



Accessing the Right Help at the Right Time

THRESHOLD FRAMEWORK

Multi-agency guidance on the access criteria to help support children, young people, and their families

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Foreword

As an Independent Chair of the Islands Safeguarding Children Partnership (ISCP) I am really pleased to promote the newly revised Threshold Framework Document and to introduce the new Integrated Front Door Approach to Early Help and Safeguarding.

The Threshold Document has been ratified by the ISCP to indicate which thresholds should lead to particular outcomes. The document should then promote a shared understanding of what practitioners can expect from statutory agencies when referrals are made. Where universal services are unable to meet the needs of children and their families because of more complex needs, the States of Guernsey have specific duties to safeguard and promote the welfare of all children. This document provides clear identification and guidance as to when a child and family require additional services and intervention.

Research shows that outcomes for children are enhanced when early help is provided, and this framework indicates when such early help is required. It also demonstrates when intervention is required to protect children. My recommendation to practitioners is to actively use this document as a guide to promote timely referral and information sharing.

The Integrated Front Door Approach will ensure that professionals from different agencies can share vital information about the risks to children and quickly determine the best approach to safeguard children from risk of harm.

David Goosey

ISCP Chair and Independent Scrutineer



Why do we need a Threshold Framework?

The Threshold Framework is a guide for all organisations supporting children, young people, and their families within the Bailiwick of Guernsey to ensure they understand how to direct people to the appropriate services and to provide a consistent level of response. It is an essential tool which underpins the local vision to promote the welfare and safety of vulnerable children and young people by providing targeted services at the earliest opportunity through to specialist and statutory interventions when these are required.

The Threshold Framework aims to offer a clear understanding of thresholds of need for practitioners within all agencies, to help to promote a shared awareness of the different interventions required and when they should be considered to effectively support children, young people and their families or carers.

Every child and family are unique; their needs must be carefully considered with families so that the help they receive is right for them. This threshold document supports practitioners to make professional judgements about the best way to respond appropriately to individual children and their family contexts where there are unmet needs or a risk of harm.

It is intended to support the wider service partnerships to work together, to share information and put the child and their family at the centre, providing effective support to help them solve problems and find solutions at an early stage to prevent difficulties escalating. This document is not an assessment tool and does not replace any professional judgement, rather it should be treated as a guide to assist in decision making.

Legislative Context

The Children (Guernsey and Alderney) Law 2008 ('Children Law') introduced a welfare based, integrated model for responding to concerns about children. The Children Law is underpinned by a set of key principles which have at their core the welfare of the child as the paramount consideration.

Our collective responsibility to help, support and safeguard children and their families are set out in our Children Law. This differs from the laws in the various parts of the UK and is unique to Guernsey. A [short guide to the Law](#) can be accessed on the Islands Safeguarding Children Partnership website.

The Bailiwick has a distinct and unique way in how it protects children from harm and promotes their proper and adequate health welfare and development. We have a Tribunal called the Child, Youth and Community Tribunal (CYCT) that makes most decisions relating to children when compulsory intervention is needed to ensure children receive adequate care, protection, guidance, and control. Children are referred to the Tribunal by the Children's Convenor.

The CYCT replaces the court in most cases where compulsory intervention is required. More information on the CYCT and Children's Convenor can be obtained at www.convenor.org.gg.

The Children (Miscellaneous Provisions) (Guernsey and Alderney) Ordinance, 2009 ('the Children Ordinance') sets out the obligations of States Committees to identify, assess, report, record and investigate circumstances where children might be in need. Where it appears a child is in need the Committee *for* Health & Social Care (the Committee), or in certain circumstances, may assess the extent to which the child is in need (s.25 of the Children Ordinance).

Section 25(1) of the Children Ordinance gives the Committee a duty to investigate circumstances where compulsory intervention may be necessary. In cases where the concerns arise mainly from a child's failure to attend school and the Committee *for* Education Sport & Culture are responsible for discharging the duty.

Where concerns about a child come to the attention of others than the Committee, they must make sufficient inquiries to determine whether the concerns about the child should be reported to the Committee (s25(2) of the Children Ordinance).

The Children Law (s.28(1)) placed a duty upon the Committee to prepare a Children and Young People's Plan (CYPP) every three years which sets out how services seek to meet the needs of children and their families. The plan sets out four priority outcomes for children:

- Be Safe and Nurtured.
- Be Included and Respected.
- Achieve Individual and Economic Potential.
- Be Healthy and Active.

[Children and Young People's Plan \(CYPP\) - States of Guernsey \(gov.gg\)](#)

This document should be used in conjunction with the Islands Safeguarding Children Partnership (ISCP) [Interagency Child Protection Guidelines](#)

The Children Law also sets out the principles which must be considered by any public authority undertaking function under the law, such as carrying out investigations, providing support and intervention. These principles are known as the Child Welfare Principles.

An Integrated Front Door Approach to Early Help & Safeguarding

The Bailiwick of Guernsey has introduced a new integrated front door approach to the Multi Agency Support Hub (MASH). This revised approach aims to ensure children and young people receive the right support at the right time. The MASH will ensure all enquiries and referrals are triaged upon receipt and directed to the appropriate services providing a seamless process with children receiving a service, proportionate to their needs in a timely way.

The Multi Agency Referral Form (MARF) will be screened in the MASH and those referrals meeting Level 1 or 2 Threshold will be triaged to Family Support Services via the Early Help Co-ordinator and Team Around the Family (TAF) Adviser.

Those children where the threshold is not clear from the initial screening, or the concerns are at Level 3 or Level 4 Threshold, will be triaged to the Duty Response Team based within the MASH.

The Duty Response Social Worker will undertake additional tasks which could include further agency checks, social work visits, strategy meetings and child protection investigations, dependent on the level of risk and need.

The MASH Manager or Deputy Manager will review the Duty Social Worker's recommendation and where appropriate the child will be discussed at the weekly allocations meeting with consideration for transfer to the Child in Need Team or Children's Safeguarding Team for further assessment.

Having a dedicated triage hub within the MASH focusing on the enquiries and referrals at first point of contact, will ensure processes are more effective and efficient with the services delivered and provide better support to referrers. This revised approach brings Early Help Services in one place to facilitate better-quality information sharing, analysis and decision making to ensure support needs are met and children are safeguarded.

An Early Help Coordinator & Team Around the Family (TAF) Adviser, based in the MASH, responds to referrals at Level 2 of the threshold through Early Help consultation, providing

advice and guidance to agencies about the Early Help Assessment and Team Around the Family (TAF) meeting processes and signposting to Family Support Services. Family Support Services' focus is to provide effective early help interventions and details of these can be accessed via the [gov.gg website](#).

Duty to Share Concerns

If you work with children in the Bailiwick of Guernsey or Alderney and believe a child needs additional support or is at risk, you should make enquiries to the MASH. If referrers are unsure whether to submit a referral using the Multi Agency Referral Form (MARF) a MASH duty worker is available to discuss the concern(s) in the first instance to offer support and guidance.

The duty to act in relation to a child in need or at risk is established by s.27 of the Children Law. This section also provides for the justified disclosure of information when discharging this duty and establishes that disclosure is not unlawful when carried out in good faith and in accordance with the Law or related guidance. This reflects the overriding principle of the Children Law, that the child's welfare shall be the paramount consideration when a public authority carries out any function under the Law (s.3 (1)b).

Where the Committee assesses that voluntary measures are not sufficient, there may be a need for compulsory intervention to ensure the provision of adequate care, protection, guidance or control for a child and a referral must be made to the Children's Convenor. The Convenor will investigate the case and decide whether there are grounds to refer the child to the CYCT.

In addition to referring to the MASH, any person (who believes that compulsory intervention may be necessary to ensure the provision of adequate care, protection, guidance, or control for a child) may refer the matter to the [Convenor](#) at any time.

Continuum of Need and Response

The framework follows the 'windscreen' model illustrated overleaf. It is a model of practice which assists practitioners and managers in assessing and identifying a child's level of need, what types of services and resources might meet those needs and the process to follow in moving from the identification of need to the provision of services or interventions.

Most children's development needs can be met solely through the provision of universal services however, some children may need additional help to achieve and maintain good outcomes. This may be due to disability, adverse experiences or concerns relating to standards of parenting and these children may require more intensive support and interventions from a range of agencies. For some children unassessed or unmet needs will result in risk and there will be a need for interventions to keep them safe from harm.

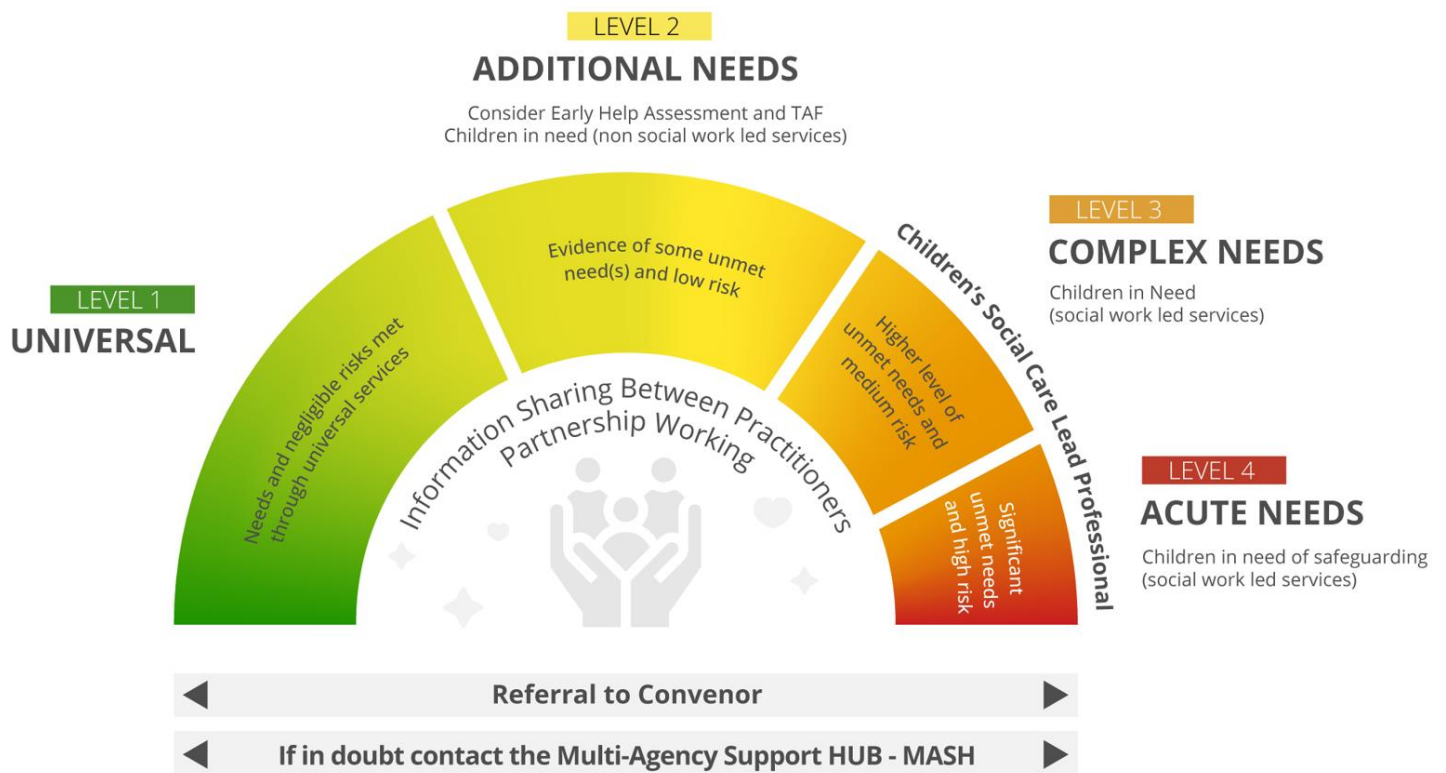
In addition to the Child Welfare Principles set out in the Law, our approach is underpinned by the following key principles:

- Children & their families at Levels 2 to 4 of the threshold can also benefit from, and should access, universal services for example, education, healthcare services and voluntary sector organisations.
- Children and their families should be enabled to move quickly and effortlessly to the required service response without necessarily going through each threshold level consecutively.
- Children and their families have a right to have their views heard, including children who are non-verbal or communicate differently and children have a right to express their wishes and feelings on all matters affecting them and appropriate weight should be given to their views.
- Our services should be child focused but also operate within the context of whole family working.

The indicators of possible needs are listed under each heading to illustrate level of need. Only by talking to children and their families in more detail to explore the context and the factors

behind the need will the practitioner be able to form a judgement as to the level of support needed. These indicators are a guide and not a pre-determined level of response.

Continuum of Need Diagram



Level 1 Threshold: Universal Services

Most children have a number of basic needs that can be supported through universal services. These universal services include education, child health, early years provision, housing, youth services and voluntary organisations. They are available to all families, regardless of need. Universal services have an essential role in creating the circumstances in which safe and happy children and families can flourish through working with the wider community. These services are also those most likely to identify that a problem is emerging with a child or in a family and have a pivotal part to play in safeguarding children and promoting their welfare. Professionals in these fields are central to building relationships with children and families and may be the first trusted adults to whom children report safeguarding concerns.

A comprehensive directory of services can be accessed either via Family Support Services' Family Community Connector and/or by contacting [Health Connections](#). These services map the assets in the community which support people's health, care and wellbeing and enables self and cross referral by professionals to many health, care, well-being, and social prescribing opportunities.

Children and young people in universal services are those who:

- Don't present significant concerns.
- Live in circumstances where there may be worries, concerns or conflicts over time but these are infrequent or short lived.
- Present concerns that can be quickly resolved by the family themselves or with support and guidance from extended family, the community, or professionals with whom they are normally in touch.

LEVEL 1 THRESHOLD INDICATORS OF NEED

<i>Threshold</i>	<i>Child Developmental Needs</i>	<i>Parents and Carers</i>	<i>Family and Environment Factors</i>
<p>Level 1 Threshold: Universal Services – Identify emerging problems. Infrequent, short lived or no significant concerns.</p>	<p>1. HEALTH:</p> <ul style="list-style-type: none"> ○ Good physical health. ○ Adequate diet/hygiene/clothing. ○ Developmental checks/immunisations up to date. ○ Accesses health services. ○ Developmental milestones met, including Speech & Language. ○ Appropriate height & weight. ○ Healthy lifestyle, Sexual activity appropriate for age. ○ Good state of mental health, no substance misuse (including alcohol.) <p>2. EDUCATION & LEARNING:</p> <ul style="list-style-type: none"> ○ Good attendance at school/college/training, no barriers to learning. ○ Achieving key stages. <p>3. EMOTIONAL & BEHAVIOURAL DEVELOPMENT:</p> <ul style="list-style-type: none"> ○ Growing level of competencies in practical and emotional skills. ○ Good quality early attachments. <p>4. IDENTITY:</p> <ul style="list-style-type: none"> ○ Positive sense of self & abilities demonstrates feelings of belonging & acceptance. ○ An ability to express needs. <p>5. FAMILY & SOCIAL RELATIONSHIPS:</p> <ul style="list-style-type: none"> ○ Stable & affectionate relationships with care givers. ○ Good relationships with siblings. ○ Positive relationships with peers. <p>6. SOCIAL PRESENTATION:</p> <ul style="list-style-type: none"> ○ Appropriate dress for different settings, good level of personal hygiene. <p>7. SELF-CARE SKILLS:</p> <ul style="list-style-type: none"> ○ Age-appropriate independent living skills. 	<p>8. BASIC CARE, SAFETY AND PROTECTION:</p> <ul style="list-style-type: none"> ○ Carers able to provide for child’s needs and protect from danger and harm. <p>9. EMOTIONAL WARMTH AND STABILITY:</p> <ul style="list-style-type: none"> ○ Carers able to provide warmth, praise, and encouragement. <p>10. GUIDANCE, BOUNDARIES AND STIMULATION:</p> <ul style="list-style-type: none"> ○ Carers provide appropriate guidance and boundaries to help child develop appropriate values. Supports development through interaction and play. 	<p>11. FAMILY HISTORY AND FUNCTIONING:</p> <ul style="list-style-type: none"> ○ Supportive family relationships, including when parents are separated. <p>12. HOUSING, EMPLOYMENT AND FINANCE:</p> <ul style="list-style-type: none"> ○ Housing has basic amenities and appropriate facilities, Appropriate levels of cleanliness/ hygiene are maintained, Not living in poverty. <p>13. FAMILY’S SOCIAL INTEGRATION:</p> <ul style="list-style-type: none"> ○ Good enough social and friendship networks exist, Appropriate use of social media. <p>14. COMMUNITY RESOURCES:</p> <ul style="list-style-type: none"> ○ Good enough universal services in neighbourhood.

Level 2 Threshold: Additional Needs

Additional Needs

Early Help is voluntary help, to provide children, young people, and families with the right support, in the right place at the right time. This means providing support as soon as issues emerge, from birth to eighteen years of age. We believe by supporting children and families earlier we can help prevent problems they are facing from getting worse, improve resilience and to help them find the solutions that will make their lives better in the future. Some children will have additional needs, and their health and development may be adversely affected and would benefit from extra help to make the best of their life chances.

Identification of Children and Families who would benefit from Early Help

Practitioners working in both universal services and specialist services have a responsibility to identify the symptoms and triggers of abuse and neglect, to share that information and provide children with the help they need. To be effective, practitioners need to continue to develop their knowledge and skills in this area and be aware of the new and emerging threats, including online abuse, grooming, child exploitation which includes criminal and sexual exploitation. Practitioners should also continue to develop their understanding of domestic abuse, which includes controlling and coercive behaviour from perpetrators of domestic abuse, and the impact this has on children.

Practitioners should be alert to the potential need for Early Help for a child who:

- Has a disability and has specific additional needs.
- Has additional learning needs.
- Is a young carer.
- Is showing signs of being drawn into anti-social or criminal behaviour.
- Is frequently missing/goes missing from home.
- Is at risk of exploitation.
- Is viewing problematic and/or inappropriate online content (e.g., linked to violence) or developing inappropriate relationships online.

- Is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse.
- Is misusing drugs or alcohol themselves.
- Is suffering with their mental health and/or emotional wellbeing.
- Has returned home to their family from care.
- Has a parent/carer in custody.
- Is missing education, or persistently absent from school, or not in receipt of full-time education.
- Has experienced multiple school exclusions and is at risk of or is at risk of permanent exclusion.

Early Help Co-ordinator & Team Around the Family Adviser Role

The MASH is the referral pathway to access Early Help and the Early Help Coordinator and Team Around the Family Adviser has an important role in aiding a streamlined coordination of Level 2 Threshold intervention. The Early Help Coordinator & Team Around the Family Adviser has responsibility for contacting families and referrers following referral screening taking place to discuss options for intervention which includes Early Help Assessments & Team Around the Family meetings which are a key process at Level 2 of the Threshold Framework where parental consent is given.

Early Help Assessments & Team Around the Family Meetings

The Early Help support for families often starts with an Early Help Assessment. It is an impartial and honest assessment of strengths, opportunities and challenges that is undertaken with a family with their consent. The Early Help Assessment is a simple easy to use assessment completed by Early Intervention Practitioners (EIPs) based in Family Support Services. Early Help Assessment & Team Around the Family online and face to face training has been developed as a training tool and can be accessed via family support services [gov.gg website](#).

The process for commencing Early Help Assessment & Team Around the Family meetings are via the MASH, and the Multi Agency Referral Form (MARF) is required to be completed with parent/carer consent for this Early Help support. However, when stepping down from Level 3 or 4 of the Threshold to Level 2 of the threshold for Team Around the Family support, an

Eligibility Check form is required to be completed in the first instance. Please review the Step Down Guidance for further information on how to access TAF support when stepping down.

The Early Intervention Practitioners are responsible for completing all Early Help Assessments. However, where demand for an Early Help Assessment exceeds, other partner agencies will be approached to assist. Where a multi-agency response is required to support any identified needs from the Early Help assessment, the allocated Early Intervention Practitioner will also arrange the Team Around the Family Meetings and undertake the role of the Lead Professional during the process.

The Early Help Assessment aims to capture all the child and family's needs at the earliest opportunity. It is created with the family to gather, explore, and analyse information about all aspects of their family life and to identify strengths and worries or concerns and about what the family and those working with them think needs to happen next to support their needs.

The Early Help Assessment provides a framework to start conversations with children and parents and can be used to identify what agency support may be required and this process should be considered as soon as there is a worry that a child has additional/unmet needs.

In line with practice developments a Team Around the Family (TAF) framework has been developed which replaces the Team Around the Child approach in recognition that working systemically with the family has a better outcome for a child and therefore the wider family are included within the Family Action Plan. The meetings should be convened at a minimum of six to twelve weekly intervals to ensure the plan is kept under review until the identified improved outcomes have been achieved.

If at any point during the Early Help Assessment and Team Around the family process practitioners are concerned a child or young person is suffering or is likely to suffer significant harm, then a further referral should be made to the MASH for screening and consideration of whether the Level 3 or Level 4 threshold intervention criteria are met.

Where agencies are unsure whether an Early Help Assessment & Team Around the Family meeting is appropriate, the MASH Screening Team/ Early Help Co-ordinator & Team Around the Family Adviser are available to support and provide advice.

All completed Early Help Assessments and Team Around the Family Action documents will be recorded on Mosaic Social Care Case Management System.

THRESHOLD LEVEL 2 INDICATORS OF NEED

Threshold	Child Developmental Needs	Parents and Carers	Family and Environment Factors
<p>Level 2 Threshold: Child has additional needs and early help required – There are concerns which are becoming more frequent or over an extended period of time.</p>	<p>1. HEALTH:</p> <ul style="list-style-type: none"> ○ Slow in reaching developmental milestones. ○ Missing immunisations, or checks, Susceptible to minor health problems ○ Minor concerns ref: diet, hygiene, clothing, alcohol consumption (but not immediately hazardous.) ○ Disability requiring support services. ○ Starting to have sex (under 16) and or previous pregnancy. <p>2. EDUCATION & LEARNING:</p> <ul style="list-style-type: none"> ○ Occasional truanting or non-attendance. ○ Poor punctuality. ○ At risk of fixed term exclusion or a previous fixed term exclusion. ○ Has additional Learning Needs. ○ Not in education, employment, or training. ○ Identified language and communication difficulties. ○ Not reaching educational potential. <p>3. EMOTIONAL & BEHAVIOURAL DEVELOPMENT:</p> <ul style="list-style-type: none"> ○ Low level mental health or emotional issues requiring intervention. ○ Substance misuse that is not immediately hazardous including alcohol. ○ Superficial self-harming as a coping mechanism. ○ Involved in behaviour seen as anti-social. ○ Attachment issues and/or emotional development delay e.g., adopted child. ○ Involved in bullying behaviour. <p>4. IDENTITY:</p> <ul style="list-style-type: none"> ○ Some insecurities around identity. ○ May experience bullying around 'difference'. <p>5. FAMILY & SOCIAL RELATIONSHIPS:</p> <ul style="list-style-type: none"> ○ Some support from family and friends. ○ Has some difficulties sustaining relationships. 	<p>8. BASIC CARE, SAFETY AND PROTECTION:</p> <ul style="list-style-type: none"> ○ Parental engagement with services is poor. ○ Parent requires advice on parenting issues. ○ Professionals are beginning to have some concerns around child's physical needs being met. ○ Professionals are beginning to have some concerns about substance misuse (including alcohol) by adults within the home. ○ Some exposure to dangerous situations in home/community/online. ○ Teenage parent(s). <p>9. EMOTIONAL WARMTH AND STABILITY:</p> <ul style="list-style-type: none"> ○ Inconsistent parenting, but development not significantly impaired. ○ Post-natal depression. ○ Perceived to be a problem by parent. <p>10. GUIDANCE, BOUNDARIES AND STIMULATION:</p> <ul style="list-style-type: none"> ○ May have different carers. ○ Inconsistent boundaries offered. ○ Can behave in an anti-social way. ○ Spends much time alone (TV, etc) ○ Child not exposed to new experiences. 	<p>11. FAMILY HISTORY AND FUNCTIONING:</p> <ul style="list-style-type: none"> ○ Parents have relationship difficulties which may affect the child. ○ Experienced loss of significant adult. ○ May look after younger siblings. ○ Parent has health difficulties. ○ Some support from family and friends. <p>12. HOUSING, EMPLOYMENT AND FINANCE:</p> <ul style="list-style-type: none"> ○ Families affected by low income or unemployment. ○ Parents have limited formal education. ○ Inadequate/poor housing. ○ Family seeking asylum or refugees. <p>13. FAMILY'S SOCIAL INTEGRATION:</p> <ul style="list-style-type: none"> ○ Family may be new to area. ○ Some social exclusion problems. ○ Victimisation by others. <p>14. COMMUNITY RESOURCES:</p> <ul style="list-style-type: none"> ○ Adequate universal resources but family may have access issues.

	<ul style="list-style-type: none">○ Undertaking occasional caring responsibilities.○ Child of a teenage parent.○ Child adopted from care.○ Low parental aspirations. <p>6. SOCIAL PRESENTATION:</p> <ul style="list-style-type: none">○ Can be over-friendly or withdrawn with strangers.○ Personal hygiene starting to be a problem. <p>7. SELF-CARE SKILLS:</p> <ul style="list-style-type: none">○ Not always adequate self-care—poor hygiene.○ Slow to develop age-appropriate self-care skills.○ Overprotected/unable to develop independence.		
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Level 3 Threshold: Complex Needs

At level 3 Threshold the child or young person is likely to be presenting significant concern and living in circumstances where the worries, concerns, behaviour, or conflicts are frequent, multiple and are either over an extended period or are continuous. At this level the statutory responsibilities of the Committee to assess the extent to which the child is in need (section 24) and investigate the circumstances in which compulsory intervention may be necessary (section 25) will apply.

Specialist assessment plans and interventions may be required to prevent the situation escalating into neglect, abuse, or long-term dysfunction. Children are often described as children 'in need' or 'at risk' and require compulsory intervention. They may require specialist services to achieve or maintain an adequate level of health or development which requires longer term intervention from specialist services.

THRESHOLD LEVEL 3 INDICATORS OF NEED

Threshold	Child Developmental Needs	Parents and Carers	Family and Environment Factors
<p>Level 3 Threshold: Child has complex needs and requires intensive help.</p> <p>Continuous significant concerns which require social work assessment and proactive engagement.</p>	<p>1. HEALTH:</p> <ul style="list-style-type: none"> ○ Some concerns around mental health. ○ Has some chronic/recurring health problems. ○ Missed routine and non-routine health appointments. ○ Concerns re: diet, hygiene, clothing. ○ Conception to child under 16. ○ Sex with multiple partners. ○ Administration of substances in a hazardous manner (sharing equipment etc). ○ Substance misuse impacts negatively on their risk-taking behaviour (e.g., unprotected sex.) ○ Disability requiring significant support services. ○ Risk taking behaviour (e.g., unprotected sex.) <p>2. EDUCATION & LEARNING:</p> <ul style="list-style-type: none"> ○ Fixed term exclusion or persistent truanting, poor school attendance. ○ At risk of or has been permanently excluded or previous permanent exclusion. ○ Has Additional Learning Needs with few opportunities for play and/or socialisation. ○ Not achieving key stage benchmarks. ○ Limited access to books, toys. ○ Persistent NEET. <p>3. EMOTIONAL & BEHAVIOURAL DEVELOPMENT:</p> <ul style="list-style-type: none"> ○ Difficulty coping with anger, frustration and upset. ○ Physical and emotional development raising significant concerns. ○ Significant attachment difficulties e.g., child adopted from care. ○ Escalation of self-harming. ○ Early onset of sexual activity. ○ Hazardous substance misuse (including alcohol.) ○ Persistent bullying behaviour. ○ Inappropriate sexual behaviour including online and via social media. 	<p>8. BASIC CARE, SAFETY AND PROTECTION:</p> <ul style="list-style-type: none"> ○ Parent is struggling to provide adequate care. ○ Parental learning disability. ○ Parental substance misuse (including alcohol) or mental health impacting on parent's ability to meet the needs of the child. ○ Previously subject to child protection plan. ○ Teenage parent(s) ○ Either or both previously care experienced. <p>9. EMOTIONAL WARMTH AND STABILITY:</p> <ul style="list-style-type: none"> ○ Child often scapegoated. ○ Child is rarely comforted when distressed. ○ Receives inconsistent care. ○ Has no other positive relationships. <p>10. GUIDANCE, BOUNDARIES AND STIMULATION:</p> <ul style="list-style-type: none"> ○ Few age-appropriate toys in the house. ○ Parent rarely referees disputes between siblings. ○ Inconsistent parenting impairing emotional or behavioural development. 	<p>11. FAMILY HISTORY AND FUNCTIONING:</p> <ul style="list-style-type: none"> ○ Evidence of domestic violence. ○ Acrimonious divorce/separation. ○ Family members have physical and mental health difficulties. ○ Parental involvement in crime. ○ Evidence of problematic substance misuse (including alcohol.) ○ Child is subject to a Residence Order Arrangement. <p>12. HOUSING, EMPLOYMENT AND FINANCE:</p> <ul style="list-style-type: none"> ○ Overcrowding, temporary accommodation. ○ Homelessness. ○ Unemployment. ○ Poorly maintained bed/bedding. ○ Serious debts/poverty impacting on ability to care for child. <p>13. FAMILY'S SOCIAL INTEGRATION:</p> <ul style="list-style-type: none"> ○ Family socially excluded. ○ Escalating victimisation. <p>14. COMMUNITY RESOURCES:</p> <ul style="list-style-type: none"> ○ Parents socially excluded with access problems to local facilities and targeted services. If no other concerns or risks are identified discuss with primary mental health worker linked to school. ○ Homelessness if no other concerns or risks are identified discuss with Housing providers.

	<ul style="list-style-type: none"> ○ Offending or regular anti-social behaviour. ○ Carrying a weapon. ○ Found with quantities of drugs, more than personal use. ○ Frequent missing episodes. <p>4. IDENTITY:</p> <ul style="list-style-type: none"> ○ Subject to discrimination ○ Significantly low self-esteem. ○ Extremist view. ○ Gang membership/affiliation. <p>5. FAMILY & SOCIAL RELATIONSHIPS:</p> <ul style="list-style-type: none"> ○ Peers also involved in challenging behaviour. ○ Regularly needed to care for another family member. ○ Involved in conflicts with peers/siblings. ○ Adoptive family under severe stress. <p>6. SOCIAL PRESENTATION:</p> <ul style="list-style-type: none"> ○ Clothing regularly unwashed. ○ Hygiene problems. ○ Is provocative in behaviour/appearance. <p>7. SELF-CARE SKILLS:</p> <ul style="list-style-type: none"> ○ Poor self-care for age – hygiene. ○ Precociously able to care for self. 		
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Level 4 Threshold: Acute Needs

Children within this threshold are likely to have already experienced adverse effects and to be suffering from poor outcomes and their needs may not be considered by their parents. A child or young person living in circumstances where there is a significant risk of abuse or neglect, where the young person themselves may pose a risk of serious harm to others or where there are complex needs in relation to disability. This level also includes specialised services for children with severe and/or complex health needs and children remanded to custody.

Threshold	Child Developmental Needs	Parents and Carers	Family and Environment Factors
<p>Level 4 Threshold: Child has acute needs and requires specialist help. Significant risk of abuse or neglect, pose a risk of serious harm to others or complex needs in relation to a disability.</p>	<p>1. HEALTH:</p> <ul style="list-style-type: none"> ○ Has severe/chronic health problems. ○ Persistent substance misuse. ○ Non-organic failure to thrive. ○ Fabricated illness, Injury and bruising in babies and children who are not independently mobile. ○ Early teenage pregnancy. ○ Serious mental health issues. ○ Seriously obese. ○ Dental decay and no access to treatment. ○ Sexual/criminal exploitation/abuse. ○ Sexual activity under the age of 13. ○ Female genital mutilation (FGM.) ○ Disability requiring highest level of support. <p>2. EDUCATION & LEARNING:</p> <ul style="list-style-type: none"> ○ No education provisions. ○ Permanently excluded from school. ○ History of previous exclusions. ○ Home education where there are concerns and risks identified. ○ Significant developmental delay due to neglect/poor parenting. <p>3. EMOTIONAL & BEHAVIOURAL DEVELOPMENT:</p> <ul style="list-style-type: none"> ○ Regularly involved in anti-social/criminal activities, Puts self or others in danger. ○ Endangers own life through self-harm/substance misuse including alcohol/eating disorder/ suicide attempts including online/through social media. ○ In sexually exploitive relationship. ○ Frequently goes missing from home for long periods. ○ Child who abuses others. ○ Severe attachment problems and/or severe emotional development delay. ○ Regularly involved in anti-social / criminal activities. ○ Being criminally exploited. ○ Puts self or others in danger. ○ Fatalistic thinking / fear of repercussions. <p>4. IDENTITY:</p> <ul style="list-style-type: none"> ○ Experiences persistent discrimination. 	<p>7. BASIC CARE, SAFETY AND PROTECTION:</p> <ul style="list-style-type: none"> ○ Parents unable to provide “good enough” parenting that is adequate and safe. ○ Parents’ mental health problems or substance misuse significantly affect care of child. ○ Parents unable to care for previous children. ○ There is instability and violence in the home continually. ○ Parents are involved in crime. ○ Parents unable to keep child safe. ○ Victim of crime. <p>8. EMOTIONAL WARMTH AND STABILITY:</p> <ul style="list-style-type: none"> ○ Parents inconsistent. ○ Highly critical or apathetic towards child. ○ Child is rejected or abandoned. <p>9. GUIDANCE, BOUNDARIES AND STIMULATION:</p> <ul style="list-style-type: none"> ○ No effective boundaries set by parents. ○ Regularly behaves in an anti-social way in the community. ○ Child beyond parental control. ○ Antisocial behaviour, or persistent absence from school. 	<p>10. FAMILY HISTORY AND FUNCTIONING:</p> <ul style="list-style-type: none"> ○ Significant parent discord and persistent domestic violence. ○ Child looked after by a non-relative within scope of private fostering arrangement. ○ Destructive relationships with extended family. ○ Parents are deceased and there are no family/friends’ options. ○ In contact with an individual identified as high risk to children. ○ Parents are in prison and there are no family/friends’ options. <p>11. HOUSING, EMPLOYMENT AND FINANCE:</p> <p>12. PHYSICAL ACCOMMODATION PLACES CHILD IN DANGER, NO FIXED ABODE OR HOMELESS</p> <ul style="list-style-type: none"> ○ Chronic unemployment due to significant lack of basic skills or long-standing issue such as substance. ○ Misuse/offending, etc. Extreme poverty/debt impacting on ability to care for child. <p>13. FAMILY’S SOCIAL INTEGRATION:</p> <ul style="list-style-type: none"> ○ Family chronically socially excluded. <p>14. COMMUNITY RESOURCES:</p> <ul style="list-style-type: none"> ○ Restricting and refusing intervention from services.

	<ul style="list-style-type: none"> ○ Is socially isolated and lacks appropriate role models. ○ Alienates self from others. ○ Distorted self-image. ○ Extremist views or behaviour. <p>5. FAMILY & SOCIAL RELATIONSHIPS:</p> <ul style="list-style-type: none"> ○ Child In Care. ○ Care leaver. ○ Family breakdown related in some way to child's behavioural difficulties. ○ Subject to physical, emotional, or sexual abuse/neglect. ○ Is main carer for a family member. ○ Adoption breakdown. ○ Forced marriage of a minor. <p>6. SOCIAL PRESENTATION:</p> <ul style="list-style-type: none"> ○ Poor and inappropriate self-presentation SELF-CARE SKILLS. ○ Neglects to use self-care skills due to alternative priorities, e.g., substance misuse. 		
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Step Up and Step Down

The terms 'step up' and 'step down' are commonly used to describe children moving between levels of need and intervention. In some circumstances a child's needs may be met through coordinated Early Help under the Team around the Family framework and for some a more intensive or specialist social worker led support may be required. A child's and family's needs are fluid, and this guidance helps practitioners to identify need and an effective and timely response.

Children and young people's situations and needs can change unexpectedly, and this means practitioners should be familiar with the continuum of need so that when a child's needs change, due to a reduced or increased level of concern, they do not fall between the services. Instead, children are held safely in the transition from one service/step to another. Well managed 'step up' and 'step down' processes between levels are a critical element of effective practice and decision making. Wherever possible, a successful intervention should result in a safe step down to universal services to prevent re-escalation.

Please refer to Step Up and Step Down Guidance for more detailed information which can be found on the ISCP website: <http://iscp.gg>

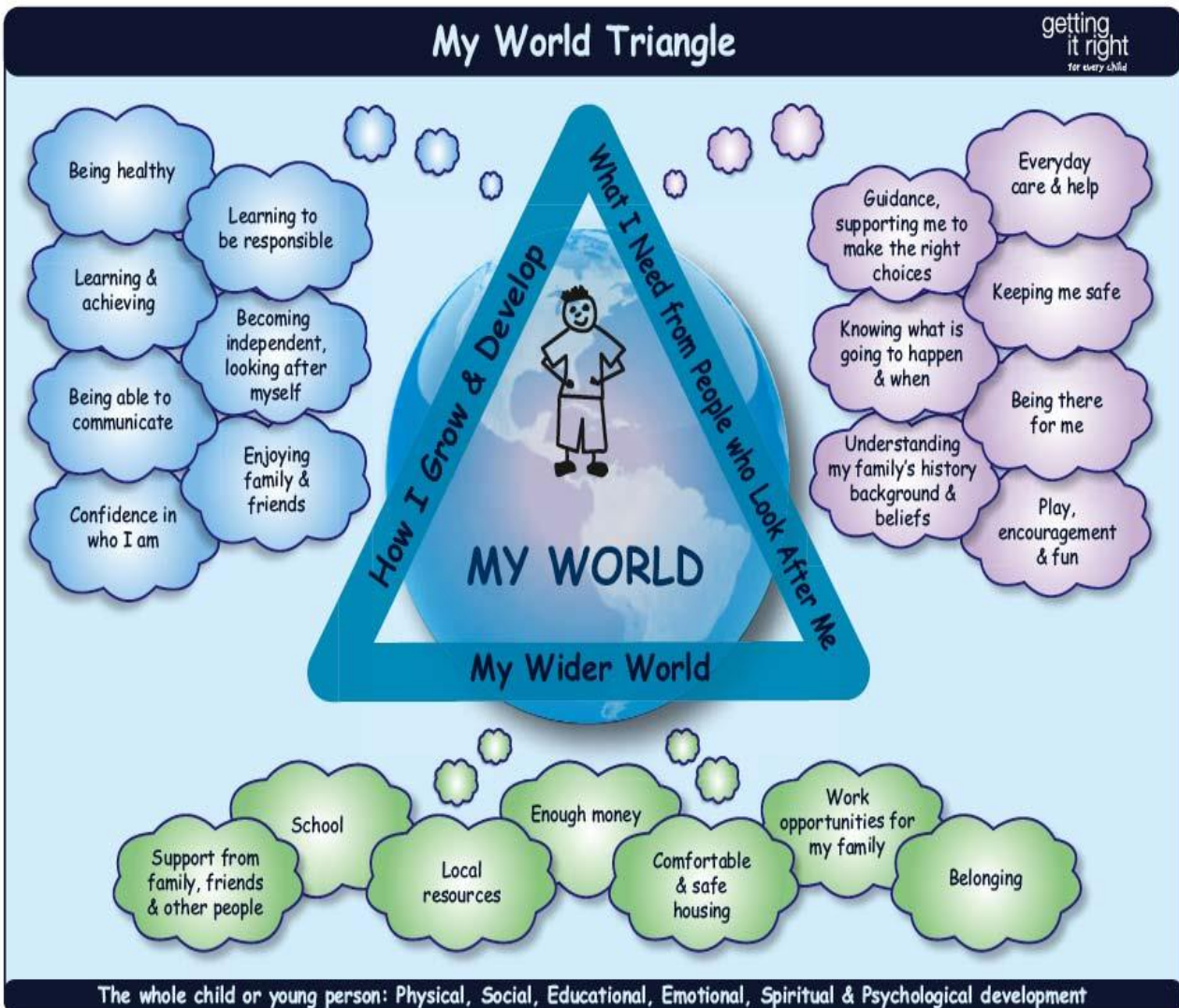
Compulsion and Referral to the Convenor (Step In)

The question of whether compulsory intervention is required may arise at any level of need. For most children who have additional needs their parents or carers are willing and able to with additional and specialist services ensure that their children's needs are met. Where voluntary engagement with professionals and services are not sufficiently addressing a child's needs or behaviour or is thought unlikely to be able to do so, a referral to the Children's Convenor should always be considered. www.convenor.org.gg.

Framework for Assessment: The My World Triangle

The 'My World Triangle', developed in Scotland, is used to assess the needs of children and their families. The 'My World Triangle' provides a guide to help practitioners structure thinking when assessing a child to aid confidence in considering their needs. The triangle contains the areas that are important in the development of all children and should be considered every time an assessment is undertaken. It is not necessary to cover all areas illustrated in the diagram but to consider each heading and decide together which aspects are appropriate and significant to the individual child, taking into consideration their age and stage of development. The 'My World Triangle' is a tool used during assessments at Level 2 to Level 4 of the Threshold. (Further information on each of the domains can be accessed here:

<http://www.gov.scot/Topics/People/Young-People/gettingitright/national-practice-model/my-world-triangle>.



Contextual Safeguarding & Child Exploitation: Risk of Harm Outside of the Home

Whilst it remains imperative for agencies to be attentive to the risk of intra familial harm, consideration needs to also be given as to whether risk outside the home is occurring for a child. Contextual Safeguarding is an approach to understanding and responding to young people's experiences of harm beyond their families and it expands the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of social contexts.

Contextual safeguarding recognises that the different relationships that young people form in their community, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial pressures can undermine parent-child relationships. Therefore, practitioners need to engage with individuals, agencies and sectors who do have influence over/within extra-familial contexts, and recognise that assessment of, and intervention with, these spaces are a critical part of safeguarding practices.

Multi-agency practitioner procedural guidance ([Multi Agency Child Exploitation Framework Guidance](#)) has been developed providing a framework which describes the terms of reference and arrangements in the Bailiwick for responding to the challenges of protecting children at risk of exploitation and a copy of the guidance is available to practitioners on request or by using the link.

Information Sharing

No single practitioner can have a full picture of a child's needs and circumstances and so the effective and prompt sharing of information between practitioners and agencies is essential for the early identification of need and risk. There is a duty on everyone working with children to share information and work together. It is important to remember that there can be significant consequences in not sharing information and practitioners must use professional judgement to decide whether to share or not and what information is appropriate to share.

All practitioners should aim to gain consent to share information but should be mindful of situations where to do so would place a child at increased risk of harm. Practitioners should be aware that consent is not necessarily needed in order to share personal information if it is necessary and proportionate, but where possible, consent should be pursued in an open and honest manner.

Consent will need to be sought for each episode of work that a professional undertakes with a family. An example of this would be if a case has been closed then re-opened, the consent must be re-sought when the case is re-opened.

There are circumstances where consent to share or request information is not required so long as it is proportionate, this is covered under s.27.

All practitioners should be confident of the processing conditions and committed to handling personal data securely and in accordance with the [Data Protection \(Bailiwick of Guernsey\) Law, 2017](#) and associated Regulations.

Data protection legislation is not a barrier to sharing information, and fears about doing so must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children. This must always be the paramount concern. It should not be assumed that someone else will pass on information that may be critical in keeping a child safe. All organisations and agencies should have arrangements in place that set out clearly the processes and the principles for sharing information.

[Information Sharing Guidance - Child Protection Guidelines \(iscp.gg\)](#)

Resolution of Professional Disagreement & Escalation Policy

National and Local Child Safeguarding Practice Reviews have highlighted the importance of professionals challenging decisions to ensure the best outcomes for children and their families. Local reviews have found that concerns about decisions are often not challenged professionally. The ISCP has an 'Escalation Policy' in place to support you if you disagree with a decision made relating to a child. The policy outlines the process when any professional has a concern or disagreement with an agency decision or action related to a child. Its aim is to ensure the focus is kept on the child's safety and well-being through promoting a culture of professional challenge and providing framework for timely and effective resolutions. At no time must professional disagreement detract from ensuring that the child is safeguarded. The child's welfare and safety must remain paramount throughout. The escalation policy can be found here:

[Resolution of Professional Disagreements - Escalation Policy - Child Protection Guidelines \(iscp.gg\)](https://www.iscp.gg/Resolution-of-Professional-Disagreements-Escalation-Policy-Child-Protection-Guidelines)

If a contact, regardless of the need of the child, indicates that a person who works with children (including volunteers) has:

- behaved in a way that has harmed or may have harmed a child;
- possibly committed a criminal offence against or related to a child or children;
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children;
- behaved or may have behaved in a way that indicates he or she is unsuitable to work with children;

they must be referred to the MASH and or the Police, who will assess and determine any necessary action in relation to the worker. A clear distinction should be made between an allegation, a concern about the quality of care or practice, or a complaint. Responsibility for statutory safeguarding and assessing the needs of the child remains with Children & Family Community Services.