NCASP
NORTHUMBERLAND CHILDREN AND ADULTS
SAFEGUARDING PARTNERSHIP

Thresholds of Need

Worried about a child[1]?

The best way to address a concern is through a conversation with the family (if this does not increase the risk for anyone) and with all the other professionals involved.

If you are worried and you have identified that a child needs support but are unsure what next steps to take, you could speak to your safeguarding lead. You can also access advice from First Contact, by calling Onecall, on **01670 536000**. The purpose of this consultation is to support you in identifying the next steps, in a timely way.

Everybody has a responsibility to refer a child to children's social care when it is believed or suspected that they:

- Have suffered significant harm and /or;
- Are likely to suffer significant harm and/or;
- Has developmental needs which are likely only to be met through provision of specialist support or services (with agreement of the parent).

Where there are significant and immediate concerns about the safety of a child, you should contact the police on 999.

If you believe the situation is urgent but does not require the police, please call Onecall on **01670 536000** and request to make a telephone referral. If your call is outside of working hours (Monday-Thursday, 08:30-17:00 and Friday 08:30-16:30) please still call Onecall on **01670 536000** and ask to speak to the Emergency Duty Team (EDT). A written referral using the multi-agency referral form[2] (MARF) must be completed and submitted **within 24 hours** of your telephone call.

Within the MARF, please include all relevant information, including details of consent[3] or

clear reasons why this has not been obtained, to ensure that the referral is progressed as effectively as possible. CLICK HERE for our referral tips.

If the situation is not urgent, you do not need to make telephone contact prior to sending a MARF.

You will receive acknowledgement of your referral. If you do not receive this, please contact First Contact to ensure the referral has been received.

If you are registering an Early Help Assessment (EHA) or sharing Team Around the Family (TAF) notes, please send these to EHA@northumberland.gov.uk.

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[1] We refer to child/ren throughout the document. This includes unborn children and anybody below the age of 18 years old, who lives in Northumberland. If the child lives outside of Northumberland, please contact services in their area of residence.

[2] It is agreed that NHCFT will use a referral mechanism that mirrors the MARF and Northumbria Police will submit child concern notifications (CCNs).

[3] As part of this you should consider the individuals capacity to consent/the young person being Gillick competent.

Who are we?

Safeguarding leads

Every organisation, charity, service etc. has a safeguarding officer/lead or a safeguarding team who is responsible for taking the lead on safeguarding matters within their organisation. They should be the first point of contact for all staff who need advice and guidance around concerns about a child. This includes offering support with decision making and information sharing. These conversations should be used to gain advice and reflection on concerns and to determine any next steps.

Onecall

Onecall manages all incoming calls for children's and adult social care in Northumberland. Your call will be directed to the most appropriate service/person.

First Contact

First Contact is the children's social work team that considers all new referrals. Referral information is triaged to assess risks and worries to identify solutions, to ensure that children and their families receive the right help at the right time. Early help referrals are managed by the First Contact Early Help Team, who co-ordinate a response, when needed. Where there is a reasonable cause to suspect abuse or neglect, the Multi-Agency Safeguarding Hub (MASH) will share information to make joint decisions to identify prompt and effective responses to risks.

Information sharing and consent

It is important that we understand the rules for sharing information, but this is not always easy.

We all have a responsibility to work alongside children and their families to engage with them and build relationships that are honest and supportive, identifying strengths while being clear about our worries. We know from families that this approach works best, and they are more likely to engage with help and support, in which they have confidence. **Consent means that a family is fully informed about the services they are being referred to, agree with the referral being made and understand what information will be shared and why.**

Most of the time we share information about families with their consent. However, there are occasions when we need to share information without consent. Declining to engage with services or refusal to give consent to share information are not reasons on their own to escalate concerns.

There are some exceptions when there is a need to protect children. 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. Likewise, if this might undermine the investigation of a serious crime, including, for example, making a 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 is put at further risk of harm.

If you are concerned about information sharing, you can speak to your safeguarding lead. For the government guidance, CLICK HERE.

Framework for decision-making: thresholds of need guidance

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 to provide support as soon as problems emerge.

This document has been developed by the partnership to support professionals working with children, when faced with a decision about their safety and wellbeing. It is a collaborative approach and drives our shared ambition of the offering the right help at the right time.

In Northumberland all children should be safe, happy, healthy, and able to achieve. We know that most children do well, but sometimes some children and families may need support from professionals.

This document sets out which levels of intervention may be needed to support families to build on their strengths, promote resilience and overall outcomes for all children and their families, while ensuring all children are protected from abuse and neglect.

The document should be used by professionals to support their decision making. It should not replace the conversations we have when faced with concerns about a child to determine the best next steps. All professionals should use their safeguarding leads for support, guidance, and reflection.

Protecting children can be complex. This document is to support professionals with thresholds but also to embed Northumberland's relationship-based model of practice, using Signs of Safety, to understand past and potential harm, along with safety and strengths to develop what needs to happen next. For more information about our approach CLICK HERE.

Supporting guidance and procedures to consider

This document sits alongside, and is complimentary to existing Northumberland procedures, for example:

- Northumberland's children's services procedures manual - CLICK HERE.
- North and South of Tyne safeguarding children partnership procedures manual - CLICK HERE.

How we work with children and their families

In Northumberland, we are committed to using the Signs of Safety approach across our multi-agency workforce when working with children and families.

This approach assesses risks and worries, and identifies solutions through the following questions:

1. What are we worried about?

2. What's working well?

3. What needs to happen?

AND … then a 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 worry 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 help and support they need, or if they may be at risk of harm.

When thinking about a child or family who might need help and support, professionals should use these questions as a basis of evaluating their concerns. In addition, 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 did the parent/carer/adults in the network say when you shared your worries?
- 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 support is needed to support this family?
- On a scale of 0 to 10, how worried are you about this child or family?

Using this 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 early help support, without the need for statutory services. We know that sometimes families find it difficult to open up and consent to services. It is important to ask questions to explore what is happening and what life is like for the child. This should involve speaking to others to be clear about what information is telling you. You need to consider what can be done differently to form relationships and enable engagement, as well as considering if statutory intervention is necessary.

Continuum of need

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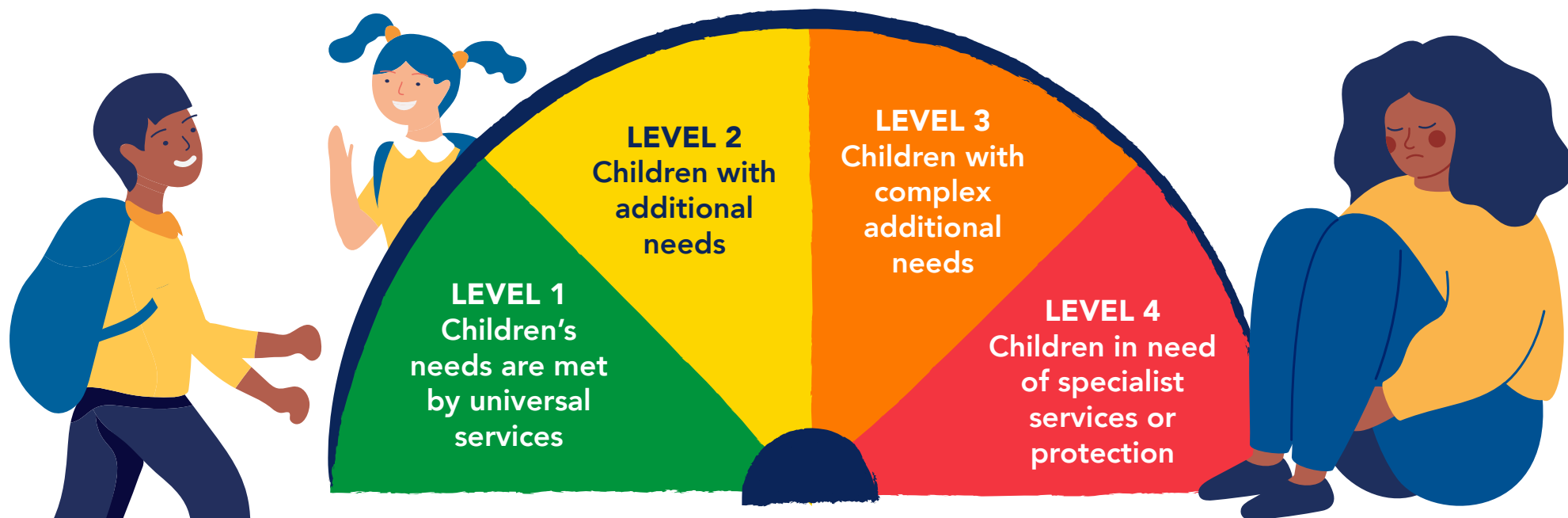
It is important to note that this does not represent a fixed, definition of need or a checklist – the examples given are for guidance and context only. The document should be used alongside professional judgement and form part of a wider discussion about how best to meet the needs of a specific child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

Our model in Northumberland is to support families at the right time and ensure early intervention that prevents worries from escalating. Children can move across the levels of need according to their circumstances.

We have four levels of need. The divisions between the levels should not be considered as set or rigid. This is a guidance document and should be used to enhance professional judgments and discussions about individual children and families.

Any vulnerability such as age or disability, or the presence of a single or a combination of concerns and protective factors will need to be considered for each individual child and family.

LEVEL 2
Children with additional needs

LEVEL 3
Children with complex additional needs

LEVEL 1
Children's needs are met by universal services

LEVEL 4
Children in need of specialist services or protection

Definition of needs

LEVEL 1 Children's needs are met by universal services

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 community groups.

Help and support at this level

These children should access universal services in the usual way, using the referral process for each individual service.

LEVEL 2 Children with additional needs

Early Help provides support when a need is identified at any point in a child's life. It is not a service specific to one organisation, but a collaborative approach across all agencies and partners to work with children and families to prevent the need for higher level intervention. In Northumberland 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 outcomes for children and families. Consent must be gained from parents/carers.

Help and support at this level

Support can be offered as a single agency response, using each service's referral and assessment process. When there are a range of worries at this level, that cannot be met by a single agency, an EHA could be completed. Any professional can be the Lead Professional. They will work with the family to better understand and assess the needs of the child and the family. The EHA helps people to co-ordinate support, with the plan setting out what everyone will do on a day-to-day basis to support the child's wellbeing, even when things become difficult. Help and support from the previous level may also be offered.

Definition of needs (continued)

These are children and their families whose needs are more complex, based on a range of needs and the depth or significance of the needs. Defined under the Children Act 1989, a **child in need** 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. Consent must be gained from parents/carers; it is good practice to discuss the concern and your intention to contact children's social care.

Help and support at this level

Referrals should be made to First Contact. The analysis and judgement will determine the next steps for the child. This may include a statutory assessment to identify the family's strengths and worries to understand the level of need. The analysis and judgement will set out what everyone will do on a day-to-day basis to support the child's wellbeing, even when things become difficult. Help and support from the previous levels may also be offered.

These are children and families with increasingly complex needs, and children who are at risk of or have suffered significant harm, as defined under the Children Act 1989. A Local Authority has a duty to make enquiries as it considers necessary to decide whether to take any action to safeguard or promote the child's wellbeing. Such enquiries, supported by other organisations and agencies, should be initiated where there are concerns about all forms of abuse, exploitation, physical, sexual, emotional, neglect. This includes child protection/ disruption and protective planning, legal proceedings and cared for children. Consent from parents/carers is not required, however it is good practice to discuss the concern and your intention to contact children's social care, if doing so does not put anyone at risk.

Help and support at this level

Referrals should be made to First Contact. This may include a statutory assessment or convening a strategy meeting to understand the needs of the child and the level of worry. The analysis and judgement will determine any the next steps for the child. Help and support from the previous levels may also be offered.

Identifying needs
Child Development

LEVEL 1

Physical, emotional, and mental health	There are no concerns, or there may be early indicators that children may need support due to: • Worries about health[4] needs not being met, or appointments sometimes being missed. • Having been exposed to drugs and/or alcohol, including during pregnancy. • Early sexual activity. • Worries that adults might be over emphasising concerns about their health or disability.
Education and learning	There are no concerns, or there may be early indicators that children may need support due to: • Not making expected academic progress, due to additional support needs. • Having poor attendance and/or at risk of exclusion. • Having additional support needed to meet all learning milestones. • Having reduced access to learning or play materials.
Presentation and self-care	There are no concerns, or there may be early indicators that children may need support due to: • Emerging concerns about their hygiene, diet, or clothing. • Having a lack of age-appropriate behaviour and independent living skills.
Behaviour[5]	There are no concerns, or there may be early indicators that children may need support due to: • Displaying a lack of age-appropriate self-control or understanding of social media use. • A noticeable change in their day-to-day behaviour by the important people in their life. • Involvement in low level anti-social behaviour or criminal behaviour.

[4] Health includes physical, dental, sexual, emotional, and mental health.

[5] Behaviour should be recognised as a form of communication, either for a disabled or non-disabled child, and that 'behaviours which challenge' may indicate that a child's needs are not being met. Professionals should consider if this as a possible response to wider factors.

Child Development (continued)

Relationships	There are no concerns, or there may be early indicators that children may need support due to: • Having limited social interaction opportunities. • Requiring support with language, and communication difficulties. • Involvement in bullying. • Being affected by difficult family or peer relationships.
Extra familial harm	*Worries and risks can also be located outside of the family. This recognises that the different relationships children form can feature violence and abuse, within their communities, schools and online. These worries or risks, in addition to those identified above in behaviour and relationships, may include child sexual exploitation, child criminal exploitation, gang affiliation, trafficking, radicalisation, and extremism. It is important to recognise targeting, grooming, coercion, threats, and other influences.*
	There are no concerns, or there may be early indicators that children may need support due to: • Going missing from education or home that is not related to exploitation or family conflict. • Experiencing harassment and/or discrimination outside of the family. • Requiring support for inappropriate ideologies but open to other views.

Family and the network

Boundaries, understanding and expectations

- Adults can protect the child and act appropriately against familial pressures or cultural practices.
- Adults take appropriate action to protect the child when they have been hurt or harmed within or outside of the family.
- Adults seek appropriate support when they are concerned about the child or when they need support.

There may be early indicators that adults may need support due to:
- Incidents of accidental harm for the child.
- Their over presentation of the child to professionals with concerns.
- Their views on using hitting and/or smacking or behaviour modification for the child.
- Extreme views or ideology, without evidence of active involvement in extreme organisations.
- Poor engagement with antenatal or perinatal support or care. This includes a late pregnancy booking or difficulties accepting the pregnancy.

Adult behaviours

There are no concerns, or there may be early indicators that adults may need support due to:
- Verbal arguments or ongoing conflict in relationships.
- Emerging concerns that adults in the family or network may be using drugs and/or alcohol, including during pregnancy.
- A learning disability or difficulty which may require some additional support to care for a child, or it may result in some caring responsibilities for the child.
- Physical health difficulties, a disability, or mental health difficulties that might make caring for a child more difficult.
- Low level adult criminal or anti-social behaviour.
- Difficulties with managing money.
- Seeking out food and supplies for the home.
- Unsuitable housing arrangements or property conditions.

Support networks

There are no concerns, or there may be early indicators that adults may need support due to:
- Struggles with caring for the child.
- Requesting or exploring support options in their community.

Child Development

Physical, emotional, and mental health	The child may need support due to: • Their drug and/or alcohol use, or exposure to, including during pregnancy. • Missing important health appointments, like immunisations or planned treatments, without a clear reason. • Physical, emotional, or mental health difficulties that can affect their day-to-day tasks. • Experiencing a significant loss, like a bereavement or separation from an important person. • Poor self-esteem or sense of identity which impacts on their day-to-day tasks. • A lack of physical activity, diet, improvement in hygiene despite universal support and interventions.
Education and learning	The child may need support due to: • A delay in learning due to poor attendance and/or short-term exclusion. • Having an Education, Health and Care Plan (EHCP). • Underachievement which is not attributed to an identified SEND or developmental need, despite universal support and interventions. • Disengagement from education, training, or employment post 16 years old.
Presentation and self-care	The child may need support due to: • Worries about their diet, hygiene, and clothing, despite universal support and interventions.
Behaviour[5]	The child may need support due to: • Emerging disruptive or anti-social behaviour. • Engagement with or being the victim of negative and harmful social media use.

[5] Behaviour should be recognised as a form of communication, either for a disabled or non-disabled child, and that 'behaviours which challenge' may indicate that a child's needs are not being met. Professionals should consider if this as a possible response to wider factors.

Child Development (continued)

| Relationships	The child may need support, due to: • Their communication needs. • Experiences of negative interactions within peer or adult relationships (including teasing or bullying) or not being given opportunities to interact, which may be linked to a disability or not. • Having some young carer responsibilities which limit social opportunities with peers.
Extra familial harm	*Worries and risks can also be located outside of the family. This recognises that the different relationships children form can feature violence and abuse, within their communities, schools and online. These worries or risks, in addition to those identified above in behaviour and relationships, may include child sexual exploitation, child criminal exploitation, gang affiliation, trafficking, radicalisation, and extremism. It is important to recognise targeting, grooming, coercion, threats, and other influences.*
	The child may need support due to: • Missing periods from education or home with concerns they are spending time with others where there are worries that they may be a negative influence, like drug and alcohol use, anti-social behaviour, sexual activity or associating with older people. • Associations with negative peer groups linked to criminal activity. • Exposure to online grooming. • Emerging unhealthy sexualised behaviours between peers, or harmful sexual behaviours. • Negative behaviours or views associated with extremism and accessing extremist materials through family and peers.
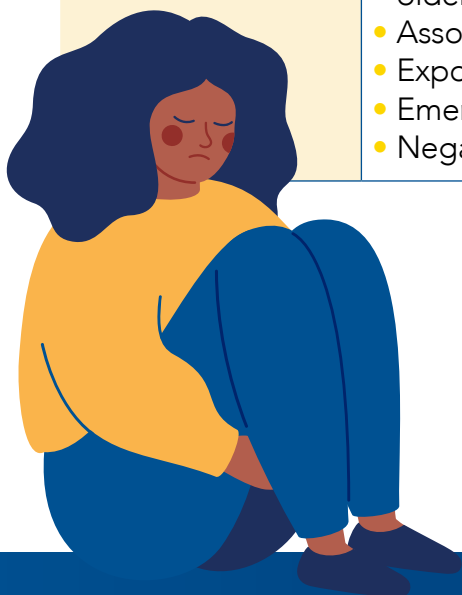
Family and the network

Boundaries, understanding and expectations

Adults may need support to:
- Understand the impact of harm a child has experienced within or outside of the family.
- Take appropriate actions when the child has been harmed by people within or outside of the family.
- Understand and learn new ways to communicate with the child, because of their disability.
- Understand the importance of monitoring the child's health needs, the use of medication, accessing appointments, including antenatal and perinatal care and following medical advice for the child.
- Take safe and appropriate actions to move and handle the child.
- Understand realistic expectations or boundaries for the child. This could include supervision, face to face and/or online contact with others.
- Develop consistent responses to the child.
- Understand realistic caring expectations for a child, or of a child to care for others.
- Readdress perceptions of the child, rather than seeing them as a problem.
- Explore any activity that may support or endorse extremism.
- Explore their over presentation of the child to professionals with their concerns, despite support and intervention at a universal level.

Adult behaviours

Adults may need support to help and understand the impact of adverse childhood experiences (ACEs), due to:
- Having conflict or coercion in their relationships which is unlikely to be resolved.
- Absent parenting, due to bereavement, separation or divorce, prison sentences, regular use of drug and/or alcohol, including during pregnancy.
- Physical health difficulties, a disability, or mental health difficulties that may make consistently caring for a child more difficult or periods in hospital/away from the home.

Support networks

Adults may need support to:
- Understand the universal offer better and how this could help them and/or the child.
- Explore their support network, to help with the identified worries.

Child Development

Physical, emotional, and mental health	The child may need support due to: • Having a disability that has a substantial and long-term effect on their ability to carry out day-to-day tasks or activities. • Missing important health appointments, like immunisations or planned treatments, without a clear reason, despite support and intervention at a previous level. • Being drug and/or alcohol dependent. • An allegation of abuse or injury either within or outside of the family. This may be between adults, carers, or child, or within the child's relationship or contact with adults. • Having significant emotional or mental health difficulties.
Education and learning	The child may need support due to: • A significant delay/impairment in learning. • Being missing from education. • Being permanently excluded
Presentation and self-care	The child may need support due to: • Worries about their prioritisation of self-care or independence skills due to their drug and/or alcohol use. • Worries about managing their personal care needs due to a disability.
Behaviour[5]	The child may need support due to: • Displaying no age-appropriate self-control behaviour. • Behaviours which increase vulnerability to harm. • Behaviours which pose a risk to others, which may be linked to a disability or not. • Involvement in persistent and/or serious offending which results in court action and a potential custody sentence. • Involvement in negative, anti-social or criminal behaviour due to being groomed or exploited by others outside of the family.

[5] Behaviour should be recognised as a form of communication, either for a disabled or non-disabled child, and that 'behaviours which challenge' may indicate that a child's needs are not being met. Professionals should consider if this as a possible response to wider factors.

Child Development (continued)

Relationships

The child may need support due to:
- Having no positive networks or interactions.
- The child-adult relationship breaking down, including 16-17 homelessness and private fostering arrangements.
- Evidence of coercion in intimate or peer relationship(s).
- Having young carer responsibilities that have a negative effect on day to day and future opportunities.
- Having identified 1:1 social care needs due to their disability.
- Requiring support to access social opportunities due to their disability.

Extra familial harm

Worries and risks can also be located outside of the family. This recognises that the different relationships children form can feature violence and abuse, within their communities, schools and online. These worries or risks, in addition to those identified above in behaviour and relationships, may include child sexual exploitation, child criminal exploitation, gang affiliation, trafficking, radicalisation, and extremism. It is important to recognise targeting, grooming, coercion, threats, and other influences.

Statutory involvement is required when the child is identified as being at risk of or who has suffered significant harm, including physical, sexual, emotional harm, such as:
- Frequently going missing from home.
- Being exploited, trafficked, or being groomed.
- Being involved in extremism and violence groups or being groomed.
- Being involved in/with gang/organised crime activity or being groomed.

The behaviour, time span, severity, and impact will need to be considered for each child.
A multi-agency meeting may need to be convened to understand the needs of the child, to determine the level of worry and any next steps.

Family and the network

Boundaries, understanding and expectations	Adults may need support due to: • Reoccurring exposure of the child to neglect, dangerous or abusive situations within or outside of the family. • Promoting of illegal cultural practices of forced marriage and female genital mutilation. • Exposing the child to and/or involvement in extremist views and practices. • Rejecting the child, excluding or depriving the child access to family or peers. • Punitive responses or not coping with the caring responsibility of the child, despite support and intervention at earlier levels. • Needing help to protect the child from extra familial harm or extremism. • Using ill-fitting equipment or not supporting adaptations a child needs due to their disability, which would have an impact. • Needing help with their child's personal care needs due to their disability, which may include extra support with moving and handling. • Their over presentation of the child to professionals with concerns about their health, despite support and intervention at earlier levels. • Ongoing missed opportunities or avoidance to access support and or monitoring of the child's health needs or their development, including antenatal and perinatal care and the appropriate use of medication.
Adult behaviours	Adults may need support and help due to issues that led to or could have led to the child being hurt or frightened, like: • Violence and abuse that involves adults, or child-parent violence and abuse. • Criminal activity, violent associates, or the risks of criminal reprisals. • Frequent drug and/or alcohol use, associates, or connected criminal behaviour(s). • Physical health difficulties or illnesses, a disability, or mental health difficulties which means they are unable to consistently understand what the child needs and protect or care for them.
Support networks	Adults may need support due to: • Limited access to supports or engagement when an earlier level plan has been in place. • Feeling overwhelmed by the care co-ordination of a disabled child or this not being as good as it could be. • Experiencing a crisis likely to result in an imminent break down of care for the child.

Child Development

Physical, emotional, and mental health	Statutory involvement is required when: • Children are at risk of or who have suffered significant harm, including physical, sexual, emotional harm. • There is a chronology of chronic neglect indicating a child is at risk of or who has suffered significant harm. • Where there are serious concerns regarding the risk of significant harm to an unborn baby. • Children have unexplained injuries, suspicious injuries or where there is inconsistent explanation of the injury. • Children have numerous self-harm or suicide attempts, or a suicide plan.
Education and learning	Statutory involvement is required when: • A child is permanently excluded from a specialist provision. • There are concerns about the child being missing from education linked to being groomed or exploited.
Behaviour[5]	Statutory involvement is required when: • Children are involved in serious offending, resulting in a remand to custody or local authority care. • Children display worrying behaviours which may result in an imminent break down of their care within their network.
Relationships	Statutory involvement is required when the child: • Is an unaccompanied minor. • Experiencing a crisis likely to result in an imminent break down of their care within their network. • Has been abandoned.

[5] Behaviour should be recognised as a form of communication, either for a disabled or non-disabled child, and that 'behaviours which challenge' may indicate that a child's needs are not being met. Professionals should consider if this as a possible response to wider factors.
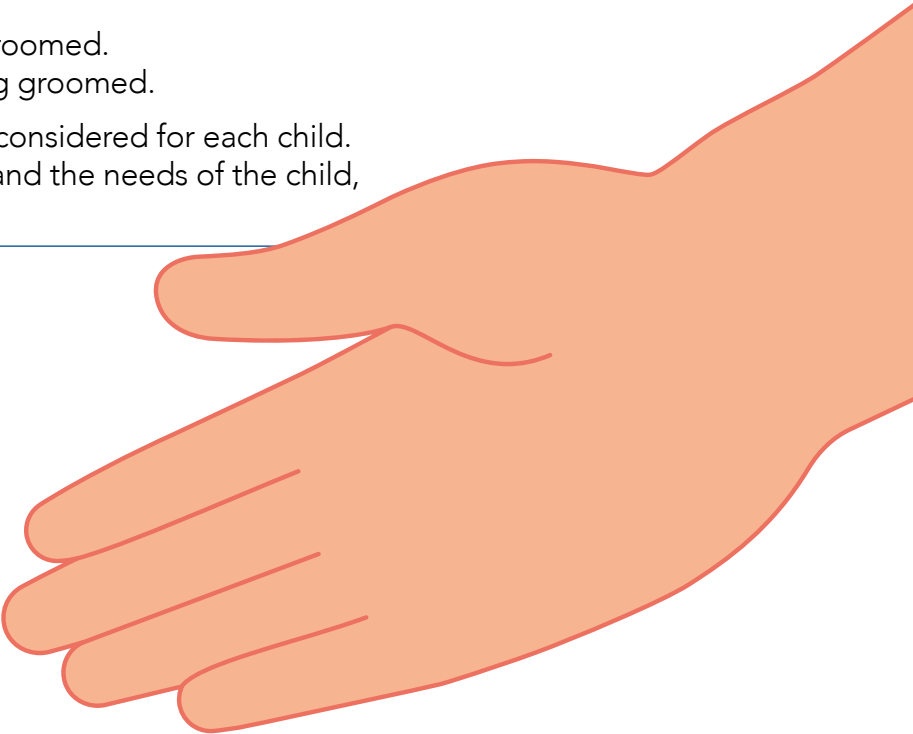
Child Development (continued)

Extra familial harm	*Worries and risks can also be located outside of the family. This recognises that the different relationships children form can feature violence and abuse, within their communities, schools and online. These worries or risks, in addition to those identified above in behaviour and relationships, may include child sexual exploitation, child criminal exploitation, gang affiliation, trafficking, radicalisation, and extremism. It is important to recognise targeting, grooming, coercion, threats, and other influences.*
	Statutory involvement is required when the child is identified as being at risk of or who has suffered significant harm, including physical, sexual, emotional harm, such as: • Frequently going missing from home. • Being exploited, trafficked, or being groomed. • Being involved in extremism and violence groups or being groomed. • Being involved in/with gang/organised crime activity or being groomed. The behaviour, time span, severity, and impact will need to be considered for each child. A multi-agency meeting may need to be convened to understand the needs of the child, to determine the level of worry and any next steps.

Family and the network

Boundaries, understanding and expectations	Statutory involvement is required when: • Adults fail to recognise harm the child has or could have experienced within or outside of the family. • Adults fail to seek appropriate support when the child has been harmed. • Adults expose the child to extremist practices, including concerns a child may have experienced or being at risk of FGM. • Adults abandon or leave a child alone, despite their age or identified vulnerability, without considering the protective factors. • An adult's health seeking behaviour mean a child is at risk of or who have suffered significant harm, such as unnecessary restriction of activities, unnecessary medical investigations, the misuse of medication or risk of life from induced illness.
Adult behaviours	Statutory involvement is required when: • The adult behaviour means the child is not always safe or the adult behaviour means they cannot always understand what the child needs to be safe. • Adults fail to recognise harm the child has or could have experienced within or outside of the family.
Support networks	Statutory involvement is required when: • There are no identified adults that the child can depend on. • There are no identified adults that can care for the child, which may be due to the child's needs or a breakdown within the support network.

Changes in a child, family or networks needs

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 level of support they receive. There are clear pathways to "step up" or "step down" children and families between the levels. For example, either from/or to Early Help/statutory services, this may take the form of a multi-agency TAF or care team meeting. Or this may occur following a review by First Contact where further work led by a single agency, such as a school, health practitioner or a voluntary sector organisation is identified.

Where professionals are working with a child and consider/suspect that they are suffering or likely to suffer significant harm a referral should be made to children's social care via Onecall on 01670 536000, followed by submitting the MARF[6].

[6] It is agreed that NHCFT will use a referral mechanism that mirrors the MARF.

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. You should discuss the circumstances with your manager or the safeguarding lead within your own organisation. If, after this discussion, consensus cannot be reached, the issue should be progressed in line with the dispute resolution practice guidance. CLICK HERE.

Further support

Multi-agency training is also available via Learning Together. CLICK HERE.