



Norfolk Safeguarding
Children Partnership

Norfolk Guidance to Understanding Continuum of Needs

A Child Centred Framework for Making Decisions

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

2023 Edition



flourish



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Introduction

This Norfolk Guide to Understanding Continuum of Needs sets out our approach to keeping children in Norfolk safe and protected from harm. This guidance replaces the previous Threshold Guide¹ and is designed to ensure that across the continuum of need professionals consider that the right help is given to the right children at the right time and for the right duration.

This document incorporates recent changes made around how our services are organised. Nationally and locally we are still trying to make sense of world events and ensuring that children's safety and wellbeing remains a social imperative. This iteration of guidance has been designed to continue to improve the conversations we have when we are concerned about children and ensure that professionals know the best support route so that the issues children and families are facing can be managed as early as possible.

We have issued this version and separated out some of the tools that you can use to articulate and assess needs and risk in order to allow greater flexibility in updating documents. This guide is intended for professionals while some of the tools in the toolbox have been co-produced with children, young people and families; these tools are 'family friendly' and designed to be used with them when discussing your concerns.

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

¹ Paragraph 16 of *Working Together* states: The safeguarding partners should publish a threshold document, which sets out the local criteria for action in a way that is transparent, accessible and easily understood. This guidance is the mechanism which fulfils this duty.

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

In Norfolk we are working to a model of staged intervention in recognition of a continuum of need. All families are unique and the dynamic nature of childhood means that needs change and we need to draw from a range of resources at different ages and stages to help children, young people and families achieve best outcomes. The purpose of this guidance is to help match the response to the child's needs, and is not a check list of concerns, but a way of supporting consistent and clear responses to children's safeguarding and wellbeing. We strive to empower families and their networks so children grow up and grow old with a strong loving tribe of people around them. Extended family, friends and community are key to supporting children's sense of identity and belonging and professionals are enablers to achieve this vision.



Working Together to Safeguard Children

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

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

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

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

This iteration of guidance is also being issued during a period of national reform in the child protection arena, and incorporates the learning from national Child Safeguarding Practice Reviews and the [Independent Review of Children's Social Care](#). The Social Care Review echoes much of the approach we are continuing to develop in Norfolk – with a clear focus not only on building relationships with children and families, prevention, early help, and family networking, but also the importance of working together in a multi-agency way, sharing information and creating the conditions for practitioners to have the time to undertake effective direct work. Specifically, we are working towards creating a system that is built on six pillars of effective safeguarding:

- **Pillar 1** Family Help provides the right support at the right time so that families stay together
- **Pillar 2** A decisive multi-agency child protection system
- **Pillar 3** Unlocking the potential of family networks
- **Pillar 4** Putting love, relationships and a stable home at the heart of being a child in care.
- **Pillar 5** A valued, supported and highly skilled social worker for every child who needs one
- **Pillar 6** A system that continuously learns and improves and makes better use of evidence and data

Norfolk's Vision

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

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



family and friends

Children and young people are safe, connected and supported through positive relationships and networks



learning

Children and young people are achieving their full potential and developing skills which prepare them for life



oppportunity

Children and young people develop as well-rounded individuals through access to a wide range of opportunities which nurture their interests and talents



understood

Children and young people feel listened to, understood and part of decision-making processes



resilience

Children and young people have the confidence and skills to make their own decisions and take on life's challenges



individual

Children and young people are respected as individuals, confident in their own identity and appreciate and value their own and others' uniqueness



safe and secure

Children and young people are supported to understand risk and make safe decisions by the actions that adults and children and young people themselves take to keep them safe and secure



healthy

Children and young people have the support, knowledge and opportunity to lead their happiest and healthiest lives

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

Principles of Practice

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

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



Our Principles:

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

How are our Services organised?

Locality Areas

Norfolk Children's Services deliver services in six localities across the county, following the boundaries of the district councils and largely following the operational policing boundaries, the clustering arrangements of our schools and the 0-19 Healthy Child Programme, Integrated Care System and placed based services. Your Local Safeguarding Children Groups (LSCGs) are the local forum for coordinating and improving services working within each locality area.

Did you know your Local Safeguarding Children Group is a great way to access training and to find out about resources available in your areas?

The Local Safeguarding Children Groups have a great deal of experience and expertise about the important local safeguarding issues.

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

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

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

Pathways to Support and Early Help

Universal: Services Accessible to All

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

Self-Help & Information / Advice & Guidance

There are many resources where children, young people and families can get useful advice and guidance that assists them with finding solutions to situations without requiring referrals to other services. Services may offer advice & guidance to families where there is not the requirement for ongoing support or intervention. Resources and useful links include:

[Norfolk Community Directory](#)

Norfolk Community Directory contains activities, services and groups to help all Norfolk residents live healthy, active and fulfilling lives.

You should find something to help you, whether you want to: keep healthy, be sociable, physically active, mentally active, raise your aspirations for educational achievement, help your community, stay independent, feel included, get involved, improve your well-being, stay safe, find suitable care and support, find help to look after your children, or get family support. We also provide information which supports the Local Offer, Care Act and Childcare Act.

[Just One Norfolk](#)

JON provides health advice and support to Norfolk families. Norfolk & Waveney Children & Young People's Health Services provide a wide range of health support and services for children and young people. This includes the Norfolk Healthy Child Programme as well as Norfolk & Waveney Children's Speech and Language Therapy Service. Some of our services are offered to all families this is called our 'universal' offer. Some of the services are targeted and specialist, to work with children and families that need further support and intervention.

[Family Information Service](#)

Provides free, confidential and impartial advice and guidance on funded early education and childcare, home learning and related services in Norfolk, including:

- Funded early education and childcare for 2-year-olds
- Funded early education and childcare for all 3 and 4-year-olds
- The 30 hours entitlement for working parents
- Help you can get with childcare costs, including childcare for working parents
- Types of early education and childcare providers, including childminders, pre-schools, nurseries and out of school childcare
- Help finding childcare – we maintain and update the details of registered providers in the county
- Playing and learning at home and activities for children and young people

[Family hubs in Norfolk](#)

Our [Start for Life](#) and family hubs approach supports a shared ambition that Norfolk is a place where all children and young people can [flourish](#). By joining up and enhancing existing services, we want to ensure all children, young people and their parents and carers can access the early support they need when they need it.

Our family hubs approach supports parents and carers of children and young people from conception up to the age of 19–years-old (25 for young people with special educational needs and / or disabilities).

Families can access support:

- Within their community in places they already visit that are part of our Start for Life and family hub network
 - Virtually through online and digital platforms
 - By visiting a [family hub site](#), and talking to a relevant professional or practitioner in person
 - From another parent or carer, as we develop more volunteer peer support opportunities
-

[Norfolk Safeguarding Children Partnership](#)

Every Local Authority in the country has to have a Multi-Agency Safeguarding Agreement (MASA) in partnership with the Police and Health. The NSCP website contains a wealth of information including multi-agency training offer, policy manual and publication of local Safeguarding Practice Reviews. There are also pages on the NSCP priorities linked to the relevant strategy and supporting tools and resources.



Start for Life and Family Hubs

The Start for Life and family hubs approach is enabling us to build on the work already happening to support families with children up to the age of 19 (25 with special educational needs and disabilities) within local communities. This includes working with community groups and in the places that families already go, such as community supermarkets or libraries, where families access information, advice, and guidance. This way of working is ensuring that families can receive support that is better coordinated and is meeting all their needs as a family.

Resources for families have been brought together online, so that it is easier for them to access information, advice, and guidance. Whilst most of the work will be delivered in the local community or families' homes, families will also be able to access existing community buildings that they already use. At least seven of these venues, covering each district area, will extend the services available onsite and be designated as a family hub site where a range of professionals are co-located from. There will also be more opportunity for families to access support from another parent or carer as we develop more volunteer peer support opportunities.



Undertaking an Early Help Assessment & Plan (EHAP)

Undertaking an Early Help Assessment alongside a family helps record their needs, strengths, views and goals, which leads to the making of plan supported by a team around them (Team Around the Family). The Early Help Assessment and Plan is aligned to a practice roadmap that provides a step-by-step guide to practice that shows how workers can support families to move from worries to achieving shared goals.

The aim is to identify and build on a family's strengths to help them resolve their own difficulties through extended networks of support that prevent further problems, so families can flourish.

Early Help is an integral part of everyone's role. It is the initial response offered by all services in contact with children, young people and families when they need extra support to flourish. It's not a specific service or team. It's an approach to working that brings together people from a range of different services and teams who will work with the whole family to help improve things for everyone. For advice and guidance with EHAP, contact the communities & partnerships service or speak with your local Early Help Consultant.

Who Should offer Early Help?

Early Help is everyone's responsibility. The first person to offer Early Help to a child, young person and their family should be the professional identifying the issue. Every person working with or engaging with children and families, regardless of organisation, status or position, has a responsibility to support the delivery of Early Help. This is achieved by following these steps:

Step 1: Offering help and gaining consent. You must discuss your worries with the family before undertaking an Early Help assessment with them. The family and their network are key in identifying solutions.

Step 2: Early Help Assessment & Plan. Using the practice roadmap talk to families and workers about what's working well for them, what they're worried about, and what they think needs to happen. Build a network of support and plan that is owned by the family and supported by their network.

Step 3: Reviewing progress. A review helps ensure that positive steps made towards achieving our goals are celebrated. It is also a time to think about how the plan can continue to progress.

In the event where an EHAP has been reviewed and the child's needs are not being met or risk factors have increased, seek consent from the parent / carer to consult with CADS to consider a children's services response.

The Children's Advice & Duty Service

Norfolk's Children's Services' front door arrangements have been designed to ensure that Norfolk's children and young people are set on the right pathway when concerns are first raised. This approach is telephone based with a direct line for professionals to a Consultant Social Worker within the Children's Advice and Duty Service (CADS). The CADS is co-located with the Multi Agency Safeguarding Hub. The MASH service is a multi-agency information sharing hub that both physically and virtually co-locates key professionals to facilitate early, better quality information sharing, analysis and decision making in order to more effectively safeguard vulnerable children, young people and adults." CADS is made up of a team of Consultant Social Workers who have had specialist training and use a coaching style to empower partners to be more confident in working with families and meeting needs. The Consultant Social Workers will provide advice, guidance and signposting; identifying the correct services and support for the child or young person.

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

- The caller will be advised of the action required to resolve the concerns either directly or with the support of partner agencies, not necessarily Children's Services
- Or a formal referral, recording the level of need. Depending on the level, the referral will be processed into either a Family Support Team or Social Work Team

A consultation feedback letter is provided as a record of all conversations and provide a clear audit trail of the outcome agreed.

If a child is at risk of immediate harm the information will be shared within the MASH. The Consultant Social Worker handling the call will maintain oversight of the contact.

Before calling CADS all partners are encouraged to access support and advice from their organisation's own safeguarding lead.

The Consultant Social Work team uses this guide to support the conversations. CADS was designed using evidence based and academic models and adhere to a script to bring out the caller's concerns as well as identifying resilience and protective factors. The emphasis is as much on advice as it is on duty. The Consultant Social Worker will:

- acquire the caller's details and the reason for the call
- ask for details of the family and a brief description of the worries
- evaluate the family's records in order to understand their journey and any historic or current risk
- clarify consent and explain how it can be obtained and any interim actions to take
- read back the information, 'naming the problem' and ask any further clarification questions
- check the caller's relationship with the family and what outcome they are looking for
- reflect on the information they have and formulate an agreed action plan with clear outcomes

Consultant Social Workers aim to work with all partners to establish the levels of risk and protective factors, including helping each other to build a picture of cumulative risk. The best consultations provide all parties with a clear picture of the child and family's strengths and needs and what next steps are required to keep them safe. This is achieved when the referrers are well prepared and organised for the consultation ensuring appropriate information sharing to achieve best outcomes.

Consultant Social Workers will support professionals to gain consent, if it has not already been given and are able to role model conversations. See also, section on **Gaining Consent and Working on a Voluntary Basis with a Family**, page 47, as well as the consent leaflet to use with parents and carers in the toolbox.

The Multi-Agency Safeguarding Hub (MASH)

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

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

- Children's Services: CADS following the call through and Community and Partnership pathway advisers
- Police
- NIDAS (Norfolk Integrated Domestic Abuse Service)
- Health (0 – 19 Healthy Child Programme Provider)

The work that all the agencies represented in the MASH undertakes is detailed, resource intensive and essential in ensuring children referred, get the right service, from the right place when they need it.

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

They do this by:

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

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

Family Help and High Needs (FHHN) Service

It may be as a result a call to CADS that a Family Help service is required. There are a number of FHHN teams, but two of the teams that are more likely to be referred to are:

Family Support

Is the targeted case holding part of our wider early help offer where a family may require additional support to meet a range of complex and persistent needs and would benefit from the allocation of a case holding Family Practitioner (FP) to undertake direct work and coordinate support around them. FPs will provide targeted intervention and complete Family Support Assessments and Plans, building on an existing Early Help Assessment and Plan (EHAP) where one has been done.

Our Family Support teams are based in the 6 locality areas and also undertake assessments for Young Carers and Supporting Parents with Disabilities.

Family Assessment and Safeguarding Teams (FAST)

If child is at risk or likely risk of harm requiring a statutory Social Work Assessment and potential ongoing allocation to a case holding Social Worker, then the referral will be forwarded to one of our Family Assessment and Safeguarding Teams (FAST) based in the relevant locality.

FAST Social Workers will work directly with the child or young person until the family are in a position to being stepped down to Family Support, EHAP or universal services. Any continued work beyond a Social Work Assessment will be either via a Child in Need Plan, or Child Protection Plan for those children at risk of significant harm.

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

There is also a dedicated Youth FAST Team whose Social Workers, through lower caseloads, work much more intensively with young people across the County deemed at high risk of exploitation and / or serious youth violence.

Establishing a Shared Language



Language we may use to Describe Need

Responses to Need

Resources to Support Presenting Needs

	Universal	<p>Universal: Services provided routinely and available to all children & families by schools, nurseries, 0-19 Healthy Child Programme, midwifery, GP and Voluntary and Community Organisations. Services are the foundation support for families and will often continue to be involved with families at every level of need.</p> <p>Self-Help & Information Advice & Guidance: Where children, young people and families – including unborn babies / pregnancy – can get useful advice and guidance that assists them with finding solutions to situations without requiring referrals to other services. Services may offer advice & guidance to families where there is not the requirement for ongoing support or intervention.</p>	<p>Norfolk Community Directory</p> <p>Just One Norfolk</p> <p>Family Information Service</p> <p>Family Hubs</p> <p>NSCP Website</p>
	Thriving		
	Community based		
	Low Level		
	Emerging Needs		
	Primary Prevention		
	Universal Plus		
	Inclusion		
	Getting Advice		
	Secondary Prevention		
	Additional Need	<p>Early Help: Consider starting an Early Help Assessment & Plan or making a request for a consultation with an Early Help Advisor. Requests for Early Help advice can be completed by families or professionals on behalf of a family with consent. Families can also access this pathway if they go to a family hub site or ask a professional in the community for more support.</p>	<p>Early Help</p>
	Early Help		
	Getting Help		
	Targeted		
	Multiple Needs		
	Complex		
	Child in Need		
	Getting more Help		
	Statutory		
	Specialist		
	Acute	<p>Children's Advice & Duty Service: CADS is a team of Consultant Social Workers who have had specialist training to coach and empower workers to respond to situations where there are worries about child's welfare. The aim is to get the right support to children and families first time.</p> <p>By talking through concerns and solutions with professionals we can work even better together and get the right support for families.</p>	<p>CADS Phone: 0344 800 8021</p>
	Getting Risk Support		
	Child Protection		

What do we mean by Continuum of Needs?

It is important to recognise that what is happening to a vulnerable child can be experienced as a process, even where it is initiated by a single event. Safeguarding involves all those who may be working with a child or family and all the people involved in the child's life. Parents who do not live with their children will impact on the child's lived experience and should always be considered. Effective safeguarding requires trust and communication and we must ensure that any changing circumstances are understood and put in context in terms of the impact on the child.

The concept of continuum of needs is rooted into the [THRIVE Framework](#) which **provides a set of principles for creating coherent and resource-efficient communities of mental health and wellbeing support for children, young people and families**. It aims to talk about mental health and mental health wellbeing help and support in a common language that everyone understands. A continuum is **something that keeps on going, changing slowly over time**, like the continuum of the four seasons. In addition to meaning "a whole made up of many parts," continuum can describe a range that is always present. This is crucial when thinking about children's lived experience, their sense of time and their physical, emotional and neurological development. In higher risk situations, needs can both be unmet over a longer period and simultaneously escalated rapidly at crisis points.



**Be descriptive
and child
centred**

**Be mindful of
your audience**

**Avoid jargon
and ask for
clarification**

**Ask curious
questions**

**Consider
the power of
language**

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

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

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

Conversation Opportunities

Conversation opportunities are the phone calls and meetings that take place between children, their families and professionals across Norfolk. They also take place between professionals who believe that a child's needs are not being met or that something more or different is needed to improve the outcomes and quality of life for that child.

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

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

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

Most important is knowing when it is appropriate for professionals to make contact with statutory services to discuss safeguarding concerns. Sometimes this will be because the early help provided is not working and things are not getting better for the child. This should be discussed and agreed with the parents / carers and the other agencies involved first. However, sometimes it is because an incident, or an injury to the child, or something the child has told you suggests they are **at immediate risk of harm and / or long term cumulative harm, or have been harmed**. While the expectation is that all

professionals working with children have training to ensure they recognise child protection concerns, they should never be discouraged from seeking specialist safeguarding advice either within their own agency or directly with the Children's Advice and Duty Service. The call handler within that service is a Consultant Social Worker, and can access any additional information held in the Multi-Agency Safeguarding Hub that puts anxieties or concerns into context. A consultation with the Children's Advice and Duty Service should be regarded as one of the most vital conversation opportunities.

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

Remember: actions speak louder than words! It is okay to challenge the families you work with. Expect parents / carers to demonstrate how they are putting the needs of the children first. Don't just take their word for it. Speak to the children too and assure yourself that you understand their wishes and feelings.

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



Community of Practice and Joint Agency Group Supervision

Community of Practice is a way of working founded on groups of people who share a concern or a passion for something they do and who learn to do it better as they interact. It is an umbrella term encompassing a range of activities that bring groups of people together for the benefit of children and their families. Community of Practice is about:

- Forming relationships between the professionals working around the child and identifying who is best placed to deliver agreed interventions and ensuring the child / ren's voice is heard.
- Ensuring the professionals around the child have a shared, holistic understanding of the experiences of the child so that they can work together to achieve the best outcomes holding the five key provocations in mind. This includes thinking about each child's individual need and stage of development as well as understanding the adults in their households and network.
- Enabling professionals with a specific interest who want to learn from others, improve their practice and share their experiences through focus groups. It involves learning together and from each other.
- Establishing a shared language and providing opportunities to sense check our thinking and understanding of children, families and communities as well as clarifying each other's roles and professional remits.

The Community of Practice approach allows professionals to use agreed processes, but also encourages a collaborative way of thinking and developing practice. It can include processes such as

- **Joint Agency Group Supervision** – a case supervision that brings together the professional network involved with a child or family. These are at agreed points in time and can be facilitated by managers from any of the services who are part of the network. It should not be used as a means of formal escalation but forms part of developing relationship-based practice that support the professional network around the child and family.
- **Reflective Practice Sessions** – taking the time to ‘think about’ and ‘reflect upon’ what we do within our everyday practice. Actively reflecting on your work is vital for improving self-awareness, learning, professional development & provides the opportunity to be trauma informed.

To ensure we are working as an effective Community of Practice we should always consider the following questions:

1. Have we really heard the child’s voice?
2. Do we appreciate all aspects of the child’s lived experience (including different households)?
3. Who is the worker who best advocates for the child?
4. Would this be good enough for my child?
5. Do we manage risk for the child, or give in to the concerned professional?
6. Have we done everything we can to enable the child to flourish?

Ways of Working

Using the Signs of Safety Framework

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

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

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

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

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

What are we worried about?

- What have you seen or heard that worries you?
- Are there any barriers preventing all members of the family from speaking openly?
- What are you most worried about?
- If nothing changes what are you worried will happen to the child?
- Have things become worse recently?

- What has been the impact on that child?
- What are the child's worries?
- What do you already know about the family and the child's needs and difficulties that makes this problem harder for them to manage?

What is working well?

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

What needs to happen?

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

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

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



Questions you might ask the family:

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

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

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

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

This approach has many advantages. It:

- Is grounded in collaboration and partnership
- Promotes shared responsibility and flexibility
- Recognises the unique needs of each individual child and family
- Reduces bias of individual professionals and agency decisions

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

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

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

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



Family Networking Approach

Alongside using the Signs of Safety model in Norfolk we have a focus on using the Family Networking Approach alongside to ensure that all children, young people and their families are able to have a meaningful connection to their natural network.

The four principles of Family Networking Approach

1. Every child / parent has a family and / or network and they can be found if we try
2. A meaningful connection to their family or network helps a child develop and maintain a sense of belonging and identity
3. The single factor most strongly connected with positive outcomes for children is meaningful, lifelong connection to their family and / or network
4. The family and / or network will be involved in the planning and decision making for their child

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

How does Family Networking work?

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

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

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

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

How does a Family Networking Approach support and help professionals?

- It can inform your assessment if you apply the approach at 'first contact'.
- The responsibility becomes shared between you and the family network.
- Everyone knows the plan meaning increasing safety for the children you work with.
- It can lead to less crisis management for a family as the network can intervene before professionals need to.
- Less professional dependence on you and other agencies.
- It can help to reduce professional anxiety i.e., schools / health.
- Family network plans are more likely to work if they, the family, own them, meaning ending your involvement sooner.

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

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

There is additional information and resources available on the [Just One Norfolk \(JON\)](#) website.

If you would like support to help embed the family networking approach into your work setting then please contact: FNA@norfolk.gov.uk

Whole Family Working

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

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

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

- **Be curious!** Remember, don't work in your own silo, think broader than your own professional background and ask questions that help you understand how children, young people and their families can FLOURISH.
- **Have early conversations.** Use opportunities you have with a family to weave curiosity into everyday conversations. Use 'open' questions that don't seek a yes or no response. Let conversation flow and engage family members to understand their view, gaining rapport, expressing empathy, and focusing on the aspirations they seek.
- **Be strengths based.** Once engaged with a family about their situation, focus on creating shared agenda, maybe with the help of others, evoking a conversation about bringing about change for the whole families benefit. Make a plan about what needs to happen next to that will help the family achieve their goals.
- **Be trauma informed.** Shift your thinking and questions away from 'what's wrong' to 'what's happened'. This will enable us to consider the root causes of the pain, behaviours and difficulties children, young people and adults are experiencing. For more information about trauma informed practice take a look at the NSCP website.
- **Think family & think FLOURISH.** In Norfolk we want all children, young people, and families to flourish. You may find it helpful to use these domains to frame questions that could help you think family:

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

We recognise how challenging adopting a think family approach can be for practitioners. It is important to utilise the professional network when working with a whole family so that there is a joint responsibility. Equally, you need to explain to the family why it is important to build a coherent picture so everyone can better understand the history, family dynamics and patterns of behaviour. Genograms and chronologies are useful tools to support this work and stimulate curiosity.

Norfolk Graded Care Profile

The NSCP has neglect as one of its priorities and has a well established strategy and implementation group in place to support on developing and improving practice in this very challenging area.

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

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

Determining the Level of Need or Urgency

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

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

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

Ensuring that information used to inform the assessment is accurate and that fact is distinguished from opinion, is essential in determining the correct course of action.

Everyone who works with children and families has a responsibility to ensure they receive safeguarding training, including, Early Help Assessment Plan (EHAP) training, in line with local and national training requirements. Effective safeguarding requires a basic level of knowledge to be able to judge when practitioners need to seek further information about a child's circumstances and when to seek advice from their organisation's safeguarding lead, line manager or another agency.



It's also important to recognise the potentially harmful impact on children and families of over intervention or intervening in a way that does not provide support effectively. This includes unnecessary recourse to use of statutory intervention. Referrers must therefore have a comprehensive understanding about the desired impact referrals / requests for support they make will have for the child and their family and take responsibility for referring.

At higher levels of risk or concern, there is likely to be a combination of factors which will require careful information gathering, assessment and analysis to ensure that the services offered to children and families meet need and prevent further escalation of risk.

Remember that if there is a combination of lower level indicators the risk might be heightened overall and need to be considered for further interventions. Equally one or two indicators of need appearing as a higher risk does not necessarily mean that the best response is one from a statutory service. An enhanced early help offer may meet the need more effectively.

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

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

Consideration of Additional Needs

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

- children who are privately fostered: please refer to the government guidance on [Private Arrangements for Fostering](#) (Children's Act 2005).
- children who have long lasting and substantial disabilities which limits their ability to be independent in the future and those that have or are at risk of experiencing sustained periods of neglect in their life. For more information on assessing the health and social care needs of children with disabilities (CWD) see the [CWD threshold](#)
- young carers, who may be at risk of undertaking excessive and inappropriate care are offered an assessment of their needs by the local authority.

See the toolbox page 51 for other tools to consider additional needs.



The Assessment Triangle

The Assessment Triangle is a well-established framework as set out in *Working Together*. The framework will enable professionals to assess need and use the three domains – child’s developmental needs, parental / family factors and family and environmental factors – in order to form a judgement regarding appropriate intervention to meet the child’s needs. Assessing parenting capacity should include the capacity of all parents of the child.

Assessment Framework

Child’s Developmental Needs

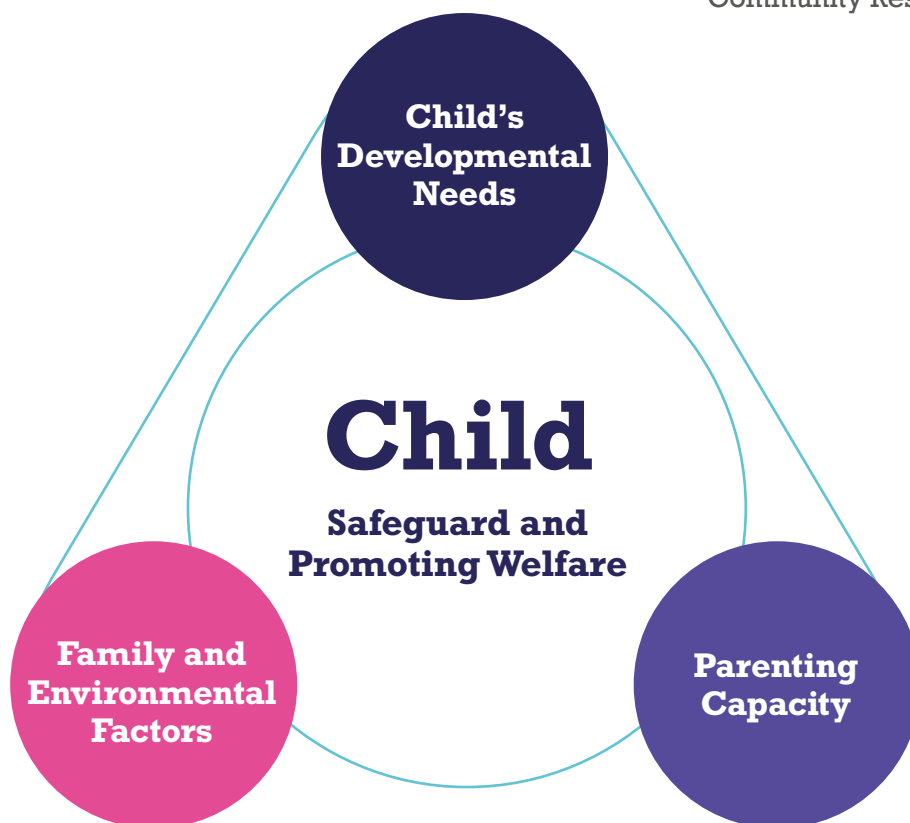
- Health
- Education
- Emotional and Behavioural Development
- Identity
- Family and Social Relationships
- Social Presentation
- Selfcare Skills

Parenting Capacity

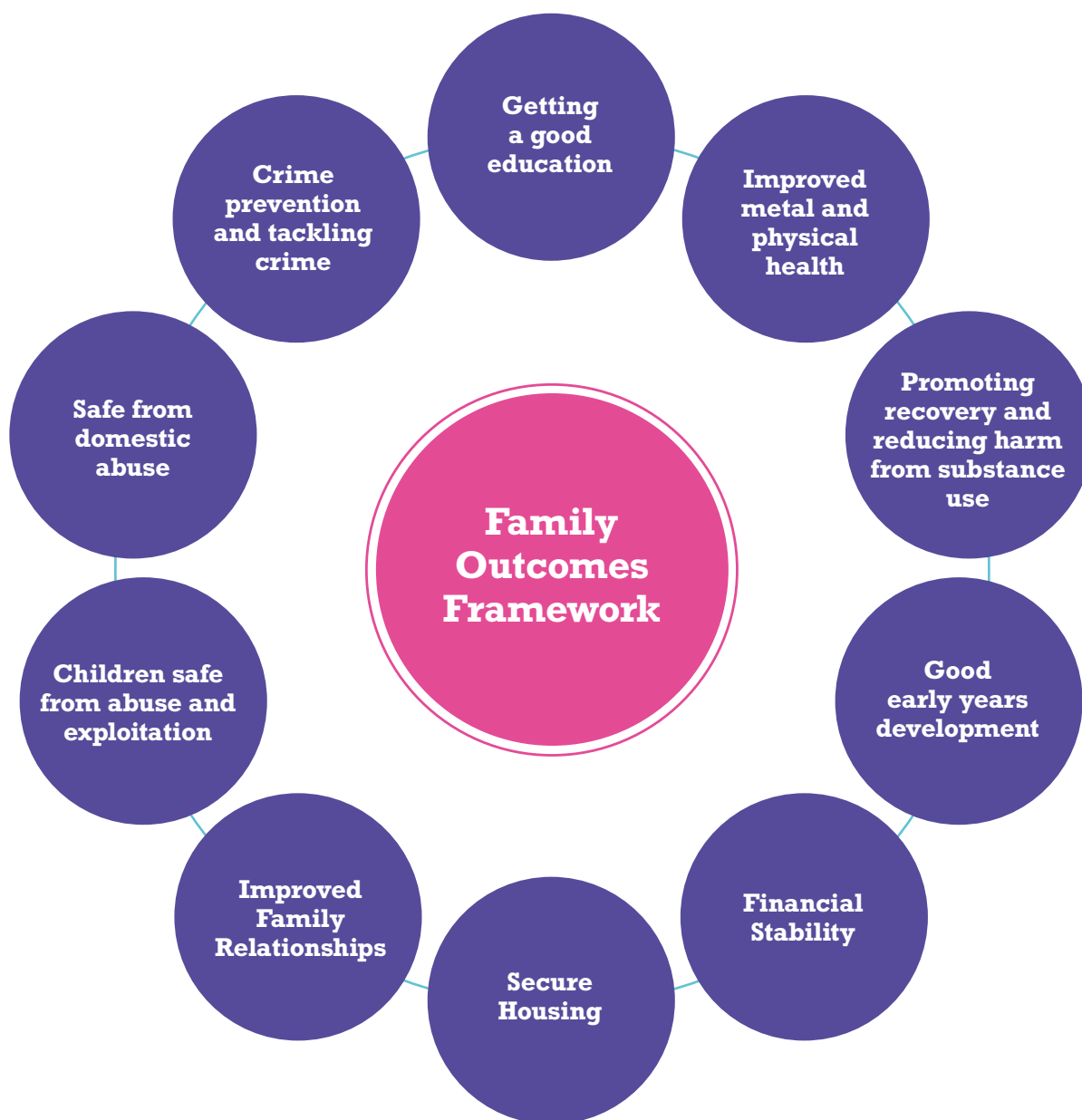
- Basic Care
- Ensuring Safety
- Emotional Warmth
- Stimulation
- Guidance and Boundaries
- Stability

Family and Environmental Factors

- Family History and Functioning
- Wider Family
- Housing
- Employment
- Income
- Families Social Integration
- Community Resources



In addition to the assessment framework for Children in Need, it is important to also consider the Supporting Families (previously troubled families) programme that focuses on identifying and providing help to families with multiple needs to prevent them from escalating into crises. The diagram below shows the outcomes framework from which whole family needs and outcomes are measured from. The framework provides a focused to be curious about and respond to whole family needs when undertaking an assessment. To understand the 34 indicators behind this framework you can visit [The National Supporting Families Outcome Framework](https://www.gov.uk/government/publications/the-national-supporting-families-outcome-framework) – GOV.UK (www.gov.uk)



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

My wider world

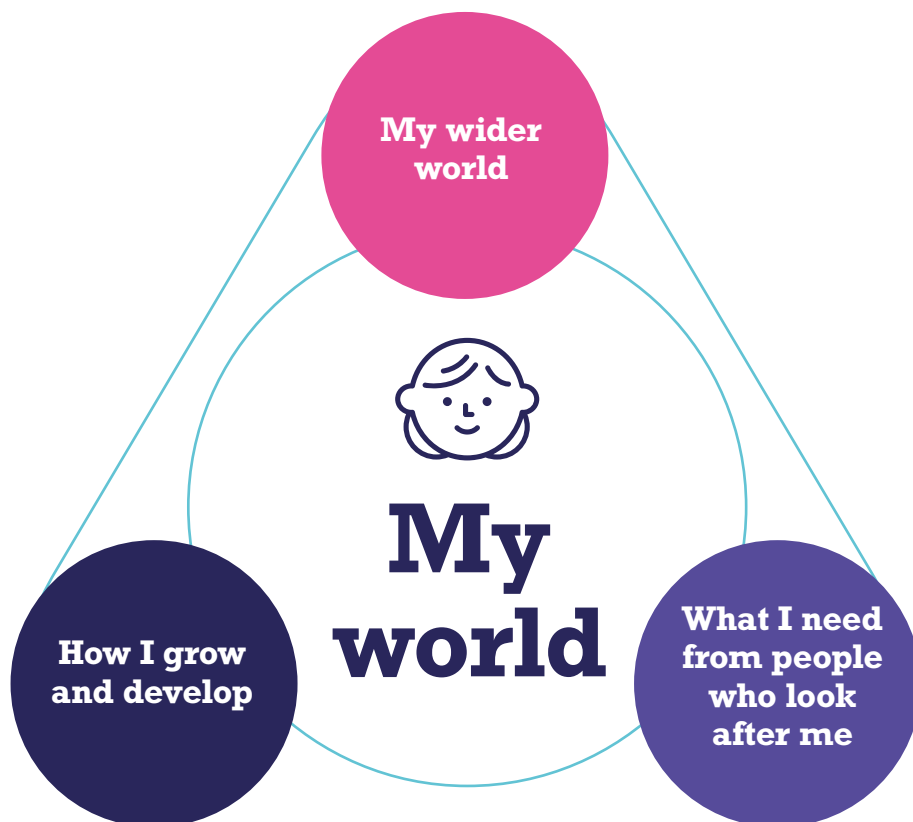
- Support from family, friends and other people
- School
- Local resources
- Enough money
- Comfortable and safe housing
- Work opportunities for my family
- Belonging

What I need from people who look after me

- Guidance, supporting me to make the right choices
- Everyday care and help
- Knowing what is going to happen and when
- Understanding my family's history, background and beliefs

How I grow and develop

- Being healthy
- Learning and achieving
- Being able to communicate
- Confidence in who I am
- Learning to be responsible
- Becoming independent, looking after myself
- Enjoying family and friends



Information Sharing

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

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

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

Anyone concerned about information sharing should also refer to government guidance [Information sharing advice for safeguarding practitioners](#).

Seven golden rules of information sharing

- 1.** Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
- 2.** Be open and honest with the individual (and / or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- 3.** Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
- 4.** Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.
- 5.** Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
- 6.** Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).
- 7.** Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Gaining Consent and Working on a Voluntary Basis with a Family

Why do we ask for Consent?

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

Tips on how to approach:

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

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

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

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

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

What if the family don't agree?

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

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



Recording what we do and the decisions we take

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

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

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

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

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

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

Single Agency Record Keeping

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

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



Toolbox to Support Reflective Thinking and Risk Assessment

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

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

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

Section 47 Duty to Investigate

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

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

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

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

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

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

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

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

For cases that are of high concern, as agreed by the social worker and caller, the Children's Advice and Duty Service will undertake further information gathering about the child and their family from relevant agencies and their own multi-agency records, and from this combination of information will make a decision as to whether a referral needs to be made to the FAST (social care) Team local to the child, for a social work assessment. At the point where the concern is raised within the MASH. NB The MASH is incorporated into the Children's Advice and

Duty Service and is a referral mechanism undertaking information gathering, analysis and decision-making. It does not provide direct services to children.

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

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



Section 47, Children Act 1989: Child Protection enquiries

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

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

Managing Challenge, Disagreement and Uncertainty

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

- In the first instance talk with your line manager or designated child protection lead for your organisation.
- In the written record of the conversation, check that it has included all of the relevant information and reflects what you are worried about: have you articulated it clearly and has this been captured?
- Consider asking for a [Joint Agency Group Supervision](#) to enable reflective conversations with the professional network; this should happen outside or ahead of any formal escalation
- If you are still unhappy with the decision or case management, the conversation should be progressed to the line managers / safeguarding leads of each agency, as set out in the [Resolving Professional Disagreement Policy](#)

Does your organisation have any guidance or a policy on safeguarding?

When did you last read this?

Do you know who the Safeguarding lead for your organisation is?

Useful Contacts

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

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

Did you know the Norfolk Safeguarding Children Partnership provides a whole range of multi-agency Safeguarding training?

You can book online through the [NSCP training page](#).

Agency	Phone	Website
Barnardo's	0208 550 8822	www.barnardos.org.uk
CEOP Child Exploitation Online Protection	0870 000 3344	www.ceop.police.uk/Safety-Centre
Change Grow Live	0845 46 47	www.changegrowlive.org
ChildLine	0800 11 11	www.childline.org.uk
The Harbour Centre Sexual Abuse Referral Centre	01603 276381	www.theharbourcentre.co.uk
Just One Number	0300 300 0123 or text 07520 631590	www.justonenorfolk.nhs.uk
Lucy Faithfull	0808 1000 900	www.stopitnow.org.uk
Magdalene Group	01603 610256	www.magdalenegroup.org
MAP Mancroft Advice Project	0800 0744454	www.map.uk.net
NAPAC National Association of People Abused in Childhood	0808 801 0331	www.napac.org.uk
NIDAS Norfolk Integrated Domestic Abuse Service	0300 561 0555	www.nidasnorfolk.co.uk
NSPCC Helpline	0808 800 5000	www.nspcc.org.uk
PACE Parents Against Child Exploitation	0113 240 5226	www.paceuk.info
ROSE Project Reaching Out on Sexual Exploitation	01603 610256	https://magdalenegroup.org/rose-project/

Acknowledgements

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



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Logo courtesy of Cambridgeshire Community Services' Parents Network Group.



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