Nottingham Safeguarding Children Partnership Threshold of Needs

Getting the Right Support at the Right Time For Nottingham's Children & Families

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Introduction

Nottingham Safeguarding Children Partnership has developed this guidance alongside multi-agency partners for practitioners and their managers in agencies working with children and families in Nottingham

The purpose of the guidance is to assist with decision making in order that children and families receive the right help at the right time from the most appropriate service(s) and at the right level.

Nottingham Safeguarding Children Partnership vision is for effective partnership working to improve safeguarding outcomes for children, young people and their families and children and young people are safe from harm, inside their home, outside their home and on-line.

Under **section 11, of the Children Act 2004**, organisations and agencies have a duty to ensure they consider the need to safeguard and promote the welfare of children when carrying out their functions and must show independent scrutiny. The statutory guidance **Working Together to Safeguard Children 2018** identifies the core legal requirements, making it clear what individuals, organisations and agencies must and should do to keep children safe.

There are different levels of need and risk that may require support and intervention; this can be delivered by a range of partners and agencies.

All children have basic needs that in the main are provided for through universal services. These include education, early years, health, youth services, leisure facilities, and the many services provided by voluntary and community organisations. However, some children have needs which will require the additional support provided by targeted or statutory services.

This document sets out four levels of need and provides guidance to help assess a child's level of need and identify which, if any additional services are required. It is not a rigid set of procedures as each child is unique and their needs will change over time.

Our Values & Principles

It is important that people working with children and families share a common set of principles which inform their practice. As a partnership we are committed to the following values and principles:

1. **Safeguarding is everybody's responsibility.**
2. **Listen to, hear and act on the voice of the child.**
3. **Hold the child at the centre of all that we do and ensure their welfare is prioritised.**
4. **Work in partnership with the whole family and work effectively as a partnership to protect children from harm.**
5. **Ensure services for children and families in Nottingham support children and young people to stay healthy, happy and safe, to support parents and carers to provide the best possible care for their children.**
6. **Being honest and transparent about what we do and why we are involved, setting out clearly in a way appropriate to the family any concerns that we have and what needs to happen to reduce those concerns.**
7. **Minimising intrusion - doing all that we can to assist in keeping our intervention at the lowest possible safe level.**

Signs of Safety

Nottingham Safeguarding Children Partnership has adopted the Signs of Safety approach as its practice framework for the all agencies and partners' workforce when working with children and families. It offers a common language to assess risk and identify solutions using four simple and straight forward questions.

1. **What are we worried about?** - What are the complicating factors?
2. **What's working well?** – What are the strengths?
3. **What needs to happen next?** – Setting goals
4. **How worried are we?** – The scaling question. This is really important

The scaling question is always on a scale of 0-10 and indicates the level of concern and worry we may have for a child by balancing what we are worried about and what is working well.

10 means that everything that needs to happen for the child to be safe and well is happening and no extra professional involvement is needed, and 0 means things are so bad the child is no longer able to live at home.

The scaling question may be about a particular concern, or by which we assess the threshold of need for professional involvement.

When answering the Signs of Safety four questions, it is important that practitioners consider the child's circumstances holistically in terms of child development, parenting capacity, and family and environmental factors.

Talking to children and families is at the heart of Signs and Safety
These four questions underpin the conversations that need to take place with families when we believe that children are not receiving the care and support they need and their needs are not being met or they may be at risk of harm.

As well as using the four questions, practitioners and professionals may want to think about using the following questions to evaluate their concerns:

- 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 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?
- 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 to:

- 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

Having the right conversations

Collaborative partnership working relies not just on information sharing or making referrals; it also requires meaningful dialogue, discussion or ‘conversations’ with the family and between the professionals who are involved or those who might need to be involved with them to offer support.

In most cases there are opportunities for professionals working with children to engage with them and their family in early and constructive conversations as and when concerns arise.

Most conversations will start with the child and their family because a concern or issue has arisen which may cause professional anxiety or lead to uncertainty about the welfare of a child.

We know that sometimes families find it difficult to open up and consent to services. Consider what can be done differently to form relationships and enable engagement as well as considering if statutory intervention is necessary.

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 to families, building on their strengths and sharing information with or about the family to other services that might help are all key ingredients to promoting children’s wellbeing.

These conversations are very important and should go beyond the presenting concerns developing part of an informed assessment, building the understanding of the child, and leading to appropriate action and support for the child and their family

The practitioner approach to thresholds and the decisions to make a referral should not reflect the anxieties or uncertainties of the referrer but should focus on the needs and risks for the child and value the knowledge and relationship of those already in contact with the family.

Consistency for families in relation to the people supporting them is an important factor in building resilience.

The Role of Designated Safeguarding Leads

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

The designated safeguarding lead 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.

Permission to share information with the City MASH should always be sought from an adult with parental responsibility for the child / young person before passing information about them to Children's Social Care, UNLESS seeking permission would place the child at immediate risk of significant harm or may lead to the loss of evidence, for example destroying evidence of a crime or influencing a child about a disclosure made.

- Has the parent given consent to the referral/request being made?

- CONSENT AND CONFIDENTIALITY: when seeking consent please ensure that parents/carers understand that the information will be shared with services where considered appropriate to do so.

Consent to share information

We expect all professionals to follow consent guidance from the General Data Protection Regulation (GDPR) 2017, the Children Act 1989 and the Crime and Disorder Act 1998.
Information Sharing (proceduresonline.com)

To make a referral, parents/carers must give their **explicit and informed consent** for information to be shared with other agencies to enable holistic support and access to services.

Recorded consent should be gained by the referring agency, with clarity about why and with whom information will be shared. **Services cannot accept a referral without consent**, unless there are safeguarding concerns whereby there is a statutory duty to intervene and seeking consent may put the child at further risk or cause a delay.

In situations where there are concerns that a child is suffering, or is likely to suffer significant harm, information may be shared without consent.

Circumstances may include:

- Suspicion that a child will be forced into marriage or removed from the country against their will
- Suspicion that a child is at risk of female genital mutilation
- A disclosure of sexual or physical abuse putting the child at immediate risk
- Suspicion that illness is being fabricated.

Seven Golden Rules to Sharing Information

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, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.

4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis 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 clear of the basis upon which you are doing so. Where you do not 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.

Assessing Levels of Need and Accessing Support

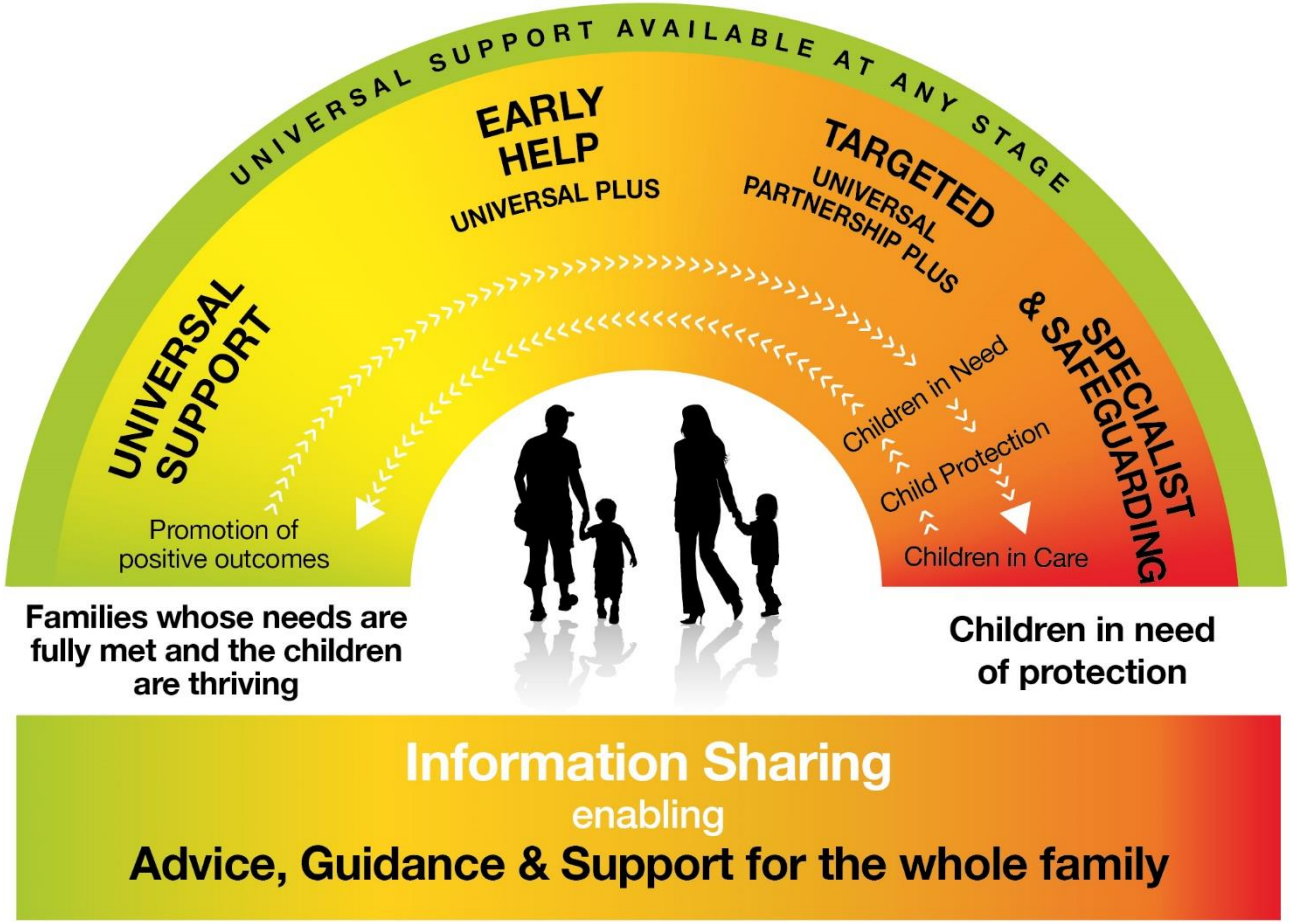
The “Levels of Need” set out below will help to determine whether the child and family can be appropriately and safely helped by services providing early intervention and support, or whether the level of need and risk is such that statutory social care involvement is required.

It sets out the support services for children with different levels of need, and what kind of response can be expected. It is important to recognise that understanding what is happening to a vulnerable child is a process, even where it is initiated by a single event. Effective safeguarding involves all those who may be working with a child or family and all the people involved in that child’s life; it requires honesty, trust and communication to ensure that any changing circumstances are understood and considered in terms of the impact they have on the child.

The threshold descriptors are to be used as guidance only. They should be used in conjunction with single and multi-agency safeguarding children procedures, best practice guidance and protocols for specific issues. They do not replace children’s assessments but can be used to aid the identification of strengths and protective factors for a child at an early stage, as well as any additional unmet needs or welfare concerns

Universal Support	Children and families are doing well and their needs are met within universal services including health development and achievement.
Early Help	Children and families are experiencing problems requiring universal services to offer additional support or work together with other support services to prevent problems increasing.
Targeted	Children and families are experiencing a range of increasing problems that require intensive multi- agency support to meet the needs of the whole family and crisis is likely to be prevented.
Specialist & Safeguarding	***Children in Need -*** Children are ‘in need’ if they are disabled or unlikely to achieve a reasonable standard of health or development unless services are provided (Children Act 1989). ***Child Protection -*** Children who are suffering or likely to suffer significant harm. ***Children in Care & Care Leavers -*** The family’s needs may change over time and their level of support will move between the levels.

Threshold of Needs



Access to support and decision making

Level	Assessment	Help, support and safeguarding
UNIVERSAL SUPPORT	Routine health screening and assessment Routine educational assessment	➢ Parents & Carers self-referral ➢ Primary Health Care Teams ➢ Child Health Clinic ➢ Health Confidential Texting Service ➢ Families Information Service ➢ Children's Centre ➢ Schools and academies ➢ Education Setting FE/HE Providers ➢ Nottingham City Youth Service
EARLY HELP • **Universal Health Plus**	Routine health screening and assessment Routine educational assessment (Routes to Inclusion assessment tool) Early Help Assessment CHOICE Assessment (CAMHS) Family Nurse Partnership Assessment	All of the above plus: ➢ Early Help Family Advice Session ➢ 0-19 Public Health Nursing Service Early Intervention Pathway ➢ Healthy Lifestyles Pathway ➢ Appointment & Drop-In clinic in schools, health & early help settings ➢ Early Help Parenting Programmes ➢ Parenting Team ➢ Team Around the Child multi agency meeting ➢ Behaviour & Emotional Health Pathway ➢ Children's Public Health Drop-In Clinics (in schools) ➢ Emotional and Mental Health Support
TARGETED • **Universal Health Partnership Plus**	Routine health screening and assessment Routine educational assessment Early Help Assessment Youth Justice Assessment	All of the above plus: ➢ Individual Family Support where required ➢ Supporting Families Practitioner ➢ Targeted Family Support Team ➢ Personalisation Hub for Short Breaks Pathways 1 & 2 ➢ Targeted Youth Support ➢ Short Breaks Service (Disabled Children) ➢ Drug & Alcohol Service
SPECIALIST **&** **SAFEGUARDING**	Asset Plus Assessment (Youth Justice)	All of the above plus: ➢ Youth Justice Service
	Statutory Children's Assessment	➢ City MASH ➢ Child in Need ➢ Whole Life Disability Team
		➢ Child Protection ➢ Children in Care ➢ Care Leavers

Level of Need Indicators

The following tables use the domains of the Assessment Framework to provide definitions and indicators for each level of need.

The domains and indicators are a guide for practitioners to identify the level of need a child and/or young person and their family may be experiencing and respond with appropriate support that may be required.

The table is not intended to be a definitive list but give examples.

	Universal Support	Early Help	Targeted	Specialist & Safeguarding
	Children and families are doing well and their needs are met within universal services including health development and achievement	**Child and family are experiencing problems requiring universal services to work together with other support services to prevent problems increasing**	**Child and family are experiencing a range of increasing problems that require intensive multi- agency support to meet the needs of the whole family and crisis is likely to be prevented**	**Child in need of protection Child is suffering or likely to suffer significant harm**
	Child who has a special educational need and/or disability, consideration must be given to any reasonable adjustments required to achieve positive outcomes	***Child who has a special educational need and/or disability requiring some time limited or low level support to meet identified needs***	***Child who has a special educational need and/or disability that is lifelong and substantial may require access to ongoing-targeted support services***	***Child who has a special educational need and/or disability who needs specialist assessment and services that may include safeguarding concerns***
Child Developmental Needs	**Health** ▪ Physically healthy ▪ Supported by carers to meet medical needs ▪ Meeting developmental milestones **Education and Learning** ▪ Good education attendance ▪ No barriers to learning, makes progress and achieves key stages **Emotional Development** ▪ Demonstrates appropriate responses in feelings and actions ▪ Good emotional development	**Health** ▪ Not reaching developmental milestones ▪ Missed health appointments (including dental) ▪ Concerns about weight and diet including poor nutrition, obesity ▪ Concerns about hygiene and/or clothing ▪ A child with a disability requiring support services **Education and Learning** ▪ Few opportunities for play, socialisation, stimulation ▪ Poor education attendance ▪ At risk of fixed term exclusion	**Health** ▪ Chronic or recurring health problems which impact everyday life ▪ Lifelong disability ▪ Excessive weight loss/gain ▪ Multiple A & E attendance causing concern ▪ Health concerns not addressed or poorly managed ▪ Inappropriate sexual activity and relationships ▪ Escalating concerns relating to substance/alcohol misuse **Education and Learning** ▪ Poor home/school link	**Health** ▪ Failure to thrive or faltering growth ▪ Developmental milestones not met and/or missing health appointments ▪ Refusing medical assessment or care ▪ Concerns of fabricated or fictitious illness ▪ Physical harm/suspected ▪ Child is being sexually exploited and/or abused ▪ Children with special needs who have a profound level of difficulty not in receipt of appropriate services

	▪ Able to adapt to change **Identity** • Positive sense of self • Demonstrates feelings of belonging and acceptance **Self-Care Skills and Social Presentation** ▪ Development of appropriate self-care skills ▪ Development of independence and independent living skills	▪ Not making progress and/or achieving key stage benchmarks ▪ Developmental delay **Emotional Development** ▪ Mental and emotional health concerns ▪ Disruptive or anti-social behaviour ▪ Involved in criminal activity / offending ▪ Uses substances ▪ Experiences bullying ▪ Victim of crime **Identity** ▪ Poor sense of self and low self esteem ▪ Child prevented from making links with own community **Self-Care Skills and Social Presentation** ▪ Poor self-care skills, poor hygiene ▪ Slow to develop or takes no responsibility for self-care skills ▪ Over protected/unable to develop independence ▪ Lacks sense of safety	▪ Significant or deteriorating attendance issues ▪ Under-achieving despite potential ▪ High level special educational needs ▪ Multiple fixed term exclusions ▪ Limited participation in education, employment or training ▪ Electively home educated with little opportunity for external scrutiny or social integration ▪ Crime used as an alternative to education or to fill time **Emotional and Behavioural Development** ▪ Inappropriate/insecure attachments ▪ Significant mental health needs, emotional and behavioural difficulties ▪ Increase in self harming behaviour ▪ Persistent and problematic involvement in alcohol / substance misuse ▪ At risk of sexual exploitation ▪ Frequently missing from home ▪ Associating with other young people at risk of sexual exploitation or those known to be exploited ▪ Disruptive violent, anti-social behaviour ▪ Involved in criminal activity ▪ Beyond parental control **Identity** ▪ Difficulty in accepting and identifying race, gender, sexual orientation ▪ Subject to discrimination	▪ Acute mental or physical health problems ▪ Persistent substance misuse ▪ Severe/ chronic health problems ▪ Indicators of child sexual exploitation with chronic alcohol & substance misuse or self harming **Education and Learning** ▪ Persistent absenteeism from educational provision ▪ No home/school link ▪ Parental non engagement/prosecution ▪ No school placement ▪ Little or no learning and development ▪ Permanently excluded from school ▪ Significant developmental delay due to neglect / poor parenting **Emotional and Behavioural Development** ▪ Victim of trafficking and/or modern slavery ▪ Sexual activity under 13 ▪ Indicators/evidence of Child Sexual exploitation ▪ Criminal exploitation (county lines activity) ▪ Watchful and wary of carers/people ▪ Persistent difficulty in forming/maintaining peer relationships ▪ Persistent offending behaviour resulting in court orders/custodial sentences/ASBO ▪ Causes significant harm/abuse to others through violent or sexual offending

			▪ Significant low self esteem ▪ Involved in gang culture / associates with criminals ▪ Extremist views **Self-Care Skills and Social Presentation** ▪ Independence beyond years ▪ Self-care is neglected ▪ No support given to develop self-care skills and independence ▪ Presents as being neglected, persistent hygiene problems/clothes regularly unwashed ▪ Sexualised behaviour or appearance ▪ May be aggressive in behaviour/appearance ▪ Presentation significantly impacts on all relationships ▪ Alienation and/or withdrawing from peers and family	▪ Endangers own life through self-harm/substance misuse, including alcohol, eating disorder ▪ Significant attachment and emotional difficulties **Identity** ▪ Experiences persistent discrimination ▪ Is socially isolated and lacks positive role models ▪ Alienates self from others ▪ Significantly distorted self-image ▪ Significant low self esteem ▪ Extremist views **Self-Care Skills** ▪ Child inappropriately left alone in house ▪ Rejection or taunting by peers/Serious assault from bullying ▪ Actively engaged in CSE ▪ Appearance reflects poor care compromising general well-being. ▪ Unable to make positive choices for self ▪ Significant self-neglect due to substance misuse
Family & Environment	**Family History and Functioning** ▪ Good family relationships including when parents are separated, divorced and/or reconstructed ▪ Positive relationships with wider family and networks **Housing, Employment and Finance** ▪ Appropriate and safe accommodation which meets the needs of the family	**Family History and Functioning** ▪ Family have conflicts / difficulties which may affect the children ▪ Experience loss of significant adult ▪ History of involvement with statutory services ▪ Parent previously looked after by Local Authority ▪ Caring for adult or siblings, young carer	**Family History and Functioning** ▪ History or current problematic substance misuse (parent / sibling) ▪ Family involved in or history of criminal activity ▪ Acrimonious divorce/separation ▪ Incidents of domestic abuse ▪ Parent in prison ▪ Caring for adult or siblings, young carer	**Family History and Functioning** ▪ Chronic substance misuse ▪ Persistent anti-social behaviour within family ▪ Parent/carer in need of substantial short break ▪ Significant family discord and persistent domestic abuse ▪ Privately fostered

	Family Social Integration ▪ Family feels integrated into the community ▪ Good social and friendship networks exist **Community Resources** ▪ Family accessing universal services as needed	▪ Carer is not getting a break from the care of their disabled child and this could be facilitated by access to additional support **Housing, Employment and Finance** ▪ Poor housing ▪ Poor financial planning /debt ▪ Stress factors impacting on ability to adequately care for children ▪ Not in employment, education and/or training ▪ Insecure employment and unable to find work **Family Social Integration** ▪ Poor social networks and friendship networks ▪ Family socially isolated / excluded ▪ Family seeking asylum or refugees **Community Resources** ▪ Family not accessing universal services ▪ Parental engagement with services is poor and is impacting on their ability to meet the needs of the child	▪ Parent/carer of disabled child providing substantial care **Housing, Employment and Finance** ▪ All children in homeless accommodation for more than 6 months ▪ Serious debts / financial exclusion / poverty ▪ Unable to meet family's basic needs, (heat, food, clothing, hygiene) ▪ Inaccessible housing or need for aids and adaptations ▪ Parental impairment affects access to education and training **Family Social Integration** ▪ Family significantly socially excluded / isolated ▪ Escalating victimisation / harassment ▪ Family seeking asylum or refugees ▪ Transient family ▪ Parent/carer in need of short break **Community Resources** ▪ Non-engagement with services and community ▪ Services not meeting needs of family ▪ Services and community resources not accessible to family	▪ Parents with enduring health problems needing frequent hospitalisation ▪ Trans generational sexual abuse ▪ Destructive/unhelpful extended family **Housing, Employment and Finance** ▪ Extreme poverty/debt impacting on ability to care for child/children ▪ Chronic and long term unemployment due to significant lack of basic skills or long standing issues such as substance misuse / offending ▪ Accommodation places the child in physical danger ▪ No fixed abode or homeless/No Recourse to Public Funds ▪ Asylum seekers/Unaccompanied children ▪ Risk of Female Genital Mutilation **Family Social Integration** ▪ Family extremely socially excluded / isolated ▪ Persistent transient families **Community Resources** Family refuse access to services and community resources
Parents & Carers	**Family and Social Relationship** ▪ Good, stable relationships with care givers, family members and siblings ▪ Positive relationships with peers	**Family and Social Relationship** ▪ Dysfunctional/inconsistent family relationships ▪ Inconsistent care arrangements	**Family and Social Relationship** ▪ Socially excluded and isolated ▪ Regularly required to care for another family member / young carer ▪ Peers involved in anti-social behaviour	**Family and Social Relationship** ▪ Unaccompanied asylum seeker ▪ Pregnancy where there have been previous child protection concerns ▪ Forced marriage of a child under 18 yrs.

	Basic Care and Protection ▪ Carers able to provide secure and consistent parenting & caring ▪ Carers able to provide for children's needs and protect from danger and harm • Carers able to provide for child's physical needs **Emotional Warmth and Stability** ▪ Shows warm regard, praise and encouragement ▪ Provides consistent emotional warmth over time ▪ Able to respond sensitively to baby cues **Guidance, Boundaries and Stimulation** ▪ Age appropriate boundaries maintained ▪ Supports child development through interaction and play ▪ Access to positive activities ▪ Child has safe use of internet, online social network, apps and games	▪ Poor response to child's physical, emotional or health needs ▪ Undertaking caring duties, young carer ▪ Controlled or stable substance abuse **Basic Care and Protection** ▪ Parent requires additional advice and guidance on parenting capacity and abilities ▪ Mental / physical health needs may affect ability to provide basic care ▪ Concerns about substance misuse may impact on ability to provide basic / adequate care ▪ Concerns and suspected domestic violence ▪ Teenage parent ▪ Vulnerable adult **Emotional Warmth and Stability** ▪ Child perceived to be a problem by parent ▪ Poor maternal mental health – not accessing support ▪ Attachment issues **Guidance, Boundaries and Stimulation** ▪ Inconsistent boundaries and lack of routine ▪ Parent provides limited stimulation/interaction ▪ Condones absence from school ▪ Condones alcohol use and/or smoking ▪ Child is not exposed to new experiences	▪ Unable to access universal social activities without ongoing support **Basic Care and Protection** ▪ Parent's mental health, disabilities, or substance misuse significantly impacts on their parenting capacity and care provided ▪ Significant history of social care involvement ▪ Inappropriate care arrangements failing to meet the children's needs. ▪ Basic care is deteriorating or unacceptable ▪ Level of supervision is inadequate for child's age ▪ Poor coping skills due to parental vulnerabilities ▪ Prevents access to appropriate health and education provision ▪ Teenage parent(s) **Emotional Warmth and Stability** ▪ Significant attachment issues ▪ Parent critical of child and provides little warmth, encouragement or praise ▪ Inconsistent parenting ▪ Poor maternal health / post-natal depression **Guidance, Boundaries and Stimulation** ▪ Serious parent / child relationship problems which may result in family breakdown ▪ History of concerns around parent's offending behaviour ▪ Child spends much time alone	▪ Subject to Anti-Social Behaviour Order (ASBO) or Acceptable Behavioural Contract (ABC) ▪ Young carer has significant responsibilities that result in neglect ▪ Looked after child ▪ Care leaver ▪ Family break down **Basic Care and Protection** ▪ Basic care is absent and no boundaries in place ▪ Child at risk of significant harm as a result of parents neglectful parenting ▪ Parent's prioritise own needs over those of child ▪ Previous child has been removed from parent ▪ Parent refusing medical intervention agreed best interest of the child ▪ Chronic and serious domestic violence or parent unable to restrict access to home by dangerous adults ▪ Child abandoned or left alone for long periods or overnight ▪ Previous or current child subject to child protection concerns ▪ Child previously removed from parents' care ▪ Families with history of statutory involvement and repeat referrals to Social Care ▪ Parents/Carers do not accept concerns, fail to or are unwilling to engage in extensive support offered ▪ Parents unable to provide care for child that is safe

		▪ Lack of interaction/stimulation inside and outside of home, lack of toys/games in house ▪ Inappropriate access and use of the internet, online social networks, apps and games	▪ Child not exposed to new experiences, positive stimulation ▪ Poor parental/caring role models ▪ Erratic and inconsistent parenting, lack of routine, different carers ▪ Inappropriate use of the internet, concerns of bullying, grooming, access to online social networks and apps	▪ Victim of crime ▪ Persistent domestic violence / abuse **Emotional Warmth and Stability** ▪ Inconsistent parenting / highly critical / apathetic towards child, impairing the child's emotional development ▪ Relationships characterised by rejection, abandonment or scapegoating **Guidance, Boundaries and Stimulation:** ▪ Involved in serious criminal acts that may impact on the child e.g. drug dealing, anti-social behaviour ▪ Parent persistently deprives the child of stimulation– shuts child in a room/leaves child in cot for long periods ▪ Parent gives child/allows child to use illicit substances ▪ No effective boundaries, guidance, positive stimulation set by parents ▪ Engages in inappropriate use of the internet and accessing online social networks, apps with unsuitable content

Responsive Immediate Protection

Responsive immediate protection should be used where there are immediate concerns that a child is at risk or has suffered significant harm including physical, sexual and exploitation, emotional harm or neglect.

Where you believe there is immediate risk of significant harm please contact the Police on 999, all children at immediate risk of HARM should be reported to the police who will then liaise with Children Services.

Determining whether a child or young person is suffering, or at risk of suffering significant harm can be complex. Practitioners in all agencies have a responsibility to be aware of the indicators of significant harm, the Nottingham Safeguarding Children Partnership Procedures and their own agency's Child Protection Policy.

For children needing Safeguarding/Protection please make the referral by telephoning the City MASH on 0115 876 4800, you will be required to send in a completed MARF after the call.

How to Make a Referral If You Are Worried About a Child

- There are many services available to support children and families. Our 'one stop shop' means you can access all of them using just one telephone number, email address or fax number.
- Our call handlers will answer your call and ensure that you are connected to the service you need.
- By making it simple to access our services Nottingham City Council can help provide the right support, at the right time, to meet the needs of Nottingham families.
- **City MASH** is operational **Monday to Friday from 8:30 am to 4:50 pm.**
- Outside of these hours, the telephone number should be used for emergency safeguarding enquiries only.

Making a referral or a request for services

- To make either a safeguarding referral or a request for services to Nottingham City MASH please complete the Multi-Agency Request for Services Form (MARF).
- Please find a copy of the template below. Once completed send by secure email to CityMASH@nottinghamcity.gov.uk

Indicators requiring an immediate referral to social care

The age and vulnerability of a child must be taken into consideration when assessing the impact of the concerns and risks.

- Child has an unexplained injury or injuries
  - the explanation is inconsistent with the injury or injuries
  - there are conflicting explanations for the injury or injuries
- A non-mobile child with a unexplained, inconsistent and conflicting bruising and/or mark
- Children with repeated incidents of minor bruising that are causing professionals concern
- Where the parents/carers have significant substance use issues which may make the children vulnerable to neglect and/or to exploitation
- Where there are serious concerns regarding the risk of significant harm to an unborn baby
- Child lives or has contact with adults who are known to pose a risk to children
- Where there is evidence of the trilogy of risk being present and this significantly increases the likelihood of harm to the child
  - domestic abuse
  - adult mental health issues
  - substance use
- Allegations or disclosures of abuse including sexual abuse, evidence of grooming and child sexual exploitation and online abuse
- Left “home alone” and their age and vulnerability places them at risk
- Child victims of exploitation including trafficking, modern slavery, child criminal exploitation, forced marriage, honour based violence, county lines activity
- Anyone who is 16 or under, or under 18 if the young person has a disability, who is being looked after for 28 days or longer by a carer who is not a parent, grand-parent, aunt, uncle or sibling.

Children’s Social Care is the lead agency for undertaking Child Protection enquiries including Section 47.

If there is any doubt about whether to refer to Children’s Social Care or not, the case should be discussed with the line manager and/or agency safeguarding lead as well as contacting City MASH for advice and guidance.

More detailed guidance from a safeguarding perspective is available online in the Nottingham Safeguarding Children Partnership Procedures.
Safeguarding Children Partnership - Nottingham City Council

Resolving inter-agency disagreements – Escalation Process

Effective working together depends on an open approach and honest relationships between agencies collaborating through all points of the child's journey. Problem resolution is an integral part of healthy challenge, professional co-operation and joint working to safeguard children. It is expected that most disagreements can be resolved by professionals discussing the concerns and agreeing a way forward to meet the child's needs. If professional agreement cannot be reached, then the concern should be escalated using a staged approach.

1. Where any practitioner has concerns about the response or progress of a referral or new information supplied or does not agree with the response and decisions about the referral by Children's Social Care, the referring agency should discuss their concerns with the Social Worker.
2. If unresolved the problem should then be referred to the practitioner's own line manager or practitioner advisor, who will discuss with their opposite number in the other agency.
3. If the problem remains unresolved the managers will refer to their Line managers for consideration. This process will continue until a resolution is found.
4. In the rare circumstances where the problem cannot be resolved through line management arrangements, the matter will be referred to the Chair of the Safeguarding Children Partnership (SCP) who will offer mediation

A clear record should be kept at all stages, by all parties. This must include written confirmation between the parties about an agreed outcome of the disagreement and how any outstanding issues will be pursued.

The timescale within which the processes set out above should take place will be dependent on the nature of the disagreement and what this may mean for the safety of the child. In some circumstances immediate action will be merited and progress through agency line management routes will need to take place **within 1 working day** and, in circumstances where there continues to be disagreement, the issue will be brought to the attention of the Independent Chair the following working day. In less urgent cases the whole process should be completed within no more than **4 weeks**.

The full process can be found at
Resolving Professional Disagreements (Escalation Procedure) (proceduresonline.com)