



Norfolk Safeguarding
Children Board

The Norfolk Threshold Guide:

A Framework for Making Decisions

**Ensuring that children & young people
are receiving the right services at the
right time and for the right duration**

Introduction

This document sets out how we approach the difficult task of keeping children in Norfolk safe and protected from harm. The Guidance is intended to help professionals embed into their practice, the Signs of Safety philosophy 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.

We need to remember that involving ourselves in family life is difficult for most families and children, as well as adhering to the principles of practice we should be decisive, act with pace and avoid unnecessary drift.

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 – and can be accessed at:

www.norfolkscb.org

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 signs, competencies, and strengths. This balance of information regarding family functioning allows the worker(s) to achieve a comprehensive assessment of risk in child protection cases. This applies just as much when issues are first emerging as when an incident of significant harm is identified

In this document we have tried to move away from the notion of a checklist of worries and concerns to an approach that facilitates discussion and dialogue through conversations. An approach that recognises that no one worker may hold all the information needed to achieve a comprehensive and balanced analysis and that it is only by sharing information on a multi-agency basis that a sound evidence base can be established.

We also seek to recognise that even at times of conflict family members and children play an important role in shaping decision making. Sometimes the views of adults and children are in conflict but in these situations it is our job to act to protect children and their safety must be paramount. However, in such situations we adhere to the principles of practice that require us to be honest, open and transparent in explaining the assessments and decisions we make.

The principles of practice

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, but are also informed by our work as a system using Signs of Safety; they also resonate strongly with the principles of Working Together.

In our work and decision making it is important to consider how as professionals we work. Principles include being:

- Child centered
- Rooted in child development and informed by evidence
- Focused on actions and outcomes for children
- Respectful for all people at all times
- Listening to family members and giving importance to what they say
- Hearing the voices of children and young people
- Understanding of the family's individuality, values, beliefs, culture and spirituality and that recognises difference
- Recognising and celebrating the importance of a child or young person's family and community
- Honest and transparent communication about what we do and why we are involved
- Setting out clearly in a way appropriate to the family any concerns we have and what needs to happen to reduce those concerns.
- Building on strengths as well as identifying difficulty
- Offering help early – doing all we can to assist in keeping our intervention at the lowest possible and safe level

How are our services organised?

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 have high aspirations for their future. We also recognise that children and young people live in families and families live in communities, so working with our colleagues in Adult Services and trying to ensure a good local offer in a place the size of Norfolk is critical to us. This is at the heart of our locality model for service delivery.

We deliver our services in six localities across the county, following the boundaries of the district councils and largely following the operational policing boundaries and the clustering arrangements of our schools. From 2015, the Healthy Child Programme will mirror those arrangements, providing health visiting and school nursing will mirror those arrangements. Our Local Safeguarding Children Groups (LSCGs) will be the local forum for coordinating and improving this working.

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. Practitioners need to understand this and to understand that children may **‘step up’** and need more services and **‘step down’** as interventions have impact and needs and risk changes as a consequence.

We do not want to be involved in family life unnecessarily.

The determinations on what services are right for a child in order to reduce risk is dependent on the available evidence and the evaluation by professionals.

How do families see and experience our services?

As professionals we describe services using four tiers generally, the language we use often makes little sense to those on the receiving end, the table below describes how the jargon we use can be translated to talking to families:

What professional say:	What this means to families:
Universal Services	Before a child is born their parents can receive services from Health, through their Family Doctor and from Midwifery Services. They may also go to groups at their local children’s centre or community centre. Once a child is born they receive support and services from a Health Visitor and continue to have support from the Family Doctor as well as being able to attend groups at a children’s centre or community centre if the family choose to. The family may access childcare through a Child Minder or Nursery. As the child gets older they will be able to access education and they make go to activities such as sports classes or groups run by voluntary organisations such as the Scouts or Guides.

What professional say:	What this means to families:
Early help	<p>For some children and families there may be a need for some additional help or support through early help services, offered to them in a targeted and focused way for a limited period. Such services are designed through the Norfolk Early Help strategy to support the family to work through the difficulty in an empowering way. We seek to offer support quickly to reduce the impact of problems that may have already emerged. Families are best supported by those who already work with them organising additional support with local partners as needed.</p> <p>For children whose needs and circumstances make them more vulnerable, a coordinated multi-disciplinary approach is usually best, based on an Early Help Assessment, with a Lead Professional to work closely with the child and family to ensure they receive all the support they require.</p>
Targeted support	Some children and families might need some specialist intervention , either for the children such as CAMHS , or for the adults such as support around severe DV or mental health
Specialist intervention	For some families more intense involvement is needed using the statutory framework , of Child in Need or Safeguarding intervention to keep children safe or to ensure their continued development

By working together effectively and earlier we seek to reduce the number of children and young people requiring statutory interventions and reactive specialist services.

It is important to recognise that understanding what is happening to a vulnerable child is a process, not a single event. It involves all those who may be working with the child and family; even if their primary role may not appear to be safeguarding, it requires that changing circumstances must be understood and the impact of interventions reviewed. What is critical is how professionals working with families make the decisions about the kinds of services we should offer.

What do we mean by thresholds in decision making?

In Norfolk we have tried to move away from a tick box approach in thinking about thresholds because we know that the challenge of safeguarding is less about the presence or absence of certain characteristics and more about a strong evaluation of risk and protective factors . We believe that such evaluation is only achieved by professionals working together in a collaborative way, through dialogue and challenge, through evidence and evaluation.

We believe this is better than the use of pre-determined thresholds to define service responses as

- Thresholds cannot take account of the complexities of children's lives
- They give a false sense of certainty based on limited rule based assessments
- They are based on unrealistic models of decision making
- They can produce incentives to pass on responsibility by 'gaming the system' raising or lowering thresholds or tailoring referrals

We use the term **conversation opportunities** to describe the phone calls and meetings that take place across the whole system involving those working with children whose needs are not being met and about whom there is concern that something more is needed to improve outcomes and quality of life.

In order to ensure that children and young people are receiving the right services at the right time and for the right duration, conversations need to be constructive. They have to go beyond a discussion about concerns, to form part of a meaningful assessment and, where appropriate, a plan to support the child, young person and their family. Too often our approach to referral and thresholds has reflected the anxieties or uncertainties of the referrer rather than the needs and risks for the child, and in seeking to 'pass the problem on' has devalued the knowledge of those already in contact with the family.

Concerns regarding children are rarely single 'events': there is always a preamble and always a postscript, this is the story of family life.

As professionals we need to understand and evaluate this well and work with families to assist them to do likewise. We also need to understand that intervention from professionals brings with it a further complexity – we want our practitioners to recognise this and to see that conversations regarding children who are vulnerable are not isolated episodes about risk, but part of the narrative of multi-disciplinary working in which we inform future plans and review to achieve continued improvement to outcomes.

We consider this approach has many advantages which are

- Founded on 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 map risk effectively through encouraging practitioners to

- Understand present and past concerns
- Recognise existing strengths and safety
- Be clear about what needs to happen

And: by facilitating professional dialogue to scale risk and to discuss any disagreement.

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

Having the right conversation

Norfolk Safeguarding Children Board (NSCB) 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 Solution Focused approach that uses 4 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.

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

The questions and the practice guide that follows below, provide a focus to a discussion that should be 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 'test' assessment and decision making through supervision and management oversight.

Some practice prompts

Below are the questions that practitioners need to be able to consider in the course of their dialogue.

What are you worried about?

- What have you seen or heard that worries you?
- 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?

ANDThe Scaling Question - this is critical to multi-agency working and dialogue, how do you rate the case and concern, with 0 being the child is certain to be abused again and 10 being there is sufficient safety to close the case. This allows the context of the case to be considered in comparison to others the practitioner or agency is involved with.

Having a conversation as outlined above doesn't always result in escalating levels of intervention, it may be that 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.

Wherever possible we should be seeking to offer support and help within existing services that are available locally.

Information sharing

When we are having conversations about children and families it is important that we consider the need for consent. Agencies and organisations in Norfolk are working together to meet the needs of families better and provide the help that they need as early as possible In order to help families get the support they need; we need to be better at how we share information with each other about the families we are supporting. Generally, families need to give permission to do this however there are also some exceptions.

- As a practitioner - Ask for help if you are in doubt about whether to share or not
- As a manager – Know who in your agency can support you with expert advice
- And for both – record what you intend to share and why in a decision log

In Norfolk we have undertaken considerable work on sharing information: we have a data exchange agreement in our Early Help Hubs and where we need to share

information to safeguard children or in the public interest, such as for the detection of a crime, we will do so.

What do I do if I am concerned?

Sometimes when professionals have considered all of the information they have available, they may decide that the needs of the children cannot be met without the involvement of statutory agencies – they may indeed take this view after discussion within their own agency or following a formal consultation with the locality team of Children’s Services in the area where the child lives. If such serious concerns exist the route for referrals is through the **Multi-agency Safeguarding Hub (MASH)** - the MASH brings together colleagues from Childrens Services, the Norfolk Constabulary, Health and the Voluntary Sector. Working together they seek to share information and assess risk.

Phone 0344 800 8020 –the call will be answered by **Norfolk County Council Customer Service Centre (CSC)**; state clearly that you have a concern for a child’s wellbeing and wish to report that concern.

The CSC 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, CSC will do a live three-way handover to a MASH referral coordinator.

The MASH will ask for:

- all of the details known to 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.

The MASH 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 duty team for a social care assessment.

Where the concerns for a child are immediate and serious, the MASH information gathering process runs parallel to essential safeguarding action planning between Children’s Services, the police and health.

The MASH is a referral mechanism undertaking information gathering, analysis and decision-making. It does not provide direct services to children. Assessment and Family Intervention Teams work directly with children and their families.

The MASH will inform referrers of the decision that has been taken, i.e. that a referral has been passed to an Assessment Team or, where appropriate, recommend use of the **Family Support Process**.

Where the MASH makes a decision for no further action, the referrer is given clear reasons for this decision.

What if I don't agree with the decision from MASH?

The process of dialogue should mean that decisions are reached by consensus, however sometimes there might be disagreement. If this is the case:

- In the first instance talk with your line manager or Child Protection lead for your organisation.
- Check that you have put all of the information that you have on your referral form.
- Do not exaggerate: you should have been provided with feedback as to why your referral has not been progressed or has been signposted to another agency.
- If you are still unhappy with the decision, there is Resolving Professional Disagreement Policy that you can access on the NSCB website:
<http://www.norfolkscb.org/about/policies-procedures/>

Forms we use and what they are for

Completing NSCB1 Forms: The NSCB1 form is the children's safeguarding referral form completed by professionals when they have a concern for a child/young person

Where there are serious and/or immediate concerns for a child, the agency must phone 0344 800 8020 and not wait to complete the NSCB1

An NSCB1 form should be sent to the **Multi-agency Safeguarding Hub (MASH)** after the phone referral is made. The **Family Support Form (FSF)** can be sent as the basis of a referral where it has been completed and consent provided

If the concern is of a more moderate or long term chronic level, the agency should complete the NSCB1 form and at the point of email/fax contact the MASH to advise them of it being sent

The MASH will give feedback as to the outcome of the referral and will also give feedback if the decision is to take no further action

Email: mash@norfolk.gcsx.gov.uk
Fax: 01603 762445
Post: The MASH Team Manager, Floor 5, Vantage House,
Fisher's Lane, Norwich, NR2 1ET

Useful Contacts

From Sept 2015, Children's services has a lead for Early Help and Social Care in each locality area.

<http://inet.norfolk.gov.uk/services/Childrens-Services/Working-in-CS/Leadership-team-and-structure/index.htm>

In addition, the locality areas are supported by Local Safeguarding Children Groups that have a direct reporting line to the Board to ensure that there is a system in place to communicate messages to and from the frontline. For details of your LSCG, contact the NSCB support team: nscb@norfolk.gov.uk

Recording what we do and the decisions we take?

All conversations involving our involvement in the lives of children and young people, whatever the outcome, are recorded appropriately in order to show that they took place and identify what was agreed.

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

<http://www.norfolkscb.org/wp-content/uploads/2015/10/Signs-of-Safety-Assessment-Planning-Form.pdf>

Where possible, the statements that are developed and recorded focus on specific, observable behaviours rather than judgement loaded terms or vague interpretations. Statements that avoid professional jargon and that are written in a language more readily understood by the family is more conducive to working in partnership with families and maximises the families understanding of what authorities are concerned about. It also makes it clear the part they have to play in addressing the concerns and reaching a position where authorities cease to be involved.

It is important to try and capture the views of the child or young person and to reflect them in the recording, if you are aware of the child's views.

Some good practice examples

Every case is different, and should be treated as such, but as we have been using the Signs of Safety approach, this guide includes some case examples which help to illustrate the approach.

This is an example of a family using Universal Services in Norfolk.

What are we worried about?

Jordan is 13, and he has moved with his parents Karl and Pat to Norwich. They have moved from Scotland as Pat has a new job in Norfolk.

Jordan is worried because he does not know anyone in Norfolk.

What is Going Well?

Jordan gets on well with his parents and has a good relationship with them.

Jordan is normally quite a confident and outgoing young person. He had many friends in Scotland.

What Needs to Happen?

Jordan would like to be able to go to school, to meet other young people and to know where to go to have his health needs met.

Next Steps.

Pat and Karl sit down with Jordan to look at what Schools he would like attend.

The family to register with a Doctor and Dentist.

Jordan used the Norfolk Directory to find a local youth to see if he can meet some other young people his age.

3 Months Later....

Jordan is now registered with a Doctor and Dentist and he has started at School.

Jordan also went to some drop in sessions at "The base" in Norwich; he found that this really helped him to meet other young people.

This is an example of a family using Early Help Services in Norfolk.

What are we worried about?

Jai is 6 and he has 2 brothers Zayan who is 4 and Rohan who is 2. They live with their mum Eve. Rohan and Zayan go to nursery for a few hours a week and Jai goes to School.

The Head Teacher at School asked to speak to Eve as they were worried about Jai's behaviour. Jai has been calling some of the other children names and hitting them.

When the teacher told Eve what was happening Eve shared her worries. Eve feels that she can't cope with the boy's behaviour at home she cannot get them to go to bed, is struggling to get them to eat properly and worries that when it gets on top of her she shouts at the children

What is Going Well?

Eve loves her children and tells them so regularly.

Eve tries to give the boys a good diet, she includes lots of fruit and vegetables in their diet however, they are reluctant to eat them.

Eve wants to have help with her parenting of the children.

Jai, Zayan and Rohan have a good relationship with their grandparents.

What Needs to Happen?

Jai, Zayan and Rohan need to have good relationships in School and Nursery and to be able to make friends.

Jai, Zayan and Rohan need to have consistent parenting from Eve as when she is shouting at them it can feel very scary.

Next Steps.

The head teacher sat down with Jai and talked to him about his worries, the good things in his life and his dreams. The health visitor completed a Family Support Assessment with Eve and made a referral to a speech and language therapist.

The Health visitor, Head teacher, Eve and the children's grandparents met together at a Team Around the Family Meeting and made a Family Support Plan, they agreed that the grandparents would come in twice a week to help Eve with the children. The health visitor found a parenting course that would give Eve some more skills and techniques to help with the boys.

3 Months Later...

Eve and the professionals are still working together with the Family Support Plan in place. Eve had set some goals that she wanted to achieve which included having a bedtime routine for the children and this was going well. The head teacher had seen some improvement in Jai's behaviour at School and Rohan was attending his Speech and language Therapy.

This is an example of a family using Specialist or Statutory Intervention Services in Norfolk.

What are we worried about?

Chelsea is 8 years old and lives with her brothers, Harry who is 13 and Troy who is 3 months old. They live with their mum, Mary, and their Dad, Scott.

Today in School. Chelsea told the teacher that she is worried about her brother Harry.

Harry and Mum have been arguing lots and Harry has been going to stay with his boyfriend John. Chelsea does not like John as he is a lot older than Harry.

The School contacted Mary who said that she is worried about Harry's relationship with John who is 18, Harry has been seeing John for about 3 months but when she tries to talk to Harry about John he just gets really angry and storms off.

Mary thinks that Harry might be having sex as she has seen condoms in his bag. Mary worries that she does not have time to talk to Harry as much as she would like as it is really hard with having a new baby to look after. Mary has not shared her worries with Scott as he has been busy at work.

What is going well?

- Mary loves and cares about all of her children and wants to work with services to keep them safe.
- Chelsea and Harry are doing well in their studies at School and have good School attendance.
- Mary has a good relationship with her health visitor and there are no worries about Troy's physical development.
- Mary has said that she would like to have some help with Harry as she is worried about him.

What needs to happen?

- We need to know that Harry is safe.
- We need to speak with Harry and let him know that his mum and the professionals are worried about him spending time with his boyfriend who is an adult.
- Chelsea would like to live in a house with no arguments where she does not have to worry about her brother,

Next steps

Harry is at risk of significant harm. A child of 13 in a possible sexual relationship with an adult requires a Section 47 enquiry. The decision is made to hold a strategy meeting with the police to agree a plan of assessment and Investigation.

3 months later.....

The Police and Social Services investigated and John was arrested. Harry was very angry with his family and the professionals as he did not feel that he was at risk. A Child Protection Conference was held and Harry was made subject to a Child Protection Plan.

Mary and Scott were very worried about Harry but were also worried about the Child Protection Conference as they thought that Social Services would want to take Harry away.

It was agreed at the Conference that Harry would be referred to a key worker who is trained to work with young people who were victims of Child Sexual Exploitation (CSE).

With the support of his family, his keyworker and the other professionals Harry was able to stop contact with the people who he used to hang around with when he was with John.

Harry has started to go to School more often and there are less arguments at home. The whole family are having support from the Social Worker and the other professionals in their network.

Some useful resources

There are some useful resources to be accessed on the Norfolk Safeguarding Board Website that support opportunities for further learning. These include links to practice resources around Neglect, Child Sexual Abuse, Child Sexual Exploitation. These were set as Board Priorities in 2014, and there is also further training to support these priorities.

Norfolk Safeguarding Children Board
<http://www.norfolklscb.org>

Working Together to Safeguard Children (2015)
[http://www.nscb.norfolk.gov.uk/documents/Working Together to Safeguard Children 2015.pdf](http://www.nscb.norfolk.gov.uk/documents/Working%20Together%20to%20Safeguard%20Children%202015.pdf)

Norfolk Early Help
<http://www.norfolkearlyhelp.org.uk>

Child Adolescent Mental Health Service
<http://www.norfolk.gov.uk/camhs>

Further advice and support is available through designated safeguarding leads in all agencies.

There are also support services available through:

The Family Information Service provide information, advice and guidance on Childcare, Out of school clubs and support services for children and families. Including access to free childcare for 2, 3 & 4 year olds.

You can find them online at: <http://www.norfolk.gov.uk/fis>
Email: information@norfolk.gov.uk
Telephone: 0344 800 8020

The Family Service Directory <http://www.norfolk.gov.uk/fsd> is a searchable database where you can find what services are available in your area

The Inclusion Service within Norfolk Childrens Services provides information on Education Health and Care Plans to support children with behavioural or special educational needs.
<http://www.schools.norfolk.gov.uk/Behaviour-and-safety/Equalities/Inclusion>