

# DURHAM THRESHOLD GUIDANCE



Meeting the Needs of Children and Families  
in County Durham

2020

**Keeping Children Safe**

# Introduction

Working Together to Safeguard Children 2018 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 take account of their agency's information sharing agreement and policies.

## Consent

When requesting early help for a family, you must always discuss this with the family beforehand.

Consent to request support from services should always be sought from those with parental responsibility.

When making a safeguarding children referral, it is good practice to inform those with parental responsibility of your concerns and intention to make a referral, unless to do so would place the child at further risk of harm.

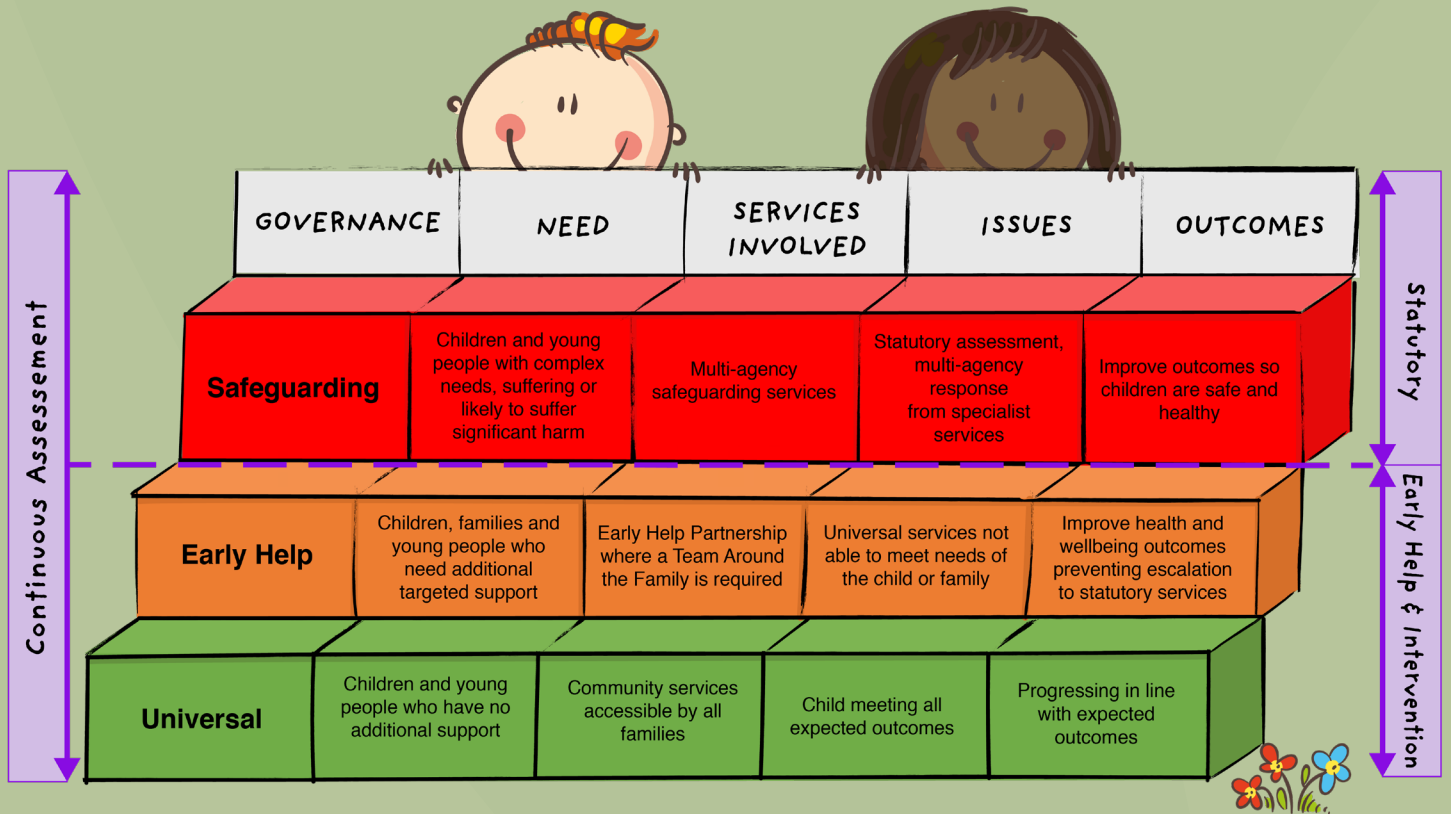


## Resolving Disagreements

Should practitioners not agree with First Contact about the outcome of their concern, we request that they refer to the resolution of disputes process:

[www.proceduresonline.com/durham/scb/p\\_conflict\\_res.html](http://www.proceduresonline.com/durham/scb/p_conflict_res.html)

# Durham Staircase & Continuum of Need Model



## Contacting Children's Services

### Early Help

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

- Contacting the Early Help Triage Workers for advice and information about services and support for children and families available in the community on

**03000 267979** (listen to the options and select 'Early Help')

- Complete the new on-line Early Help Request Form at the following link:

[https://doitonline.durham.gov.uk/service/Early\\_Help\\_Referral](https://doitonline.durham.gov.uk/service/Early_Help_Referral)

### 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 this threshold guidance and complete the [Children's Service Referral Form](#) and email to [firstcontact@durham.gov.uk](mailto:firstcontact@durham.gov.uk)

# 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. See definition above.

## 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.

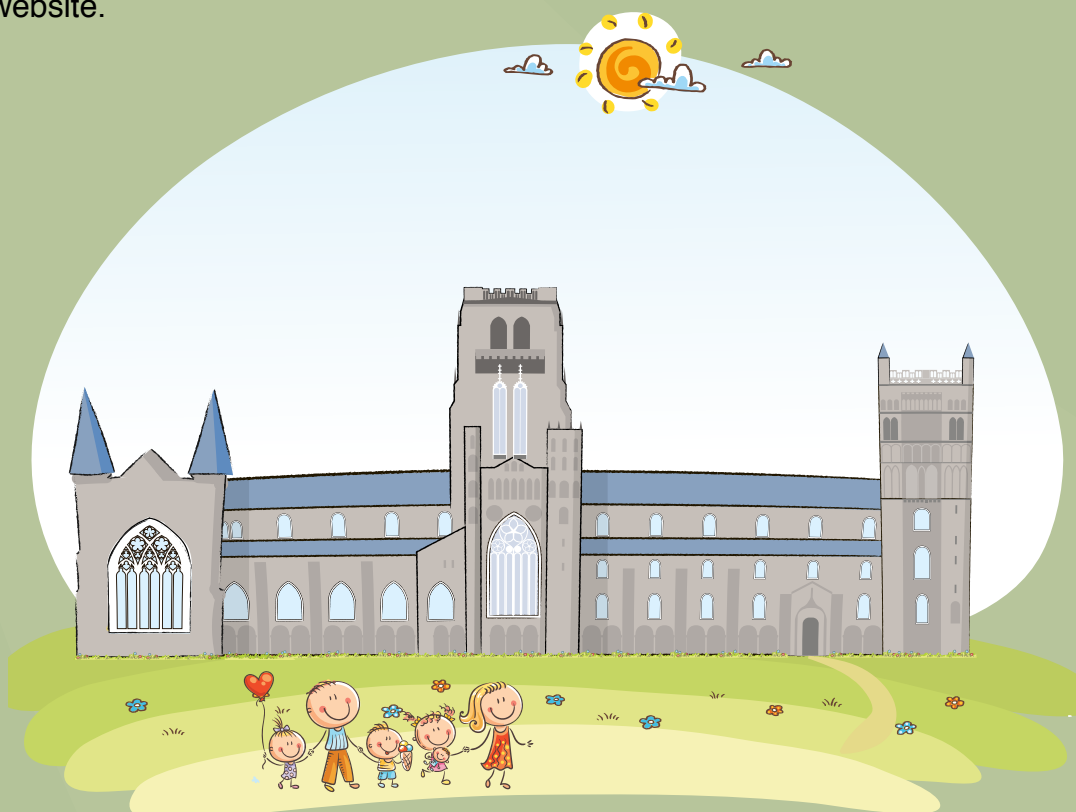
## Screening Tools

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

<https://durham-scp.org.uk/professionals/early-help-and-neglect/single-assessment-procedures/>

## 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.



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

**Learning, Education and Employment:**

|   |  |  |
|---|--|--|
| <p>Child is not making expected progress.</p> <p>Additional support needed to meet all development milestones; at risk of becoming NEET (not in employment, education or training).</p> | <p>Consistently underachieving despite sustained interventions, where this may not otherwise be attributed to an identified SEN or developmental need.</p> | <p>Significant delay/impairment to developmental milestones.</p> |
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**Health:**

|  |   |   |
|--|---|---|
| <p>Early indication of child's unmet physical or mental health condition or disability.</p> <p>Child not brought to some health appointments or immunisations.</p> | <p>Child has physical or mental health condition or disability which impacts affects daily functioning.</p> <p>Child not brought to a number of health appointments or immunisations.</p> | <p>Complex physical or mental health condition or disability has significant adverse impact on the child.</p> <p>Child not brought to health appointments or immunisations.</p> |
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| Universal   | Early Help  | Safeguarding   |
|---|---|--|
| <p>No physical activity/ unhealthy diet impacting on child's health.</p> <p>Early signs that child's drug or alcohol use is having a negative impact on social wellbeing.</p> | <p>No physical activity/unhealthy diet seriously impacting on child's health despite sustained interventions.</p> <p>Substance misuse impacting on child's wellbeing.</p>   | <p>No physical activity/unhealthy diet seriously impacting on health and placing at risk of significant harm despite sustained interventions.</p> <p>Childs substance misuse placing child at significant risk of harm.</p>  |
| <b>Emotional Wellbeing:</b>   |   |  |
| <p>Poor self-esteem child requires additional emotional support.</p>  | <p>Poor self-esteem/sense of identity impacts on daily outcomes.</p>  | <p>Negative sense of self leading to significant harm.</p> <p>Concern of suicide or self-harm, failing to meet development milestones.</p> <p>Child is exploited and harmed by others as a result; development significantly impaired; self-harming or suicidal; at high risk of Child Exploitation.</p> |
| <b>Social Development:</b>  |   |  |
| <p>Child has limited social interaction; language and communication difficulties.</p> <p>Victim or perpetrator of bullying – some support required.</p>                       | <p>Child is socially isolated; significant communication difficulties, negative interactions and lack of respect.</p> <p>Victim or perpetrator or persistent or severe bullying despite universal interventions.</p>  | <p>Child is completely isolated; little or no communication skills or positive interaction with others, negative interactions and lack of respect.</p> <p>Victim or perpetrator of persistent or severe bullying which places wellbeing at risk.</p>   |
| <b>Behaviour:</b>   |   |  |
| <p>Child displaying lack of age appropriate self- control; risk of negative use of internet and social behaviour.</p>   | <p>Child displaying regular lack of age appropriate self- control.</p> <p>Regularly displaying disruptive behaviour.</p> <p>Engaged in or victim of harmful use of internet with social media.</p> <p>Caring responsibilities with negative impact.</p> <p>Negative and intolerant interaction with others.</p> | <p>Child displaying little or no age appropriate self- control.</p> <p>Child's behaviour which poses a significant risk to others including other children.</p> <p>Involvement in negative, antisocial or criminal behaviour and at greater risk of being groomed or exploited by others.</p>            |
| <b>Environmental Factors:</b>   |   |  |
| <p>Early indication of unmet housing needs such as affordability, suitability and property condition.</p>   | <p>Unmet housing needs due to affordability, suitability, property condition and domestic abuse.</p>  | <p>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.</p> <p>No recourse to public funds.</p>   |



| Universal   | Early Help  | Safeguarding  |
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| <b>Extremism:</b>   |   |   |
| <p>Short lived sympathy for violent/extreme ideology.</p> <p>Child expresses sympathy/verbal support for inappropriate ideologies but is open to other views and can discuss the pros and cons of different viewpoints.</p> | <p>Expresses support for extremism and violence.</p> <p>Child is being sent violent extremist imagery by family member/friends or is being helped to access it.</p> <p>Negative behaviour associated with extremism.</p>  | <p>Involved in extremism and violence; significant concern child young person is being groomed for involvement in extremist activity.</p> <p>Strong links with extremist individuals/groups.</p> <p>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.</p> <p>Persistently missing from home - concerns around extremism.</p> |
| <b>Criminal or Antisocial Behaviour:</b>  |   |   |
| <p>Evidence of antisocial behaviour or low- level criminal behaviour.</p>   | <p>Has associations/affiliation with negative peer groups in offending behaviour.</p> <p>Involved in persistent low-level criminal activity.</p>  | <p>Involved in persistent, serious criminal activity of a sexual or violent nature or the offence of possession with intent to supply drugs.</p> <p>There is known involvement in gang/organised crime activity impacting significantly on day to day life.</p>   |
| <b>Missing from Home:</b>   |   |   |
| <p>Child has been missing from home with no factors relating to exploitation or family conflict.</p>  | <p>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.</p> <p>Possible risk factors: ASB: Crime/ County lines.</p> <p>Substance or alcohol misuse: sexual activity; child sexual exploitation.</p> <p>Terrorism/extremism views.</p> | <p>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.</p> <p>Terrorism/extremism views.</p> <p>Children under 11 years who has had a missing episode irrespective of timescales.</p> <p>Children persistently missing from education who are not home schooled.</p>  |



|   | Universal   | Early Help   | Safeguarding  |
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| <b>Parental and Family Factors</b>  | <b>Protection from harm, physical and sexual abuse:</b>   |  |   |
|   | <p>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.</p> <p>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.</p> <p>Parents can protect and act appropriately from extended family pressures, cultural and traditional practices that may be prevalent.</p> | <p>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.</p> <p>Some exposure to criminal activity which impacts on the child.</p> <p>Parental conflict.</p> <p>Exposure to online grooming or emerging unhealthy sexualised behaviours between peers.</p> <p>Ongoing and numerous incidents indicators of accidental harm, over presenting for health care.</p> | <p>Parents cannot safeguard their child from harm.</p> <p>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.</p> <p>Repeated incidents of domestic abuse in the home.</p> <p>Unable to keep child/young person safe due to exposure to significant criminal activity of violent crime.</p> <p>Family heard at MARAC due to serious level of domestic abuse.</p> <p>Persistent low level of domestic incident with no engagement or behaviour change.</p> <p>Parents are unable to protect child from grooming or exposure to sexualised harm.</p> <p>Parents are prompting illegal cultural practices of forced marriage, female genital mutilation.</p> |
|   | <b>Neglect:</b>   |  |   |
| <p>Concerns that child/young person's physical and material needs may not always be being met, increasing their vulnerability within the home, community.</p> | <p>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.</p>   | <p>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.</p> <p>Child/young person has been rejected or abandoned.</p>  |   |
| <b>Domestic Abuse:</b>  |   |  |   |
| <p>Parents/carers subject to a verbal or coercive relationship, low level parental conflict.</p>  | <p>Parent/carer has previously experienced and evidence of current domestic abuse including coercive control.</p> <p>Domestic abuse within the family with limited sign of a change or recognition of adverse emotional impact.</p>   | <p>There is instability and violence in the home continually, persistent domestic abuse and parental conflict including coercive control and stalking behaviours.</p> <p>Child on adult domestic abuse</p> <p>Parent a subject of MARAC.</p>   |   |

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|   | <p>Child shows a sign of emotional abuse and behaviours such as adolescent to parent violence and abuse that indicates the risk of becoming a perpetrator or victim of abuse.</p> <p>Parents show signs of unresolved parental conflict which is impacting on child's emotional wellbeing.</p> |   |
| <b>Perinatal Period:</b>  |  |   |
| <p>Ambivalent to/irregular take up of ante/post-natal care; struggles to parent effectively but open to support.</p>                                      | <p>Limited attendance or engagement ante/post-natal care.</p> <p>Additional support due to post-natal mental health or parenting.</p>  | <p>Does not access ante/post-natal care or is suffering from post-natal depression which impacts on the child.</p> <p>Sustained difficulties in parenting effectively and will not accept support.</p>  |
| <b>Extremism:</b>   |  |   |
| <p>Some support of extreme views or ideology, but no evidence of active involvement with extremism organisation.</p>                                      | <p>Family members, parents or carers expose child/young person to involvement in activity that supports or endorses extremism.</p>   | <p>Family members, parents or carers involve child/young person in activity that supports or endorses extremism.</p>  |
| <b>Drug and Alcohol Use:</b>  |  |   |
| <p>Emerging concerns of parents/carers drug or alcohol use which could impact on the child.</p>   | <p>Previous history or ongoing evidence of problematic drug and alcohol use by a family member.</p> <p>Acknowledgement of the impact on the child or the worries the child may be experiencing about parental usage.</p>   | <p>High risk level (chaotic drug usage, IV drug usage and alcohol dependency/regular binge drinking) whereby capacity is impacted.</p> <p>Child/unborn exposed to substance misuse, drug seeking behaviours, impact on family finances and possible exposure to criminal activity.</p>  |
| <b>Physical Ill Health or Disability:</b>   |  |   |
| <p>Parental learning disability/difficulty requires some additional support. Child has some caring responsibility which does not impact on the child.</p> | <p>Concerns due to parental learning disability/difficulty rendering the child more vulnerable.</p> <p>The child is vulnerable due to age, illness, disability or behaviour/emotional issues. Child has some caring responsibilities and requires additional support.</p>                      | <p>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)</p> <p>The child has caregiving responsibilities which significantly impact on their health and wellbeing and childhood experiences.</p> |

|   | Universal   | Early Help   | Safeguarding   |
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| <b>Adult Mental Ill Health:</b>           |   |  |  |
|   | Changes in the child's behaviour since the onset of the parent/carer's mental health. | 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.   | <p>Delusional beliefs/ideas involving the child.</p> <p>Risk that a child will be harmed as part of a suicide plan.</p> <p>The child is a target parental aggression or rejection.</p> <p>Co-existing parent/carer mental ill health, domestic abuse or alcohol/substance abuse.</p> <p>The child is the parent's carer and this impacts on their health and well-being<br/>Parent or carer requires hospital admission and there is no appropriate adult to care for the child.</p> |
| <b>Criminal or Anti-Social Behaviour:</b> |   |  |  |
|   | Low level criminal activity in family. Concerns impact on the child.                  | <p>Criminal record relating to violent or serious crimes which may impact on child/young person in the household.</p> <p>Family willing to engage to behaviour change programs.<br/>Risk of eviction due to anti-social behaviour.</p> | <p>Open to MAPPA level 2 or 3.</p> <p>Parents/carers are currently/historically involved in criminal activities of a serious violent or sexual nature.</p> <p>Parents involve their children in criminal activity and/or associates.</p> <p>Parents/carers are members of organised crime groups which impact on the child and family.</p> <p>Parental criminality resulting in an evidenced risk of reprisal activity and harm to the child.</p>                                    |





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