



# Northamptonshire Safeguarding Children Partnership (NSCP)

## Thresholds Guidance 2018

*The right support at the right time.*

Information for everyone working with children, young people and families

<b>Reference number</b>	NSCBTG18
<b>Title</b>	Northamptonshire Thresholds Guidance 2018
<b>Version</b>	Final (10.09.18)
<b>Document owner</b>	Victor Cook Transformation Lead Children First Northamptonshire NCC
<b>Update and owner</b>	18.10.18 – updated with comments from MASH Steering Group
	09.07.19 – updated to reflect new partnership arrangements

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## **1. Introduction**

This document sets out the Northamptonshire Safeguarding Children Partnership (NSCP) approach to providing support to potentially vulnerable children and young people in Northamptonshire and keeping all children and young people safe and protected from harm.

The NSCP approach is underpinned by the following key principles:

### **Child and young person centred**

At all levels our work with children in Northamptonshire is based on a clear understanding of their needs and views.

### **Right support, at the right time**

- Children's needs should be determined swiftly and accurately, a robust assessment should inform a proportionate and timely response
- Assessments involve families, act on the voice of children, are analytical and timely and enable us to understand the needs of children and families
- Wherever possible children are supported to stay within safe family networks and communities

### **Early help**

Early help is the foundation of our approach, provided through a range of collaborative and evidence based interventions.

### **Safeguarding is everyone's responsibility**

The needs of children and young people is the concern and responsibility of all agencies and professionals in Northamptonshire who work with children, adults and families as outlined in Working Together 2018<sup>1</sup>

### **Working with families**

Together we work in partnership with families, encouraging them to recognise and use their own strengths and that of their local community and support them to explore and find their own solutions to meet the needs of children. This is supported by the Signs of Safety (SOS) practice framework that has been adopted by Northamptonshire; further information about the model is provided within this document.

### **Aware of Adverse Childhood Experiences (ACE)**

Professionals and services will work to be aware of Adverse Childhood Experiences (ACE) and trauma informed by looking at the causes of needing a service as well as the consequences.

### **It's good to talk**

Early identification of difficulties and improved outcomes for children and young people are aided by close collaboration between individual workers and agencies, through regular open, honest and quality conversations.

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<sup>1</sup>[Working Together 2018](#)

## **2. Our approach to safety and support**

The needs of children, young people and their families need to be considered on a case by case basis. Responses should be based on robust assessment, sound professional judgment and where appropriate statutory guidance.

Our approach facilitates early discussions, conversations and dialogues when we have emerging worries about children. The focus is to promote safety and strengths within the family and their existing network to properly address them on a long-term basis. It also sets out how to recognise signs of harm and what to do when we have immediate concerns for children's safety, to prevent any delay in protecting them and/or gathering evidence where a crime has been committed.

It also recognises that in many cases no one worker will be able to provide all the support the child or family requires and therefore a multi-agency approach should be adopted through a Team Around the Family (TAF), Child in Need (CiN) plan or Child Protection (CP) process depending on the signs of harm identified through the assessment.

The approach recognises that all professionals, no matter what agency they are from, have a role to play within safeguarding children from harm and promoting their welfare.

### **2.1 Informed by children and young people**

The development of our approach to keeping children safe in Northamptonshire has been informed by the views of children and young people.

It is our intention that by using Signs of Safety (SOS) as our practice model, it will help us to strengthen our practice with children and young people, ensuring their voice is more visible throughout our work and our response to their wishes, feelings and concerns is more meaningful.

### **2.2 Early help support**

Early help support and services in Northamptonshire has a shared goal: to enable children and families to access appropriate support as early as possible so that they can maintain their quality of life, prevent any problems getting worse and feel stronger, happier and more confident. Early help support and services are both commissioned and delivered by a wide range of agencies.

The Northamptonshire Health and Wellbeing Board and Northamptonshire Safeguarding Children Partnership (NSCP) champion the vital importance of helping children and young people at the earliest point to provide them with the best opportunity for the future. Through effective early help, we will also prevent families from escalating to statutory, high cost services.

We must all target our early help support where the likelihood is that problems will spiral and become more damaging for children and families. Reducing demand for high-need services will deliver better outcomes for children and families and reduce escalation for safeguarding concerns. Equally, it will reduce demand for services and interventions which are more costly for children's services and other public services to provide. Services will facilitate this by being ACE aware and trauma informed, to understand and prevent underlying causes.

Northamptonshire's early help offer recognises the crucial role that all family members, not just mothers and fathers, but step parents, grandparents, siblings, other extended family

members, carers and the wider community play in influencing what children experience and achieve as well as the consequences when families are in difficulty.

Providing early help is more effective in promoting the welfare of children than reacting later. Northamptonshire's early help offer puts the responsibility on all professionals to identify emerging problems through trauma informed practice and potential unmet needs for individual children and families, irrespective of whether they are providing services to children or adults.

The professionals working mainly in universal services are best placed to identify children or their families and offer the earliest support to those who are at risk of poor outcomes.

Early help is the term used to describe our approach to providing support to potentially vulnerable children and their families as soon as problems start to emerge or when there is a strong likelihood that problems will emerge in the future.

The provision of early help services in Northamptonshire forms part of a continuum of help and support from all agencies to respond to the different levels of need of individual children and families.

The purpose of early help is through prompt interventions, to prevent issues and problems becoming acute, chronic and costly to the child, the family and the wider community.

Where a child's need is relatively low level, individual services and universal services may be able to take swift action to provide early help. For other emerging and more complex needs, a range of targeted early help services may be required, co-ordinated through an Early Help Assessment (EHA).

Support for children must safeguard the child and promote their welfare and, where possible, prevent harm before the child's needs become more complex. Where there are more complex needs, help may be provided as a Child in Need (CiN) under section 17 of the Children Act 1989.

Where there are Child Protection (CP) concerns or reasonable cause to suspect a child is suffering, or likely to suffer significant harm, local authority social care services must make enquiries and decide if any action must be taken under section 47 of the Children Act 1989.

Working Together states that it is important that there are clear criteria for taking action and providing help across this full continuum to ensure that services are commissioned effectively and that the right help is given to the child at the right time.

These criteria for action should be understood by all professionals and applied consistently.

The NSCP is committed to ensuring that this guidance will support professionals working with children and families to make good decisions and focus on positive outcomes by ensuring these criteria for action are transparent, accessible and well understood.

As safeguarding is everyone's responsibility, it's important that everyone plays their full part and is clear about their roles and responsibilities. These are set out clearly in Working Together 2018.

### **2.3 Signs of Safety (SOS) model**

Northamptonshire has adopted the Signs of Safety (SOS) model as the basis of work with children and families across all partner agencies engaged in providing services for children.

SOS is an evidence based practice framework and will bring together partners to provide a strengths based approach where there is a need for statutory social work intervention. The model is an approach created and refined by professionals, based on what they know works well with difficult cases.

SOS is intended to improve the effectiveness of partnership working, coordination and consistency, as a common framework and shared language becomes embedded. It is adaptable across all service areas.

SOS is a strengths based, solution focused model that looks to assess risk and concerns and identify solutions. It prompts us to ask four simple questions when thinking about and working with a family:

- **What are we worried about?**  
We talk about harm and complicating factors
- **What's working well?**  
We think about strengths, safety and when things work
- **What needs to happen?**  
We think about next steps and goals
- **How worried are we on a scale of 0-10?**  
0 = very worried, 10 = not worried at all

Within all of our conversations, assessments, meetings and plans we need to work together to use the SOS model. It's aim is to support families to find their own solutions to problems, whilst being clear about the harm or potential harm a child has or may suffer and the evidence for this, and being clear about what needs to happen for professionals to no longer be worried.

Below are some questions based on the SOS model which you might want to think about when you have any type of worry or concern about a child or family. These prompts will also help when contacting the Multi-Agency Safeguarding Hub (MASH) about your concerns for a vulnerable child or young person, as you are completing an assessment, or attending multi-agency meetings about children.

As the model is a strengths based, solution focused model we always start with our 'what's working well questions':

- What have been the things that have minimised the harm or made things better?
- Is the child currently safe? If so how do you know? Does this happen daily, weekly?
- Who else helps to keep the child and family safe, happy and well?
- In relation to the worry, what do the family and child do already that makes things even a little better?
- What has worked in the past to help?
- What would the family say is the best thing about their family?
- What are the family currently doing to try and make this problem better?
- Who is in their network?

## 2.4 Signs of Safety (SOS) assessment tool

At multi-agency meetings you will be asked to scale how worried you are on a scale of 0-10.

<b>What are we worried about?</b>	<b>What's working well?</b>	<b>What needs to happen?</b>
<ul style="list-style-type: none"> <li>• <i>What have you seen or heard that worries you? Who saw this and what did they see?</i></li> <li>• <i>What are you worried will happen if nothing changes?</i></li> <li>• <i>Have things become worse recently?</i></li> <li>• <i>What has been the impact on that child? What does their day to day look like?</i></li> <li>• <i>Have you spoken to the child? What are they worried about? What did they tell you?</i></li> <li>• <i>What is making this situation even more difficult and complicated?</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>What have been the things that have minimised the harm or made things better?</i></li> <li>• <i>Is the child currently safe? If so how do you know? Does this happen daily, weekly?</i></li> <li>• <i>Who else helps to keep the child and family safe, happy and well?</i></li> <li>• <i>In relation to the worry, what do the family and child do already that makes things even a little better?</i></li> <li>• <i>What has worked in the past to help?</i></li> <li>• <i>What would the family say is the best thing about their family?</i></li> <li>• <i>What are the family currently doing to try and make this problem better?</i></li> <li>• <i>Who is in their network?</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>What do you think needs to happen to make the situation better?</i></li> <li>• <i>Are there any questions that need to be asked to clarify the situation?</i></li> <li>• <i>What do the family and child want to happen? How do they think they could make things better?</i></li> <li>• <i>What would make you less worried?</i></li> </ul>

## 2.5 Conversation opportunities

In Northamptonshire we use a range of conversation opportunities such as telephone calls, meetings, emails and visits to families to identify appropriate support for the child and their family. We recognise the importance of early discussions, conversations and dialogues when we have emerging worries about children. Anybody working with children, young people and families is responsible for starting these conversations. These quality conversations may lead to an assessment and plan which should ensure outcomes for children are improved and clearly shows everyone's responsibility within that plan.

The advantages of this approach are that it:

- Emphasises collaboration and conversation
- Promotes shared responsibility and flexibility
- Recognises the complexity and unique needs of each individual child and family
- Reduces potential bias of individual professional and agency decisions through debate

Constructive conversations will be started with the child and family by a professional who is already working or involved with the child because of a worry they have. The value, knowledge and trust that a professional already working with a family has must not be underestimated and in Northamptonshire we really value those relationships. Different professionals will each have key information and knowledge, and play a crucial role in supporting a family.

We want these conversation opportunities to be constructive, clear, open and honest and, importantly, involving the family and their wider network. Sometimes these conversations may be challenging and professionals and families may not always agree. It is important that everyone has the opportunity to express their worries, but also to identify the strengths and

safety already in place. It needs to be explored how these strengths can be built upon to bring about safety for all of the children involved. This highlights why conversations are so important and why drawing professionals and family networks together in a coordinated way to work towards a whole family plan is a positive, helpful and constructive way of working.

All conversations, whatever the outcome, should be recorded appropriately in order to show that they took place and identify what next steps were agreed and why. This will support the evaluation of how effectively needs are met. In this way, quality conversations can demonstrate their impact on successful practice.

In Northamptonshire we use a range of conversation opportunities to identify appropriate support for children, young people and families. A check list approach is mechanistic and identifies weaknesses; it doesn't take into consideration the complexity of individual situations and can overlook existing strengths. Quality conversations strengthen and improve decision making and joint working to provide the right help at the right time.

Professionals should have conversations safely, adhering to their own agency information sharing protocols. This includes recording information appropriately to ensure that all the agreed detail has been captured, confirmed and shared.



### 3. Continuum of need

A threshold is a point that is reached where support is required at level 1, 2, 3 or 4.

The thresholds guidance outlines circumstances and key features at each level to help professionals make a judgement about whether a threshold has been reached and decide what to do next.

The continuum of need is based on the principle that services should be provided as soon as possible, at the lowest level proportionate to the assessed needs of the child. The aim is to support families and prevent things becoming more difficult so families can continue to get support in universal services.

The model identifies four levels of need and how they can be met, rather than levels of service:

- Universal Support
- Early Help
- Targeted Support
- Statutory Intervention

Northamptonshire's continuum of need (as shown in diagram 1) is a useful guide to what early help looks like in practice. If early help is working, children and families would stay towards the lower level of the continuum and only those families with highly complex needs would reach the higher level of the continuum.

Some services described as early help or targeted support are also used by children open to children's social care, e.g. Children in Need (CiN) or children on Child Protection (CP) plans.

The following considerations may apply:

- Children can and do move from one level of need to another, sometimes very quickly
- Children with early help and specialist needs also require and use universal services
- Repeated assessments are not necessary to move children from one level of need to another
- Some children, i.e. those with complex needs, should be enabled to move quickly and effortlessly to the required service response without necessarily moving up through each level of need
- The aspiration is that for most children their needs are met as low down on the continuum of needs as possible

3.1 Diagram 1: Northamptonshire's continuum of need



## 4. What to do if you are worried

### 4.1 Criteria for action

Please refer to Appendix 1: Levels of Need: Child and Young People's Developmental Needs

Level	Needs	Services (examples)	Outcome	Action (examples)
<b>Level 1</b>  <b>Universal Support</b>	Children with no additional needs, whose needs are met by universal services.	<ul style="list-style-type: none"> <li>• Health Visitors</li> <li>• Family information service</li> <li>• Children's centres/libraries</li> <li>• Schools and colleges</li> <li>• CYP Public Health nurses</li> <li>• Midwives</li> <li>• GPs</li> </ul>	Children make good progress in most areas of development.	Child, young person or family directed to relevant Universal services for advice/support.  No assessment is required.
<b>Level 2</b>  <b>Early Help</b>	These children may require extra support in order to promote their safety and happiness and to explore the support of family and services to maintain safety in the community.  The nature of need may be short term or more moderate in nature.	<ul style="list-style-type: none"> <li>• Health Visitors (also Level 3)</li> <li>• School Nurses (also Level 3)</li> <li>• Therapy services</li> <li>• Children's Centres</li> <li>• Schools and colleges</li> <li>• Educational Psychology Service (also Level 3)</li> <li>• Midwives</li> <li>• GPs</li> <li>• Fire and Rescue Service</li> </ul>	Children have improved life chances by offering intensive and preventative early years interventions and specialist early help support for additional needs.	Offer support yourself or direct to relevant universal or Early Help Support Service for relevant advice and guidance.  If a number of issues or needs at Level 2 are identified consider completing an Early Help Assessment (EHA).
<b>Level 3</b>  <b>Targeted Support</b>	Children with complex or multiple needs:  These children require specific support, without which their health (including happiness) and development may be effected, such as relationship difficulties with family and peers. Without support, the family are likely to become in need of a greater level of support  Child in Need (CiN):  These children may receive a child in need	<ul style="list-style-type: none"> <li>• CAMHS community workers</li> <li>• Community Paediatricians</li> <li>• 0-19 Targeted Support Service</li> <li>• Youth Offending Service</li> <li>• Children's Centres (also Level 1 &amp; 2)</li> <li>• Targeted NEET Prevention Services (Prospects)</li> <li>• GPs</li> <li>• Social Workers</li> <li>• SEND Support Services</li> </ul>	Children and families are likely to face difficulties in making progress to reach their potential unless they are supported by services to help them to achieve.  Children will receive support for issues that help to make sure in the future, they can be safe in the community and with their family.	Contact the Early Help Support Service.  Appropriate advice and guidance accessed by lead professional.  Early Help services may work in partnership with statutory services to deliver a child's safety plan, e.g. Child in Need (CiN) Plan. Early Help services can only be delivered with the consent of families.

	<p>service from children's social work services and are at risk of being unsafe if they do not receive early support.</p> <p>These may include children who have been assessed as 'high risk' in the recent past, or children who have been adopted and now require additional support.</p>	<ul style="list-style-type: none"> <li>• Education, Health and Care Team</li> </ul>		
<p><b>Level 4</b></p> <p><b>Statutory Intervention</b></p> <p><i>Immediate safeguarding</i></p>	<p>Child Protection (CP):</p> <p>Reasonable cause to suspect that the child is suffering, or likely to suffer, significant harm</p> <p>These children require specialist/ statutory support. Children at this Level would require social work assessment such as Child Protection (CP) investigations or legal interventions in order to make sure they are safe.</p> <p>These children may also need to be accommodated by the local authority either on a voluntary basis or by way of Court Order.</p>	<ul style="list-style-type: none"> <li>• CAMHS Specialist (Community)</li> <li>• Specialist (Inpatient) Services</li> <li>• Community Paediatricians</li> <li>• Specialist Looked After Children Service</li> <li>• Children's Continuing Care Team</li> <li>• Children in Need Team</li> <li>• Youth Offending Service (also Level 3)</li> <li>• Social Workers</li> </ul>	<p>Children and/or family members are likely to suffer significant harm/removal from home/serious and lasting injury, either physically or through the way they feel about their safety, without the intervention of specialist services, sometimes in a statutory role.</p>	<p>Immediate referral should be made to the Multi Agency Safeguarding Hub (MASH).</p> <p>Specialist services working alongside Universal and Early Help services to meet the complex and/or multiple needs of vulnerable children and young people.</p> <p>Statutory intervention i.e. Section 47, Child Protection (CP)</p>

## 4.2 Safeguarding concerns

Working Together 2018 states that:

*Anyone who has concerns about a child's welfare should make a referral to local authority children's social care and should do so immediately if there is a concern that the child is suffering significant harm or is likely to do so.*

If a child is in immediate danger you should contact the police on 999 or an ambulance.

Where you believe there is reasonable cause to suspect that the child is suffering, or likely to suffer significant harm, do not delay, contact the MASH on 0300 126 1000. These instances must be reported to the MASH by telephone.

Where a professional wants to discuss whether the child should be the subject of a safeguarding referral or whether targeted early help or specialist services are appropriate, the professional should contact 0300 126 1000 option 1 for advice and information.

If a multi-agency email referral is to be submitted it must be accompanied by the existing Early Help Assessment (EHA).

When professionals refer a child, they should include any information they have on the child's developmental needs and the capacity of the child's parents or carers to meet those needs. This information may be included in any assessment, including an EHA, which must be submitted alongside any multi-agency email referral.

Feedback should be given to the referrer on the decisions taken and where appropriate suggestions for other sources of more suitable support. Professionals should always follow up their concerns if they are not satisfied with the response and should escalate their concerns by accessing the [Northamptonshire Conflict Resolution Policy](#) if they remain dissatisfied.

## **5. Assessment of a child**

An assessment will provide the evidence that the level of need or threshold has been met. Some examples of assessments which might be used at each level are described within this guidance.

The Northamptonshire continuum of need is a useful prompt for professionals to use when assessing children and young people. It can be used to assist practitioners across all services to gain a holistic understanding of the child by assessing circumstances and need across the 3 areas of developmental needs; parenting capacity, family and environment.

### **5.1 Early Help Assessment (EHA)**

*'Preventative services will do more to reduce abuse and neglect than reactive services, and the coordination of services is important to maximise efficiency'*

Eileen Munro, 2011.

Children and families may need support from a wide range of agencies. Where a child and family would benefit from coordinated support from more than one agency (e.g. education, health, housing, police) there should be an inter-agency assessment. An EHA should be used to identify what help the child and family require to prevent needs escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989.

The EHA is a simple way to help identify needs of children and families and make a plan to meet those needs. It is designed to be a shared tool which can be used by all agencies in Northamptonshire who are delivering early help.

The EHA can be used to support children and young people between 0–19 years, including unborn babies and can also be used with consent up to the age of 24 where a young person has a learning difficulty or disability.

It is a standardised approach so that all children and families have the same experience of exploring their needs, strengths and challenges.

An EHA should be completed by any professional at the earliest opportunity when they are worried about a child or young person's health, development, welfare or progress; or if the child, young person or their family raises a concern.

The EHA will help individual agencies identify what they can do to help. Where an individual agency cannot respond in isolation, and a multi-agency response is required, the EHA must then be shared with the Early Help Support Service.

At lower level of risk, the EHA is the appropriate assessment to use. The EHA is not appropriate where there are immediate safeguarding or Child Protection (CP) concerns; in these cases a telephone referral must be made to the MASH. It is a requirement that all telephone referrals in relation to Child Protection (CP) issues are followed up in writing on the online referral form within 24 hours.

Northamptonshire adopts a locality working model which seeks to develop blended multi professional teams working together, sharing knowledge and skills, supporting the Children First Northamptonshire vision: every child in Northamptonshire will live in a safe, stable, permanent home, nurtured by caring and responsible families and strong communities.

## **6. Assessment of a child under the Children Act 1989**

### **6.1 Single assessment**

A Single Assessment is a statutory assessment and replaces previous Initial and Core Assessments.

The Single Assessment will cover the same areas as an EHA but is completed by a qualified Social Worker with a focus on whether threshold for significant harm has been met and to understand the risk presented to a child. Once completed a judgement is made based on the information gathered, the evidence and analysis of which may lead to the case being held as Child in Need (CiN), escalated to Child Protection (CP) or it may be felt that the case could be held within an early help team, with an early help worker or another professional becoming the lead professional.

It is acknowledged that in addition to the EHA and the Single Assessment, universal and specialist services will all have their own assessment tools. These tools help agencies determine which services in their agency can best support the child and/or family and how they can best work with them.

### **6.2 Section 17 Child in Need (CiN)**

Some children and young people with complex needs may be children who are defined as being 'in need', under Section 17 of the Children Act 1989. The criteria for Section 17 are those children whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired without the provision of services, plus those children who are disabled. These children will need to be referred to the MASH by telephone and wherever possible an EHA should be completed, prior to contact. Following acceptance of a referral, a social worker will lead a multi-agency assessment under section 17 of the Children Act 1989.

In circumstances when the children's social care assessment (including multi-agency input) evidences the requirement to provide services, a multi-agency Child in Need (CiN) plan will be implemented. This plan will set out what services are needed and which agencies will provide these to the child and family.

Children's social care has a responsibility to children in need under section 17 of the Children Act 1989. That is, children whose development would be significantly impaired if services are not provided. This includes children who have a long lasting and substantial disability, which

limits their ability to carry out the tasks of daily living. For Children in Need (CiN), a request to Children's social care is appropriate when more substantial interventions are needed: where a child's development is being significantly impaired because of the impact of complex parental mental ill health, learning disability or substance misuse, or very challenging behaviour in the home. A social care request is also appropriate where parents need practical support and respite at home because of a disabled child's complex care needs. In these situations, children's social care will work with families on a voluntary basis, often in partnership with other professionals, to improve the welfare of the children and to prevent problems escalating to a point that statutory Child Protection (CP) intervention is needed.

## **7. Statutory intervention**

Some children are in need because they are suffering, or likely to suffer significant harm which includes Child Protection (CP). The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of the children.

Local authorities have a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm in their area.

### **7.1 Significant harm**

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of the ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation and the presence or degree of threat, coercion, sadism and bizarre or unusual elements.

It is important to consider age and context as well as evidence from research and serious case reviews. Babies, young children and adolescents are particularly vulnerable and at increased risk especially when there is a parental history of domestic abuse, substance misuse and mental ill-health.

Therefore, significant harm could occur where there is a single event, such as a violent assault. More often, significant harm is identified when there have been a number of events which have compromised the child's physical and psychological wellbeing: for example, a child whose health and development suffers through neglect.

### **7.2 Section 47 Child Protection (CP)**

Children's social care has a duty under section 47 of the Children Act 1989 to work with partners to determine whether a child is suffering or is likely to suffer significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children.

Where information gathered during a referral or assessment results in a qualified Social Worker suspecting that the child is suffering or likely to suffer significant harm, a strategy discussion will be held to enable a decision to be made, with other agencies, whether to initiate enquiries under section 47 of the Children Act 1989.

A section 47 enquiry is initiated to decide whether and what type of action is required to safeguard and promote the welfare of a child who is suspected of, or likely to be, suffering significant harm.



A section 47 enquiry is carried out by undertaking or continuing with an assessment. Local authority Social Workers have a statutory duty to lead assessments under section 47 of the Children Act 1989. The police, health professionals, teachers and other relevant professionals will help the local authority in undertaking its enquiries.

## 8. Sharing information

Serious Case Reviews (SCR) have highlighted that missing opportunities to record, share and understand the significance of information in a timely manner can have severe consequences for the safety and welfare of children.

Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children, which must always be the paramount concern.

### 8.1 Myth-busting guide to sharing information (Working Together 2018)

Sharing information enables practitioners and organisations to identify and provide appropriate services that safeguard and promote the welfare of children. Below are common myths that may hinder effective information sharing:

<b>Myth</b>	<b>Fact</b>
<i>The Data Protection Act 2018 is a barrier to sharing information</i>	<b>No</b> - the Data Protection Act 2018 does not prohibit the collection and sharing of personal information, but rather provides a framework to ensure that personal information about a living individual is shared appropriately.
<i>Consent is always needed to share personal information</i>	<b>No</b> - you do not necessarily need the consent of the information subject to share their personal information. Where possible, you should seek consent from an individual, and should be clear about why and with whom information will be shared.  <i>In situations where there are concerns that a child is suffering, or is likely to suffer significant harm, information may be shared without consent.</i>
<i>Personal information collected by one organisation cannot be disclosed to another organisation</i>	<b>No</b> - this is not the case, unless the information is to be used for a purpose incompatible with the purpose that it was originally collected for. In the case of a child at risk of significant harm, it is difficult to foresee circumstances where sharing personal information with other practitioners would be incompatible with the purpose for which it was originally collected.
<i>The common law duty of confidence and the Human Rights Act 1998 prevent the sharing of personal information</i>	<b>No</b> - this is not the case, practitioners need to balance the common law duty of confidence and the rights within the Human Rights Act 1998 against the effect on individuals or others of not sharing the information.
<i>IT Systems are often a barrier to effective information sharing</i>	<b>No</b> – co-judgment is the most essential aspect of multi-agency work, which could be put at risk if organisations rely too heavily on IT systems. Evidence from the Munro review is clear that IT systems will not be fully effective unless individuals from organisations operate around meeting the needs of the individual child.



## 8.2 Consent

Where you believe there is reasonable cause to suspect that the child is suffering, or likely to suffer significant harm, consent is not needed to share information or make a referral to the MASH. You have a duty to share in these circumstances and in these cases a telephone conversation must take place with the MASH. Evidence must be provided as to why consent has not been obtained alongside detail of the efforts made to achieve consent. There will need to be a clear rationale for any exemption to be applied.

In general, conversations about what is worrying you should happen 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 at increased risk of suffering harm, you do not need consent
- If it might undermine the investigation of a serious crime. This includes making a Child Protection (CP) referral for a child who has made an allegation about a physical or sexual assault by a parent or carer, or where a delay in getting consent may mean the child or young person is put at further risk of harm.
- There may be occasions, such as criminal investigation or local authority proceedings, which require an element of confidentiality from the family involved

We will record any efforts made by the referrer to obtain consent as this will be part of the decision to either accept the referral or request that the referrer takes further action. If the need for consent is overruled we will record this decision and the reasons why we believe safety may be at risk, or why it was inappropriate to seek agreement.

## 9. Recording information

All involvement with children, young people and families should be recorded appropriately and in accordance with each agency's procedures, in order to show that a conversation took place, what was discussed and what was agreed.

Recording needs to be clear, concise, distinguish fact from opinion, be respectful to those involved and explain the evidence and analysis made. The decisions made should be clearly recorded, including the people responsible and timescales.

Crucially, records should be understandable to others and where possible always capture the views or behaviour of the child or young person and reflect this in the recording.

The use of the Signs of Safety framework is a great tool to support recording and making decisions which are evidence based and focused on specific observable behaviours rather than judgement or interpretations.

## 10. Still worried?

It is important to remember that guidance will never give all the answers, nor will it ever take the place of talking to one another 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.

At various times during the management of a case, professional differences of opinion and judgement will sometimes occur. Good practice includes the expectation that there is professional and constructive and healthy challenge amongst colleagues within agencies and between agencies.

Where a member of staff from any agency is concerned that concerns or agreed actions regarding a child are not being addressed or acted upon in a timely and consistent manner, it is expected that the NSCP Conflict Resolution Procedure should be used to reach a satisfactory outcome in the best interests of the child.

## 11. Appendix 1: Levels of need: child and young people’s developmental needs

Level 1: Universal Support	Level 2: Early Help	Level 3: Targeted Support	Level 4: Statutory Intervention <i>Immediate safeguarding</i>
<p>Education and Learning Needs</p> <ul style="list-style-type: none"> <li>• Enjoys and participates in learning activities</li> <li>• Access to books, toys and age appropriate learning</li> <li>• Good links between home and school</li> <li>• Has experiences of success and achievement</li> <li>• Planning for career and adult life</li> </ul>	<p>Education and Learning Needs</p> <ul style="list-style-type: none"> <li>• Has some identified learning needs or disability</li> <li>• Support in nursery/school, and the barriers to the child/young person engaging fully in the education setting require a family approach</li> <li>• Language and communication difficulties</li> <li>• Patterns of regular school absences</li> <li>• Low motivation to engage in learning</li> <li>• Not reaching educational development potential</li> <li>• Physical disability needs, requiring targeted support</li> <li>• Some fixed term exclusions</li> <li>• Not in education, employment or training post 16</li> </ul>	<p>Education and Learning Needs</p> <ul style="list-style-type: none"> <li>• Consistently poor nursery/school attendance and punctuality</li> <li>• Not in Education (Under 16)</li> <li>• Has identified Special Educational Needs and Disability (SEND) requiring both additional support and the involvement of outside agencies, family support is required to enable the child to engage in education</li> <li>• Young person aged 14 and over with identified SEND who requires both additional support and the involvement of outside agencies, where planning for independence in adulthood has not started</li> <li>• Not achieving Key Stage benchmarks due to parental care</li> <li>• School attendance below 90%</li> <li>• 3 fixed term exclusions or greater than 15 days excluded in any year</li> <li>• Permanently excluded from school</li> </ul>	<p>Education and Learning Needs</p> <ul style="list-style-type: none"> <li>• Persistent school refusal (or excluded from school) if in conjunction with other complex and significant needs</li> </ul>
<p>Health Needs</p> <ul style="list-style-type: none"> <li>• Health needs being met</li> <li>• No worries regarding diet and nutrition</li> <li>• Good enough hygiene</li> <li>• Developmental and health checks/immunisations up to date</li> <li>• Developmental milestones appropriate</li> <li>• Safe and age appropriate sexual activity</li> </ul>	<p>Health Needs</p> <ul style="list-style-type: none"> <li>• Emerging worries regarding diet/hygiene/clothing</li> <li>• Not being brought to immunisations/development checks/health/dental appointments</li> <li>• Slow in reaching developmental milestones</li> <li>• Emerging worries regarding substance misuse</li> </ul>	<p>Health Needs</p> <ul style="list-style-type: none"> <li>• Health/dental worries not accepted or addressed – treatment not being sought/adhered to</li> <li>• Multiple health problems/disability</li> <li>• Consistently not being brought to required health appointments</li> <li>• Overweight/underweight where no organic cause</li> <li>• Regular substance misuse including drugs/alcohol</li> <li>• Developmental milestones not being met</li> <li>• Self-harming behaviours</li> </ul>	<p>Health Needs</p> <ul style="list-style-type: none"> <li>• Severe/chronic health problems, developmental delay or disability where treatment not being sought or adhered to*</li> <li>• Persistent and high risk substance misuse</li> <li>• Pregnancy or Sexually Transmitted Infection (STI) of a child under 13*</li> <li>• Repeat dental extraction under general anaesthetic (or multiple dental extractions) due to neglect</li> <li>• Child significantly under/over-weight where no organic cause and not engaging with health support</li> </ul> <p><b>* S47 strategy discussion required</b></p>
<p>Emotional Health and Behaviour Needs</p> <ul style="list-style-type: none"> <li>• Good quality early attachments</li> <li>• Able to adapt to change</li> <li>• Able to understand others’ feelings</li> <li>• Takes responsibility for behaviour</li> <li>• Responds appropriately to boundaries and constructive guidance</li> <li>• Can differentiate between safe and unsafe contacts</li> <li>• Age appropriate clothing and appearance</li> <li>• Age appropriate self-care skills shown</li> <li>• Demonstrates resilience</li> <li>• Good emotional wellbeing</li> </ul>	<p>Emotional Health and Behaviour Needs</p> <ul style="list-style-type: none"> <li>• Some difficulties with family or peer group relationships</li> <li>• Some insecurities around identity expressed</li> <li>• Difficulty in managing change</li> <li>• Can behave in an anti-social way e.g. minor offending</li> <li>• Can be over friendly or withdrawn or not aware of risk</li> <li>• Change in communication leading to a more guarded/secretive self</li> <li>• May be engaged in bullying behaviour</li> <li>• Victim of crime or bullying</li> <li>• Slow to develop age appropriate self-care skills</li> <li>• Age inappropriate clothing and appearance</li> <li>• Disability limits amount of self-care possible</li> <li>• Experienced loss of significant adult or family member</li> <li>• Low self esteem</li> <li>• Moderate depression, anxiety, self-esteem or confidence issues</li> <li>• Moderate stress</li> <li>• Moderate health anxiety</li> </ul>	<p>Emotional Health and Behaviour Needs</p> <ul style="list-style-type: none"> <li>• Persistent disruptive/challenging/criminal behaviour</li> <li>• Exhibiting extremist language/behaviour/aligned to a gang</li> <li>• Sexualised behaviour</li> <li>• Risky sexual behaviour</li> <li>• May be at risk of being groomed for sexual exploitation</li> <li>• Missing from home or change in behaviour/routine suggesting development of inappropriate relationship</li> <li>• Child lacks a sense of safety and often puts him/herself in danger</li> <li>• Unable to demonstrate empathy</li> <li>• Experiences of persistent discrimination e.g. ethnicity, sexual orientation or disability</li> <li>• Poor self-care for age</li> <li>• Disability prevents self-care in a significant range of tasks</li> <li>• Very poor self-esteem</li> <li>• Difficulty in coping with anger/frustration and upset</li> </ul>	<p>Emotional Health and Behaviour Needs</p> <ul style="list-style-type: none"> <li>• Challenging/disruptive behaviour putting self or others in danger</li> <li>• At significant risk or already being sexually exploited*</li> <li>• Child at risk of trafficking*</li> <li>• Child is at significant risk of gang affiliation and/or criminal exploitation*</li> <li>• Harmful sexual behaviour</li> <li>• Sexual activity child under 13*</li> <li>• Inappropriate relationship with an adult</li> <li>• Abusing other children</li> <li>• Chronically socially isolated</li> <li>• Frequently missing from home/placement*</li> <li>• Participates in extremist actions in language and behaviour*</li> <li>• Serious or persistent offending behaviour</li> <li>• Persistent poor and inappropriate self-presentation</li> <li>• Significant impact of traumatic event</li> <li>• Acute mental health problems e.g. severe depression; threat of suicide; psychotic episode</li> <li>• Risk admission to psychiatric hospital</li> </ul>

	<ul style="list-style-type: none"> <li>• Moderate post-traumatic stress disorder and/or obsessive compulsive disorder</li> <li>• Moderate anger management</li> <li>• Moderate mental ill health issues emerging</li> </ul>	<ul style="list-style-type: none"> <li>• Child/young person demonstrates thoughts, behaviours, distress and/or impact on functioning that may be consistent with a (working) diagnosis</li> <li>• Without treatment or intervention the child/young person would require a more intensive level of care</li> </ul>	<ul style="list-style-type: none"> <li>• Deterioration of mental health leading to risk to self and/or others</li> <li>• S47 strategy discussion required</li> </ul>
<p>Family and Parenting Needs</p> <ul style="list-style-type: none"> <li>• Shows warm regard, praise and encouragement</li> <li>• Ensures stable relationships</li> <li>• Ensures the child can develop a sense of right and wrong</li> <li>• Good relationships within family, including when parents are separated</li> <li>• Support provided by wider family</li> <li>• Stable and affectionate relationships with family</li> <li>• Is able to make and maintain friendships</li> <li>• Provides for child's physical needs, e.g. food, drink, appropriate clothing, hygiene, medical and dental care</li> <li>• Accommodation has basic amenities and appropriate facilities and can meet family needs</li> <li>• Budget adequate to meet needs</li> <li>• Protected from danger or significant harm</li> <li>• The family feels part of the community and are able to access local services and amenities</li> <li>• Regular employment</li> </ul>	<p>Family and Parenting Needs</p> <ul style="list-style-type: none"> <li>• Inconsistent responses to child/young person by parent/carer</li> <li>• Starting to show difficulties with attachments</li> <li>• Child/young person spends considerable time alone</li> <li>• Rarely exposed to new experiences</li> <li>• Taking on a caring role for parent/carer or may look after younger siblings</li> <li>• Parent has physical or mental health difficulties</li> <li>• Parental stress starting to affect ability to ensure child's safety</li> <li>• Domestic abuse with the potential for emotional impact on child/ren</li> <li>• Multiple changes of address</li> <li>• Limited support from extended family and friends</li> <li>• Family seeking asylum or are refugees e.g. no access to public funds</li> <li>• Poor state of repair, temporary or overcrowded or unsafe housing</li> <li>• Intentionally homeless</li> <li>• Poor parental engagement with services</li> <li>• Parent/carer requires advice on parenting issues</li> <li>• Parents own emotional needs beginning to impact on child's wellbeing</li> <li>• Teenage pregnancy</li> <li>• Some exposure to dangerous situations in home/community</li> <li>• Lack of emotional warmth</li> <li>• Unable to develop other positive relationships</li> <li>• Parent/carer offers inconsistent boundaries</li> <li>• Lack of routine in the home</li> <li>• Lack of positive role models or existence of significant others who are poor role models</li> <li>• Parents struggling to have their own emotional needs met</li> <li>• Family new to area</li> <li>• Some social exclusion or conflict experiences</li> <li>• Limited access to universal resources or community facilities</li> <li>• Periods of unemployment</li> </ul>	<p>Family and Parenting Needs</p> <ul style="list-style-type: none"> <li>• Receives erratic/inconsistent poor quality care</li> <li>• Parental capacity affects ability to nurture (support required because of level and complexity of child disability)</li> <li>• Absence of positive relationships</li> <li>• Parent in prison</li> <li>• Not receiving positive stimulation</li> <li>• Difficult to engage parents/carer – reject advice/support</li> <li>• Parent continually struggling to provide care</li> <li>• Professionals concerned basic care will not be provided</li> <li>• Parents mental health problems or substance misuse affects care of child/young person</li> <li>• Parents perceive child's safety outside the home to be a real problem</li> <li>• Neglect identified</li> <li>• Unsafe situations e.g. criminal activity, drugs, alcohol</li> <li>• Incidents of domestic abuse with impact on victim and children</li> <li>• Family has serious physical/mental health difficulties</li> <li>• Drug use or alcohol dependency by parent/carer</li> <li>• Poor relationship/little communication with wider family</li> <li>• Vulnerable accommodation e.g. friend's house</li> <li>• Parents struggle to engage to set effective boundaries</li> <li>• Young person is carer for family member</li> <li>• Lack of basic skills or long term substance misuse hinders parents employability</li> <li>• Chronic unemployment that is affecting family</li> <li>• Serious debts/poverty impact on ability to meet basic needs</li> <li>• Parents socially excluded</li> <li>• Community are hostile to family</li> </ul>	<p>Family and Parenting Needs</p> <ul style="list-style-type: none"> <li>• Parents consistently unable to provide 'positive enough' parenting that is adequate and safe</li> <li>• Previous children removed from parents care</li> <li>• Domestic abuse in pregnancy*</li> <li>• Regularly hungry, very unclean, clothing smells</li> <li>• Child abandonment*</li> <li>• Any allegation of abuse or serious neglect or a suspicious injury in a pre or non-mobile child or a child with a disability*</li> <li>• Persistent instability and violence in the home*</li> <li>• Parent and/or child have significant involvement in crime</li> <li>• A child at risk of female genital mutilation, honour based violence or forced marriage*</li> <li>• Poor/harmful sibling relationships</li> <li>• Involving a child in crime or significant anti-social behaviour/drugs/crime/illegal activities</li> <li>• Parent's mental health problems or substance misuse significantly affects care of child and/or pregnancy</li> <li>• An individual with serious child related offences visiting/moving into a household with children*</li> <li>• Downloading sexual imagery of children*</li> <li>• Allegations or suspicion about a serious injury or sexual abuse to a child, including online abuse*</li> <li>• Unaccompanied refugee/asylum seeker</li> <li>• Privately fostered</li> <li>• Emergency housing needs as a consequence of fleeing domestic violence/gang reprisal</li> <li>• No effective boundaries set by parents/carers</li> <li>• Child beyond parental control</li> <li>• Periods of accommodation by Local Authority and worries are re-emerging</li> <li>• Family breakdown leaves child at risk</li> <li>• Grossly under stimulated</li> <li>• Child is main carer for family member</li> <li>• Subject to physical, emotional or sexual abuse or neglect*</li> <li>• Suspicion of fabricated or induced illness*</li> <li>• Dysfunctional attachments between parent and child leading to significant harm</li> <li>• Extreme poverty/debt impacting on ability to care for child/ren</li> <li>• S47 strategy discussion required</li> </ul>

## 12. Appendix 2: Section 47 and the duty to investigate

The list below is an indicator guide of the type of circumstances which could lead to a section 47 assessment.

The list is intended as a guide only and as is not exhaustive.

*Pregnancy of Sexually Transmitted Infection (STI) of a child under 13 At significant risk or already being sexually exploited*

*Child at risk of trafficking*

*Child is at significant risk of gang affiliation and/or criminal exploitation*

*Sexual activity child under 13*

*Frequently missing from home/placement*

*Participates in extremist action in language and behaviour*

*Domestic abuse in pregnancy*

*Child abandonment*

*Any allegation of abuse or serious neglect or a suspicious injury in a pre or non-mobile child or a child with a disability Persistent instability and violence in the home*

*A child at risk of female genital mutilation, honour based violence or forced marriage*

*An individual with serious child related offences visiting/moving into a household with children*

*Downloading sexual imagery of children*

*Allegations or suspicion about a serious injury or sexual abuse to a child, including online abuse*

*Subject to physical, emotional or sexual abuse or neglect*

*Suspicion of fabricated or induced illness*

*Inconsistent explanations or an admissions about a clear non-accidental injury Medical referral of non-organic failure to thrive in under fives*

*Any allegation suggesting connections between sexually abused children in different families or more than one abuser*

*Any suspicious injury or allegation involving a child subject of a current Child Protection (CP) plan or looked after by a local authority*