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Foreword

Rachel Cook, Chair of South Gloucestershire Safeguarding Children Board

Working together to safeguard children (2015) sets out a clear expectation that local agencies will work together and collaborate to identify children with additional needs and provide support as soon as a problem emerges. Providing early help is far more effective in promoting the welfare of children and keeping them safe than reacting later when any problems, for example neglect, may have become more entrenched. All services that are provided must be based on a clear understanding of the needs and views of the individual child in their family and community context.

This document provides guidance for professionals who are working with children, young people and families. It aims to help identify when a child may need additional support to achieve their potential. It introduces a continuum of help and support, provides information on the levels of need, and gives examples of some of the factors that may indicate when a child or young person needs additional support. By undertaking assessment proportionate to need, and offering services on a continuum of help and support, professionals can be flexible and respond to different levels of need in different children and families.

We want to ensure that everyone working with children is able to identify any early help that is needed by a particular child and their family. Using professional judgement along with this guide and the continuum of need matrix, practitioners will feel better equipped to support and identify where families may need further resources, and to request help from more specialist services.

Children's needs are not static; they may experience different needs at different points throughout their childhood years.

"A child's journey of need" in South Gloucestershire is a guide to working together effectively to safeguard and improve outcomes for children, and should be used by practitioners in every agency. This document should be used in conjunction with the [South West Child Protection Procedures](#).



Introduction

South Gloucestershire Safeguarding Children Board (SGSCB) has adopted the continuum of need model to provide a multi-agency, child-centred approach to prevention, assessment, and intervention for children, young people and their families.

Children and families may experience a range of needs at different times in their lives. The diagram below shows how needs may change and service provision alter throughout a child's development. This highlights the importance of integrated service delivery. It also reinforces the need for an effective seamless process to ensure continuity of care when a child or young person requires additional support, from any service, at any stage in their life.

This guidance and matrix of need aims to develop a common understanding amongst practitioners of children's needs and vulnerabilities. This includes shared and graduated assessment procedures to make sure that all agencies work together. Where there is disagreement between practitioners about the level of need and therefore the level of service required, the resolution of professional differences (escalation) policy must be used.

No matter which services within which tier are already involved with a child or family, if further services are required from any other tier to meet demonstrated needs, you may want to contact the Access and Response Team (ART) for further help and advice. For example, a Single Assessment Framework for early help (SAFeh) may be in place for a child but you may want to speak to ART because your concerns have increased.

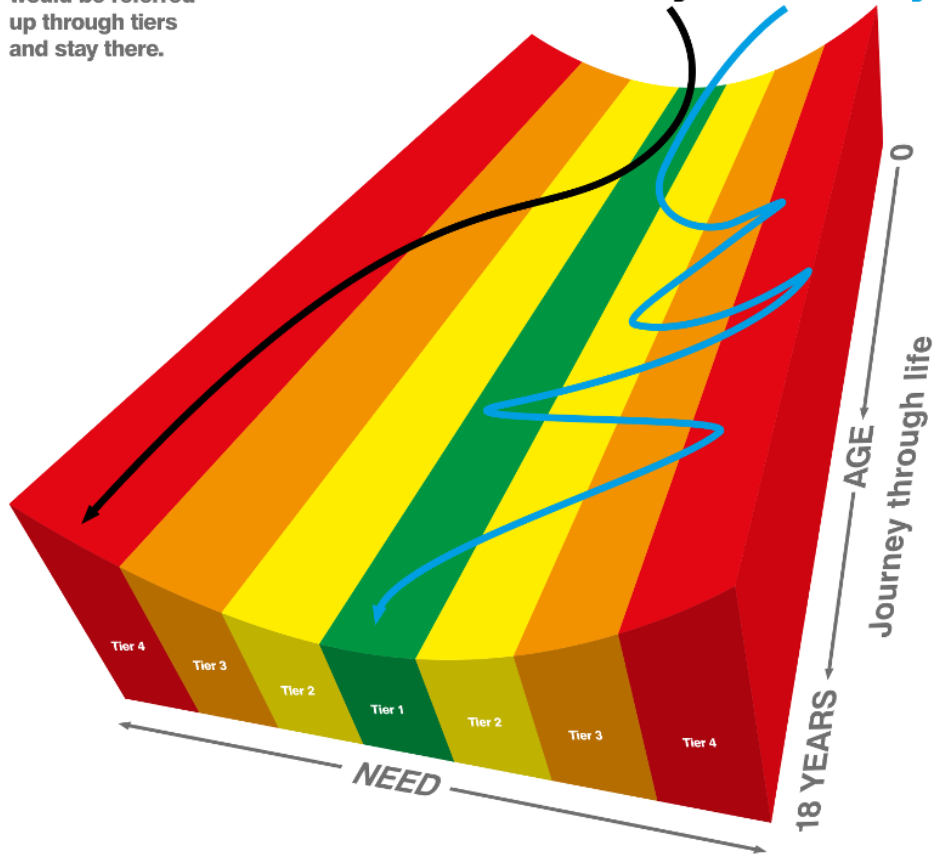
This document also highlights the need for all practitioners to create positive working relationships with children, young people and families, as a foundation for effective communication and assessment of their needs.

A child's journey: The new approach

Often children would be referred up through tiers and stay there.

Old way **New way**

Now we aim to keep children in universal services with additional provision built on only when they need it with universal services remaining a constant throughout.



Steps to follow

This section takes you through the most logical steps to follow in supporting children, young people and their families and agreeing the appropriate level of support we should give them.

Principles

- Children's safety is our primary and collective responsibility. Information that relates to the welfare of children should be effectively shared between different services, but this should be done proportionally, respectfully and in partnership with parents and young people.
- Children, young people and parents are the experts in relation to their family, so their views must be central to our work.
- All children and young people have unique characteristics and needs, including those associated with their race, gender, sexual orientation, disability and religion. We will ensure that we identify children's diverse needs and that we do not discriminate when providing services to meet their needs.
- We want the help we give to families to lead to things improving for children. This begins with a holistic assessment of needs for the child and their family.
- The earlier we offer help to families, the better it is for children. We will strive to reduce unnecessary escalation of problems or delays in providing help.
- We will use a strengths-based approach to working with families - not just identifying problems and risks but getting to know what is working well in a family and building upon this.
- Practitioners will work together in a team to plan and co-ordinate support that will meet needs and improve outcomes for children and young people.

Things to consider when making judgements

Many families experience a range of stress and risk factors in their lives, yet still manage to bring up their children in a warm, loving and supportive environment in which children's needs are met and they are safe from harm.

However, risks and sources of stress within families may have a negative impact on a child's health, development and wellbeing either directly, or because they affect the parent's or carer's capacity to respond to their child's needs.

When making judgements, practitioners must determine the impact that risk and stress factors have on a child and/or the whole family, but they shouldn't assume that the presence of risk is having a negative impact on the child. It may be that one child in a family is experiencing higher degrees of risk because of their own unique needs.

Sometimes the presence of several risk factors will have a cumulative impact on the children in a

family. Some risks, when combined, will pose a more significant risk to children. In particular, the co-existence of domestic violence, parental mental ill health and/or learning disability, and parental alcohol and/or substance misuse.

Any holistic assessment should also examine strengths and protective factors. Essentially, our assessments of children and families must be based on all the relevant evidence that is available.

Questions to ask yourself if you are worried about a child or young person

To effectively support children and families information needs to be shared across different agencies and practitioner disciplines. This is important when providing early help where a family has emerging challenges and can also be essential when putting in place effective child protection interventions. Ultimately the family is likely to prefer transparency.

Most parents/carers will understand why it is helpful to their child if practitioners talk to each other about their children's needs. However, unless someone will be placed at risk of significant harm, we should respect family member's wishes if they do not want information shared.

- If nothing changes, or if I do nothing, in what way is the child likely to be harmed?
- What is it I am most worried about?
- Have I obtained consent from the parent (and child/young person where appropriate) to share this information? And if not, why not?
- What is prompting me to ask for help or support now? Has the problem or issue got worse recently?
- What needs or concerns have been identified?
- What has already been done to address the needs or concerns? (including actions by yourself and other agencies where known).
- What positive resources and abilities does the child and family currently have?
- What do we already know about the child's development issues and parental capacity within the family?

How to seek help and advice

You should call South Gloucestershire's Access and Response Team (ART, formerly First Point Tel:01454 866000), if you are concerned about a child or want help and support to meet their needs. ART consists of a mix of practitioners who will work with you to find the best route for helping the child and/or family.

Further information

- [Information Sharing: advice for practitioners providing safeguarding services to children, young people, parents and carers](#)
- [Resolution of professional differences policy](#) (escalation policy)
- [Missing Children Guidance](#)
- [Child Sexual Exploitation](#) (CSE)

How should this guidance and the continuum of need be used?

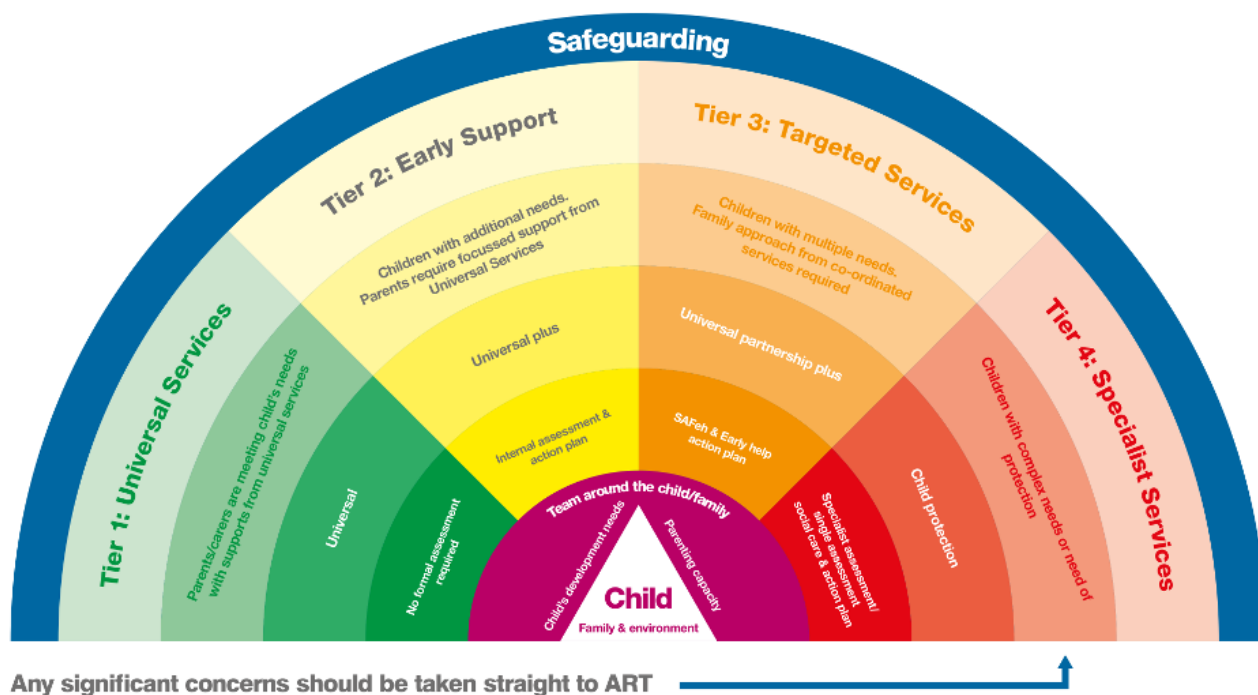
The guidance and [matrix of need](#) are tools to support people to use their judgement to make decisions about when they think a child needs additional support or protection. The matrix should help identify whether a child has additional needs, and if so what kind of assessment may help to understand and then meet their needs.

This guidance does not replace policies, legislation or procedures. They can be found within individual agencies and through our [inter-agency policy, procedures and guidance website](#).

- [View the matrix](#)
- [A quick guide to the tiers, universal indicators and the assessment process to follow](#)

The continuum of need

The continuum model



This model is based on providing the right intervention to meet the assessed needs of the child or young person in a timely fashion. The aim is to improve outcomes for children, young people and families and prevent escalation to higher levels; providing support from universal services (health care, education and community programmes) where this is possible.

For the purpose of this guidance a threshold is a point on the continuum of need at which something might happen, stop happening or change, in relation to providing services to children and families. For example, it describes the point at which practitioners determine if criteria are met for a statutory intervention in family life, or if a child should be receiving a specific type of support and therefore their needs place them in a higher or lower tier.

When used effectively and by all partners, this approach can match the child/young person's needs and vulnerability with the appropriate assessment and provision of support and services, based on the best outcomes for them. The continuum model and the matrix of need chart should be viewed together as one tool. The continuum model provides an overview while the matrix of need provides indicators which describe complicating factors that can lead to increased concern at each level. The model is based on providing the right services to meet the assessed needs of the child or young person at the right time.

Stepping up to and down from social care

Where there is a Single Assessment Framework for early help (SAFeh) in place it may sometimes be necessary to consider stepping it up to social care. This will be when there are any child protection concerns, when a family or professionals are unable to make satisfactory progress and/or when the situation is deteriorating. In these situations [you should contact ART](#) (formerly First Point) for advice. Where a request to social care is accepted, it is expected that the social worker will use the SAFeh to start an assessment and liaise with the lead professional and team around the child (TAC) members to complete it.

Similarly social care may consider stepping down a case to a SAFeh where concerns are reduced and families give consent to further or ongoing support from other services. The social worker will play a vital role in sharing the assessment, developing new outcomes to aspire to and appropriate actions as part of an early help action plan. The family and other agencies involved with them will work together to identify a new lead professional as the social worker will then close the case and cease involvement. This will require all those involved to communicate effectively. It is imperative that everyone is clear about roles and responsibilities prior to social care closing the case.

Further guidance to this process and any additional concerns may be covered in the [Safeh toolkit](#).

Deciding when needs cross service thresholds is based on individual judgement, which is affected by both our practitioner experience and personal values.

All practitioners are encouraged to discuss concerns openly with their agency line manager or supervisor, or a named safeguarding practitioner in their agency.

Practitioners can use other forums to share or discuss their concerns about a child or family within their agency or on an inter-agency basis. E.g. Multi-Agency Cluster Meetings, discussions with ART

Signs of safety

To be able to fully assess children's needs, we need to actively identify strengths as well as difficulties. South Gloucestershire is adopting the Signs of Safety approach to working with children and families, initially where there are concerns about abuse or neglect.

Partners in South Gloucestershire are in the initial stages of adopting the Signs of Safety approach to working with children and families where there are worries about abuse or harm. This will be a step towards building a common language and a consistent experience for families receiving support. We will use this model to improve how we engage and work in partnership with whole families. It will help us to ensure the voice of all family members, including each child, is heard in the plans we make with them to support change.

There are four simple questions to ask when thinking about a family:

1. What are we worried about? (past harm, future danger and complicating factors)
2. What's working well? (existing strengths and safety)
3. What needs to happen? (future safety)
4. How worried are we on a scale of 0 to 10? (judgement)

As a step towards adopting Signs of Safety locally, these questions have been incorporated into our Single Assessment Framework for early help (SAFeh) form and also into our Access and Response request for help form. These will help ART to prompt information from callers who have concerns about children.



Case study example of Tier 1 – Universal services

Sarah is 8 years old and lives with her 25 year old mum and her 27 year old dad. The family have just moved into their first house that they bought in August, and have also had new baby David, at the beginning of September.

Sarah has moved schools, into year 3. Mum is having difficulty getting Sarah into school every morning, and reports that her behaviour at home is unusually quiet and clingy. Mum is uncertain what to do to support Sarah.

Mum has come into school today with Sarah crying and not wanting to stay in school, and mum is now tearful and requesting help. She is happy for school to contact the previous school. No additional concerns are reported by the old school.

The response of the new school helps to build a relationship between the new school and the family, so that they can work out how best to support Sarah. They agree a plan for the first term to support Sarah, this may, or may not be written down.

Tier one example

What are we worried about?

- Sarah's anxiety about attending school at present
- Sarah's feelings of emotional insecurity as a result of several life changes

What's working well?

- Both parents are committed to meeting their children's needs and want help.
- Sarah's school attendance has been better in the past and there were no concerns at her last school.
- Dad has a close relationship with his family

Future risks

- Sarah is at risk of developing ongoing anxiety issues around school attendance.
- There is a risk of reduced levels of attainment, and not achieving.
- There is risk of reduced social interactions with school friends and increasing social isolation.
- There is a risk of future family turbulence if Sarah cannot be re-assured of her place in the family

Case study example of Tier 2 – Children with additional needs

Soraya is at secondary school in year 7. She has an older brother in Year 9 who is working at expected levels and giving no cause for concern. Soraya is appearing very withdrawn in school, often presenting in a dishevelled state and appearing very tired in the mornings. She appears very isolated, only relating to others when directed to do so in lessons. She is observed to spend lunch and break times on her own. In spite of some support from her tutor there has been no visible improvement, and the tutor is becoming increasingly concerned.

Recently it has been noticed that she is not attending some lessons, although her attendance is generally good. Her tutor contacts her parents and the primary school to find out if they had any concerns. They confirm that she coped well in school, and achieved at expected levels. Her parents are aware that her friendship group attends a different secondary school, are concerned that she is not enthusiastic about school, and that she does not appear to be sleeping well. The tutor met with Soraya to try to find out what was happening for her at school. She was able to admit she felt lonely and did not know anyone, and that some of the girls in her year were calling her names because she was always on her own. She was beginning not to sleep well and worrying about coming into school.

Soraya agreed that she would like some support and accepted that her tutor ask her parents into school so that they could complete a pre-assessment checklist to better understand her needs and agree an early help action plan.

Tier two example

What are we worried about?

- Soraya is feeling isolated in school
- Soraya is feeling emotionally insecure and increasingly anxious
- Soraya is not sleeping well
- Soraya is not coping in school

What's working well?

- Parents are concerned that Soraya is not fitting in at school and want her to be happy.
- Soraya is able to recognise her difficulties, is willing to try something different, and wants support to change her experiences

Future risks

- Sarah is at risk of becoming socially isolated and not engaging in school life.
- There is a risk of reduced levels of attainment, and not achieving.
- There is a risk of future non-attendance at lessons and at school generally.
- There is a risk of ongoing bullying
- There is a risk that if her anxiety increases she will stop attending school.

Case study example of Tier 3 – Children with multiple needs

Thomas is 13 years old, in year 8 at secondary school. He lives with his two younger step-sisters, and his mum. His step-dad moved out of the family home some months ago.

Since starting at school Thomas has generally been a loner. He participates in lessons but finds working with others difficult, however his achievement levels are generally higher than average in spite of frequently not delivering his homework assignments. Efforts to find out from Thomas why he does not complete homework have been unsuccessful as he appears unable to provide an explanation. Staff are beginning to be concerned about his presentation in school, and are unclear about his needs and how they can support him.

His mum contacts school in a distressed state as Thomas has become very aggressive at home and she is frightened that he may hurt his younger sisters. As the conversation continues it becomes clear that mum has had concerns about Thomas for some time and there is some indication that she blames him for the break-up of her marriage.

The tutor talks to the head of year and they agree that there appears to be a lot of unknowns and that they will ask mum to participate in a SAFeh in order to gather information from other professionals in order to be able to fully evaluate Thomas and the family's needs. Mum gives information sharing consent, and agrees to other professionals being contacted to give information and contribute to a full assessment.

The school contacts the primary school, where one of the younger sisters also attends, as well as the health visitor for the youngest child. Mum then cooperates, shares family information and agrees to step-dad being contacted in order to contribute to the assessment. She does not want natural dad to be contacted as he left her when Thomas was six months old and has had no contact with either of them since.

The school convene a team around the family meeting and complete both a SAFeh and an early help action plan, which considers whether needs can be met with present services or whether a request for help from preventative or further services for additional support, via ART, is required.

Tier three example

What are we worried about?

- Thomas appears to be socially and emotionally delayed as he has little social interaction with his class mates and no friends outside of school.
- Thomas appears to be unable to fully communicate his needs as he is unable to tell staff why he does not complete homework
- Mum is feeling isolated and unable to cope with parenting Thomas alone and deal with his aggressive outbursts at home.
- Step-dad feels that Thomas presents differently from other boys his age and requires special support that mum has been unable to admit to before.

What is working well?

- Mum is aware that she needs help and support and has consented to professionals working with the family to share information and work together.
- Mum and step-dad are prepared to work together to support meet the needs of all the children.
- Step-dad is willing to actively support the family in spite of the fact he has left the family home.
- Thomas is achieving at expected levels

Future risks

- Thomas is at risk of falling behind in his attainment as he is not completing set homework.
- That Thomas is at risk of social exclusion and social isolation as he is not mixing with others his own age.
- The parental separation is causing stress and there is risk of complete family breakdown as mum is feeling unable to cope with his behaviour alone.

Case study example Tier 4 – Children with complex needs or in need of protection

Ella is three and lives with her parents, older sister Hannah, and baby brother Charlie. A family SAFeh was put in place when mum asked for help after she left her partner because of domestic abuse. The engagement worker from the children's centre Ella attends is the lead professional. The father of the youngest child, Darren, had previously been asked to leave due to his violence towards the mother. The engagement worker has been supporting the mother with a housing need, and after liaising with the housing service, discovered that the couple are reunited. There have also been reports of anti-social behaviour from neighbours.

Ella does not attend the children's centre as frequently as she could, and her mother has not accepted offers of other kinds of support for the family. Although she appears to be happy and developing well, the worker thinks that there may be risks to Ella associated with the couple resuming their relationship. She contacts ART with her concerns.

ART seeks information from the police about their knowledge of the family. This shows a significant history of domestic abuse, relating to both the mother's current partner, and to the father of Hannah and Ella. ART speaks to the health visitor, and although she hasn't seen the family recently, she was aware of the previous domestic abuse concerns, and knows that the mother struggled to meet the children's needs when this was happening before.

Hannah's school reports that she has not been her usual self recently; she has become more withdrawn and her progress has slowed.

The decision is made by ART that a further assessment is required by a social worker to determine whether there are current risks to the children. The allocated social worker liaises with the lead professional, uses the SAFeh and previous action plans to inform the social care single assessment, and convenes a team around the family meeting, involving the school, health visitor, children's centre, and the family members to agree next steps.

Tier four case example

What are we worried about?

- The children's current environment is not safe and secure.
- Hannah's emotional health is being affected by both witnessing, and fearing, further domestic abuse.
- Darren's use of, and apparent reliance on, alcohol is affecting his relationships with this family.
- Mum appears to not be prioritising the children's needs over her own.

What is working well?

- Ella and Charlie are developing well and do not appear to be currently affected by the violence in the household.
- The mother has taken protective action in relation to the risks associated with domestic abuse in the past.
- Hannah spoke to the social worker about the things she is worried about at home. She is particularly worried that Darren will hurt her mum again.

Future risks

- Unless there is a reduction in the children's exposure to violence and destructive behaviour associated with Darren's presence, they will be significantly harmed.
- If the couple intend for their relationship to continue, without change in the risk factors, there is a risk that they will not be honest with professionals in future and it will be harder to really know what life is like for the children.

Matrix describing the continuum of need and service thresholds

The descriptors and indicators of children's needs are set out to enable partner agencies to use shared terminology and develop a shared understanding of levels of needs and vulnerability.

They provide a detailed breakdown of the three domains and dimensions of the Framework for Assessment of Children in Need and their Families:

- The child's developmental needs
- Parenting capacity
- Family and environmental factors

The descriptors and indicators are indicative rather than definitive, but will help to provide an evidence base for practitioner judgement and decision making.

REVIEW DATE December 2016

Glossary and acronyms

Abuse and neglect - A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

Change tracker – A South Gloucestershire tool for describing and measuring improved outcomes for children and young people. See SAFeh toolkit

Child - A child is anyone from birth up to the age of 18 years. For the purposes of this guidance, we also use 'child' to refer to unborn children. Once they reach 18 years old they cease to be defined as a child. However, they may continue to get services from children's service providers in certain circumstances, for example, if they are care leavers or have a learning disability.

Older teenagers are frequently described as young people although there is no statutory determination of at what age this might be applied.

Child in care or looked after child - A child in care or looked after child is a child who is provided with accommodation by the local authority as a result of:

- there being no person who has parental responsibility for them
- having been abandoned

The person who has been caring for them being prevented (whether or not permanently, and for whatever reason) from providing them with suitable accommodation or care. This could include children where the local authority has the permission of the family court to remove a child from the care of their family in order to protect them from significant harm.

Child in need - A Child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled.

Child protection - Process of protecting individual children identified as either suffering, or at risk of suffering, significant harm as a result of abuse or neglect.

Children's social care - The work of local authorities exercising their social services functions with regard to children.

Complex needs - Such children have a number of discrete needs that require additional support from more than one agency. Their needs are often chronic and may be lifelong. Different needs tend to interact, exacerbating their impact on the child's development and well-being.

Disabled child - The Disability Discrimination Act 2005 (DDA) defines a disabled person as someone who has a "physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities". According to the DDA 'substantial' means 'more than minor or trivial' and 'long-term' means that it 'has lasted or is likely to last more than a year'.

Such children have a number of discrete needs that require additional support from more than one agency. Their needs are often chronic and may be lifelong. Different needs tend to interact, exacerbating their impact on the child's development and well-being.

Family - A social unit, usually living within the same household, consisting of both adults and children. Can be an 'extended family' which includes those not living in the same household, but who have close social ties to the core family unit.

Family support - A means of providing advice and support to parents and carers, at the earliest opportunity, so they can access appropriate services for the family's needs. This support offers them help in raising their children.

FGM - Female genital mutilation

GP – general practitioner – Family doctor based in the community

Impact - The measureable difference that an action has made.

Multi agency cluster meetings – locality meetings held quarterly in South Gloucestershire in each of the five school areas to discuss complex and entrenched early help cases. Contact the Early Help Partnership Officer for more information (01454 864680)

NEET -A term used to describe young people not in employment, education or training.

Practitioner – This describes any worker that works with children and young people in either paid employment or voluntary work and also covers any members of a professional vocational body.

SA - single assessment for social care – a time limited, statutory assessment of children's needs where there are concerns that a child may be at risk of harm.

Safeguarding and promoting the welfare of children

Defined for the purposes of this guidance as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children are growing up in circumstances consistent with safe and effective care
- taking action to enable all children to have the best life chances

SAFeh - single assessment framework early help - The SAFeh has been developed as a common process to assess, analyse, understand and record the needs of children, young people and their parents/carers. It also provides a way to work in partnership with a family and practitioners to plan to meet needs and improve life outcomes for those children. It supports multi agency working.

Significant harm - Significant harm is the threshold that is used to justify compulsory intervention in family life if it is in the best interests of the child. Where a local authority have reasonable cause

to suspect that a child who lives, or is found in their area to be suffering, or is likely to suffer, significant harm, the authority should make such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare. There are no absolute criteria to make judgments on what constitutes significant harm, since this may depend on the severity, extent, duration and frequency of abuse or neglect, as well as an assessment of the impact of this on the individual child.

Team around the family (TAF) -A multi-agency group formed of agencies and family members with the purpose of working together to help the family achieve desired change as part of an Early Help Action Plan.

Universal services - Services available to the whole child population e.g. health visitor, school, school nurse etc.

Thresholds matrix – Health

	Development of child or young person Health		Note: this is an illustrative rather than comprehensive list of indicators	
	Tier 1 Requires universal services only	Children & young people who need additional help		
		Tier 2	Tier 3	Tier 4
General Health	<ul style="list-style-type: none"> • Physically well • Appropriate height and weight • Adequate diet/hygiene/clothing • Developmental checks /immunisations up-to-date • Health appointments are kept • Regular dental/optical care 	<ul style="list-style-type: none"> • Overweight/underweight • Concerns re diet/hygiene/clothing • Starting to miss health appointments • Defaulting on immunisation /checks • Susceptible to minor health problems • Not registered or attending GP or dentist • Soiling/wetting self • Low level substance misuse • A & E attendance giving cause for concern • Minor health problems affecting school attendance 	<ul style="list-style-type: none"> • Chronic health problems with a severe impact on every-day functioning • Lack of nutritious food • Failure to access appropriate health care • Persistent excessive alcohol consumption, smoking or other • substance misuse • Serious mental health issues • Pregnancy and STIs in young person under 16 • Multiple A & E attendances causing concern • Frequent unexplained minor injuries and/or delay in seeking medical attention • Disabled child with additional care needs and requiring some support for family 	<ul style="list-style-type: none"> • Failure to thrive • Extreme weight gain/loss • Suspected non-accidental injury/abuse /neglect • Class A /serious drug misuse • Acute and serious mental or physical health needs or behavioural difficulties, including life-threatening self-harm, suicide • Children who are accessing acute health services, including sexual health clinics, which indicates significant harm • Disabled child with multiple additional care needs that can't be met by their family, including at night and weekends • Child/young person with terminal illness where family need support for basic care • Child affected by fabricated illness by proxy

<p>Physical & sensory Development</p>	<ul style="list-style-type: none"> • Physical and sensory development milestones are met • Age appropriate involvement in physical activity 	<ul style="list-style-type: none"> • Slow in reaching developmental milestones • Sensory developmental delay 	<ul style="list-style-type: none"> • Significant physical disability or sensory impairment • Serious developmental delay 	<ul style="list-style-type: none"> • Profound/severe and/or multiple disabilities with significant unmet need
<p>Speech, Language and Communication</p>	<p>Age appropriate development re:</p> <ul style="list-style-type: none"> • Fluency of speech and confidence • Willingness to communicate • Verbal and non-verbal comprehension • Language structure and vocabulary and articulation 	<ul style="list-style-type: none"> • Reluctant communicator • Not understanding age appropriate instructions • Confused by non-verbal communication • Difficulty listening for an appropriate length of time • Immature structure of expressive language • Speech sounds immature 	<ul style="list-style-type: none"> • Severe disorder and impairment in understanding spoken language • Communication difficulties have a severe impact on every-day life • Requires alternative or augmented means of communication • 'Frozen watchfulness' 	<ul style="list-style-type: none"> • Sexually inappropriate language/vocabulary for age which may be indicative of abuse

Thresholds matrix – Wellbeing

	Development of child or young person Wellbeing			Note: this is an illustrative rather than comprehensive list of indicators
	Tier 1 Requires universal services only	Children & young people who need additional help		
		Tier 2	Tier 3	Tier 4
Emotional and Social	<ul style="list-style-type: none"> • Good quality early attachments • Feelings and actions demonstrate appropriate responses • Able to adapt to change • Able to demonstrate empathy • Involved in leisure and other social activity 	<ul style="list-style-type: none"> • Difficulties in relationships with peer group and/or with adults • Over-friendly or withdrawn with strangers • Finds coping with change difficult even with support • Difficulties expressing empathy • Impulsive/lacks self-control • Child causing concerns over use of internet and/or social media • Concerns about possible bullying/cyber bullying • Young person with infrequent self-harming behaviour • Sexual exploitation risk assessment framework (SERAF) score under 10 • Emerging interest in extremist literature and imagery 	<ul style="list-style-type: none"> • Disordered attachments that have a severe impact • Relates to strangers indiscriminately without regard for safety or social norms, parents' awareness of risk appears limited • Reaction to change triggers prolonged inability to cope • Phobias & other psychological difficulties at a clinically significant level • Association with delinquent/ substance misuse/ serious risk taking peers • Suffers from periods of serious depression • SERAF score 11-15 • Interest in extremist literature and imagery is more apparent along with strong vocalisation of extremist beliefs 	<ul style="list-style-type: none"> • Endangers own life through self harm/substance misuse/eating disorder • Child has suffered or may have suffered physical, sexual or emotional abuse or neglect/has been subject to Looked After Children (LAC) care proceedings • SERAF score of 16 plus • Beliefs derived from extremist literature and imagery are uncompromising and there are significant concerns about the young person having been radicalised
Behaviour	<ul style="list-style-type: none"> • Appropriate self-control • Appropriate social behaviour • Appropriate sexual development and activity 	<ul style="list-style-type: none"> • Disruptive/challenging behaviour, including in school or early years setting • Concerns about sexual development and behaviour • Child suspected of having inappropriate relationship with adult or peers 	<ul style="list-style-type: none"> • Disruptive/challenging behaviour at school and in neighbourhood and at home • At risk of permanent exclusion • Regularly missing from education, employment or training (NEET) • Young person regularly involved in anti-social criminal activities/violent/risk taking behaviour • Young person subject to anti-social behaviour order (ASBO) or acceptable behaviour contract (ABC) • Child suspected to be involved in child sexual exploitation /radicalisation 	<ul style="list-style-type: none"> • Significant evidence child is involved in child sexual exploitation • Child/young person with high level of challenging behaviour in all environments • Evidence of radicalisation • Puts self or others in danger through reckless activity • Disappears or is missing from home for long periods • Multiple criminal incidents/ involvement in activities that would constitute arrestable offences • Behaviour that would constitute criminal activity • Sexual development and behaviour which may be indicative of abuse

Identity, Self-esteem, Image	<ul style="list-style-type: none"> • Positive sense of self and abilities • Demonstrates feelings of belonging and acceptance • Aware of and comfortable with cultural, religious and gender identity • An ability to express needs 	<ul style="list-style-type: none"> • Shows lack of self-esteem / confidence • Vulnerable to bullying, discrimination or harassment • Limited insight into how appearance and behaviour are perceived • Inclined to bully 	<ul style="list-style-type: none"> • Seriously affected by persistent discrimination, e .g. on the basis of ethnicity, sexual orientation or disability • Subject to severe bullying • Severe bullying of others • Family environment (substance misuse / poverty / worklessness /crime) impacting on identity 	<ul style="list-style-type: none"> • General health • Has internalised discrimination and behaviour reflects poor/ distorted self-image • High level of drug, substance and alcohol abuse • Self- harming and eating disorders
Family & social relationships	<ul style="list-style-type: none"> • Aware of personal and family history • Stable and affectionate relationships with caregivers • Good relationships with siblings • Positive relationships with peers • Age-appropriate friendships 	<ul style="list-style-type: none"> • Limited support from family and friends • Lacks positive role models • Serious conflicts with peers/Siblings • Sibling of disabled child, or sibling of child with significant health needs • Difficulties sustaining relationships • Children returning home following looked after episode 	<ul style="list-style-type: none"> • Looked after children and young people • Siblings of looked after children and young people with mental health or wellbeing issues • Children and young people who have a high level of responsibility for others (e.g. parents, siblings) 	<ul style="list-style-type: none"> • Child subject to a Child Protection Plan • Child has suffered or likely to have suffered serious physical, sexual or emotional abuse or neglect including possible child sexual exploitation • Child presents as severely neglected
Self-care skills and Independence	<ul style="list-style-type: none"> • Growing level of competencies in practical and emotional skills • Good level of personal hygiene • Gaining confidence and skills to undertake activities away from the family 	<ul style="list-style-type: none"> • Friendships and relationships inappropriate for age • Not always adequate self-care, e.g.poor hygiene • Slow to develop age-appropriate self-care skills • Failing to develop confidence and skills for independence • Young people living independently 	<ul style="list-style-type: none"> • Poor self-care for age, including hygiene • Young person living independently and not coping to a significant degree 	<ul style="list-style-type: none"> • Neglect of self-care because of alternative priorities, e .g. substance misuse • Neglect of young person's own child • Acute and serious mental or physical health needs or behavioural difficulties impacting significantly on ability to care for self • Profound/severe and/or multiple disabilities impacting on ability to care for self

Thresholds matrix – Learning

	Development of child or young person Learning		Note: this is an illustrative rather than comprehensive list of indicators	
Understanding, Reasoning and problem solving	Tier 1 Requires universal services only	Children & young people who need additional help		
		Tier 2	Tier 3	Tier 4
	<ul style="list-style-type: none"> • Milestones for cognitive development are met • Demonstrates a range of skills and interests 	<ul style="list-style-type: none"> • Milestones for cognitive development are not met • Mild to moderate learning difficulties • Identified learning needs within setting and individual planning to meet needs. 	<ul style="list-style-type: none"> • Complex learning and/or disability needs • Serious developmental delay • Additional special educational needs support including Education, Health and Care Plan. 	<ul style="list-style-type: none"> • Cognitive and language development are severely limited

<p>Participation in Education or work</p>	<ul style="list-style-type: none"> • Access to educational provision appropriate to age and ability • Access to employment (including work based learning) appropriate to age and ability • Regularly attends education or training, or in full-time work 	<ul style="list-style-type: none"> • Poor school/early years attendance/ punctuality • Gaps in school/learning • Behaviour likely to lead to risk of exclusion • Multiple changes of school/early years setting • No access to early developmental experiences • Often appears tired in school which appears to impact on participation and achievement • Not accessing work-appropriate skills 	<ul style="list-style-type: none"> • Parent/child subject of statutory intervention for poor attendance; persistent poor attendance with parental acceptance • Multiple fixed-term exclusions • At risk of or permanently excluded • Multiple changes of school without notification • Has no school place and meets hard to place criteria • Not in education, employment or training (NEET) and experiencing barriers to progress 	<ul style="list-style-type: none"> • Persistent absence from school, training or employment, contributing to criminal, anti-social behaviour and increasing the risk of exploitation
<p>Progress and Achievements in Learning</p>	<ul style="list-style-type: none"> • Acquiring a range of skills and interests • No concerns about achievement or cognitive development • Access to books/toys, play 	<ul style="list-style-type: none"> • Requires a modified curriculum and timetable • Learning expectations are not met • Not making progress in line with national expectations or children with similar needs across the ability range • Cannot access age appropriate resources for learning and play 	<ul style="list-style-type: none"> • Requires alternative curriculum/timetable • Unable to access mainstream curriculum • Not making progress in spite of intervention • Educational (or social or mental health needs) may result in educational placement out of school or away from home 	<ul style="list-style-type: none"> • Persistent absence of 16+ from education / training / employment • Not in education / training / employment (NEET) • No school placement

Aspirations	• Well motivated and self-confident	• Seeing little or no value in education	• Total disengagement from learning	• Puts self or others at risk through behaviour
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Thresholds matrix – Parents and carers – parenting capacity

	Parents and Carers		Note: this is an illustrative rather than comprehensive list of indicators	
	Tier 1 Requires universal services only	Children & young people who need additional help		
		Tier 2	Tier 3	Tier 4
Basic care and Ensuring Safety and Protection	<ul style="list-style-type: none"> • Provides for child's physical needs, e.g. appropriate nutrition, clothing and medical care • Protects from danger and harm in home and elsewhere • Parents able to meet child's needs, knowing how and where to access support • Works effectively with services in best interests of the child or young person 	<ul style="list-style-type: none"> • Parent unable or unwilling to provide appropriate supervision • Parents struggling to meet child or young person's needs without support • Child's disability makes parenting challenging • Poor social skills of parents and/or child • Child or young person exposed to hazards/risks • Parent struggling or unwilling to prioritise child's needs over their own • Parents over-controlling • Evidence of domestic abuse 	<ul style="list-style-type: none"> • Food, warmth and basic care erratic and inconsistent • Parent struggling to provide 'good enough' care with significant impact on child • Parents involved in criminal activity significant impact on child welfare • Parents' mental health or substance misuse significantly affect care of children • Ongoing serious domestic abuse • Parents unable to safely care for their other children • Inability to recognise child's needs such that child's development may be significantly impaired • Parents not offering adequate supervision to child based on age, maturity and development • Previous history of parents unable to care for children • Parent overly controlling or inappropriate use of sanctions/punishment 	<ul style="list-style-type: none"> • Parents unable to provide 'good enough' care that is adequate and safe which places the child at risk of significant harm • Disabled child whose parent/ carer cannot meet basic needs without support • Persistent instability and violence in the home • Parents do not take appropriate action if child goes missing • Child not protected from sexual exploitation • Child left alone or unsupervised based on age, development and/or maturity • Allegation of serious injury/abuse • Pre-birth assessment identifies unborn child at risk of significant harm • Mental or physical health problem, learning disability or chaotic substance/alcohol misuse that severely impacts on ability to provide basic care for child • Unable to protect from significant harm including contact with unsafe adults • Allegation or reasonable suspicion of serious injury/abuse • Extreme / continuous domestic abuse

<p>Emotional Warmth and Stability</p>	<ul style="list-style-type: none"> • Parents provide secure and consistent care • Parents show appropriate warmth, praise and encouragement 	<ul style="list-style-type: none"> • Inconsistent responses to child/young person • Erratic or inconsistent care from multiple carers • Family disputes impacting on child/young person • Poor home routines • Over-protective care which inhibits child's social and emotional development 	<ul style="list-style-type: none"> • Child has experienced multiple main carers • Parents highly critical of child and provide little warmth, praise or encouragement • Chaotic parenting of child/young person • Parents unable to exercise control of child/young person 	<ul style="list-style-type: none"> • Child beyond parental control • Child rejected by parent • Abandoned child or unaccompanied minor • Child/parent relationship at risk of breakdown • Parents not confident in assessing the risks posed by potential carers
<p>Guidance, Boundaries and Stimulation</p>	<ul style="list-style-type: none"> • Sets consistent and appropriate boundaries taking account of age/development of child/ young person • Enables child to access appropriate activities and to experience success 	<ul style="list-style-type: none"> • Parent provides inconsistent boundaries • Parent provides limited interaction/ stimulation for child • Child or young person spends considerable time alone • Lack of response to concerns raised about child or young person • Parent does not support access to positive new experiences or social interaction • Child accessing social media sites without age appropriate parental supervision 	<ul style="list-style-type: none"> • No effective boundaries set • Parents unable to provide appropriate role model • Development of child impaired through lack of appropriate stimulation and play • Persistent condoned absence from school • Exposure to inappropriate or harmful material and people (e.g. via internet) • Parents in conflict with statutory services • No access/no interest in accessing constructive leisure activities 	<ul style="list-style-type: none"> • No effective boundaries set – child out of control/offending and developmental delay • Parents do not know child's whereabouts and concerns child may be associating with adults • Unaccompanied asylum seeking children (UASC)/trafficked child

Thresholds matrix – Family and environmental factors

	Family and Environmental Factors			Note: this is an illustrative rather than comprehensive list of indicators
	Tier 1 Requires universal services only	Children & young people who need additional help		
		Tier 2	Tier 3	Tier 4
Family History Functioning and Wellbeing	<ul style="list-style-type: none"> • Good family relationships, including where parents are separated or bereavement OR parental disputes not impacting on the child and is well managed, and child is supported • May be mild physical or mental health difficulties in immediate family, but not impacting on child/well managed and supported • No concerns regarding parental engagement • Family stresses but coping well • Few significant changes in family composition 	<ul style="list-style-type: none"> • Family conflicts or parental disputes that may involve children • History of involvement with statutory services • Moderate physical or mental health difficulties in immediate family • Difficulty with parental engagement • Loss of significant adult through bereavement or separation impacting significantly • Suspected/occasional domestic abuse • Multiple births/high number of young children • Family seeking asylum or refugees • Sibling/parent involved in criminal activity • Family not coping • Young carer (parent/siblings) • Privately fostered – unapproved or not notified • Living with other family members 	<ul style="list-style-type: none"> • Incidents of domestic abuse or substance misuse • Moderate mental or physical health difficulties within the immediate family • Family with history of CP registration/ previous removal of child • Family involved in criminal activity/ received custodial sentence • Family breakdown related in some way to child's behavioural difficulties • Evidence of female genital mutilation within the family, or significant others 	<ul style="list-style-type: none"> • Past or current incidence of abuse, neglect, serious domestic abuse or substance misuse • Significant mental or physical health difficulties within the immediate family • A person who has a conviction(s) for offences against children (sexual, physical or neglect) or paedophile poses actual or potential risk • Suspicion of child being taken/ prepared for female genital mutilation
Wider Family	<ul style="list-style-type: none"> • Sense of larger familial network and/or good friendships outside of the family unit 	<ul style="list-style-type: none"> • Family is socially isolated • Family has poor relationships or no contact with extended family 	<ul style="list-style-type: none"> • Destructive relationships with wider family including historical and intergenerational issues 	<ul style="list-style-type: none"> • Household members / adult in contact with children who is subject to multi agency public protection arrangements (MAPPA) or multi agency risk assessment conference (MARAC) meetings

<p>Housing, Employment and Finances</p>	<ul style="list-style-type: none"> • Accommodation has basic amenities and appropriate facilities • Parents able to manage working or unemployment arrangements adequately and do not perceive them as unduly stressful • Reasonable income over time with resources used appropriately to meet individual needs 	<ul style="list-style-type: none"> • Barely adequate/poor/temporary accommodation • Housing causing family stress • Difficult to obtain employment due to poor basic skills • Parents experience continuing stress due to unemployment or 'overworking' • Difficulties managing household finances • Low level debt/in need of financial advice • Low income/financial hardship • Lack of affordability for basic amenities including household fuel and food 	<ul style="list-style-type: none"> • Chronic and long-term unemployment due to significant lack of basic skills or long standing issues such as, substance misuse/offending, etc. • Serious debts/poverty impacting on ability to meet family's basic needs • Extreme poverty/debt, impacting on ability to care for child 	<ul style="list-style-type: none"> • Accommodation places child in serious physical danger • Homeless
<p>Social and Community Elements</p>	<ul style="list-style-type: none"> • Generally good universal services in the neighbourhood • Family feels integrated into the community • Adequate social and friendship networks • Community are generally supportive of family and/or child 	<ul style="list-style-type: none"> • Family not accessing universal or targeted services • Chronic unemployment affecting parents/ family significantly • Unexplained wealth • Family is socially excluded • Frequent housing moves 	<ul style="list-style-type: none"> • Poor quality or lack of universal and targeted services with long term difficulties accessing target populations • Chronic social exclusion 	<ul style="list-style-type: none"> • Family chronically socially excluded • High levels of conflict, volatility within neighbourhood • Community hostile and critical – may want family moved out

Some important reminders

All professionals are encouraged to discuss concerns openly with:

- Their agency line manager or supervisor or
- A named safeguarding professional in their agency.
- Other practitioners

If you are concerned about a child or young person, or think they need support, contact the **Access and Response Team (ART) 01454 86 6000**.

If the child is at immediate risk ring the **Police on 999**.

If you are worried about a child or young person and think they maybe being neglected or abused out of office hours call the **Emergency Duty**

Team - 01454 615165

Practitioners are reminded of the importance of professional challenge where professional differences exist regarding concerns for children and young people's wellbeing

Acknowledgements:

Documents from other local authorities used to develop this guidance;

Bristol Thresholds Guidance – (Bristol Safeguarding Children Board, February 2014)

Threshold Tool – (Devon Safeguarding Children Board, March 2014)

Lancashire Continuum of need – (Lancashire Safeguarding Children Board)

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Approved by South Gloucestershire Safeguarding Children Board