

# Oxfordshire's Threshold of Needs



**Right Support at the Right Time**

For Oxfordshire's Children and Families

**Oxfordshire Safeguarding Children Board**

**2019**

# Contents

<b>Welcome .....</b>	<b>3</b>
<b>Introduction .....</b>	<b>4</b>
<b>Early help .....</b>	<b>5</b>
<b>Safeguarding.....</b>	<b>5</b>
<b>Assessment framework.....</b>	<b>8</b>
<b>Child-Centred Assessment .....</b>	<b>9</b>
<b>The Threshold of Needs .....</b>	<b>9</b>
<b>Child’s developmental needs .....</b>	<b>11</b>
<b>Parenting capacity .....</b>	<b>21</b>
<b>Family history &amp; functioning .....</b>	<b>28</b>
<b>Tools and resources .....</b>	<b>33</b>
<b>Further information .....</b>	<b>33</b>
<b>Glossary .....</b>	<b>34</b>

# Welcome

## Vision

We want Oxfordshire to be the best place in England for children and young people to grow up. By working with every child and young person to develop the skills, confidence and opportunities they need to achieve their full potential.

## Priorities

Oxfordshire's Children's Services are committed to ensuring that:

1. **All children have a healthy start in life and stay healthy into adulthood.**
2. **Narrowing the gap for our most disadvantaged and vulnerable groups.**
3. **Keeping all children and young people safer.**
4. **Raising achievement for all children and young people.**

## Our approach

We will focus on social disadvantage, help communities and individuals to help themselves and support locality working.

## Our principles

In order to meet our priorities we need to take a whole family approach, encourage early intervention, get input from children and young people, work in partnership, ensure smooth transitions and deliver cost effective services.

For more information on the Children Trust Plan please visit:

<https://www.oxfordshire.gov.uk/cms/content/children-and-young-peoples-plan-2015-2018>

## January 2019 Version

This version of the Threshold of Needs was updated in January 2019. This guidance is reviewed every two years.

# Introduction

This document has been developed to provide guidance for service users and professionals, to identify the needs of children and families in Oxfordshire and provide support to manage the identified need. It will assist in promoting the health, emotional and social development of all children and families in Oxfordshire and aid in the safeguarding and protection of children.

## **The purpose of this guidance is to:**

**identify strengths, needs and risks for the whole family**

**build on strengths**

**identify multiple and cumulative risk factors**

**suggest actions to manage difficulties and risks**

**clarify circumstances in which children's services will assist and safeguard children**

**provide a shared and common language**

## **A whole family approach**

Improved outcomes are achieved for children and families by having a whole family approach, where children and young people are not viewed in isolation and, wherever appropriate, action is taken to address issues that affect the whole family.

The Government's Troubled Families Programme is focused on families with the highest level of needs and who are facing the greatest challenges. It seeks to identify and improve outcomes relating to crime and anti-social behaviour; school attendance; level of need; financial exclusion and out of work; domestic abuse; health problems. The essential elements of this work includes: a whole family assessment; a whole family, multi-agency, outcome focused plan, driven by a named key worker, leading to transformation of public services and improved outcomes for children and families.

# Early help

Evidence and research show certain factors place children at risk of abuse and neglect, mental health problems, disengaging from education or becoming involved in crime or antisocial behaviour.

Early help is early identification of these factors and quick response to emerging problems for children, young people and their families. It refers both to help in those critical early years of a child's life when the fundamental building blocks for future development are laid, and to timely help throughout a child, young persons and families life. When early help is not offered there is a real risk for some children. Their social and emotional development may be impaired, they may experience harm, or family life and relationships may break down.

Early help is a way of working effectively across agencies and services that supports families', children and young people to overcome difficulties and build their resilience so that problems do not escalate, and they are able to thrive, live and engage happily in their communities.

The ethical and financial rationale and evidence base for providing "early help" within a whole -family model is very strong. Many recent publications, including Keeping Children Safe in Education 2018 and Working Together to Safeguard Children 2018 highlight the need for strategic partners to provide a co-ordinated targeted and evidenced-based early help offer. This is particularly important for families with multiple and complex needs.

Preventative services cost less and are more effective than reactive services. They are also more effective in improving the life chances of children young people and families. Early help is a core principle of practice in Oxfordshire and there is substantial commitment and energy to support and work with families as outlined in the Children and Young People's Plan.

When a child or family is identified as benefiting from early help, a whole family, multi-agency Early Help Assessment (EHA) should be completed by the practitioner identifying the concern. The Early Help Assessment should identify what help the child and family require, preventing needs escalating to a point where intervention would be needed via a statutory assessment.

If early help or other support is appropriate, the case should be kept under constant review by a lead professional via an outcome focused, Team Around the Family (TAF) Plan. This should be linked to the identified needs in the EHA.

Early help would be expected across levels 1, 2a, 2b and 3a of the Threshold of Needs.

# Safeguarding

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Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone working with children and families should work in a child centred, whole family approach to gather high quality information, identify concerns, risk assess, share information and take appropriate action to ensure that children have the best outcomes.

The Threshold of Need document should assist in deciding the child's level of need and provide advice on what to do, when, to ensure that children and families get the right support at the right time.

For additional support, advice and guidance, professionals can contact their local Locality and Community Support Service.

If a child is in immediate danger or is at risk of significant harm, a referral should be made to children's social care and/or the police immediately.



## Statutory requirements

Where there are more complex and enduring concerns, which are likely to or are, impacting on a child's health and development then the local authority is required, under the Children Act 1989, to provide an assessment and appropriate services for the purpose of safeguarding and promoting their welfare. Partners play a key role in supporting the assessment process and support a child and family whilst the assessment is being undertaken and following conclusion.

Statutory assessments under the Children Act 1989 include:

### Section 17 – children in need (Level 3)

A child in need is defined as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.

### **Section 17 – Young Carers (Level 3)**

When children's caring responsibilities become 'excessive or inappropriate' and when caring affects their emotional or physical wellbeing, education and life chances then this enhances children's vulnerability, and they should be considered children in need.

### **Section 47 – children in need of protection (Level 4)**

A child is in need of protection where there is reasonable cause to suspect that a child may be suffering significant harm or is at risk of significant harm. Concerns about maltreatment may be the reasons for the referral of a family to the local authority or concerns may arise during the course of providing services to a family. In such circumstances, the local authority is obliged to consider initiating enquiries, with partners, to find out what is happening to/for a child, under section 47 and decide whether they should take any action to safeguard and promote the child's welfare.

### **Section 20 – duty to accommodate (Level 4)**

Some children may require accommodation because there is no one who has parental responsibility for them, because they are lost or abandoned or because the person who has been caring for them is prevented from providing them with suitable accommodation or care. The local authority has a duty under section 20 to accommodate such children in their area.

### **Section 31 – care orders (Level 4)**

Where a child is the care of the local authority, the local authority as cooperate parent, must assess the child's needs and draw up a care plan, which sets out the services which will be provided to meet the child's identified needs.

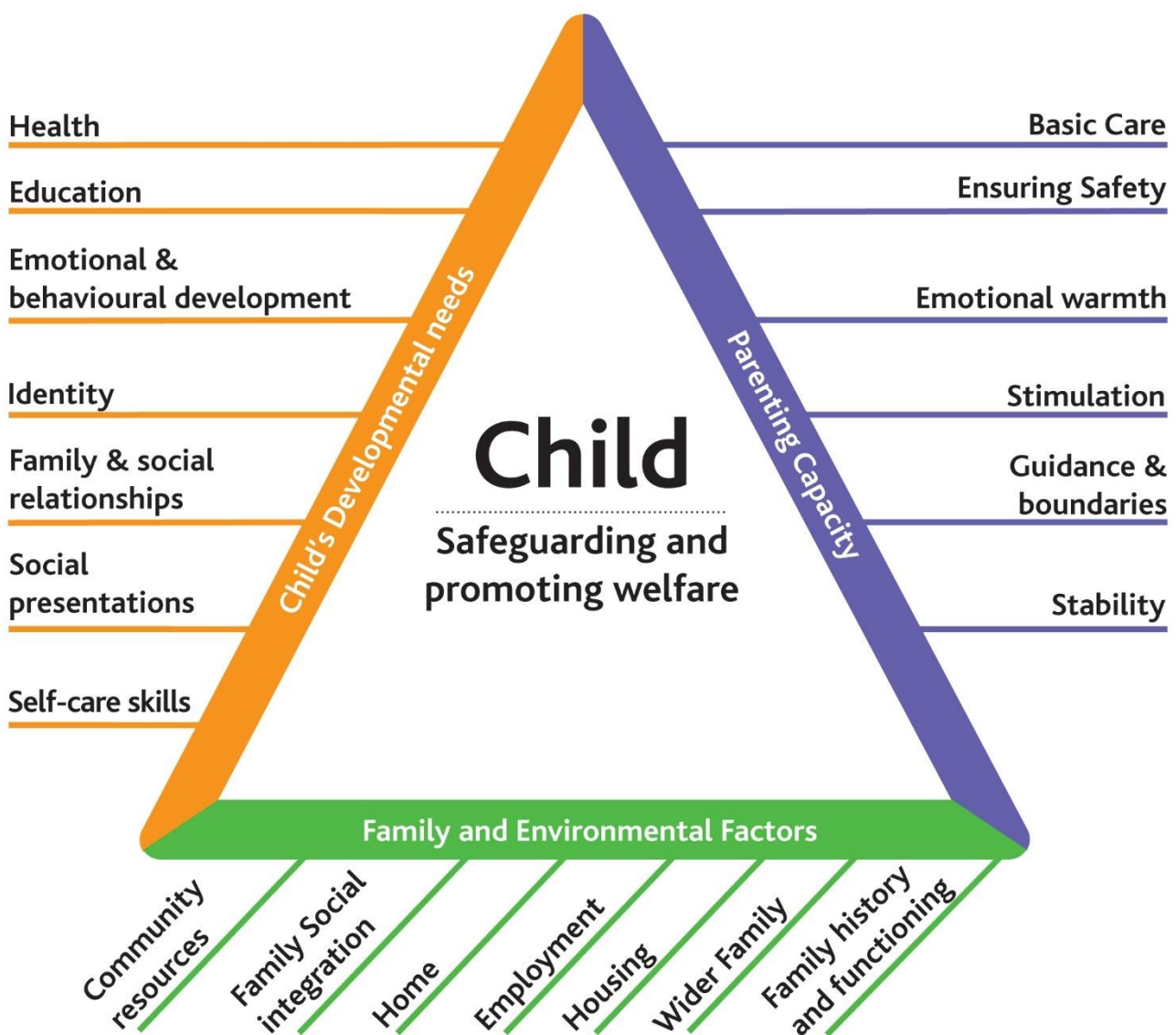
For further information please see Working Together (2015):

[http://www.workingtogetheronline.co.uk/chapters/chapter\\_one.html#early](http://www.workingtogetheronline.co.uk/chapters/chapter_one.html#early)

# Assessment framework

At whichever level an assessment is being completed, the purpose of the assessment is always to gather information, analyse need and decide on appropriate actions to improve child's outcomes. A high quality assessment should be child centred, rooted in child development, outcome focused, holistic, strengths based and inclusive of the child, family and those supporting them.

The Framework for the Assessment of Children in Need and their Families provides a systematic basis for collecting and analysing information to support professional judgements about how to help children and families in the best interests of the child. Practitioners should use the framework to gain an understanding of a child's developmental needs; the capacity of parents or caregivers to respond appropriately to those needs, including their capacity to keep the child safe from harm; and the impact of wider family and environmental factors on the parents and child.

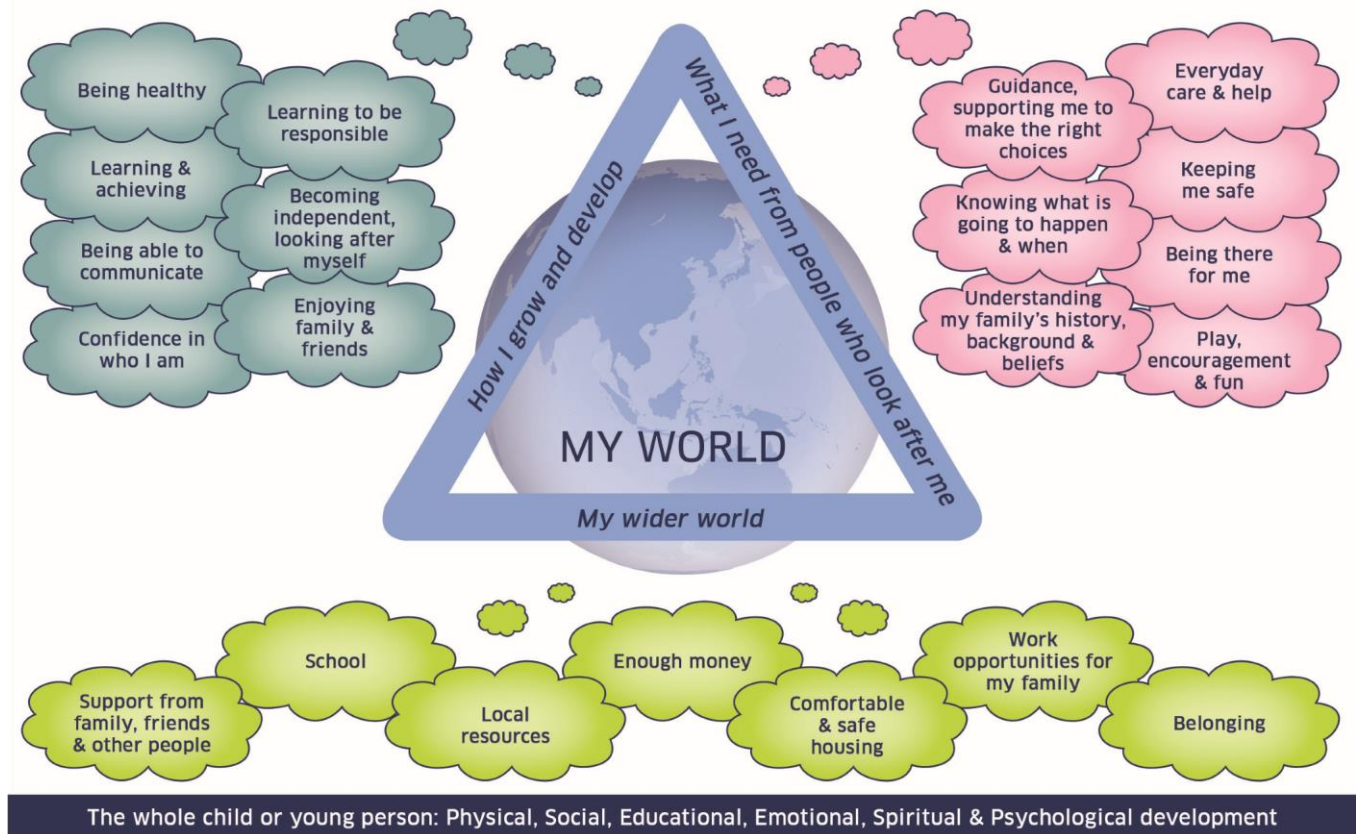




# Child-centred assessment

Designed by the Scottish Government, 'My World' defines needs and risks as two sides of the same coin. It promotes the participation of children, young people and their families in gathering information and making decisions as central to assessing, planning and taking action.

## My world triangle



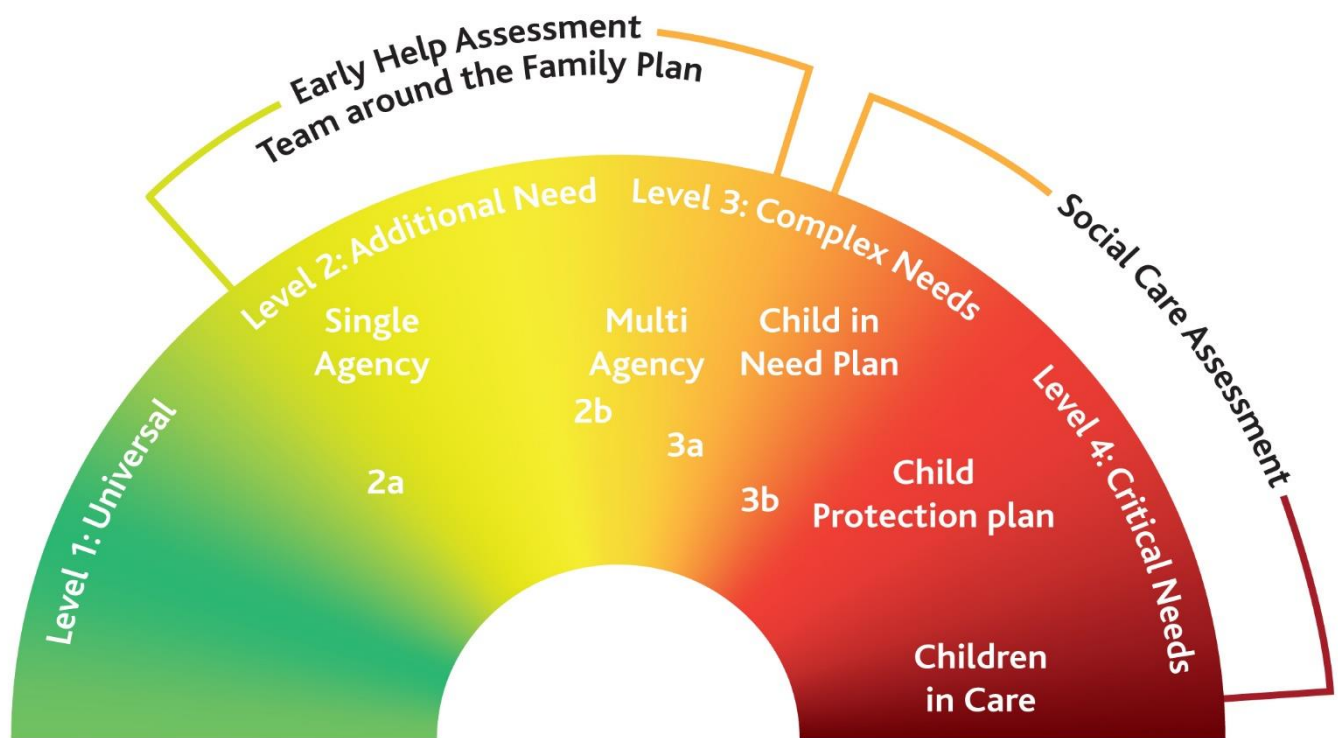
For further information please visit:

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

## The Threshold of Needs

The Thresholds of Needs creates an explicit link between the Assessment Framework, so assessments produced clearly illustrate both a child's level of need and any associated risks, thus determining the most appropriate support and service.

This threshold document describes criteria, level and type of need and level of help to be provided at each stage. Children can move between these levels according to their circumstances. Divisions between levels should not be conceived as 'hard and fast'. The presence of single or multiple combinations of factors, the age of the child and protective factors should all be taken into account.



## Level 1

(Universal): Children and young people, including those who are disabled/seriously ill and young carers, who reach their full potential, make good overall progress through the care of their families, communities and the support of a range of universally provided services e.g. schools, primary health care, leisure services, and some specialist disability services such as health care/education.

## Level 2

(Additional Needs): Children and young people, including those who are disabled/seriously ill and young carers, who may become vulnerable and who will require additional support due to their own development, family circumstances or environmental factors. They are at risk of not reaching their full potential and life chances may be impaired without additional services. This can be a single or multi-agency response and won't always necessitate a response from the Local Authority.

## Level 3

(Complex Needs): Children and young people, including those who are disabled/seriously ill and young carers, whose needs are complex and who require support from more than one agency. They are at risk of social or educational exclusion; their health, welfare, social or educational development is being impaired; and life chances will be impaired without the provision of additional services.

## Level 4

(Critical Needs): Children and young people, including those who are disabled/seriously ill and young carers, who have critical and enduring needs. They are at risk of significant harm or removal from home. **If a child is in immediate danger or is at risk of significant harm, a referral should be made to children's social care and/or the police immediately.**



# Child's developmental needs

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## HEALTH

This includes growth and development as well as physical and mental wellbeing. The impact of genetic factors and any impairment needs to be considered. It involves receiving appropriate health care when ill, an adequate and nutritious diet, exercise, immunisations where appropriate and developmental checks, dental and optical care and, for older children, appropriate advice and access to information on issues that have an impact on health, including sex education and substance misuse.

## 0 – 19 (up to 25 with SEND) EDUCATION & EMPLOYMENT

This covers all areas of a child's cognitive development from birth. It includes opportunities: for play and interaction with other children; to have age-appropriate and safe access to books and the internet; to acquire a range of skills and interests; to experience success and achievement. Involves an adult interested in educational activities, progress and achievements, who takes account of the child's starting point and any special educational needs.

## EMOTIONAL & BEHAVIOURAL DEVELOPMENT

Concerns the appropriateness of response demonstrated in feelings and actions by a child, initially to parents and caregivers and, as the child grows older, to others beyond the family. Includes nature and quality of early attachments, characteristics of temperament, adaptation to change, response to stress and degree of appropriate self-control. Takes into account a child's SEND/stage of development.

## IDENTITY

This concerns the child's growing sense of self as a separate and valued person. It includes the child's view of self and abilities, self-image and self-esteem, and having a positive sense of individuality. Race, religion, age, gender, sexuality and disability may all contribute to this. As well as feelings of belonging and acceptance by family, peer group and wider society, including other cultural groups.

## FAMILY & SOCIAL RELATIONSHIPS

The development of empathy and the capacity to place self in someone else's shoes, this includes a stable and affectionate relationship with parents or caregivers, good relationships with siblings, increasing importance of age appropriate friendships with peers and other significant persons in the child's life and response of family to these relationships, taking account of child's SEND. Where the child is a young carer (providing ongoing care or emotional support to a family member) care provided is age-appropriate; does not impact negatively on emotional or physical wellbeing, education and life chances.

## SOCIAL PRESENTATION

Concerns child's growing understanding of the way in which appearance, behaviour, and any impairment are perceived by the outside world and the impression being created. This includes appropriateness of dress for age, gender, culture and religion; cleanliness and personal hygiene; and availability of advice from parents or caregivers about presentation in different settings.

## SELF-CARE SKILLS

This concerns the acquisition by a child of practical, emotional and communication competencies required for increasing independence. It also includes early practical skills of dressing and feeding, opportunities to gain confidence and practical skills to undertake activities away from the family and independent living skills as older children. It also includes encouragement to acquire social problem solving approaches. Special attention should be given to the impact of a child's impairment and other vulnerabilities, and on social circumstances affecting these in the development of self-care skills.

# Additional Guidance for Threshold Decision Makers

**Consistent application of established thresholds for statutory intervention and non-statutory early help provision is crucial to managing demand whilst maintaining quality of service provision.**

Threshold consideration is not just about the front-door to children's social care and early help. It happens throughout the journey of the child, especially at case-transfer points. High numbers of transfer points, movement between statutory and early help services, and differences between areas can create variation in application of thresholds. This can cause confusion to families and to partners.

This guidance helps you apply the Threshold of Needs consistently throughout the child's journey and across the County. It also helps ensure social care intervention only happens when necessary.

## Principles

When decision-making in response to a new referral or case transfer, consider the following alongside the OSCB Threshold of Need guidance. This balances the child/children's safety and welfare against a proportionate response, so the intervention offered is not greater than that required, to ensure safety, and assist the family with meeting identified unmet needs.

1. **Case history** – have there been similar incidents to the presenting concerns and if so, how many, and how long ago? Consider frequency of the risk; regular exposure can lead to gradual harm to the child building up over time. But also consider intensity – one incident can be very serious. Chronology is crucial to decision-making; many serious case reviews enquiries have found that a careful chronology could have helped form an earlier, more accurate identification of risk.
2. **Previous CSC involvement** – has there been previous social care and/or early help involvement? Was this due to similar concerns? How successful was the intervention provided? How many previous involvements have there been, and how long ago? If previous interventions have not been successful, careful consideration of the likelihood that more of the same will assist the family is achieving the changes required. Be careful to avoid “start again syndrome”.
3. **Parental response to presenting incident** – how have parents/caregivers responded to the incident of concern? Have they denied their part in the incident, are they defending or rationalising an unsafe or inappropriate parenting style, or are they demonstrating remorse and a willingness to work to reduce risks? Is there a risk of “disguised compliance”?
4. **Parental engagement** – what do we know already about parents' willingness and/or capacity to engage with intervention, from previous work with the family? Parents/caregivers' verbal commitment to engage with intervention must be balanced against historical evidence of ability to engage with professional intervention. Do they have sufficient capability to change?
5. **Direct impact on child/children** – what is the evidence of any direct impact on the child/children of parents/caregivers' behaviour? Is there a direct disclosure from children which evidences impact? Child impact can vary depending on protective factors, individual resilience, history and more. Worrying parental behaviours should be considered alongside evidence of direct impact on the child/children. Be alert to hidden or disguised impacts, but do not assume.
6. **Child's timescale** – the paramountcy principle of childcare legislation requires consistent focus on the child's timescale. How old is the child/children in the family, how much of their lives to date have been adversely affected, and what is the prognosis, based on chronology, for timely

and sustained parental change? Repeating plans and intervention tried previously may not accord with the child's timescale. This must always be considered carefully on receipt of new referrals raising concerns about families well known to CSC.

## **Threshold consideration at transfer points**

There are several potential transfer points within the child's journey in Children, Education and Families. Threshold decision-making needs to be considered carefully at these stages. They are:

**a) Locality Community Support Service transfers to:**

- Supporting Universal Services
- Targeted Early Help (FSS)
- Community Early Help
- MASH
- CAFAT

**b) Multi Agency Safeguarding Hub transfers to:**

- CAFAT
- Targeted Early Help (FSS)
- Community Early Help
- John Radcliffe Hospital Assessment Team
- Disability Service
- Closed to services

**c) Child and Family Assessment Team transfers to:**

- Community Early Help
- Targeted Early Help (FSS)
- Statutory (FSS)
- Closed to services

**d) John Radcliffe Hospital Assessment Team transfers to:**

- Community Early Help
- Targeted Early Help (FSS)
- Statutory FSS
- Closed to services

**e) Family Solutions Service transfers to:**

- Child in Need – Targeted Early Help
- Community Early Help
- Closed to services

Transfer points can be a point of vulnerability for families. There may be disagreements between professionals and teams. This is an opportunity to explore the risks to the family and reach an agreed, transparent and consistent application of thresholds for the case. This should consider individual factors, and history, but also the impact of changes to service provision and/or support levels going forward.

### **Community Early Help – application of Troubled Families criteria**

If a family has been provided with robust community support and outcomes have not improved within agreed timescales or are deteriorating, targeted early help can be provided if –

1. The family consents to Early Help
2. Two or more of the Troubled Family criteria is met; these are:
  - Parents or children involved in crime or anti-social behaviour.
  - One or more children not attending school regularly
  - Children who need help
  - Adult out of work/at risk of financial exclusion/young person at risk of worklessness
  - Families affected by domestic violence and abuse
  - Parents and children affected by a range of health problems

## **Closure summary**

At each transfer point where a recommendation is made regarding the status of a case and type of plan going forward, the lead worker should complete a brief closure summary. This says what work has been done and provides a rationale for the recommendation. The transfer/closure summary should include:

### **Brief case history**

1. Original presenting concern(s)
2. Previous service involvement.
3. Any additional concerns found/changes in current presenting issues.
4. What interventions took place and whether they were successful.
5. Summary of your team's involvement.

### **Current parental response to the current incident /concern**

1. Have parent/s/caregivers acknowledged current concern?
2. How have they responded? Denying, defending, rationalising?
3. Does parent show understanding/insight?
4. Are parent/s denying, defending or rationalising?
5. Are parent/s demonstrating remorse and a willingness to work to reduce risk?

### **Parental engagement**

1. What do we know about parents' willingness and or capacity to engage with interventions from previous work with the family and current information?

### **Direct impact on the children**

1. What is the current "lived experience for the child/ren
2. What is the evidence of direct impact on the children of parenting behaviour
3. Is there a direct disclosure from the children which evidences impact?

### **Summary and conclusion**

1. Outline reasons for transfer to the team you are transferring to and priority actions for that team.



# Child's developmental needs

## HEALTH

This includes growth and development as well as physical and mental wellbeing. The impact of genetic factors and of any impairment needs to be considered. It involves receiving appropriate health care when ill, an adequate and nutritious diet, exercise, immunisations as appropriate and developmental checks, dental and optical care, and, as children grow older, appropriate advice and information on issues that impact on health including online safety, sex education and substance misuse.

## 0 – 19 (up to 25 with SEND) EDUCATION & EMPLOYMENT

This covers all areas of a child's cognitive development which begins from birth. It includes opportunities: for play and interaction with other children to have access to books; to have safe and age appropriate access to the internet; to acquire a range of skills and interests; to experience success and achievement. Involves an adult interested in educational activities, progress and achievements, who takes account of the child's starting point and any special educational needs.

## EMOTIONAL & BEHAVIOURAL DEVELOPMENT

Concerns the appropriateness of response demonstrated in feelings and actions by a child, initially to parents and caregivers and, as the child grows older, to others beyond the family. It includes nature and quality of early attachments, characteristics of temperament, adaptation to change, response to stress and degree of appropriate self-control. This should take into account a child's SEND/stage of development.

## IDENTITY

This concerns the child's growing sense of self as a separate and valued person. It includes the child's view of self and abilities, self-image and self-esteem, and having a positive sense of individuality. Race, religion, age, gender, sexuality and disability may all contribute to this, as well as feelings of belonging and acceptance by family, peer group and wider society, including other cultural groups.

## FAMILY & SOCIAL RELATIONSHIPS

The development of empathy and the capacity to place self in someone else's shoes, this includes a stable and affectionate relationship with parents or caregivers, good relationships with siblings, increasing importance of age appropriate friendships with peers and other significant persons in the child's life and response of family to these relationships, taking account of child's SEND.

## SOCIAL PRESENTATION

Concerns child's growing understanding of the way appearance, behaviour, and any impairment are perceived by the outside world and the impression being created. This includes appropriateness of dress for age, gender, culture and religion; cleanliness and personal hygiene; and availability of advice from parents or caregivers about presentation in different settings, including online.

## SELF-CARE SKILLS

This concerns the acquisition by a child of practical, emotional and communication competencies required for increasing independence. It also includes early practical skills of dressing and feeding, opportunities to gain confidence and practical skills to undertake activities away from the family and independent living skills as older children. In addition, it includes encouragement to acquire social problem solving approaches. Special attention should be given to the impact of a child's impairment and other vulnerabilities, and on social circumstances affecting these in development of self-care skills.

# HEALTH

Level 1	Level 2	Level 3	Level 4
Developmental milestones are met <input type="checkbox"/>	Slow in reaching developmental milestones <input type="checkbox"/>	Developmental milestones are delayed <input type="checkbox"/>	Developmental milestones unlikely to be met and/or failure to thrive <input type="checkbox"/>
Regular health care appointments are met <input type="checkbox"/>	Starting to default on regular health care appointments and/or not registered with GP or dentist <input type="checkbox"/>	Missing routine and non-routine health care appointments <input type="checkbox"/>	Missing specialist health care appointments and /or multiple A&E attendance causing concern <input type="checkbox"/>
Adequate diet, hygiene and clothing <input type="checkbox"/>	Minor concerns re diet (under/overweight), hygiene and clothing <input type="checkbox"/>	Concerns re diet (under/overweight), hygiene and clothing <input type="checkbox"/>	Significant concerns re diet (under/overweight), hygiene and clothing <input type="checkbox"/>
Not using substances or self-harming <input type="checkbox"/>	Emerging substance misuse and/or self-harm <input type="checkbox"/>	Substance misuse and/or self-harm causing concern <input type="checkbox"/>	Substance misuse and/or self-harming causing significant concerns <input type="checkbox"/>
Not engaging in inappropriate sexual activity <input type="checkbox"/>	Early sexual activity and/or emerging sexually harmful behaviour <input type="checkbox"/>	Sexual activity which cause concern and/or sexually harmful behaviour <input type="checkbox"/>	Sexual activity and/or sexually harmful behaviour causing significant concern <input type="checkbox"/>
Needs of disabled child being met by universal services <input type="checkbox"/>	Disabled child needs additional support from targeted community services <input type="checkbox"/>	Severely/profoundly disabled child requires support from specialist services <input type="checkbox"/>	Disabled child with significant, complex and permanent additional needs requiring protection and support Concern that a child's disability is being used to mask maltreatment by caregivers <input type="checkbox"/>



## 0 – 19 (up to 25 with SEND) EDUCATION & EMPLOYMENT

Level 1	Level 2	Level 3	Level 4
Attends education regularly > 95% and on time	Occasional educational absence (<95%) and poor punctuality, impacting on educational progress	Poor educational attendance (<85%) poor punctuality and/ or some fixed term exclusions and risk of permanent exclusion. Remains on part time timetable despite appropriate strategies and support in place	Less than <80% attendance in education or not in education or and/or repeated fixed term exclusions or permanently excluded from education
No concerns about cognitive development	Not thought to be meeting educational potential	Progress made by the end of the key stage is low compared with that made nationally by other pupils with similar starting points	Progress made by the end of the key stage is very poor compared with that made nationally by other pupils with similar starting point
Acquired a range of skills and interests	Not always engaged, i.e. poor concentration, motivation and interest	No interest/skills displayed	No interest/skills displayed
Experiencing success and achievement	Sudden or sustained drop in achievement	Limited achievement across any area of education or enrichment activities	Lack of achievement across any area of education or enrichment activities
Electively home educated with no concerns identified	Parents are electively home educating but concerns have been raised about the quality of the education	No home education is being provided and legal action is being taken to require parents to enrol at a school	No education is being provided and additional concerns about parents' emotional/mental health needs impacting on the development/wellbeing/ safety of the child
No additional learning needs	Outcomes improving as a result of SEN support or EHCP	Concerns about progress due to SEND and other factors in child's life	Significant concern about progress due to SEND and other factors in child's life
Young person in education or employment and no concerns identified	Identified as requiring additional NEET support	Young person is NEET (consultation/referral to EET service)	No GCSE's or academic attainment coupled with additional vulnerabilities e.g. teenage pregnancy; LAC; offending behaviour; young carers; homeless (referral to EET service)
Able to secure appropriate education, employment or training	Poor employability skills	Unlikely to achieve education, employment or training without EET service support	Employability skills substantially impaired. EET unobtainable. EET service required

## EMOTIONAL & BEHAVIOURAL DEVELOPMENT

Level 1	Level 2	Level 3	Level 4
Good quality early attachments <input type="checkbox"/>	Emerging concerns about attachments which are impacting on development <input type="checkbox"/>	Concerns about attachment and impact on emotional and behavioural development <input type="checkbox"/>	Significant concern about the impact of attachment on future relationships and mental health <input type="checkbox"/>
Can manage emotions appropriate to age and stage of development. Can regulate impulse control <input type="checkbox"/>	Emerging concerns about emotional regulation/impulse control <input type="checkbox"/>	Concerns about emotional regulation/impulse control impacting on wellbeing <input type="checkbox"/>	Significant concerns about emotional regulation and impulse control impacting on wellbeing/mental health/safety <input type="checkbox"/>
Ability to express and demonstrate empathy <input type="checkbox"/>	Emerging difficulties demonstrating empathy <input type="checkbox"/>	Unable to demonstrate empathy <input type="checkbox"/>	Unable to demonstrate empathy which causes harm to others <input type="checkbox"/>
Able to adapt to change <input type="checkbox"/>	Can find managing change difficult <input type="checkbox"/>	Finds change difficult to manage <input type="checkbox"/>	Cannot manage or deal with change <input type="checkbox"/>
Able to regulate behaviour appropriate to age and stage of development <input type="checkbox"/>	Signs of disruptive or challenging behaviour <input type="checkbox"/>	Behaviour which impacts on health, wellbeing & development <input type="checkbox"/>	Significant concern about behavior including online which could cause harm to self or others <input type="checkbox"/>
No behavioural concerns, including online <input type="checkbox"/>	Behaviours may lead to pre-court interventions <input type="checkbox"/>	Behaviour likely to lead to pre-court or court interventions <input type="checkbox"/>	Behaviours likely to lead to custody or remand, illegal/high risk online activity <input type="checkbox"/>
Demonstrates appropriate awareness of safety Confident and age appropriate use of internet and mobile devices <input type="checkbox"/>	Emerging concerns about risky behaviour Behaviours escalate in disabled child if sensory needs not met Child's use of internet and mobile devices is risky or out of step with age and stage <input type="checkbox"/>	Concerns about risky behaviours, including online, that may cause harm to self or others. Behaviours involve destruction to property <input type="checkbox"/>	Risky behaviours cause harm to self or others. Child on child or child on parent/carer violence Domestic abuse relationships between young people Self-injury caused by anxiety/frustration/sensory issues in disabled child <input type="checkbox"/>

# IDENTITY

Level 1	Level 2	Level 3	Level 4
Positive sense of self and ability <input type="checkbox"/>	Some insecurities around identity expressed e.g. low self-esteem <input type="checkbox"/>	Demonstrates significantly low self-esteem in a range of situations <input type="checkbox"/>	Level of self-esteem could cause harm to self or others <input type="checkbox"/>
Does not suffer any form of discrimination <input type="checkbox"/>	May experience bullying, discrimination or harassment <input type="checkbox"/>	Subject to bullying, discrimination or harassment <input type="checkbox"/>	Experiencing persistent bullying, discrimination or harassment <input type="checkbox"/>
Demonstrates feelings of belonging and acceptance which are deemed appropriate <input type="checkbox"/>	Emerging concerns that a child is isolated or developing inappropriate relationships <input type="checkbox"/>	Concerns about isolation or is developing harmful relationships <input type="checkbox"/>	Child is isolated and has developed harmful relationships <input type="checkbox"/>
Consistent and appropriate behaviour and sense of self, including online <input type="checkbox"/>	Emerging concerns about changes in behaviour and sense of self, including online <input type="checkbox"/>	Concerns about changes in behaviour that could cause harm to self or others, including online <input type="checkbox"/>	Concerns about significant and persistent changes in behaviour which could be harmful to self or others <input type="checkbox"/>
Good relationship with parent(s)/carer(s) with no identified concerns <input type="checkbox"/>	Emerging concerns regarding young person's relationship with parent/sibling <input type="checkbox"/>  Disabled child unable to accept diagnosis despite appropriate support <input type="checkbox"/>	Young person displaying escalating behaviour towards parent/sibling that includes the use of physical or verbal violence <input type="checkbox"/> Unresolved transgender issues distressing child, despite appropriate support <input type="checkbox"/>	Young person causing significant and substantial harm to parent/sibling <input type="checkbox"/>  Self-isolated child spends most of time in bedroom <input type="checkbox"/> Child's online identity is harming self or others. <input type="checkbox"/>

## FAMILY & SOCIAL RELATIONSHIPS

Level 1	Level 2	Level 3	Level 4
Stable and affectionate relationships with caregivers <input type="checkbox"/>	Emerging concerns about the relationship with caregivers <input type="checkbox"/>	Concern about relationships with caregivers which impacts on child development and wellbeing <input type="checkbox"/>	Concern that relationship with caregivers is likely to cause significant harm to child and/or lead to family breakdown <input type="checkbox"/>
Able to form and sustain appropriate relationships with peers, wider family and significant others <input type="checkbox"/>	Has some difficulties sustaining relationships <input type="checkbox"/>	Involved in regular conflict with peers, wider family and significant others <input type="checkbox"/>	Unable to form and sustain appropriate relationships, which could cause harm to self and others <input type="checkbox"/>
No inappropriate caring responsibilities <input type="checkbox"/>	Child has some caring responsibilities, that may impact on development and wellbeing <input type="checkbox"/>	Regular caring responsibilities which impact on development and wellbeing <input type="checkbox"/>	Child has caring responsibilities which impact significantly on child <input type="checkbox"/>
Young person living independently <input type="checkbox"/>	Young person living independently with emerging concerns regarding ability to cope <input type="checkbox"/>	Young person living independently where there are concerns about their ability to cope <input type="checkbox"/>	Young person unable to live independently <input type="checkbox"/>
Child free from abuse Online relationships are age appropriate and positive <input type="checkbox"/>	Emerging concerns about the safety and wellbeing of the child Online relationships include some conflict or risk-taking <input type="checkbox"/>	Increasing concerns about the safety and wellbeing of the child Online contact with risky adults or peers. <input type="checkbox"/>	Child has suffered or may be suffering physical, sexual, emotional abuse or neglect. Child expresses concerns verbally/via behaviour that they do not feel safe at home <input type="checkbox"/>

## SOCIAL PRESENTATION

Level 1	Level 2	Level 3	Level 4
Appropriately dressed for age and settings. Online self-presentation presents no concerns.	Sometimes seen in inappropriate and/or inadequate clothing Presents differently online <input type="checkbox"/>	Regularly seen in inappropriate and/or inadequate clothing <input type="checkbox"/>	For the majority of the time seen in inappropriate and/or inadequate clothing <input type="checkbox"/>
Good levels of personal hygiene	Personal hygiene becoming a concern <input type="checkbox"/>	Hygiene problems becoming apparent <input type="checkbox"/>	Hygiene problems causing isolation affecting child's self-esteem and development. <input type="checkbox"/>
Child displays appropriate awareness and interaction with strangers, including online	There are concerns about the child's relationship with strangers. Some online behaviours are causing concern. <input type="checkbox"/>	There are observed concerns about the child's relationship with strangers Online behavior is age-inappropriate and concerning. <input type="checkbox"/>	Hygiene problems impacting on child's physical well-being. Significant concern around relationships online/with strangers. <input type="checkbox"/>

## SELF-CARE SKILLS

Level 1	Level 2	Level 3	Level 4
Growing level of appropriate competences in practical and emotional skills, feeding, dressing, independent living skills <input type="checkbox"/>	Concerns that age appropriate self-care skills are not being developed <input type="checkbox"/>	Inappropriate self-care skills, which impact on development <input type="checkbox"/>	Significant concerns about self-care skills, which are impacting on child's development <input type="checkbox"/>



# Parenting capacity

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## BASIC CARE

Providing for the child's physical needs, and appropriate medical and dental care. Includes provision of food, drink, warmth, shelter, clean and appropriate clothing, and adequate personal hygiene.

## ENSURING SAFETY

Ensuring the child is adequately protected from harm or danger, including protection from significant harm or danger, and from contact with unsafe adults/other children, and from self-harm. There should be recognition of hazards and danger both in the home, online and elsewhere.

## EMOTIONAL WARMTH

Ensuring the child's emotional needs are met, giving the child a sense of being specially valued, and a positive sense of own racial and cultural identity. Includes ensuring the child's requirements are met for secure, stable and affectionate relationships with significant adults, with appropriate sensitivity and responsiveness to the child's needs. There should be appropriate physical contact and comfort and affection sufficient to demonstrate warm regard, praise and encouragement.

## STIMULATION

Promoting child's learning and intellectual development through encouragement and cognitive stimulation and promoting social opportunities. Includes supporting the child's cognitive development and potential through interaction, communication, talking and responding to the child's language and questions, encouraging and joining the child's play, and promoting educational and other opportunities appropriate to the child's stage of development or SEND. Enabling the child to experience success and ensuring school attendance or equivalent opportunity. Facilitating the child to meet the challenges of life.

## GUIDANCE & BOUNDARIES

Enabling the child to regulate their own emotions and behaviour through demonstrating and modelling appropriate behavior, control of emotions and interactions with others. Guidance which involves setting boundaries, so the child develops an internal model of moral values, conscience and appropriate social behaviour. Enabling the child to grow into an autonomous adult, holding their own values and demonstrating appropriate behaviour rather being rule dependant. This includes enabling the child's exploratory and learning experiences, supporting social problem solving, helping with management of emotions, including anger, and promoting consideration for others through effective support and shaping of behaviour.

## STABILITY

Providing a sufficiently stable family environment to enable a child to develop and maintain a secure attachment to the primary caregiver/s, in order to ensure optimal development. Includes ensuring secure attachments are not disrupted, providing consistency of emotional warmth over time and responding consistently to child's behaviour. Parental responses change and develop according to child's developmental progress. In addition, ensuring children keep in contact with important family members and significant others.

**.BASIC CARE.**

Level 1	Level 2	Level 3	Level 4
Excellent quality food, drink and specific dietary requirements are provided <input type="checkbox"/>	Food and drink is usually of appropriate quality and quantity <input type="checkbox"/>	Variable to low or too much food is offered <input type="checkbox"/>	Child is mostly starved or routinely overfed <input type="checkbox"/>
Child is always appropriately dressed <input type="checkbox"/>	Most of the time child is appropriately dressed <input type="checkbox"/>	Most of the time the child's clothes are not adequate <input type="checkbox"/>	No suitable clothing and the child is dangerously exposed <input type="checkbox"/>
Caregiver takes an active role in child's hygiene needs dependent on age and stage of development <input type="checkbox"/>	Most of the time child is appropriately clean <input type="checkbox"/>	Most of the time little parental involvement in child's hygiene. Child is dirty or smelly <input type="checkbox"/>	Caregiver shows no concern or awareness, child is dirty and smelly <input type="checkbox"/>
Seeks suitable medical advice when child is ill and all appointments kept <input type="checkbox"/>	Most of the time Caregiver seeks suitable medical advice when child is ill, some appointments may be missed <input type="checkbox"/>	Frequent, inappropriate or delayed medical presentation, likely to impact on child' <input type="checkbox"/>	Only seeks medical advice when child is critically ill or does not seek help at all significantly risk to child (includes unborn child) <input type="checkbox"/>
All of the time Caregiver has good adherence to specific condition related medical advice <input type="checkbox"/>	Most of the time caregiver attends health appointments for disabled child, some may be missed Most of the time adherence is generally good but lacking from time to time for no acceptable reasons <input type="checkbox"/>	Most of the time poor adherence to specific condition related medical advice for no acceptable reasons <input type="checkbox"/>	No adherence to specific medical advice or lies about adherence <input type="checkbox"/>
Caregivers own physical and mental health needs do not impact on the child <input type="checkbox"/>	Caregivers physical or mental health needs, substance misuse rarely impact on child's needs <input type="checkbox"/>	Caregivers physical or mental health needs, substance misuse is likely to impact on the child's development <input type="checkbox"/>	Parents/carers physical or mental health needs, substance misuse places the child at risk of significant harm <input type="checkbox"/>
Caregivers fully engage with services for the child <input type="checkbox"/>	Previous involvement with children's services with caregiver involvement <input type="checkbox"/>	Difficult to engage caregivers with services for their children <input type="checkbox"/>	No engagement with services for the child and/or history of child protection planning or being looked after. No behavior change or disguised compliance <input type="checkbox"/>
Caregivers always put their child's needs first <input type="checkbox"/>	Caregivers mostly put their child's needs first <input type="checkbox"/>	Caregivers rarely put their child's needs first <input type="checkbox"/>	Caregivers never put their child's needs first <input type="checkbox"/>
Teenage parent has appropriate support and no concerns regarding pregnancy care or post-natal care of child <input type="checkbox"/>	Concern that teenage parent is beginning to show signs of struggling in their parenting role <input type="checkbox"/>	Teenage parent struggling to meet their child's needs e.g. no support of friends or family; inappropriate accommodation; puts own needs first development <input type="checkbox"/>	Teenage parent unable to meet the needs of their child placing the child at risk of significant harm <input type="checkbox"/>

## ENSURING SAFETY

Level 1	Level 2	Level 3	Level 4
Fully and protectively aware of all safety issues, including online <input type="checkbox"/>	Most of the time aware of safety issues but occasionally missed <input type="checkbox"/>	Most of the time there is a casual approach to safety which potentially puts the child at risk <input type="checkbox"/>	Careless disregard or casual approach to safety even when the risk is apparent. Child at significant risk. <input type="checkbox"/>
Child adequately supervised at all times <input type="checkbox"/>	Most of the time child is adequately supervised and when not there is limited risk to child <input type="checkbox"/>	Child left unsupervised which could place them at risk of harm <input type="checkbox"/>	Child left unsupervised which places them at risk of significant harm <input type="checkbox"/>
Only leaves child with suitable adult, which child is familiar with <input type="checkbox"/>	Most of the time suitable child care arrangements are made. Efforts are made to make sure a carer is suitable <input type="checkbox"/>	Most of the time unsuitable child care arrangements are made makes little effort to ensure suitability or ability of person <input type="checkbox"/>	Careless disregard for child's care arrangements, making no effort to check suitability or ability of carer or disregards known concerns <input type="checkbox"/>
Caregivers are able to resolve conflicts without them impacting on the child <input type="checkbox"/>	Caregivers have some conflicts and difficulties which can involve the children <input type="checkbox"/>	Incidents of domestic abuse which may place child at risk of harm <input type="checkbox"/>	Persistent and serious domestic abuse that places the child at risk of significant harm <input type="checkbox"/>
No concerns about caregivers involvement in anti-social or criminal behaviour <input type="checkbox"/>	Caregivers involved in anti-social behaviour which may impact on the child <input type="checkbox"/>	Caregivers involved in crime or anti-social behaviour which is impacting on the child's development <input type="checkbox"/>	Caregivers involved in crime or anti-social behaviour which is placing the child at significant risk <input type="checkbox"/>
Child not exposed and/or protected from abuse or neglect, including online <input type="checkbox"/>	Emerging concerns that child is at risk of abuse or neglect <input type="checkbox"/>	Concerns that child is at risk of abuse or neglect <input type="checkbox"/>	Allegation or evidence that child is at risk of serious injury, abuse or neglect <input type="checkbox"/>
All available safety measures are in place and Caregivers closely monitor what child is viewing <input type="checkbox"/>	Most of the time safety measures in place Caregivers do not always monitor what the child is viewing <input type="checkbox"/>	Most of the time Caregivers have a casual approach to online safety, which potentially puts the child at risk <input type="checkbox"/>	Careless disregard, despite understanding the dangers of online safety potentially placing the child at significant risk. <input type="checkbox"/>  Caregivers do not follow professional advice about moving, lifting or managing the behaviour of disabled child such that the child is at risk of injury <input type="checkbox"/>



## EMOTIONAL WARMTH

Level 1	Level 2	Level 3	Level 4
<p>Anticipates or picks up very subtle signals, verbal or non-verbal, expression or mood <input type="checkbox"/></p>	<p>Caregivers have some sensitivity, although signals may need to be obvious to make an impact <input type="checkbox"/></p>	<p>Most of the time caregivers are insensitive, signals need to be repeated or prolonged, from child, to get a response <input type="checkbox"/></p>	<p>Insensitive to even sustained intense signals or aversive <input type="checkbox"/></p>
<p>Caregivers' responses are well timed with the child's signals or even before in anticipation <input type="checkbox"/></p>	<p>Most of the time caregivers respond in a timely way, occasionally delayed due to none essential activities <input type="checkbox"/></p>	<p>Caregivers responses are delayed, usually due to none essential activities <input type="checkbox"/></p>	<p>No response even when child is distressed unless self-protective on behalf of the parent <input type="checkbox"/></p>
<p>Caregivers are very warm and responsive to the child <input type="checkbox"/></p>	<p>Most of the time warm and responsive but occasionally abrupt when burdened with problems <input type="checkbox"/></p>	<p>Most of the time not warm or responsive unless child is distressed <input type="checkbox"/></p>	<p>Cold, callous, uncaring or aversive and can avoid or reject the child. Punitive even if child distressed <input type="checkbox"/></p>
<p>Child receives consistently warm responses <input type="checkbox"/></p>	<p>Some inconsistencies in response <input type="checkbox"/></p>	<p>Receives erratic and inconsistent care <input type="checkbox"/></p>	<p>Inconsistent, highly critical or apathetic towards child - low warmth/high criticism <input type="checkbox"/></p>
<p>Disapproval measures and mild verbal sanctions are consistent and suitable for child's age and understanding, response is always appropriate <input type="checkbox"/></p>	<p>Most of the time disapproval measures are in place but can be applied inconsistently. Parent can be abrupt, shout or even ignore the child <input type="checkbox"/></p>	<p>Most of the time disapproval measures are negative, parent is harsh, tends to shout with more severe sanctions being used <input type="checkbox"/></p>	<p>All of the time, parent can terrorise, ridicule the child; they may use cruel language or physical punishment. <input type="checkbox"/></p>

# STIMULATION

Level 1	Level 2	Level 3	Level 4
High quality appropriate interactive stimulation	Most of the time caregivers provide appropriate and interactive stimulation however at times parent pursues own non-essential activity	Most of the time the child is left alone, while parent pursues own none essential activity	Caregivers provide no stimulation, in babies this could include confining to cot/chair/buggy
Child exposed to appropriate new experiences and activities	Child not often exposed to new experiences and activities	Not exposed to new experiences or activities	Not exposed to new experience or activities and parent can even be obstructive
Caregivers show an active interest in schooling, joins in school activities, to support child at school and home	Most of the time essential elements of the child's schooling are maintained, however less active participation in the child's schooling	Most of the time, caregivers do not support essential elements of the child's schooling, education is not effectively maintained	Caregivers give no educational support and can even be obstructive
Numerous appropriate toys for the child to play with, whether bought or made creatively with the child	Most of the time appropriate toys are provided, however there is little engagement in play	Most of the time caregivers do not provide appropriate toys and do not engage in play	Toys are not provided unless given by other source, may even wantonly deprive the child of toys. In severely disabled children this could include isolating the child in a bedroom for prolonged periods during the day.

## GUIDANCE & BOUNDARIES

Level 1	Level 2	Level 3	Level 4
Consistent and appropriate guidance and boundaries provided <span style="float: right;">▣</span>	Inconsistent guidance and boundaries provided <span style="float: right;">▣</span>	Erratic or inadequate guidance and boundaries <span style="float: right;">▣</span>	No affective guidance or boundaries, leading to child being beyond parental control <span style="float: right;">▣</span>
Provides consistent positive role modelling <span style="float: right;">▣</span>	Most of the time caregivers act as an appropriate role model however can be inconsistent <span style="float: right;">▣</span>	Caregivers do not offer a positive role model which may impact on the child's development <span style="float: right;">▣</span>	Negative role modelling significantly impacts on the child's social, emotional and behavioural development <span style="float: right;">▣</span>

## STABILITY

Level 1	Level 2	Level 3	Level 4
Child receives consistent stable parenting <span style="float: right;">▣</span>	Child may have different carers and there are emerging concerns about the impact on the child <span style="float: right;">▣</span>	Child has multiple carers which is having a negative impact on the child <span style="float: right;">▣</span>	Child has no parent or carer/they are an abandoned child or an unaccompanied minor <span style="float: right;">▣</span>
Child has relationships with key family members <span style="float: right;">▣</span>	Relationships with key family members not always kept up <span style="float: right;">▣</span>	Caregivers are obstructive in child's relationships with key family members <span style="float: right;">▣</span>	Child is not allowed any contact with key family members <span style="float: right;">▣</span>
Caregivers prioritise needs of child, even when separated  Child is not subject to frequent moves e.g. home; school <span style="float: right;">▣</span>	Caregivers have some conflict or difficulties which can involve the children  Child has faced some moves but without impact on the child's development or safety <span style="float: right;">▣</span>	Acrimonious divorce or separation which is likely to impact negatively on the child  Child has experienced regular moves raising concerns regarding development and safety <span style="float: right;">▣</span>	Acrimonious or hostile divorce or separation likely to cause significant harm to the child Child has experienced regular moves raising concern that caregivers are doing so in order to mask/ hide welfare concerns <span style="float: right;">▣</span>



# Family history & functioning

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## **FAMILY HISTORY & FUNCTIONING**

Family history includes both genetic and psycho-social factors. Family functioning is influenced by who is living in the household and how they are related to the child; significant changes in family/ household composition; history of childhood experiences of parents; chronology of significant life events and their meaning to family members; nature of family functioning, including sibling relationships and its impact on the child; parental strengths and difficulties, including those of an absent parent; the relationship between separated parents.

## **WIDER FAMILY**

Who are considered to be members of the wider family by the child and the parents? This includes related and non-related persons and absent wider family. What is their role and importance to the child and parents and in precisely what way?

## **HOUSING**

Does the accommodation have basic amenities and facilities appropriate to the age and development of the child and other resident members? Is the housing accessible and suitable to the needs of disabled family members? Includes the interior and exterior of the accommodation and immediate surroundings. Basic amenities include water, heating, sanitation, cooking facilities, sleeping arrangements and cleanliness, hygiene and safety and their impact on the child's upbringing.

## **EMPLOYMENT**

Who is working in the household, their pattern of work and any changes? What impact does this have on the child? How is work or absence of work viewed by family members? How does it affect their relationship with the child? Includes children's experience of work and its impact on them.

## **INCOME**

Income available over a sustained period of time. Is the family in receipt of all its benefit entitlements and is there enough income to meet the family's needs? Are there financial difficulties which affect the child?

## **FAMILY'S SOCIAL INTEGRATION**

Exploration of the wider context of the local neighbourhood and community and its impact on the child and parents, includes the degree of the family's integration or isolation, their peer groups, friendship and social networks and the importance attached to them.

## **COMMUNITY RESOURCES**

Describes all facilities and services in a neighbourhood and includes availability, accessibility and standard of resources and impact on the family, including disabled members.

## FAMILY HISTORY & FUNCTIONING

Level 1	Level 2	Level 3	Level 4
Few significant changes in family composition that could impact on the child	Child has experienced loss of a significant adult through separation or bereavement; child has caring responsibilities; caregiver has mental/physical/substance abuse difficulties; caregiver or sibling has received a custodial sentence; sibling with a disability or significant health problem and Refugee/asylum seeking family. However, appropriate support is in place or being sought. <input type="checkbox"/>	Child is not receiving support for loss/bereavement and caregiver unable to provide support; Child's caring responsibilities are impacting on their social, behavioural and emotional development and education will also be affected; caregivers are unable to prioritise the needs of the child due to their own difficulties or those of a sibling <input type="checkbox"/>	Child's social, behavioural and emotional development is being significantly affected <input type="checkbox"/>
No unsafe adults e.g. Registered Sex Offender has access to the child in an unsafe way	Presence of unsafe adults is known. Caregivers aware and appropriately protective, including online <input type="checkbox"/>	Concern that unsafe adult may have access to a child and caregivers not undertaking appropriate responsibility <input type="checkbox"/>	Unsafe adult has access to a child and caregivers unwilling to accept that there is any risk <input type="checkbox"/>
Caregivers own history has no impact on child's development/safety	Caregivers history may have some impact on the child but is not affecting overall development <input type="checkbox"/>	Concern that caregiver history impacts on the development/safety of the child <input type="checkbox"/>	Concern that caregivers history significantly impacts on child's development and safety. <input type="checkbox"/>

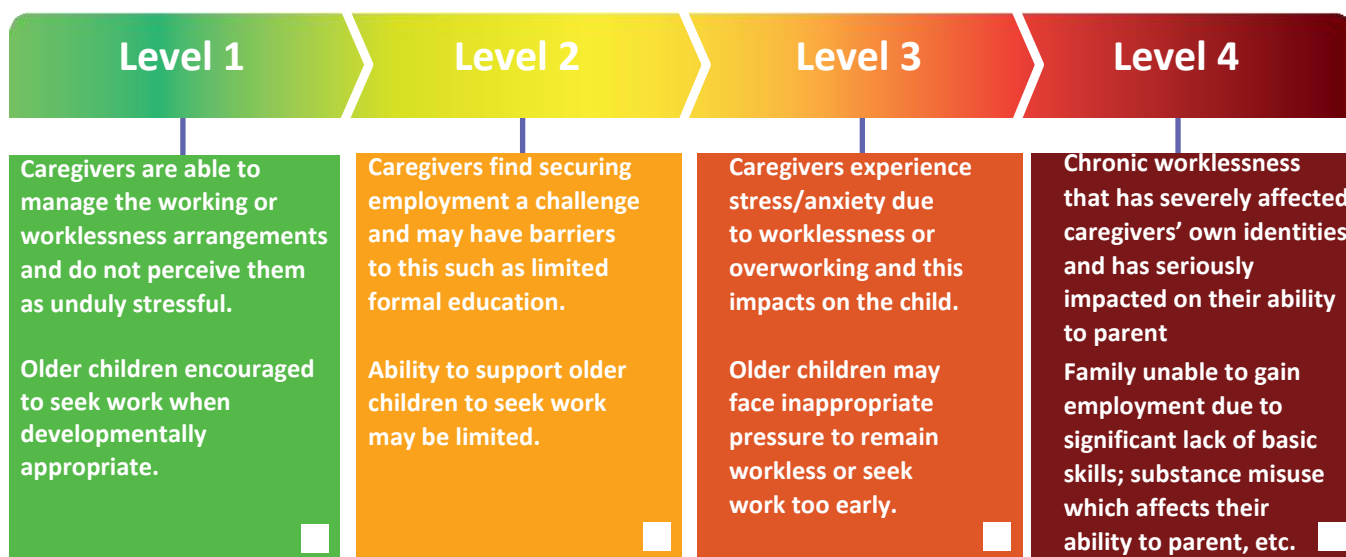
## WIDER FAMILY

Level 1	Level 2	Level 3	Level 4
Supportive extended family/friendships that are able to step in to help resolve any issues	Limited support from friends and family so family unit dependent on themselves for the resolution of any issues	Family has poor relationships with family and limited friendships. Family is socially isolated and would significantly struggle as a unit to resolve issues	Destructive and unhelpful involvement from the extended family which does not help resolve issues and can make things worse. Family have no resource to resolve issues

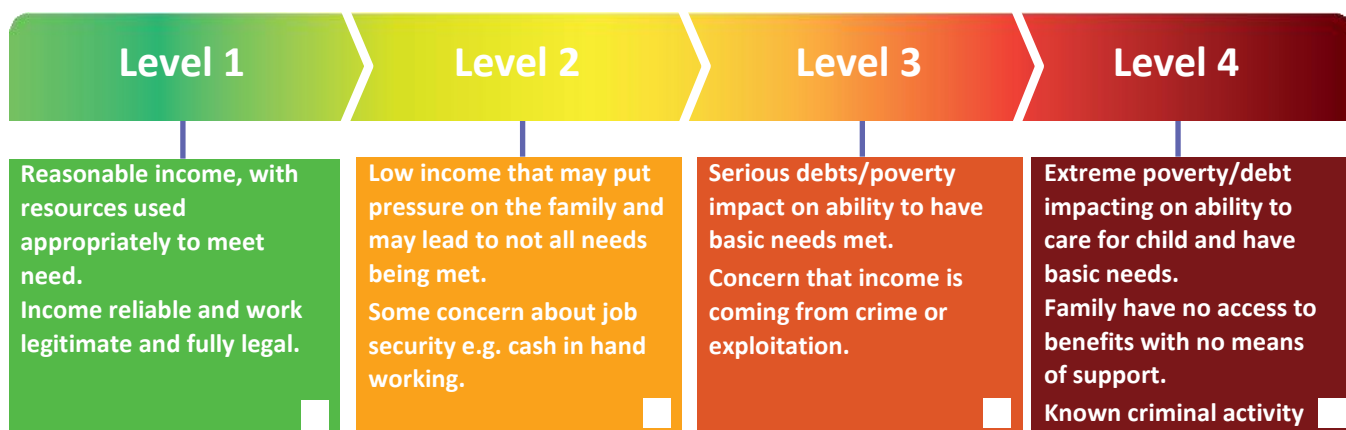
## HOUSING

Level 1	Level 2	Level 3	Level 4
Essential and additional facilities present, e.g. water, heat, internet	Most of the essential facilities are present but home may lack some	Most essential facilities are not present	No facilities present leaving the child unsafe
Well maintained	Largely adequate although some areas needing repair	In disrepair, caregivers unable or unwilling to make important repairs.	Dangerous disrepair, caregivers unwilling or unable to make essential repairs, exposed nails, live wires, etc.
House is clean. Decoratively the child's tastes are catered for	Most of the time house is relatively clean, can sometimes be cluttered or in need of cleaning. Some redecoration may be required.	Most of the house is dirty including the child's bedroom. Most of the house is in need of decoration	The entire house is extremely dirty, filthy and smelly and in need of complete decoration. The home is an unsafe environment for the child
The home provides enough room for the family and there is no concern re: loss of accommodation	There may be issues of overcrowding. There may be rent arrears or other concerns about stability of accommodation.	There is overcrowding. The tenancy/mortgage is at risk due to rent arrears; anti-social behaviour etc. Caregivers refuse to accept specialist equipment or adaptation for disabled child, thus putting the child's safety at risk	There is overcrowding that significantly affects the child. It is likely the tenancy will be lost and the family rendered homeless  Family may have no recourse to public funds

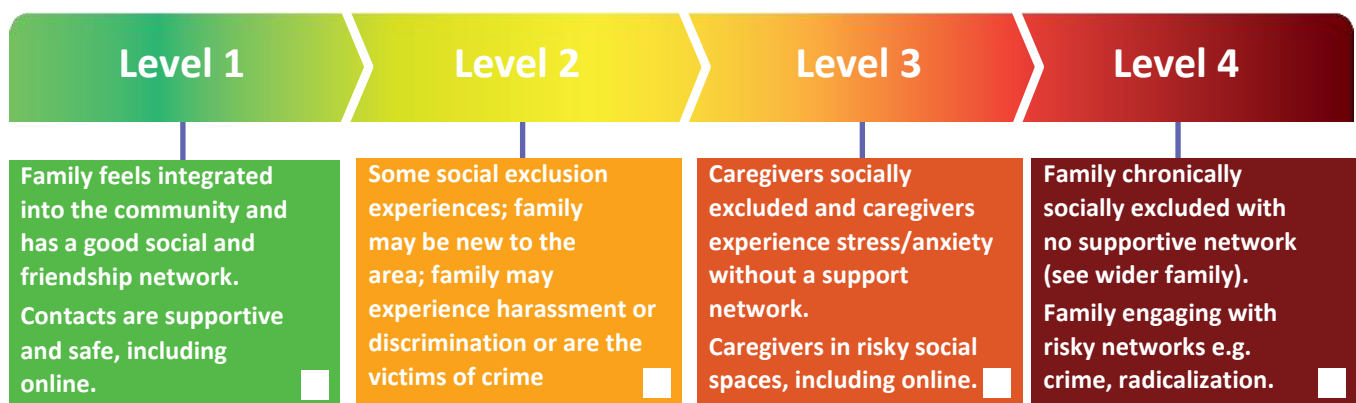
## EMPLOYMENT



## INCOME



## FAMILY'S SOCIAL INTEGRATION



## COMMUNITY RESOURCES





# Tools and resources

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The Threshold of Needs will provide an overview of the issues facing a family and the strengths to be harnessed. To gain fuller insight, a number of additional assessment and support tools are available including:

Tools	Will help with
Childcare Development Checklist (Neglect Toolkit)	Assessing care of children and identifying neglect
Graded Care Profile	Assessing care of children and identifying neglect
Outcome Star	Tool for supporting and measuring change across a range of issues
Neglect Practitioners Portal	Supports practitioners to successfully identify and record neglect.
Child Sexual Exploitation (CSE) Screening Tool	Assessing the risk of children and young people of Child Sexual Exploitation
CAADA DASH Risk Assessment	Assessing the risks of harm from Domestic Abuse, Stalking and Honour-based violence
Parental Substance Misuse Toolkit	Identify substance misuse, its impact and where to get support
Female Genital Mutilation (FGM) Screening Tool	Assessing the risks of Female Genital Mutilation
3 Houses Tool	Tool to actively involve children in child protection assessment and planning
Signs of Safety	A solution focused framework for risk assessment and safety planning
Multi-Agency Risk Management Plan (MARAMP)	Multi-agency risk assessment and plan where there are concerns about risky behaviour and there is no child protection plan

## Further information

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For further information on resources, teams and services available. Please

visit: Oxfordshire Safeguarding Children Board: [www.oscb.org.uk](http://www.oscb.org.uk)

Oxfordshire Practitioner Toolkit: [www.oxfordshire.gov.uk/practitionertoolkit](http://www.oxfordshire.gov.uk/practitionertoolkit)

Oxfordshire County Council: [www.oxfordshire.gov.uk](http://www.oxfordshire.gov.uk)

# Glossary

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Term

Meaning

**MASH**

**Multi Agency Safeguarding Hub**

**EHE**

**Electively Home Educated**

**MISPER**

**Missing Person Return Interview**

**EHA**

**Early Help Assessment (formally CAF)**

**CAF**

**Common Assessment Framework (now EHA)**

**TAC/F**

**Team Around the Child/Family**

**LCSS**

**Locality and Community Support Service**

**EHCP**

**Education, Health and Care Plan**

**NEET**

**Not in Education, Employment or Training**

**EET**

**In Education, Employment or Training**

**TF**

**Troubled Families/Think Family**

**CSC**

**Children's Social Care**

**CSE**

**Child Sexual Exploitation**

**SEN**

**Special Educational Needs**

**OSCB**

**Oxfordshire Safeguarding Children Board**

**MARAMP**

**Multi Agency Risk Management Plan**

**FGM**

**Female Genital Mutilation**

**SEND**

**Special Educational Needs and Disabilities**

The Threshold of Needs processes are vital components of ensuring that children and families get the right support at the right time. This is sponsored by all partners making up the OSCB.