

Framework for decision-making:  
Right help, at the right time by the right person  
(Threshold Guidance)



## Introduction

This document has been developed to help and support practitioners working with children across all agencies and organisations, when faced with a decision about the safety and wellbeing of a child or young person. It is a collaborative approach to support and drive our shared ambition of the right help, at the right time from the right service and, importantly, from the right person.

In North Yorkshire all children and young people should be safe, happy, healthy and able to achieve. This guidance sets out which agencies and which levels of intervention may be needed to support families build on their strengths, promote resilience and overall outcomes for children, young people and their families while ensuring children and young people are protected from abuse and neglect. It should be used by practitioners to aid decision making but not replace the conversations we have when faced with concerns about a child or young person to determine the best next steps. All practitioners should use their safeguarding leads and Early Help Consultants for support, guidance and reflection.

Protecting children and young people can be complex. This document is to support practitioners with thresholds but also to embed North Yorkshire's relationship based model of practice using a Signs of Safety methodology to understand past and potential harm, along with safety and strengths to develop what needs to happen next. <https://www.safeguardingchildren.co.uk/Resources/one-minute-guide-signs-of-safety>

This document sits alongside, and is complimentary to, existing NYSCP Procedures which can be found at [www.safeguardingchildren.co.uk/professionals](http://www.safeguardingchildren.co.uk/professionals) and the [Early Help Strategy](#).



## How We Work with Children and Families – Signs of Safety

In North Yorkshire, we are committed to using the Signs of Safety model across our multiagency workforce when working with children and families. Signs of Safety assesses risk and identifies solutions via four straightforward questions:

1. What are we worried about?
2. What's working well?
3. What needs to happen?
4. AND ... the Scaling Question – this is critical. The scaling question might be designed around a particular concern, or by which we assess the threshold of need for professional involvement. It is always on a scale of 0-10 and indicates the level of concern we may have for a child

These questions underpin the conversations we need to have with families when we believe that children are not receiving the care and support they need, or may be at risk of harm.

When thinking about a child or family who might need help and support, practitioners and professionals should use these four questions as basis of evaluating their concerns. In addition, practitioners and professionals might want to think about:



- What have you seen or heard that worries you?
- What are you most worried about?
- What do you think will happen if nothing changes?
- Are things getting worse?
- What is the child worried about?
- What impact is all of this having on the child?
- Does the child or the family receive support from anywhere else? If they do, is it making things better?
- Does the child or family do anything already that makes things even a little bit better?
- What do you think needs to happen to make things better for this family?
- What services or agencies are needed to support this family?
- On a scale of 1 to 10, how worried are you about this child or family?

Using the Signs of Safety approach as the basis of a conversation about a family's needs can help:

- Understand present and past concerns
- Recognise existing strengths and safety
- Be clear about what needs to happen next
- Have a clear view of the scale of the concern or worry

The use of a strengths-based approach can often lead to families overcoming difficulties and challenges through adapting or tailoring universal or targeted services, without the need for statutory child protection services. We know that sometimes families find it difficult to open up and consent to services and you need to consider what can be done differently to form relationships and enable engagement along as well as considering if statutory intervention is necessary.

Where you are becoming more concerned about a child or young person, please have a conversation with your manager or safeguarding lead. Where a referral to the Children and Families Service is required please see: <https://www.safeguardingchildren.co.uk/resource-library/?search=making+a+referral>

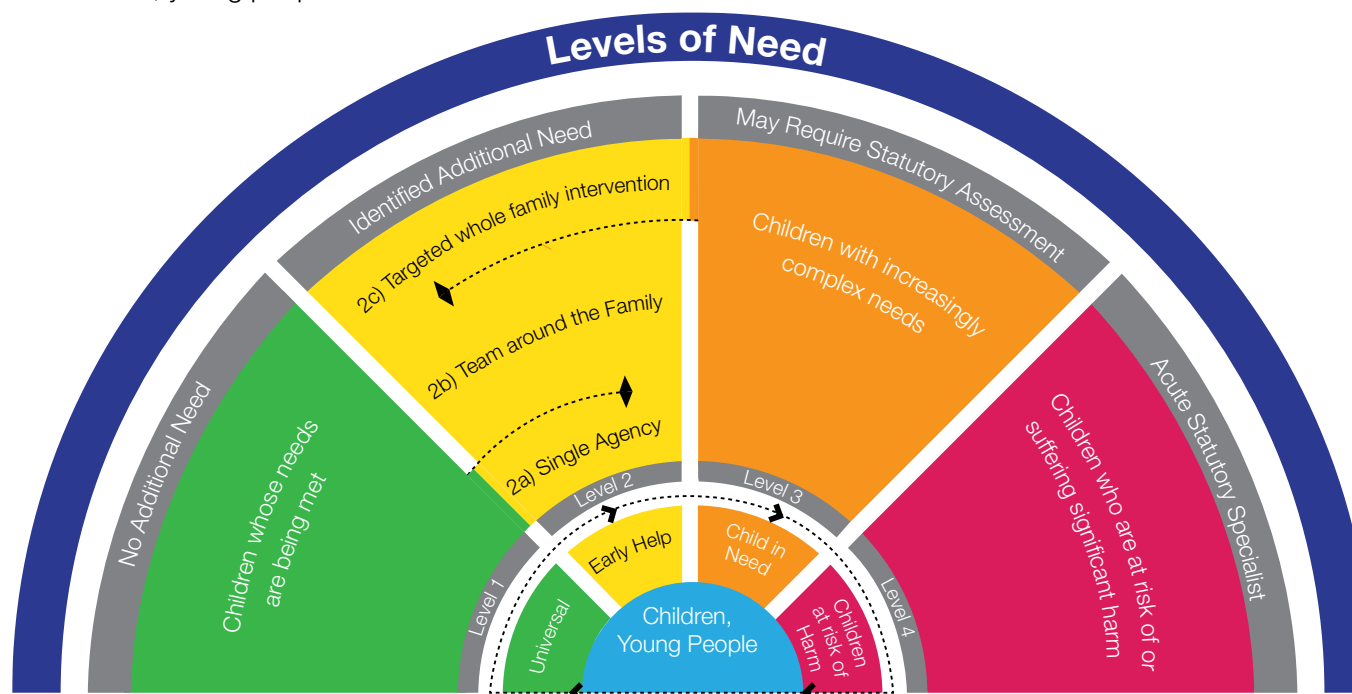


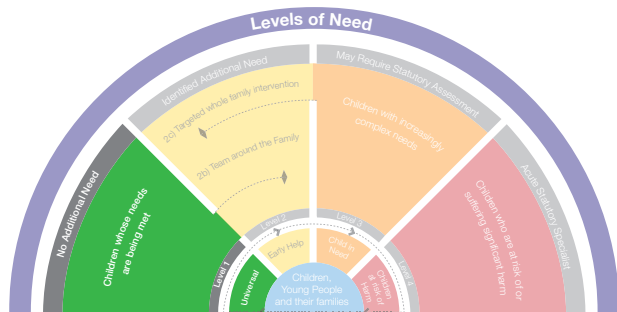
## Continuum of Need

North Yorkshire has developed a continuum of need along with some features we might expect to see in families across the continuum. It is vital to note that this does not represent a fixed, definition of need or a checklist – the examples cited are for guidance and context. It should be used alongside professional judgement and form part of a wider discussion about how best to meet the needs of a specific child or family and support the consistency of response to children, young people and their families.

Our model in North Yorkshire is to support families at the right time and ensure early intervention that prevents worries from escalating. We want to ensure the right and least intervention through the right service, at the right time by the right person. Children and young people can move across the levels of vulnerability according to their particular circumstances.

We have 4 levels of need, the divisions between the levels should not be conceived as 'hard and fast'. The presence of a single or multiple combination of factors, the age of the child and protective factors will all need to be taken into account.



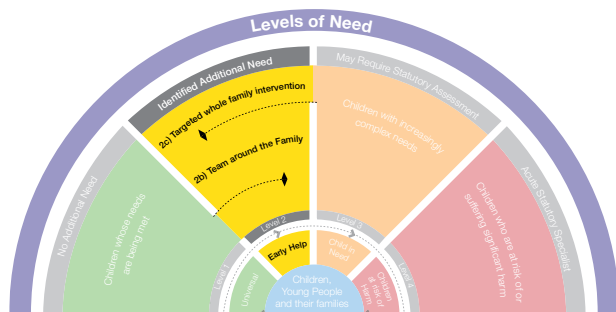


## Universal – Level 1

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 supporting a child to have:

- Good physical health
- Good school attendance
- Ability to meet developmental milestones
- Good attachments and relationships
- Appropriate guidance and boundaries
- Carers who meet their physical and emotional needs and protect them from danger and harm





## Early Help - Level 2

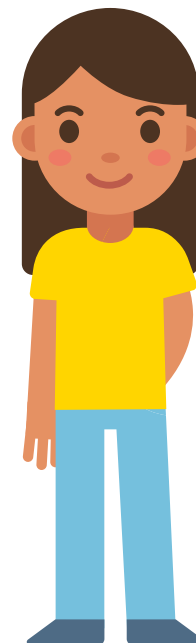
Early Help provides support when need is identified at any point in a child’s life. It is not a service specific to one organisation, but rather a collaborative approach across all agencies and partners to work with children, young people and families to prevent the need for statutory intervention. In North Yorkshire 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 and support the family to access appropriate services to enable positive parenting.

### Level 2a – Single agency response

Children, young people and families who are vulnerable and in need of additional support because of their own development, family circumstances or environmental factors. These children and young people are at risk of not reaching their full potential and their life chances impaired without the provision of additional interventions. These practitioners will act as the ‘Early Help Champion’ and will provide the help and support required either as a single agency or through a coordinated response.

### Level 2b – Team Around the Family

Early Help Champions may identify through the Early Help Assessment (EHA) that enhanced support is required to address assessed needs. Where necessary the Early Help Champions will coordinate Team around the Family (TAF) meetings, which will ensure an appropriate multi-agency response.



### Level 2c – Targeted whole family intervention

Where cases become more complex with escalating concerns a discussion can be held with the Early Help Consultant to agree if a request needs to be made to the Children and Families Service for a Children and Families Worker who would provide interventions and pick up the role as Early Help Champion and coordinate the multi-agency response (Level 2c).



Children and Families may have one or a range of needs which could increase in complexity, those may include:

### Child's Developmental Needs

- Worries about diet/hygiene/clothing
- Lack of attendance at health appointments
- Not reaching developmental milestones
- Few opportunities for play or socialisation
- Substance use or concerns
- Mental health concerns
- Poor school attendance or exclusion
- Experience bullying
- Special educational needs
- Disengagement from education, training, employment post 16
- Difficulties with peer group/adult relationships
- Some evidence of inappropriate responses and behaviours
- Finds it difficult to cope with anger, frustration and upset
- Disruptive or anti-social behaviour
- Disabilities
- Complex health needs
- Young Carers
- Vulnerabilities to exploitation

### Parenting capacity

- Parental conflict or lack of parental support/boundaries
- Parental engagement with services is poor
- Parent is struggling to provide adequate care
- Unrealistic parental expectations
- Child previously subject of a Child Protection Plan
- Post natal depression
- Concealed pregnancy
- Perceived to be a problem by parents
- Minor to moderate mental health issues
- Parental drug and alcohol use
- History of co-sleeping with previous children

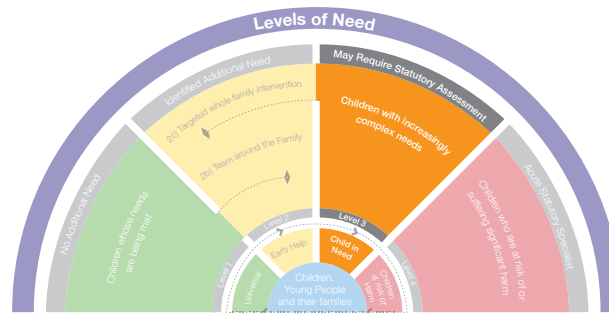
### Family/Environmental Factors

- Parents have some conflict or difficulties that can involve the children
- Has experienced loss of significant adult e.g. bereavement or separation
- Parent has physical or mental ill-health
- Family is socially isolated
- Poor housing
- Poverty
- Involvement in or risk of offending
- Poor access to universal services
- Poor or overwhelming Care Coordination for a Child with Disabilities



A small proportion of children and young people will have more acute needs and be supported by the Children and Families Service.

This may include, children who are unlikely to reach or maintain a satisfactory level of mental or physical health or development, or their health and development will be significantly impaired, without the provision of services.

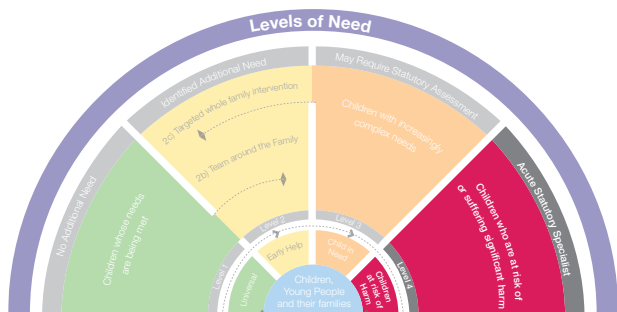


### Children in Need - Level 3

These are children and young people whose needs are more complex, based on a range of needs and depth or significance of the needs. They are at risk of social or educational exclusion. Their health, welfare, social or educational development is being impaired and life chances will be impaired without the provision of additional services.







### Children at risk of significant harm – Level 4

Some children and young people may require an immediate referral to the Children and Families Service for an assessment to be completed to better understand their needs. These are children and families with increasingly complex needs, those children who are at risk of or suffering significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interest of children, and gives local authorities a duty to make enquiries.

#### Significant harm would include:

- Children at immediate risk of significant harm including physical, sexual, emotional harm and neglect
- Children with unexplained injuries, suspicious injuries or where there is inconsistent explanation of the injury
- Children from families experiencing a crisis likely to result in an imminent break down of care arrangements
- Where there are serious concerns regarding the risk of significant harm to an unborn baby
- Children who are remanded to Custody
- Children who allege abuse
- Vulnerable children who are left alone



The needs or worries across Level 3 or 4 may include:

### Child's Developmental Needs

- Disability (Permanent or substantial impairment of function)
- Severe health problems
- Significant emotional and behavioural difficulties
- Neglects to use self-care skills due to alternative priorities e.g. substance use
- Children whose behaviour has been sexually harmful
- Family breakdown related in some ways to the child's behavioural difficulties
- Long-term neglect which significantly impacts on child's development
- Child has severe, complex or challenging mental health problems
- Child has severe disability
- Child's health and development needs require specialist service provision
- Unaccompanied children
- Problematic, severe or chronic drug and alcohol misuse
- Chronic neglect impacting on the emotional well-being and attachment of child
- Impact of severe domestic violence
- Significant, serious or numerous self harm or suicide/attempts
- Persistent offending results in court action and potential entry into custody
- Is suffering harm in relation to physical, emotional or sexual abuse or neglect

### Parenting capacity

- Serious/repeated domestic abuse;
- Parenting is not safe
- Lack of parental cooperation is having detrimental impact on the child's welfare and safety
- Physical or learning disability/mental ill health/are seriously ill/use substances
- Young people who are homeless
- Continued exposure by parents or carers to dangerous situations in the home/community
- Irrevocable child and parent relationship breakdown
- The child is undertaking the majority of parenting responsibilities which are significantly impairing the child's health and development
- Moderate, severe or complex mental or physical health needs or learning disability, which places the child at risk of harm
- Concerns about parenting of a child who is or has been looked after or is at risk of becoming looked after
- Child has no parent/carer or has been abandoned
- Problematic drug or alcohol misuse by parent or within household.

### Child is currently being supported

- Children who are the subject to Care or Supervision Orders
- Children who are subject to a Child Protection Plan
- Looked after Children
- Young People who are remanded into the care of the Local Authority
- Children who are privately fostered
- Children receiving in-patient mental health treatment

### Contextual Worries

- Young people who regularly go missing from home
- Children and young people who are the subject of exploitation including sexual, criminal and county lines



Whilst we will always work to provide the right support at the right time, there will be occasions where circumstances change and we will need to change the support a family receives. With this in mind, there are clear pathways to “step across” children and families either from/or to Early Help/Children’s Social Care. This may take the form of a multi-agency team around the child, or further work led by a single agency, such as a school, health practitioner or a voluntary sector organisation.

Where practitioners are working with a child and consider/suspect that a child is suffering or likely to suffer significant harm a referral should be made to North Yorkshire’s Multi-Agency Screening Team.

### Multi-Agency Screening Team

The Multi-Agency Screening Team (MAST) is a centralised team, working together to respond to contacts and ensure that children and their families receive the right help at the right time. The MAST looks at all available information seeking relevant information from Multi-Agency Partners (Harrogate District Foundation Trust and North Yorkshire Police) to triage contacts to the most appropriate service.

If you are worried about a child or young person and you have identified that they need additional support, which is beyond an Early Help Champion you may speak to your Safeguarding Lead or

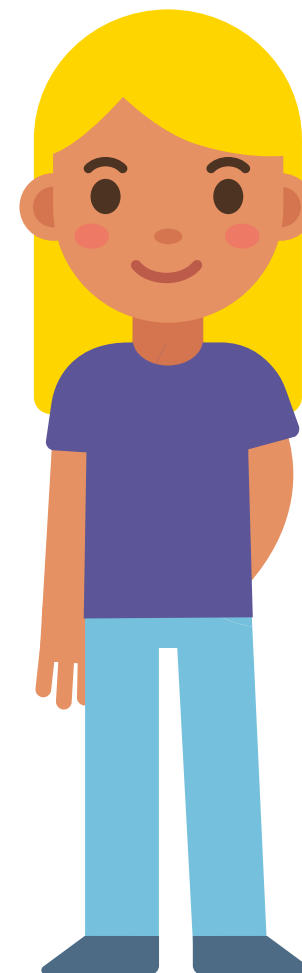
Early Help Consultant, at times it is helpful in developing the next best steps for the child and family you are working with. You can also access the Consultation Line within the Multi-Agency Screening team on **01609 535070**. The purpose of the consultation is to support you in identifying the next steps through a conversation and in a timely way. <https://www.safeguardingchildren.co.uk/?s=MAST+OMG>

Multi-Agency Safeguarding Procedures are available here <https://www.safeguardingchildren.co.uk>

Where a child is at immediate risk of harm you should contact the Police first and then the Multi-Agency Screening Team through the Customer Service Centre on **01609 780780**, or by email at [Children&families@northyorks.gov.uk](mailto:Children&families@northyorks.gov.uk) to raise your concerns. For additional information on making a referral visit [www.safeguardingchildren.co.uk/worried-about-child](http://www.safeguardingchildren.co.uk/worried-about-child)

### The Local Protocol for Assessment

This document should be read alongside the Local Protocol for Assessment. This document sets out how cases are managed once a child is referred to Children’s Social Care.



## The Role of Designated Leads for Safeguarding

Every organisation has a designated safeguarding officer/lead or a Safeguarding team who is responsible for taking the lead on safeguarding matters within their organisation.

The designated lead for safeguarding should be the first point of contact for all staff who need advice and guidance around safeguarding concerns. This includes supporting colleagues within their organisation in decision-making and information sharing around concerns for a child's welfare or safety. Conversations with the designated safeguarding lead should be used to gain advice, reflection on concerns and determine next steps.

### Information Sharing and Consent

It is important that we understand the rules for information, but this is not always easy. Most of the time we share information about families with their consent. However, there are occasions when we need to share information about a family without their consent. Refusal to engage with services or refusal to give consent to share information are not in isolation reasons to escalate concerns.

All practitioners have a responsibility to work alongside children, young people and their families to engage with them and build relationships

that are honest and supportive, identifying strengths while being clear about the worries. We know from families that this approach works best and they are more likely to engage with services in which they have confidence.

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.

There are some exceptions when there is a need to protect children and young people. 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 for a child who has made an allegation about a physical or sexual assault by a parent or carer, or where a delay in getting consent may mean the child or young person is put at further risk of harm.

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 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: Make your information sharing decision after considering 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.





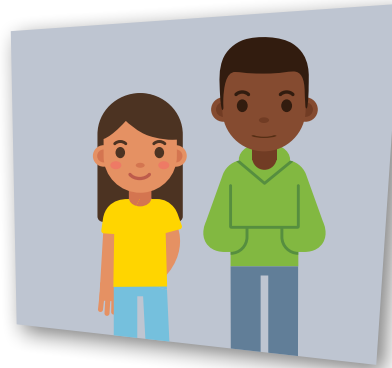
## Our Practice Model – “Strength in Relationships”

Our practice model is inherently linked to our purpose, which is:

*“To support positive change that continues after we no longer need to be involved.”*

*We will create conditions that allow good relationships to flourish.”*

The model builds around the principles of systemic practice, which takes a relationship-based approach, delivering change through a relational way of working that aims to bring out, share and respect the stories and strengths of all involved to enable a constructive way forward.



## What if You Are Still Worried about a Child?

There may be situations where consensus about the best way forward cannot be reached between practitioners. In such circumstances you should in the first instance discuss the case with your line manager or the designated lead for safeguarding within your own organisation.

If, after this discussion, consensus cannot be reached, the issue should be progressed in line with the guidance set out in the NYSCP Professional Resolutions practice guidance.

[www.safeguardingchildren.co.uk/professionals/practice-guidance/professional-resolutions](http://www.safeguardingchildren.co.uk/professionals/practice-guidance/professional-resolutions)



## FAQs and Supporting Guidance

Safeguarding concerns can often be complex, involving different agencies and managing risk and uncertainty.

The North Yorkshire Safeguarding Children Partnership (NYSCP) has developed a wealth of resources for professional and practitioners, available at [www.safeguardingchildren.co.uk/professionals](http://www.safeguardingchildren.co.uk/professionals). This includes multi-agency procedures, practice guidance around a host of subjects (including exploitation, domestic abuse and self-harm), one minute guides (OMGs) providing bite-size briefings on key issues and a glossary explaining common terms and abbreviations often used in safeguarding.

Multi Agency Training is also available via the NYSCP website. More information can be accessed at [www.safeguardingchildren.co.uk/training](http://www.safeguardingchildren.co.uk/training)

