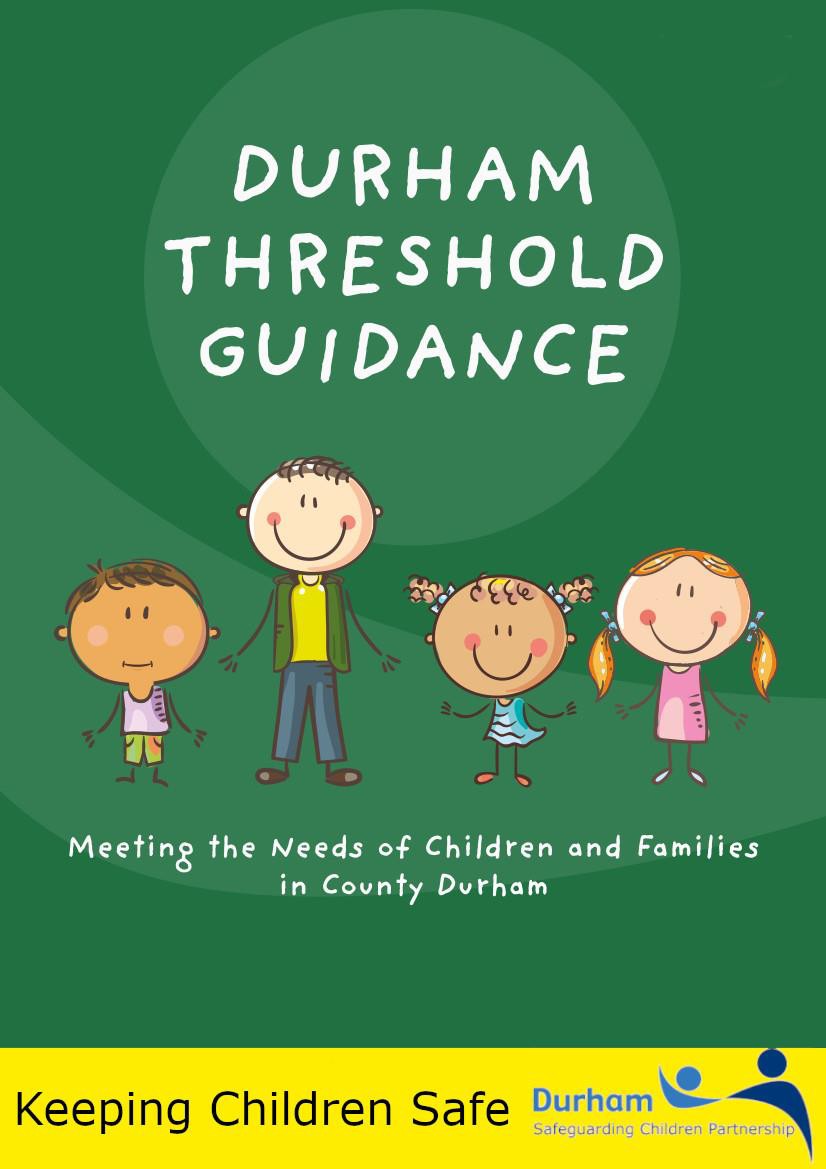
# Durham Threshold Guidance



## Introduction

Working Together to Safeguard Children 2023 sets out a clear expectation that local agencies will work together and collaborate to identify children who require help or protection and provide support as soon as problems emerge. This threshold document sets out the local criteria for action and includes links to additional information which may assist with professional judgement in understanding, and subsequently meeting a child and family’s needs.

Safeguarding is everyone’s responsibility. Everyone who meets families has a role to

play in identifying concerns, sharing information and taking prompt action.

Across Durham we expect everyone to take a child-centred approach. Anyone working with children should see and speak to the child, listen to what they say and take their views seriously. The best way to address a concern is through a conversation with the family (if this does not increase the risk for the child or anyone else) and with all the other practitioners involved.

If you are uncertain about the level at which the concern needs addressing and need advice, you can use this threshold document to support your conversation with Durham’s First Contact Team. Concerns regarding confidentiality should not be a barrier where safeguarding risks are identified. When sharing information, practitioners should refer to the Durham Safeguarding Children Partnership Tier 1 agreement and guidance.

## Consent

You should always **engage** with and **explain** to the family that you are making a referral and would like their support. You should be **transparent** about what that means so they understand, and you can hear and consider any issues they raise. The only exception to informing the family would be if doing so would place the child at risk, you should seek guidance from your safeguarding lead if you need advice regarding this.

You should confirm that the family agreeing to engage with the pathway to service that you are referring into for example assessment or programme. This does not prevent a referral from being made but is likely to impact on the outcome if the family do not wish to engage with a service especially if this is a voluntary service

**Resolving Disagreements**

Should practitioners not agree with First Contact about the outcome of their concern, we request that they refer to the [**resolution of disputes process.**](http://www.proceduresonline.com/durham/scb/p_conflict_res.html)

## 

## Definitions of Thresholds

Universal

Most children will achieve their full potential through the provision of universal services alone. These services can be accessed in the local community and delivered by partners including schools, GPs, hospitals, community health services, Health Visitors, Midwives and voluntary and community groups.

Early Help

This offer of support is for children and families who require additional support which cannot be provided by universal services alone or who require coordinated intensive support.

Durham’s Early Help support offer for families brings together local partners to provide early support for children and families coordinated via a Team Around the Family and can include targeted services e.g. substance misuse, domestic abuse services, and, Child and Adolescent Mental Health Service (CAMHS).

## Safeguarding

Child in Need (CIN)

A child in need under the legislation is one: who is unlikely to achieve or maintain a reasonable level of health or development; or whose health or development is likely to be significantly impaired without the provision of services; or a child who is disabled.

A referral should be made where there are complex needs which require a multi- agency coordinated response. Consent must be gained from parents/carers and recorded on the children’s services referral form before it is submitted to First Contact.

Child Protection

Where a local authority has reasonable cause to suspect that a child (who lives or is found in their area) is suffering or is likely to suffer significant harm, it has a duty to make such enquiries as it considers necessary to decide whether to take any action to safeguard or promote the child’s welfare. Such enquiries, supported by other organisations and agencies, as appropriate, should be initiated where there are concerns about all forms of abuse, exploitation, physical, sexual, emotional, neglect.

Whilst Child Protection referrals do not need the consent of the family it is good practice to discuss your concerns with the family and your intention to contact children’s services if doing so does not put anyone at risk.

Other circumstances which need a referral to Children’s Social Care

Private Fostering

A private fostering arrangement is one in which a child under the age of 16 (or under 18 if disabled) is cared for by someone other than their parent or ‘close relative’ for 28 days or more. Close relatives are defined as stepparents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or marriage/affinity).

Children with a Disability

The principal legislation for support services to Disabled Children, Young People and their families is the Children Act 1989. Disabled Children are considered to be Children in Need under this legislation.

16 and 17-year-old young people at risk of/may be homeless

The Local Authority has duties to prevent homelessness for young people and to provide accommodation for 16 and 17-year-old young people who may be homeless and/or require accommodation.

Section 7 Report for Court

A court may ask the Local Authority for a welfare report when they are considering any private law application under the Children Act 1989 in circumstances where the Local Authority have had previous involvement with a child or family as per the protocol between Local Authorities and CAFCASS. Where the child and family are not known to the Local Authority this work will be undertaken by CAFCASS.

Section 37 Report for Court

When, during any private law proceedings under the Children Act 1989, a question arises about the welfare of the child, and it seems to the court that it might be appropriate for a Care Order or Supervision Order to be made, then it will direct a Local Authority to undertake an investigation of the child’s circumstances and report its findings to the court.

Screening Tools

To help make your decision about the nature and seriousness of your concern there are several screening tools available in the Resource Library. Durham has adopted the Signs of Safety practice model and your agency safeguarding lead will have further information regarding use of this approach.

Guidance and Procedures

Durham Safeguarding Children Partnership Online Procedures Manual can help in decision making about what to do next. You will find a range of multi-agency guidance, procedures and strategies on the DSCP website.

Contacting Children's Services

Early Help

As a professional you can request support for a child and family by:

Before making a request for (additional) early help complete an Early Help Assessment and Child and Family Plan

If you have followed the Early Help Pathway and still feel you need to request (additional) early help on behalf of a child and family, follow the below steps:

1. Inform the family that wish to speak to other agencies working with them about how you can work together to provide the best support and meet their needs.
2. Complete the online Early Help Assessment and Child and Family Plan selecting the purpose of ‘requesting (additional) early help’. You can do this by firstly creating an account on Liquid Logic (you only need to do this the once) and follow the link to complete and submit.

OR

1. Telephone our Early Help Triage Team on 03000 267 979, Option 1, Option 2,

Option 4, (Mon – Thurs 08.30 – 17.00, Fri 08.30 – 16.30)

If you have completed and submitted an Early Help Assessment and Child and Family Plan/Review within the last 12 weeks, email the Early Help Triage Team at [earlyhelp@durham.gov.uk](mailto:earlyhelp@durham.gov.uk) and in subject header add ‘Request for (additional Early Help). Include the name, DOB and address of child/family in the email and your telephone number. An Early Help Triage Worker will contact you within one working day.

Safeguarding

Where there is an immediate risk to a child ring First Contact on

03000 267979 (listen to the options and select ‘Safeguarding’) or ring 999 and speak

to the Police if risk of harm is imminent.

If you have a safeguarding concern and are worried about a child, use the threshold guidance on this page and complete the [Children’s Service Referral Form](https://durham-scp.org.uk/wp-content/uploads/2020/10/CS-Safeguarding-Referral-Form-final-18-06-20-004.docx) and email [to firstcontact@durham.gov.uk](mailto:tofirstcontact@durham.gov.uk)

Durham Continuum of Need Model

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| Universal Provision | Need: Children and young people who have no additional support | Services Involved: Community services accessible by all families | Issues: Child meeting all expected outcomes | Outcomes: Progressing in line with expected outcomes |
| Early Help Provision | Need: Children, families and young people who need additional targeted support | Services Involved: Early Help partnership where a Team Around the Family is required | Issues: Universal services not able to meet the needs of the child or family | Outcomes: Improve health and wellbeing outcomes preventing escalation to statutory services |
| Safeguarding Provision | Need: Children and young people with complex needs, suffering or likely to suffer significant harm. | Services Involved: Multi-agency safeguarding services | Issues: Statutory assessment multi- agency response from specialist services | Outcomes: Improve outcomes so children are safe and healthy |

# Thresholds: Developmental Needs

Abuse and Neglect Thresholds

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| **Abuse and Neglect Thresholds** | |
| Universal | * Concerns emerging about child’s hygiene/clothing and diet, few opportunities for play and   socialisation, poor school attendance. |
| Early Help | * Consistent concerns raised about child’s hygiene/clothing and diet, few opportunities for play and   socialisation, consistently poor school attendance.   * Child not reaching development milestones, health needs not always being met. * Parents struggling to provide adequate care, minor mental health difficulties, and non- problematic drug and alcohol misuse. * At risk of any child exploitation. |
| Safeguarding | * Disclosures of physical and sexual harm. * Over- chastisement outside of legal limits. * Child presents with unexplained injuries or inconsistent explanation. * Child not reaching development milestones despite sustained intervention, health needs not met. * Parental behaviour of problematic and chronic drug and alcohol misuse that exposes child or unborn potential harm. Impact and exposure to domestic abuse. * Child is exposed to unrelenting exposure to dangerous situations in the home/ community. * Severe complex parental mental health or learning disability that impairs parenting roles places child or unborn at risk of harm. * Disclosures and/or consistent chronology of chronic neglect about a child’s lack of adequate clothing/housing/diet/access to education/access to health, needs not being met, and parents not able to provide good enough care that is impacting on the child or unborn. * Child has been abandoned. * Child/young person subject to or at significant risk of sexual or criminal exploitation, trafficked. * Female Genital Mutilation as either a perpetrator or victim. |

Learning, Education and Employment Thresholds

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| **Learning, Education and Employment Thresholds** | |
| Universal | * Child is not making expected progress. * Additional support needed to meet all development milestones; at risk of becoming NEET (not in   employment, education or training). |
| Early Help | * Consistently underachieving despite sustained interventions, where this may not otherwise be attributed to an identified SEN or developmental need. |
| Safeguarding | * Significant delay/impairment to developmental milestones. |

Health Thresholds

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| **Health Thresholds** | |
| Universal | * Early indication of child’s unmet physical or mental health condition or disability. * Child not brought to some health appointments or immunisations. * No physical activity/ unhealthy diet impacting on child’s health. * Early signs that child’s drug or alcohol use is having a negative impact on social wellbeing. |
| Early Help | * Child has physical or mental health condition or disability which impacts affects daily functioning. * Child not brought to a number of health appointments or immunisations. * No physical activity/unhealthy diet seriously impacting on child’s health despite sustained   interventions.   * Substance misuse impacting on child’s wellbeing. |
| Safeguarding | * Complex physical or mental health condition or disability has significant adverse impact on the child. * Child not brought to health appointments or immunisations. * No physical activity/unhealthy diet seriously impacting on health and placing at risk of significant harm despite sustained interventions. * Childs substance misuse placing child at significant risk of harm. |

Emotional Wellbeing

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| **Emotional Wellbeing Thresholds** | |
| Universal | * Poor self-esteem child requires additional emotional support. Child not brought to some health appointments or immunisations. |
| Early Help | * Poor self-esteem/sense of identity impacts on daily outcomes. |
| Safeguarding | * Negative sense of self leading to significant harm. * Concern of suicide or self-harm, failing to meet development milestones. * Child is exploited and harmed by others as a result; development significantly impaired; self-   harming or suicidal; at high risk of Child Exploitation. |

Social Development

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| **Social Development** **Thresholds** | |
| Universal | * Child has limited social interaction; language and communication difficulties. * Victim or perpetrator of bullying – some support required. |
| Early Help | * Child is socially isolated; significant communication difficulties, negative interactions and lack of respect. * Victim or perpetrator or persistent or severe bullying despite universal interventions. |
| Safeguarding | * Child is completely isolated; little or no communication skills or positive interaction with others, negative interactions and lack of respect. * Victim or perpetrator of persistent or severe bullying which places wellbeing at risk. |

Behaviour

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| **Behaviour Thresholds** | |
| Universal | * Child displaying lack of age-appropriate self-control; risk of negative use of internet and social behaviour. |
| Early Help | * Child displaying regular lack of age-appropriate self-control. * Regularly displaying disruptive behaviour. * Engaged in or victim of harmful use of internet with social media. * Caring responsibilities with negative impact. * Negative and intolerant interaction with others. |
| Safeguarding | * Child displaying little or no age-appropriate self-control. * Child’s behaviour which poses a significant risk to others including other children. * Involvement in negative, antisocial or criminal behaviour and at greater risk of being groomed or exploited by others. |

Environmental Factors

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| **Environmental Factors** | |
| Universal | * Early indication of unmet housing needs such as affordability, suitability and property condition. |
| Early Help | * Unmet housing needs due to affordability, suitability, property condition and domestic abuse. |
| Safeguarding | * Unsafe housing due to suitability, property condition and domestic abuse, and/or are currently homeless. 16 and 17-year-old young people who are at risk of homelessness. * No recourse to public funds. |

Extremism

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| **Extremism** | |
| Universal | * Short lived sympathy for violent/ extreme ideology. * Child expresses sympathy/ verbal support for inappropriate ideologies but is open to other views and can discuss the pros and cons of different viewpoints. |
| Early Help | * Expresses support for extremism and violence. * Child is being sent violent extremist imagery by family member/friends or being helped to access it. * Negative behaviour associated with extremism. |
| Safeguarding | * Involved in extremism and violence; significant concern child young person is being groomed for involvement in extremist activity. * Strong links with extremist individuals/ groups * Child is circulating violent extremist images and is promoting the actions of violent extremist and/or saying that they will carry out violence in support of extremist views. * Persistently missing from home - concerns around extremism. |

Criminal or Anti-social Behaviour

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| **Criminal or Anti-social Behaviour** | |
| Universal | * Evidence of anti-social behaviour or low-level criminal behaviour |
| Early Help | * Has associations /affiliation with negative peer groups in offending behaviour. * Involved in persistent low-level criminal activity. |
| Safeguarding | * Involved in persistent, serious criminal activity of a sexual or violent nature or the offence of possession with intent to supply drugs. * Known involvement in gang/ organised crime activity impacting significantly on day to day life. |

Missing from Home

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| **Missing From Home** | |
| Universal | * Child has been missing from home with no factors relating to exploitation or family conflict. |
| Early Help | * Child has been missing from home and there are some concerns that they are running away in order to spend time with others who have risk factors/ behaviours that are influencing them. * Possible risk factors: ASB: Crime/ County lines. * Substance or alcohol misuse: sexual activity; child sexual exploitation. * Terrorism/extremism views. |
| Safeguarding | * Child/young person persistently (3 times in 3 months) missing and are at risk of being exploited. At risk of involvement in Crime/country lines; Child sexual exploitation. * Terrorism/extremism views. * Children under 11 years who has had a missing episode irrespective of timescales. * Children persistently missing from education who are not home schooled. |

Harm Outside The Home

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| **Harm Outside The Home** | |
| Universal |  |
| Early Help |  |
| Safeguarding |  |

# Thresholds: Parental and Family Factors

Protection from harm, physical and sexual abuse

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| **Protection from harm, physical and sexual abuse** | |
| Universal | * Parents can take appropriate action to safeguard their child when they have been harmed by people outside of the family i.e. a peer, or within the community and engaged with the right support services. * Indicators of accidental harm, over presenting for health care; use of physical chastisement within   legal limits that is impacting on child/young person’s emotional well- being.   * Parents can protect and act appropriately from extended family pressures, cultural and traditional   practices that may be prevalent. |
| Early Help | * Parents need help and support to take appropriate action to safeguard their child when they have been harmed by people outside of the family. i.e. a peer, or within the community. * Some exposure to criminal activity which impacts on the child. * Parental conflict. * Exposure to online grooming or emerging unhealthy sexualised behaviours between peers. * Ongoing and numerous incidents indicators of accidental harm, over presenting for health care. |
| Safeguarding | * Parents cannot safeguard their child from harm. * Unable to protect or seek appropriate support when a child/young person has been harmed by people outside of the family i.e. a peer, or within the community. * Repeated incidents of domestic abuse in the home. * Unable to keep child/young person safe due to exposure to significant criminal activity of violent crime. * Family heard at MARAC due to serious level of domestic abuse. * Persistent low level of domestic incident with no engagement or behaviour change. * Parents are unable to protect child from grooming or exposure to sexualised harm. * Parents are prompting illegal cultural practices of forced marriage, female genital mutilation. |

Neglect

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| **Neglect** | |
| Universal | * Concerns that child/young person’s physical and material needs may not always be being met,   increasing their vulnerability within the home, community. |
| Early Help | * Evidence that the child/young person’s physical and material needs are not always being met and this is starting to impact on the child’s wellbeing. |
| Safeguarding | * The child/young person’s physical and material needs are not adequately met and impacts on the child’s wellbeing and safety, increasing their vulnerability within the home community on a persistent basis. * Child/young person has been rejected or abandoned. |

Domestic Abuse

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| **Domestic Abuse** | |
| Universal | * Parent / Carers subject to historical and / or low-level domestic abuse including coercive control with no wider additional needs identified |
| Early Help | * Parent/Carer subject to historical and / or current domestic abuse including coercive control and additional needs identified * Domestic abuse within the family with limited sign of a change or recognition of adverse emotional impact. * Child shows signs of abusive behaviours such as child / adolescent to parent violence and abuse (CAPVA) |
| Safeguarding | * There is instability and domestic abuse in the home continually with limited or no willingness for change * High level risk child adolescent to parent violence and abuse with limited or no willingness for change * Parent a subject of MARAC. |

Parental Conflict

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| **Parental Conflict** | |
| Universal | * Parent/carers who are either together or separated manage conflict safely and constructively, in a ‘healthy’ co-parenting relationship which does not negatively impact on their children. |
| Early Help | * Parent/carers who are either together or separated are entrenched in arguments that are frequent and poorly resolved however there is not an imbalance of power or fear. * Conflict can range from a lack of warmth and emotional distance, right through to swearing and shouting. The relationship might be classed as “difficult”, but it is not abusive albeit will still negatively impact on their children. |
| Safeguarding | * There is an in-balance of power between co-parents, whether together or separated, and fear within the co-parenting relationship – This is no longer Parental Conflict and should be recognised as Domestic Abuse * The relationship and disagreements between parents has become so prevalent and consuming that it is impacting on their ability to parent, the impact on the children as significant – This is no longer Parental Conflict and should be recognised as Emotional Abuse and/or Neglect |

Perinatal Period

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| **Perinatal Period** | |
| Universal | * Ambivalent to/irregular take up of ante/post-natal care; struggles to parent effectively but open to support. |
| Early Help | * Limited attendance or engagement ante/post-natal care. * Additional support due to postnatal mental health or parenting. |
| Safeguarding | * Does not access ante/post-natal care or is suffering from post-natal depression which impacts on the child. * Sustained difficulties in parenting effectively and will not accept support. |

Extremism

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| **Extremism** | |
| Universal | * Some support of extreme views or ideology, but no evidence of active involvement with extremism organisation. |
| Early Help | * Family members, parents or carers expose child/young person to involvement in activity that supports or endorses extremism. |

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| Safeguarding | * Family members, parents or carers involve child/young person in activity that supports or endorses extremism. |

Drug and Alcohol Use

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| **Drug and Alcohol Use** | |
| Universal | * Emerging concerns of parents/ carers drug or alcohol use which could impact on the child |
| Early Help | * Previous history or ongoing evidence of problematic drug and alcohol use by a family member. * Acknowledgement of the impact on the child or the worries the child may be experiencing about   parental usage. |
| Safeguarding | * High risk level (chaotic drug usage, IV drug usage and alcohol dependency/ regular binge drinking) whereby capacity is impacted. * Child/unborn exposed to substance misuse, drug seeking behaviours, impact on family finances and   possible exposure to criminal activity. |

Physical Ill Health or Disability

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| **Physical Ill Health or Disability** | |
| Universal | * Parental learning disability/ difficulty requires some additional support. Child has some caring responsibility which does not impact on the child. |
| Early Help | * Concerns due to parental learning disability/difficulty rendering the child more vulnerable. * The child is vulnerable due to age, illness, disability or behaviour/ emotional issues. Child has some   caring responsibilities and requires additional support. |
| Safeguarding | * There is no other adult that can be depended upon to meet the needs of the child. (Children or lone parents or isolated parents are at greater risk as they are less likely to have an alternative caregiver) * The child has caregiving responsibilities which significantly impact on their health and wellbeing and   childhood experiences. |

Adult Mental Ill Health

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| **Adult Mental Ill Health** | |
| Universal | * Changes in the child’s behaviour since the onset of the parent/ carer’s mental health. |
| Early Help | * The presenting mental ill health (including the effect of medication/treatment) is impacting on   parent/carer’s capability to consistently meet the needs of the child. |
| Safeguarding | * Delusional beliefs/ideas involving the child. * Risk that a child will be harmed as part of a suicide plan. * The child is a target parental aggression or rejection. * Co-existing parent/carer mental ill health, domestic abuse or alcohol/ substance abuse. * The child is the parent’s carer and this impacts on their health and well- being Parent or carer requires hospital admission and there is no appropriate adult to care for the child. |

Criminal or Anti-Social Behaviour

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| **Criminal or Anti-Social Behaviour** | |
| Universal | * Low level criminal activity in family. Concerns impact on the child. |
| Early Help | * Criminal record for violent or serious crimes in family with potential effect on child/young person. * Family willing to engage to behaviour change programs. Risk of eviction due to anti-social behaviour. |
| Safeguarding | * Open to MAPPA level 2 or 3. * Parents/carers are currently/ historically involved in criminal activities of a serious violent or sexual nature. * Parents involve their children in criminal activity and/or associates. * Parents/carers are members of organised crime groups which impact on the child and family. * Parental criminality resulting in an evidenced risk of reprisal activity and harm to the child. |

Durham Continuum of Need Model (Print Version)

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| Continuous Assessment | Governance | Need | Services Involved | Issues | Outcomes |  |
| Safeguarding | Children and young people with complex needs, suffering or likely to suffer significant harm. | Multi-agency safeguarding services | Statutory assessment multi-agency response from  specialist services | Improve outcomes so children are safe and healthy | Statutory |
| Early Help | Children, families and young people who need additional targeted support | Early Help partnership where a Team Around the Family is required | Universal services not able to meet the needs of the child or family | Improve health and wellbeing outcomes preventing escalation to statutory services | Early Help & Intervention |
| Universal | Children and young people who have no additional support | Community services accessible by all families | Child meeting all expected outcomes | Progressing in line with expected outcomes |