agency Safeguarding training? You can book online through the [NSCP training page](#)

Acknowledgements

We would like to extend our thanks to the children, young people and parents/carers who supported the development of this guidance, specifically the tools in the toolbox. We value the perspective of service users and are committed to ensuring that the language and tools we use are 'family friendly' and make sense to the children, young people and families that we serve.



Co-produced in partnership with people who use our services

Logo courtesy of Cambridgeshire Community Services' Parents Network Group.



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

