Threshold Guidance

Introduction

This booklet is supplementary guidance to the more comprehensive 'Norfolk Threshold Guide': A Framework for Making Decisions.' *http://www.norfolklscb.org/people-working-with-children/threshold-guide/*

Practitioners using this document are advised to read the full version of the Threshold Guide in order to support their understanding of the Norfolk approach to keeping children safe and protected from harm and to embed the Signs of Safety philosophy into their practice.

The full Guide and this document are 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.

In Norfolk we are working to a model of 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.

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 agency safeguarding leads.

If advice is wanted regarding the completion of an early help assessment (Norfolk Family Support Process (FSP)) contact should be made with the locality based Early Help Hub in the first instance. Each EH Hub operates a duty line for this purpose. Advice will also be available from the EH Hub within the MASH however the locality based duty line will be have a greater understanding of networks locally so the guidance they are able to give is likely to be more sensitive to the community context in which the FSP is being completed.

If you have reasonable cause to suspect a child is suffering or is at risk of suffering **significant harm**, you should contact the Norfolk MASH or the police if you believe that a child may be in imminent danger or a crime has been committed.

Working Together to Safeguard Children

Working together to Safeguard Children (2015) (updated February 2017) clarifies the responsibilities of professionals towards safeguarding children and strengthens the focus away from processes and on 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.

The practice guidance given in this document is Working Together compliant and in keeping with the spirit of its overarching principles.

Safeguarding Procedures

Norfolk Safeguarding Children Board child protection and related policies, procedures and guidance were updated in March 2016 and are available on the Norfolk Safeguarding Children Board website - *www.norfolklscb.org*

The NSCB Threshold Guide was revised and issued in June 2016 as the basis for multi-agency working together and this guidance is supplementary to the principles and approach set out in that Guide.

Sharing Information

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. While it is best practice to seek consent for making any referral, there are some exceptions when it comes to protecting children where their welfare is paramount. For example, if having a conversation with the family would place the child, or another child, or someone else, or you the referee, 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.

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.

Thresholds for intervention

Tier 1 – children without additional needs - accessing universal services

The majority of children and families locally and nationally will have their needs met by accessing their local universal services. In general, children who only require universal provision are those with ‘no identified additional need’.

Tier 2 – children with some additional needs - requiring universal plus services/early intervention and support

These children/young people will have low level additional needs that are likely to be met by short term interventions and/or support. A single universal or targeted service or possibly two services are likely to be involved these services may work together to achieve best results but a 'team around the child' or family and an appointed Lead Professional is not likely to be required. The level of risk and need is not such that specialist or statutory services are required. The exception to this is those children/young people with disabilities or complex health needs who are likely to require support on a medium or long term basis from universal plus services.

Early help delivered by one or two universal services at the right time in the right way can prevent children with additional needs needing statutory intervention.

Tier 3 - **children with additional and complex needs - requiring targeted and enhanced support from early help services and/or children's social care and other agencies**

Children requiring Tier 3 services are children with high level additional unmet needs and those with complex needs likely to require longer term targeted intervention from early help and/or children's social care services. Some may require a statutory service working together (step in) with early help services as they step up to a period of statutory intervention or step down from it.

Children's social care has a responsibility to children in need under section 17 of the Children Act 1989. These are children whose development would be significantly impaired if services are not provided. This includes children who have long lasting and substantial disabilities which limits their ability to be independent in the future.

Some of these children may have been living with fluctuating levels of neglect over a sustained period.

This group may include children who have been assessed as 'high risk' in the recent past, and who continue to require additional support. All children who are considered young carers who are at risk of undertaking excessive and inappropriate care should have an assessment of their needs.

Where the presenting issues are such that it is felt by MASH or the Early Help Hub that offering an early help intervention is the best way forward there will be a team around the family approach used engaging a number of agencies and there will be a Lead Practitioner appointed.

Where risk and need are such that the MASH triage identifies the threshold for social care involvement is met, a single assessment will be undertaken. If the need for ongoing social care involvement is indicated there will be a child in need plan and the lead professional will be the social worker. The outcome of a single assessment may be that the child and family would benefit best from an offer of Early Help and in these situations the case will be stepped down accordingly.

All engagement of families with services at this level (Tier 3) must be sought on a voluntary basis however, it is likely that some children and families at the upper end

of this tier of need will be at risk of harm and statutory powers may be required to ensure families work together with services. Where there is reasonable cause to suspect a child is suffering or likely to suffer significant harm children can be escalated to Tier 4.

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 parents to develop relationships that are experienced as supportive and helpful rather than critical and punitive. Building on strengths while be honest about the issues that are causing concern is the best way of securing both consent, engagement and participation in services designed to help.

Tier 4 - children with complex and/ or acute needs requiring specialist/statutory intervention

Tier 4 needs are those that can be described as acute, either in terms of urgency, complexity or the degree of risk to which a child or young person is exposed. Some children will have serious difficulties that are both complex and enduring.

Children with needs at this level will require a referral to be made to the MASH where decisions will be made quickly about the most appropriate course of action.

Children requiring urgent or emergency protection, child protection plans or care proceedings; children with complex needs requiring nursing or in-patient care, including those with acute mental health/psychiatric problems all have tier 4 needs.

Young people who are remanded into custody and those in receipt of statutory youth offending services would be included in this tier of need.

While consent is not a requirement in order to share information in relation to children at risk of significant harm, it is always best practice to ask for consent before sharing unless to do so would put somebody at risk. Equally it is always best practice to make every effort to engage positively with family members as described in the section above even if it appears that statutory intervention is inevitable.

<u>Determining the level of need or urgency</u>

Everyone knows children and families do not fit neatly into boxes and much of the work done will be in circumstances in which children's needs will cross tiers and for which practitioners will need to seek advice and guidance.

Practitioners should refer to safeguarding procedures and seek advice and guidance from their line managers and safeguarding leads in the first instance.

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 risk 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 generally known to experience.

Ensuring that information used to inform the assessment is accurate and that fact is always distinguished for 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 training and are equipped with the level of knowledge required to be able to judge when they need to seek further information about a child's circumstances and when to seek advice from a manager or other agency.

It is also important to recognise that there can be risk associated with over intervention or intervening unnecessarily especially when statutory powers are used so there are responsibilities associated with making sure the requests for services are as well informed as possible.

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

The Norfolk Early Help Hub and the Norfolk MASH are the first step in ensuring that children with additional and complex needs receive the right service at the right time. They both provide a triage service which involves them in careful consideration if the known relevant facts, current and historic. The Early Help Hub and the MASH do not have unlimited resources and can quickly become overwhelmed if those using the service do not take some for ensuring that there is some application of threshold before contacts are made with either service.

Early Help Hub

The Early Help Hub is co-located with the Norfolk MASH in order to provide an 'integrated front door'. This ensures that children, young people and families in Norfolk receive targeted early help that is co-ordinated and timely and professionals have access to good quality information and advice to prevent needs escalating. It will act as the single point of contact for requests for early help thereby ensuring a consistent response across the County.

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 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.

They can do this by:

- consulting The Norfolk Threshold Guide
- using this supplementary guidance
- accessing support and advice from their own safeguarding lead and having done so, where it appears in threshold for statutory intervention has **not** been met (and there is parental consent) –
- actively seeking realistic and readily available information, guidance and support from a range of local services.

The tables 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 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 in any doubt about a child's immediate safety, advice and guidance can be sought from the MASH directly.

Staff in the MASH and the EH Hub will endeavour to always give feedback to referrers about the outcome of the contact/referrals they have made.

The Indicators 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 not intended to be a ‘tick box’ exercise, but 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.

Indicators 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 to the MASH may be required.	**Tier 4** Children in acute need. Require a referral to MASH is indicated or direct 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.
The child possesses age-appropriate ability to understand and organise information and solve problems, and makes adequate academic progress.	The child's ability to understand and organise information and solve problems is impaired and the child is under-achieving or is making no academic progress.	The child's ability to understand and organise information and solve problems is very significantly impaired and the child is seriously under-achieving or is making no academic progress despite learning support strategies over a period of time.	The child's inability 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) and appropriate/positive out of school/college activities.	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			
The child is healthy and does not have a physical or mental health condition or disability	The child 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.	The child has a physical or mental health condition or disability which significantly affects their everyday functioning and access to education. Child may have an EHCP	The child 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.
The child is healthy, and has access to and makes use of appropriate health and health advice services.	The child rarely accesses appropriate health and health advice services, missing immunisations.	There is no evidence that the child has accessed health and health advice services and suffers chronic and recurrent health problems as a result.	The child has complex health problems which are attributable to the lack of access to health services.

The child undertakes regular physical activities and has a healthy diet.	The child undertakes no physical activity, and/ or has an unhealthy diet which is impacting on their health.	The child undertakes no physical activity and has a diet which seriously impacts on their health despite intensive support from early help services.	Despite support, the child undertakes no physical activity and has a diet which is adversely affecting their health and causing significant harm.
The child has no history of substance misuse or dependency.	The child is known to be using drugs and alcohol with occasional impact on their social wellbeing	The child's substance misuse is affecting their mental and physical health and social wellbeing.	The child's substance misuse dependency is putting the child at such risk that intensive specialist resources are required.

The child's emotional wellbeing			
The child engages in age appropriate activities and displays age appropriate behaviours.	The child is at risk of becoming involved in negative behaviour/ activities and short term school exclusion	The child is becoming involved in negative behaviour/ activities, for example, non-school attendance and as a result may be excluded from school.	The child 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.
The child has a positive sense of self and abilities.	The child has a negative sense of self and abilities.	The child has a negative sense of self and abilities to the extent that it impacts on their daily outcomes.	The child has such a negative sense of self and abilities that there is evidence or likelihood that this is causing harm including self-harm

The child's positive sense of self and abilities reduces the risk that they will be targeted by peers or adults who wish to exploit them.	The child has a negative sense of self and abilities and suffers with low self-esteem which makes them vulnerable to exploitation.	The child's negative sense of self and low self-esteem has contributed to their involvement with peers and/or adults who may be exploiting them	The child's vulnerability resulting from their negative sense of self and low esteem has been exploited by others who are causing them harm.
The child is emotionally supported by his/her parents/carers to meet their developmental milestones to the best of their abilities.	The child occasionally does not meet developmental milestones due to a lack of emotional support.	The child is unable to meet developmental milestones due to the inability of their parent/carer to emotionally engage with them.	The child's development is being significantly impaired as a result of emotional abuse.
The child has not experienced any significant loss or bereavement.	The child has suffered a loss or 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.	The child has suffered loss or 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.	The child has suffered loss or bereavement and is self-harming, going missing and/or disclosing suicidal thoughts.

The child's social development			
The child has strong friendships and positive social interaction with a range of peers	The child has few friendships and limited social interaction with their peers	The child or young person is isolated, and refuses to participate in social activities.	The child or young person is completely isolated, refusing to participate in any activities.

The child is able to communicate with others, engages in positive social interactions and demonstrates positive behaviour in a wide variety of social situations. Child demonstrates respect for others.	The child has communication difficulties and poor interaction with others.	The child has significant communication difficulties. The child interacts negatively with others and demonstrates significant lack of respect for others.	The child has little or no communication skills. Positive interaction with others is severely limited.
The child 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	The child exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community. Support is in place to manage this behaviour.	The child 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.	The child 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.
The child demonstrates feelings of belonging and acceptance	The child is a victim of discrimination or bullying.	The child has experienced persistent or severe bullying which has impacted on his/her daily outcomes.	The child has experienced such persistent or severe bullying that his/her wellbeing is at risk.

The child's behaviour			
The child's activities are legal.	The child has from time to time been involved in anti-social behaviour.	The child is involved in anti-social behaviour and may be at risk of gang involvement.	The child is currently involved in persistent or serious criminal activity and /or is known to be engaging in gang activities.

The child's activities are legal.	The child expresses sympathy for ideologies closely linked to violent extremism but is open to other views or loses interest quickly.	The child expresses beliefs that extreme violence should be used against people who disrespect their beliefs and values.	The child supports people travelling to conflict zones for extremist/ violent purposes or with intent to join terrorist groups The child expresses a generalised non-specific intent to go themselves.
The child demonstrates self-control appropriate with their age and development.	The child from time to time displays a lack of self-control which would be unusual in other children of their age.	The child regularly displays a lack of self-control which would be unusual in other children of their age.	The child displays little or no self-control which seriously impacts on relationships with those around them putting themselves/others at risk.
The child has growing level of competencies in practical and independent living skills.	The child's competencies in practical and independent living skills are at times impaired or delayed.	The child does not possess, or neglects to use, self-care and independent living skills appropriate to their age.	Severe lack of age appropriate behaviour and independent living skills likely to result in significant harm. E.g. bullying, isolation.
The child engages in age appropriate use of internet, gaming and social media.	The child is at risk of becoming involved in negative internet use, lacks control and is unsupervised in gaming and social media applications.	The child is engaged in or victim of negative and harmful behaviours associated with internet and social media use, e.g. bullying, trolling, transmission of inappropriate images. Or is obsessively involved in gaming which interferes with social functioning.	The child is showing signs of being secretive, deceptive and is actively concealing internet and social media activities, e.g. at risk of being groomed for child sexual exploitation or is showing signs of addiction (gaming, pornography).

The child engages in age appropriate use of internet, including social media and displays age appropriate behaviours and self-control	The child is at risk of becoming involved in negative internet use that will expose them to extremist ideology/views. They have unsupervised access to the internet and have disclosed to adults or peers that they intend research such ideologies although they haven't done so yet. They express casual support for extremist views.	The child is engaged in negative and harmful behaviours associated with internet and social media use. The child is known to have viewed extremist websites and has said s/he shares some of those views.	There are significant concerns that the child is being groomed for involvement in extremist activities. The child is known to have viewed extremist websites and is actively concealing internet and social media activities. They either refuse to discuss their views or make clear their support for extremist views and are thought to be involved in extremist groups.
The child does not run away from home and whereabouts are always known to parents or carers.	The child has run away from home on one or two occasions or not returned at the normal time. The reasons are understood	The child runs away frequently and/or goes missing for periods. It is not fully understood where they have been or there is reasons to believe they are involved in risky behaviours that make them vulnerable to exploitation in all its forms.	The child persistently runs away and/or goes missing and does not recognise that he/she is putting him/herself at risk. There is evidence that suggests they are being exploited sexually or to be become involved criminal activity including gangs and extremism.
The child does not have caring responsibilities.	The child occasionally has caring responsibilities for members of their family and this sometimes impacts on their daily lives	The child's childhood and educational and social opportunities are being adversely impacted by their caring responsibilities.	The child's outcomes are being adversely impacted by their unsupported caring responsibilities which have been on-going for a lengthy period of time and are unlikely to end in the foreseeable future.

Abuse and neglect			
The child shows no physical symptoms which could be attributed to neglect.	The child occasionally shows physical symptoms which could indicate neglect such as a poor hygiene or tooth decay.	The child consistently shows physical symptoms which clearly indicate neglect	The child 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.
The child is always appropriately dressed.	The child or their siblings occasionally come to nursery/ school in dirty clothing or they are unkempt or soiled.	The child or their siblings routinely 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.	The child 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]
The child does not have injuries, other than those of a minor nature consistent with a normal active childhood, (minor bumps and bruises easily explained.) or genuine household or car accidents.	The child 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.	The child has injuries for example bruising, scalds, burns and scratches, which are accounted for but are more frequent than would be expected for a child of a similar age. They may indicate lack of age appropriate supervision.	The child has injuries, such as fractures, bruising, scalds, burns and scratches, which are not accounted for. The child makes allegations injuries were not accidental.

The child is provided with an emotionally warm and stable family environment.	The child's experiences parenting characterised by a lack of emotional warmth and/ is overly critical and/or inconsistent.	The child experiences a volatile and unstable family environment. and this is having a negative effect on the child who, due to the emotional neglect they have suffered is vulnerable to grooming and/or exploitative relationships with abusive adults or risky peer groups	The child has suffered long term neglect of the emotional needs and, as a result, is now at high risk of, or is already involved in sexual or other forms of exploitation either as a perpetrator or 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 to the MASH may be required	**Tier 4** Children in acute need. Require a referral to MASH is indicated or direct 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'.
The neighbourhood is a safe and positive environment encouraging good citizenship.	The child is affected by low level anti-social behaviour in the locality.	The neighbourhood or locality is having a negative impact on the child – for example, the child is a victim of anti-social behaviour or crime, or is participating in antisocial behaviour or at risk or participating in or being a victim of criminal activity.	The neighbourhood or locality is having a profoundly negative effect on the child who is involved in frequent anti-social behaviour and criminal activity
The family and or child is legally entitled to live in the country indefinitely and has full rights to employment and public funds.	The family's legal entitlement to stay in the country is temporary and/or restricts access to public funds and/or the right to work placing the child and family under stress.	The family's and or young person's legal status puts them at risk of involuntary removal from the country (e.g. asylum-seeking families or illegal workers) OR having limited financial resources/no recourse to public funds increases the vulnerability of the children to criminal activity (e.g. illegal employment, child labour, CSE).	Family members or young people are being detained and at risk of deportation or the child is an unaccompanied asylum-seeker. There is evidence that a child has been exposed or involved in criminal activity to generate income for the family (e.g. illegal employment, child labour, CSE).

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 or perpetrator 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.			
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 to the MASH may be required	**Tier 4** Children in acute need. Require a referral to MASH is indicated or direct the police where there is imminent danger

Parenting during pregnancy and infancy			
The parent/carer accesses antenatal and/or post-natal care	The parent/carer demonstrates some ambivalence to ante-natal and post-natal care with irregular attendance and missed appointments.	The parent/carer is not accessing ante-natal and/ or post-natal care.	The parent neglects to access ante natal care and is using drugs and alcohol excessively whilst pregnant. AND/OR The parent neglects to access ante natal care where there are complicating obstetric factors that may pose a risk to the unborn child or new born child.
The parent/carer is coping well emotionally following the birth of their baby and accessing universal support services where required.	The parent/carer is struggling to adjust to the role of parenthood.	The parent/carer is suffering from post-natal depression or as a result of other vulnerability factors (domestic abuse, substance misuse, learning difficulty is struggling to adjust to the role of parenthood.	The parent/carer is suffering from severe post-natal depression or is subject to other risk factors are evident e.g. substance misuse, mental ill health or domestic abuse which is causing serious risk to themselves and their child/ children.
The parent / carer is able to manage their child's sleeping feeding and crying and is appropriately responsive.	The parent / carer has sustained difficulties managing their child's sleeping, feeding or crying but accepts support to resolve these difficulties.	The parent / carer has sustained difficulties managing their child's sleeping, feeding or crying despite the intervention of support services or refuses to engage with support services.	The parent / carer is unable to manage their child's sleeping, feeding or crying, and is unable or unwilling to engage with health professionals to address this, causing significant adverse impact on the child.

Meeting the health needs of the child			
The parent / carer understands and is appropriately responsive to the health demands of their child.	The parent / carer displays high levels of anxiety regarding their child's health and their response is beginning to impact on the wellbeing of the child.	The parent / carer displays high levels of anxiety regarding their child's health and their response is impacting on the well-being of the child. For example, they are unnecessarily removed from school or prevented from socialising or playing sport. There are some indications that the parent/carer's concerns for the health of the child are unrelated to any physical or mental symptoms of illness.	The parent's / carer's level of anxiety regarding their child's health is significantly harming the child's development. For example, their attendance at school is poor and/or they are socially isolated. There are strong suspicions or evidence that the parent/carer is fabricating or inducing illness in their child.
All the child's needs (e.g. disability, behaviour, long-term conditions) are fully met by the parents.	Parents are meeting the child's needs but require additional help in order to do so.	One or more child's needs (e.g. disability, behaviour, long-term conditions) are not always met by the parents, with additional support required, and this is having an impact on the day to day lives of the child/children's siblings/parents.	One or more children's needs (e.g. disability, behaviour, long-term conditions) have a significant impact on the day to day lives of the child/children and their siblings and/or parents.

Meeting the educational and employment needs of the child			
The parent/carer positively supports learning and aspirations and engages with school.	The parent is not engaged in supporting learning aspirations and/or is not engaging with the school.	The parent does not engage with the school and actively resists suggestions of supportive interventions.	The parent/carer actively discourages or prevents the child from learning or engaging with the school.
The young person is supported to success in the labour market.	The young person is not supported to success in the labour market.	The young person is often discouraged from success in the labour market.	The young person is actively obstructed and discouraged from success in the labour market.
The child has an appropriate education and opportunities for social interaction with peers.	There is concern that the education the child is receiving does not teach them about different cultures, faiths and ideas or, if it does, is derogatory and dismissive of different faiths, cultures and ideas.	The child is being educated to hold intolerant, extremist views. They are not using public services, such as schools or youth clubs, and are only mixing with other children and adults who hold similar	The child is being educated by adults who are members of or have links to prescribed organisations – see link below for list of terrorist groups or organisations banned under UK law. **https://www.gov.uk/governmen t/publications/proscribed**https://www.gov.uk/government/publications/proscribed-terror-groups-or-organisations--2**terror-groups-or-organisations-**

		intolerant, extremist views.	

Meeting the emotional needs of the child			
The child is provided with an emotionally warm and stable family environment. The parenting generally demonstrates praise, emotional warmth and encouragement.	Parenting often lacks emotional warmth and/or can be overly critical and/or inconsistent.	The family environment is volatile and unstable. For example, parenting is intolerant, critical, inconsistent, harsh or rejecting and this is having a negative effect on the child who, due to the emotional neglect they have suffered is vulnerable to grooming and/or exploitative relationships with abusive adults or risky peer groups	The child has suffered long term neglect of their emotional needs and, as a result, is now at high risk of, or is already involved in sexual or other forms of exploitation either as a perpetrator or victim
There is a warm and supportive relationship between the parent/carer and the child which supports the child's emotional, behavioural and social development.	Occasional periods of relationship difficulties impact on the child's development.	Relationship difficulties between the child and parent/ carer significantly inhibits the child's emotional, behavioural and social development which if unaddressed could lead to relationship breakdown.	Relationships between the child and parent/carer have broken down to the extent that the child is at risk of significant harm. For example, the parent/carer rejects their child from home.
The parent/carer sets consistent boundaries and give guidance.	The parent/carer struggles to set age appropriate boundaries and has difficulties maintaining their child's routine.	The parent/carer is unable to judge dangerous situations and/or is unable to set appropriate boundaries.	The parent/carer is unable to judge dangerous situations and/or is unable to set appropriate boundaries and their child is frequently exposed to dangerous situations in the home and / or community.

There is a positive family network and good friendships outside the family unit.	There is a lack of support from the extended family network which is impacting on the parent's capacity.	There is a weak or negative family network. There is destructive or unhelpful involvement from the extended family.	The family network has broken down or is highly volatile and is causing serious adverse impact to the child.
The child is not privately fostered. OR The child is privately fostered by adults who are able to provide for his/her needs and there are no safeguarding concerns. The local authority has been notified as per the requirements of 'The Children (Private Arrangements For Fostering) Regulations 2005'.	There is some concern about the private fostering arrangements in place for the child.	There is some concern about the private fostering arrangements in place for the child, and that there may be issues around the carers' treatment of the child. And/or the local authority hasn't been notified of the private fostering arrangement.	There is concern that the child is a victim of CSE, trafficking, domestic slavery, or being physically abused in their private foster placement.
	The child and/or their parents/carers express strong support for a particular extremist organisation or movement but do not express any intention to be actively involved.	The child and/or their parents/carers express strong support for extremist views and a generalised, non-specific intention to travel to a conflict zone in support of those views.	The child and/or their parents/carers are making plans to travel to a conflict zone and there is evidence to suggest that they are doing so to support or participate in extremist activities.

Meeting the practical needs of the child			
The parent/carer makes appropriate provisions for food, drink, warmth and shelter.	The parent/carer occasionally makes inappropriate or inadequate provisions for food, drink, warmth and shelter.	The parent/carer regularly makes inappropriate or inadequate provisions for food, drink, warmth and shelter.	The parent/carer has consistently failed to provide appropriate or adequate provisions for food, drink, warmth and shelter.
The parent/carer provides appropriate clean, clothing.	The carer gives consideration to the provision of clean, age appropriate clothes to meet the needs of the child, but their own personal circumstances can get in the way of ensuring their child has these clothes.	Carer(s) neglect their child physically through their indifference to the importance of providing clean, age appropriate clothes for the child. This impacts on the child and prevents them meeting developmental milestones.	The parent/carer neglects their child physically and/or emotionally for example providing dirty or inappropriate clothing and this causes the child severe distress and/or prevents him/her meeting their developmental milestones.
The parent/carer provides for all the child's material needs	The parent/carer is sometimes neglectful of the child's material needs and this could make them vulnerable to peers or adults who offer them clothes, foods etc in return for favours.	Parent/carer has been/is often neglectful of the child's material needs and this is having a negative impact on the child who may, for example, be socially isolated because of their old or dirty clothing or may be involved in petty theft to get clothes etc. This puts them at risk of grooming for sexual exploitation or involvement in criminal activity.	The child has suffered long term neglect of the material needs and is now at risk of or is already involved in criminal activity to meet their material needs and/or they are being sexually exploited.

Domestic abuse			
The expectant mother or parent / carer is not in an abusive relationship.	The expectant mother / parent / carer is a victim of occasional or low-level nonphysical abuse.	The expectant mother / parent / carer has previously been a victim of domestic abuse and is a victim of occasional or low-level non-physical abuse.	The expectant mother / parent / carer is a victim of domestic abuse which has taken place on a number of occasions.
There are no incidents of violence in the family and no history or previous assaults by family members.	There are isolated incidents of physical and/or emotional violence in the family. The harmful impact of such incidents is mitigated by other protective factors within the family such as supportive grandparents who are able to look after the child when there are arguments/disputes in the family home.	One or more adult members of the family is physically and emotionally abusive to another adult member/s of the family. The perpetrator/s show limited or no commitment to changing their behaviour and little or no understanding of the impact their violence has on the child. The perpetrator is emotionally harming the child/ren who witness or are otherwise aware of the violence.	One or more adult members of the family is a perpetrator of persistent and/or serious physical violence which may also be increasing in severity, frequency or duration. The perpetrator is emotionally harming the child/ren who witness or are otherwise aware of the violence. The children may also be at risk of physical violence if, for example, they seek to protect the adult victim.

There are no incidents of violence in the family and no history or previous assaults by family members.	There are isolated incidents of physical and/or emotional violence in the family. The harmful impact of such incidents is mitigated by other protective factors within the family such as supportive grandparents who are able to look after the child when there are arguments / disputes in the family home.	The child has or continues to witness an adult in their household being physically or emotionally abused by another member of the household and are suffering emotional harm as a result. They are starting to exhibit behaviours that suggest they are at risk of becoming perpetrators or victims of abuse including CSE.	The child is at high risk of, or is already either a perpetrator or a victim of serious abusive behaviour, including child sexual exploitation.

Parental and family health issues and disability			
Parents do not use drugs or alcohol. OR Parental drug and alcohol use does not impact on parenting.	Drug and / or alcohol use is impacting on parenting but adequate provision is made to ensure the child's safety. The child is currently meeting their developmental milestones but there are concerns that this might not continue if parental drug and alcohol use continues or increases.	Drug/alcohol use has escalated to the point where it includes binge drinking, drug paraphernalia in their home, the child feeling unable to invite friends to the home, the child worrying about their parent / carer.	Parental drug and/or alcohol use is routinely or periodically out of control and the parent/ carer cannot carry out daily parenting. This could include blackouts, confusion, severe mood swings, drug paraphernalia not stored or disposed of safely, using drugs/ alcohol when their child is present, involving the child in procuring illegal substances, and dangers of overdose.

There is no evidence of siblings or other household members misusing drugs or alcohol. NB: See Parental factors for assessment of need relating to parental drug/alcohol misuse]	Siblings' or other household members' drug or alcohol misuse occasionally impacts on the child.	Siblings' or other household members' drug or alcohol misuse consistently impacts on the child.	Siblings' or other household members' drug or alcohol misuse is significantly adversely impacting on the child.
The physical or mental health of the parent/carer does not affect the care of the child.	Physical and mental health needs of the parent/carer create an adult focus which at times detracts attention away from the child.	Physical or mental health needs of the parent/ carer are being put before the welfare of the child and as a result their development is being impaired.	Physical or mental health needs of the parent/carer significantly affect the care of their child placing them at risk of significant harm.
The parents/ carers learning disabilities do not affect the care of their child.	The parents/carers learning difficulties occasionally impedes their ability to provide consistent patterns of care but without putting the child at risk.	The parents/ carers learning disabilities are negatively affecting the care of their child.	The parents/ carers learning disabilities are severely affecting the care of their child and placing them at risk of significant harm.
The parent/carer's mental health does not impact the child adversely.	The carer presents with mental health issues which have sporadic or low level impact on the child however there are protective factors in place.	The carer presents with mental health issues which has sporadic or low level impact on the child and there is an absence of supportive networks and extended family to prevent harm.	The parents/carers poor mental health is impacting significantly on the care of the child. The primary carer for the child presents as acutely mentally unwell and /or attempts significant self-harm and/or the child is the subject of parental delusions.

Protection from harm: physical or sexual abuse			
The parent/ carer protects their family from danger/ significant harm.	The parent/carer on occasion does not protect their family which if unaddressed could lead to risk or danger.	The parent/carer frequently neglects/is unable to protect their family from danger/significant harm.	The parent/ carer is unable to protect their child from harm, placing their child at significant risk.
The parent/carer does not sexually abuse their child appropriate age related boundaries are in place within the family that promote healthy development of physical and emotional relationships.	There is a history of sexual abuse within the extended family or network but the parents understand the risks respond appropriately to the need to protect the child.	There are concerns around possible inappropriate sexual behaviour from the parent/carer. Parent or carer has expressed thoughts that they may sexually abuse their child.	The parent/ carer sexually abuses their child. There is some evidence that the parent / carer may sexually abuse their child based on historical concerns, previous convictions, known history.
There is no evidence of sexual abuse.	There are concerns relating to inappropriate sexual behaviour in the wider family.	The family home has in the past been used on occasion for drug taking / dealing, prostitution, CSE or illegal activities.	The family home is used for drug taking and/or dealing, prostitution and illegal activities. The child is being sexually abused / exploited. A schedule 1 offender who is a serious risk is in contact with the family.

The parent/carer does not physically harm their child.	The parent/carer physically chastises their child within legal limits but there is concern that this is having a negative impact on the child's emotional wellbeing (for example, the child appears fearful of the parent). There is concern that it may escalate in frequency and/or severity as the parent seems highly critical of their child and/or expresses the belief that only physical punishment will have the desired impact on the child's behaviour. However, The parent is willing to access professional support to help them manage their child's behaviour.	The parent/carer physically chastises their child leaving the child with visible bruising, grazes, scratches, minor swellings or cuts – this may result from a loss of control. The parent is willing to access professional support to help them. Parents or carers fail to provide adequate supervision result in the child being injured through avoidable accidents.	The parent/ carer deliberately physically harms child fails to provide age appropriate supervision that results in significant harm to the child.
There is no concern that the child may be subject to harmful traditional practices such as FGM, HBV, Forced marriage and Belief in Spirit possession.	There is concern that the child is in a culture where harmful practices are known to have been performed however parents are opposed to the practices in respect of their children.	There is concern that the child may be subject to harmful traditional practices.	There is evidence that the child may be subject to harmful traditional practices.

Criminal or anti-social behaviour			
There is no history of criminal offences within the family.	There is a history of criminal activity within the family.	A criminal record relating to serious or violent crime is held by a member of the family which may impact on the children in the household.	A criminal record relating to serious or violent crime is held by a member of the family which is impacting on the children in the household.
The family members are not involved in gangs.	There is suspicion, or some evidence that the family are involved in gangs.	There is a known involvement in gang activity.	There is a known involvement in gang activity which is impacting significantly on the child and family.

Threshold Criteria: Section 47 Duty to investigate

In addition the following threshold Criteria also apply.

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.