**Our Safeguarding Children Partnership
for Cornwall and the Isles of Scilly**

Threshold Tool

**Practice guidance for improving outcomes for children and young people
by identifying need and risk of harm early and taking appropriate
and effective action to reduce the risk of harm**

**www.safechildren-cios.co.uk**

Contents

Continuum of Need Model

Our Safeguarding Children Partnership (OSCP) for Cornwall and Isles of Scilly has adopted the continuum of need model to provide a multi-agency, whole system approach to assessment, prevention and intervention for children, young people and their families. The adoption of the model provides consistency for professionals working across geographical areas. This dynamic model provides a needs led, outcome driven matrix of need and vulnerability which, when used effectively, can match the child/young person's needs with the appropriate assessment and a proportionate response.

Signs of Safety is the core multi-agency approach to working with families in Cornwall and managing risk where children are in need of help and protection.

The diagram of the model describes the spectrum of support and the relationship between the different levels of need. It illustrates how the level can move forward and backwards across the continuum, highlighting the importance of integrated service delivery. It also reinforces the need for an effective seamless process to ensure continuity of care when a child or young person moves between different levels of support. The whole system approach highlights the importance of there always being a practitioner in place to co-ordinate service activity and to act as single point of contact whenever a child or young person requires integrated support.

If you have serious safeguarding concerns about a child or young person, contact the Multi-Agency Referral Unit (MARU) on 0300 123 1116 or email MultiAgencyReferralUnit@cornwall.gcsx.gov.uk.

Out of hours please call 01208 251 300.

Integrated Children's Services

Continuum of needs
(comonly known as the windscreen)
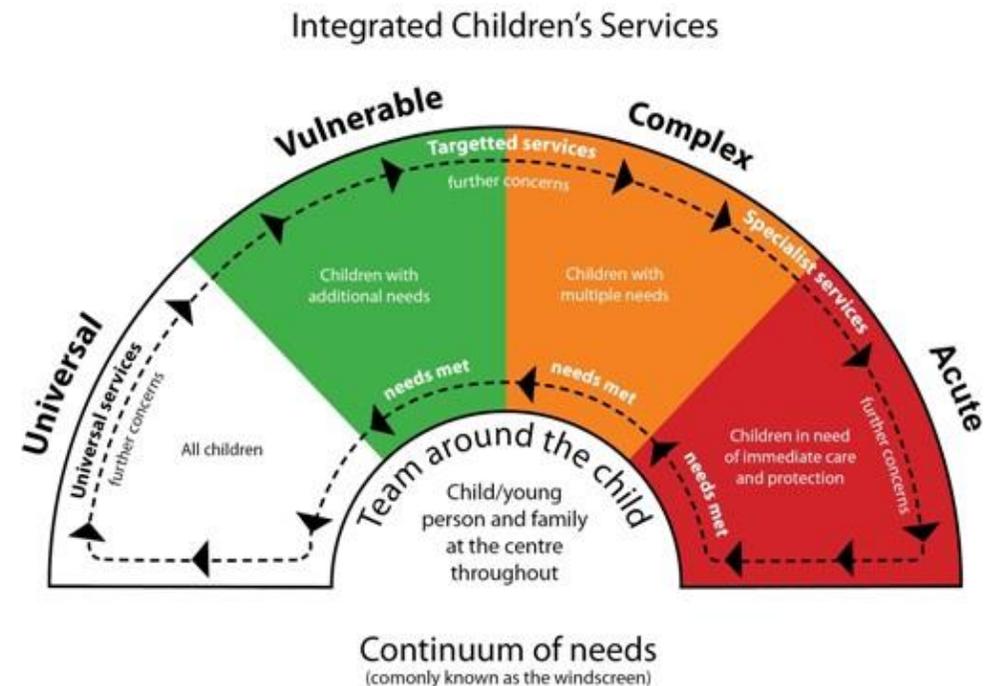
Early Help

Early Help aims to ensure that services to support children, young people and their parents are there when they need them. Early Help is about identifying problems at an early stage and providing purposeful and effective help swiftly once they have been identified. An important part of this work is working with children, parents and families to identify and helpfully involve the network of people naturally connected to them, who they trust and know best, to develop a plan of support.

The Cornwall Early Help Hub is the single point of access for both council and community health services, in line with the Early Help Offer. This is the point of contact for advice and requests for support for a child or young person who may have additional needs that cannot be met solely by universal services but which do not meet social care thresholds.

The services that can be requested through the Hub, together with the appropriate request for help forms and contact details, can be found on the Safeguarding Children Partnership website (www.safechildren-cios.co.uk) under "Working Together" or via the link below: http://www.safechildren-cios.co.uk/health-and-social-care/childrens-services/cornwall-and-isles-of-scilly-safeguarding-children-partnership/working-together/early-help-hub/

The Hub accepts Requests for Help from professionals, parents, carers and young people who are Fraser competent

What Happens to a Request for Help?

We ensure that full consent has been gained from the parent, carer or young person. This enables contact workers, from a variety of backgrounds including Health, Early Years, Social Care, Education and Early Help process the Requests for Help and gather additional information. (all professionals should be familiar with LSCB Instruction 4: Information Sharing, which provides the context for information sharing and agency responsibilities)

A professional multi-disciplinary triage team provides advice and guidance, and where appropriate it makes a decision about the service that will be provided from a health or council team. The manager signs off recommendations and decisions. The referrer and the parent, carer or young person are then informed about the decision,

The Early Help Hub is co-located with the MARU and the managers of each service work closely together to ensure every child receives the right help at the right time by the right service. This helps to ensure there is no "wrong front door" for someone who is concerned about a child.

Contact the Early Help Hub on 01872 322277

Levels of Vulnerability and Need

The Cornwall and Isles of Scilly OSCP Threshold Tool sets out four levels of vulnerability and need to assist practitioners to identify the most appropriate service response for children, young people and their families.

This tool can also be used to prioritise and develop a range of support and intervention strategies matched to the needs and strengths of the child, young person, and family.

Alongside the OSCP Threshold Tool, the partnership has agreed that using Signs of Safety to complete an assessment or 'mapping' of the child and family is expected to develop a rich picture of the child's lived experience and inform analysis and judgement to make sure that children and families receive the right help at the right time. A Signs of Safety assessment/mapping considers three key questions:

- What are we worried about? (past harm and future danger)

- What's going well? (strengths, resources and proven safety)

- What needs to happen? (goals and next steps)

Disabled children and their families are entitled to request an assessment of their support needs under S17 of the Children Act 1989. In addition to an assessment of the

Levels of Vulnerability and Need	
Level 1 Universal services	Children with no additional needs. Children who make good overall progress in all areas of universal development and receive appropriate universal services.
Level 2 Children with additional needs	Children with additional needs. Children whose health and development may be adversely affected and who would benefit from extra help in order to make the best of their life chances.
Level 3 Children with multiple needs	Children with multiple needs. Children whose health and/or development is being impaired or there is a high risk of significant impairment.
Level 4 Children in need of protection	Children who are experiencing significant harm or where there is a high likelihood of significant harm.

child's needs, the child's carer(s) are entitled to request a carer assessment of their own needs.

The descriptors and indicators set out in this document, along with Signs of Safety enable partner agencies to use shared terminology and develop a shared understanding of levels of needs and vulnerability.

They provide a detailed breakdown of the three domains and dimensions of the OSCP Framework for the Assessment of Children in Need and their Families:

- Child's developmental needs
- Parenting capacity
- Family and environmental factors

The descriptors and indicators are indicative rather than definitive, but will help to provide an evidence base for professional judgement and decision making.

The descriptors and indicators cannot reflect or predict sudden changes in the child's lived experience and any sudden change in a child's presentation should be explored to establish if there is a cause for concern.

In addition, the age of the child and any protective factors that may enhance resilience need to be taken into account.

The lack of impact as a result of previous or on-going service involvement should also be noted as a concern.

The needs of all the children of a family should be considered, for example the impact of caring for a disabled child on the parent/carer's capacity to meet the needs of other children in the family.

Threshold of Need and Intervention Criteria

	Development of child or young person 1 - Health	Note: this is an illustrative rather than comprehensive list of indicators		
	Level 1 Requires universal services only	**Children and young people who need additional help**		
		Level 2	**Level 3**	**Level 4**
General Health	▪ Physically well ▪ Adequate diet / hygiene / clothing ▪ Developmental checks / immunisations up-to-date ▪ Health appointments are kept ▪ Regular dental / optical care	▪ Overweight / underweight ▪ Concerns re diet / hygiene / clothing ▪ Starting to miss health appointments ▪ Defaulting on immunisation / checks ▪ Susceptible to minor health problems ▪ Not registered with GP / dentist ▪ Soiling / wetting self ▪ Low level substance misuse ▪ A&E attendance giving cause for concern	▪ Chronic health problems with a severe impact on everyday functioning ▪ Failure to access appropriate health care ▪ Persistent excessive alcohol consumption, smoking or other substance misuse ▪ Serious mental health issues ▪ Pregnancy and STIs (see glossary for explanation of STIs) in young person under 16 ▪ Multiple A&E attendances causing concern ▪ Frequent unexplained minor injuries and/or delay in seeking medical attention	▪ Failure to thrive ▪ Suspected non-accidental injury / abuse / neglect ▪ Class A / serious drug misuse ▪ Acute and serious mental or physical health needs or behavioural difficulties, including life-threatening self harm, suicide ▪ Children who are accessing acute health services including sexual health clinics which indicates significant harm
Physical and sensory development	▪ Physical and sensory development milestones are met ▪ Age appropriate involvement in physical activity	▪ Slow in reaching developmental milestones ▪ Sensory developmental delay	▪ Significant physical disability ▪ Serious developmental delay	▪ Profound / severe and/or multiple disabilities with significant unmet need
Speech, language and communication	▪ Age appropriate development re: • Fluency of speech and confidence • Willingness to communicate • Verbal and non-verbal comprehension • Language structure and vocabulary and articulation	▪ Reluctant communicator ▪ Not understanding age-appropriate instructions ▪ Confused by non-verbal communication ▪ Difficulty listening for an appropriate length of time ▪ Immature structure of expressive language ▪ Speech sounds immature	▪ Severe disorder and impairment in understanding spoken language ▪ Communication difficulties have a severe impact on everyday life ▪ Requires alternative or augmented means of communication ▪ 'frozen watchfulness' (see glossary for explanation)	▪ Sexually inappropriate language / vocabulary for age

	Level 1	Children and young people who need additional help		
Development of child or young person 2 - Wellbeing		Note: this is an illustrative rather than comprehensive list of indicators		
	Requires universal services only	**Level 2**	**Level 3**	**Level 4**
Emotional and Social	- Good quality early attachments - Feelings and actions demonstrate appropriate responses - Able to adapt to change - Able to demonstrate empathy - Involved in leisure and other social activity	- Difficulties in relationships with peer group and/or with adults - Over-friendly or withdrawn with strangers - Finds coping with change difficult even with support - Difficulties expressing empathy - Impulsive / lacks self-control - Child causing concerns over use of internet and/or social media - Concerns about possible bullying / cyberbullying - Vulnerable to exploitation e.g. gangs or 'radicalisation'	- Disordered attachments that have a severe impact - Relates to strangers indiscriminately without regard for safety or social norms, parents' awareness of risk appears limited - Reaction to change triggers prolonged inability to cope - Phobias and other psychological difficulties at a clinically significant level - Association with delinquent / substance misusing / serious risk taking peers - Suffers from periods of serious depression	- Endangers own life through self harm / substance misuse / eating disorder - Child has suffered or may have suffered physical, sexual or emotional abuse or neglect / has been subject to Looked After Children (LAC) proceedings - Involved in child sexual exploitation or trafficking
Behaviour	- Appropriate self-control - Appropriate social behaviour - Appropriate sexual development and activity	- Disruptive / challenging behaviour, including in school or early years setting - Concerns about sexual development and behaviour - Child suspected of having inappropriate relationship with adult or peers - At risk of child sexual exploitation	- Disruptive / challenging behaviour at school and in neighbourhood and at home - At risk of permanent exclusion - Regularly missing from education, employment or training (NEET) - Young person regularly involved in antisocial criminal activities / violent / risk taking behaviour - Young person subject to antisocial behaviour order (ASBO) or acceptable behaviour contract (ABC) - Child suspected to be involved in child sexual exploitation	- Significant evidence child is involved in child sexual exploitation - Puts self or others in danger through reckless activity - Disappears or is missing from home for long periods - Multiple criminal incidents / involvement in activities that would constitute offences / behaviour that would constitute criminal activity - Sexual development and behaviour which may be indicative of abuse

	Level 1 Requires universal services only	Children and young people who need additional help		
Development of child or young person 2 - Wellbeing		Note: this is an illustrative rather than comprehensive list of indicators		
	Level 1 Requires universal services only	**Level 2**	**Level 3**	**Level 4**
Identify, self-esteem, image	▪ Positive sense of self and abilities ▪ Demonstrates feelings of belonging and acceptance ▪ An ability to express needs	▪ Shows lack of self-esteem ▪ Vulnerable to bullying, discrimination or harassment ▪ Limited insight into how appearance and behaviour are perceived ▪ Inclined to bully	▪ Seriously affected by persistent discrimination, eg on the basis of ethnicity, sexual orientation or disability ▪ Subject to severe bullying ▪ Severe bullying of others ▪ Family environment (substance misuse / poverty impacting on identity / out of work / crime)	▪ High level of drug, substance and alcohol abuse ▪ Self-harming and eating disorders
Family and social relationships	▪ Aware of personal and family history ▪ Stable and affectionate relationships with caregivers ▪ Good relationships with siblings ▪ Positive relationships with peers ▪ Age-appropriate friendships	▪ Limited support from family and friends ▪ Lacks positive role models ▪ Serious conflicts with peers / siblings ▪ Difficulties sustaining relationships ▪ Children returning home following looked after episode	▪ Looked after children and young people ▪ Siblings of looked after children and young people with mental health or wellbeing issues ▪ Children and young people who have a high level of responsibility for others (eg parents, siblings) ▪ Siblings are being adversely affected by the high needs of one child or by their behaviour	▪ Child subject to a child protection plan ▪ Child has suffered or may have suffered serious physical, sexual or emotional abuse or neglect including possible child sexual exploitation ▪ Child presents as severely neglected
Self care skills and independence	▪ Growing level of competencies in practical and emotional skills ▪ Good level of personal hygiene ▪ Gaining confidence and skills to undertake activities away from the family	▪ Friendships and relationships inappropriate for age ▪ Not always adequate self-care, e.g. poor hygiene ▪ Slow to develop age-appropriate self-care skills ▪ Failing to develop confidence and skills for independence ▪ Young people aged under 18 living independently	▪ Poor self-care for age, including hygiene ▪ The child is starting to go missing ▪ The child is associating with people on line who pose a risk to them ▪ Young person aged under 18 living independently and not coping to a significant degree	▪ Neglect of self-care because of alternative priorities, e.g. substance misuse ▪ Neglect of young person's own child ▪ Acute and serious mental or physical health needs or behavioural difficulties impacting significantly on ability to care for self ▪ Profound / severe and/or multiple disabilities impacting on ability to care for self

	Development of child or young person 3 - Learning		Note: this is an illustrative rather than comprehensive list of indicators	
	Level 1 Requires universal services only	**Children and young people who need additional help**		
		Level 2	**Level 3**	**Level 4**
Understanding, reasoning and problem solving	▪ Milestones for cognitive development are met ▪ Demonstrates a range of skills and interests	▪ Milestones for cognitive development are not met ▪ Mild to moderate learning difficulties ▪ Identified learning needs from School Action of SEN Code of Practice	▪ Complex learning and/or disability needs ▪ Serious developmental delay ▪ Additional special educational needs support including Education, Health and Care Plan	
Participation in education or work	▪ Access to educational provision appropriate to age and ability ▪ Access to employment (including work based learning) appropriate to age and ability ▪ Regularly attends education or training, or in full-time work	▪ Poor school/early years attendance / punctuality ▪ Gaps in school / learning ▪ Behaviour likely to lead to risk of exclusion ▪ Multiple changes of school / early years setting ▪ No access to early developmental experiences ▪ Often appears tired in school which appears to impact on participation and achievement ▪ Not accessing work-appropriate skills	▪ Parent / child subject of statutory intervention for poor attendance / persistent poor attendance with parental acceptance ▪ Multiple fixed-term exclusions ▪ At risk of or permanently excluded ▪ Multiple changes of school without notification ▪ Has no school place and meets hard to place criteria ▪ Emotionally-based school refuser ▪ Not in education, employment or training and experiencing barriers to progress	
Progress and achievement in learning	▪ Acquiring a range of skills and interests ▪ No concerns about achievement or cognitive development ▪ Access to books / toys, play	▪ Requires a modified curriculum and timetable ▪ Learning expectations are not met ▪ Not making progress in line with national expectations or children with similar needs across the ability range ▪ Cannot access age appropriate resources for learning and play	▪ Requires alternative curriculum / timetable ▪ Unable to access mainstream curriculum ▪ Not making progress in spite of intervention ▪ Educational (or social or mental health needs) may result in educational placement out of school or away from home	
Aspirations	▪ Well motivated and self-confident	▪ Seeing little or no value in education	▪ Total disengagement from learning	

	Parents and carers	Note: this is an illustrative rather than comprehensive list of indicators		
	Level 1	**Children and young people who need additional help**		
	Requires universal services only	**Level 2**	**Level 3**	**Level 4**
Basic care / ensuring safety and protection	▪ Provides for child's physical needs, eg appropriate nutrition, clothing and medical care ▪ Protects from danger and harm in home and elsewhere ▪ Parents able to meet child's needs and know how and where to access support ▪ Parents of disabled children are managing to balance caring and parenting tasks ▪ Works effectively with services in best interests of the child or young person ▪ Parents have no difficulties with lack of sleep or settling their child at night	▪ Parent unable or unwilling to provide appropriate supervision ▪ Parents struggling to meet child or young person's needs without support ▪ Parents/carers of a disabled child are struggling to manage both caring and parenting tasks ▪ Parents need advice and guidance about settling their child(ren) at night so that they get regular rest ▪ Poor social skills of parents and/or child ▪ Child or young person exposed to hazards / risks ▪ Parent struggling or unwilling to prioritise child's needs over their own ▪ Parents over-controlling ▪ Evidence of domestic abuse	▪ Food, warmth and basic care erratic and inconsistent ▪ Parent struggling to provide 'good enough' care with significant impact on child ▪ Parents/carers of disabled children are becoming exhausted and this is impacting on their ability to undertake caring and parenting tasks ▪ Parents involved in criminal activity significant impact on child welfare ▪ Parents' mental health or substance misuse significantly affect care of children ▪ Ongoing serious domestic abuse ▪ Parents unable to safely care for their other children ▪ Inability to recognise child's needs such that child's development may be significantly impaired ▪ Parents not offering adequate supervision to child based on age, maturity and development ▪ Previous history of parents unable to care for children ▪ Parent overly controlling or inappropriate use of sanctions / punishment	▪ Parents unable to provide 'good enough' care that is adequate and safe which places the child at risk of significant harm ▪ Persistent instability and violence in the home ▪ Parents do not take appropriate action if child goes missing ▪ Child not protected from sexual exploitation ▪ Child left alone or unsupervised based on age, development and/or maturity ▪ Allegation of serious injury / abuse ▪ Pre-birth assessment identifies unborn child at risk of significant harm ▪ Mental or physical health problem, learning disability or chaotic substance / alcohol misuse that severely impacts on ability to provide basic care for child ▪ Unable to protect from significant harm including contact with unsafe adults ▪ Allegation or reasonable suspicion of serious injury / abuse ▪ Extreme / continuous domestic abuse

	Parents and carers		Note: this is an illustrative rather than comprehensive list of indicators	
	Level 1	**Children and young people who need additional help**		
	Requires universal services only	**Level 2**	**Level 3**	**Level 4**
Emotional warmth and stability	- Parents provide secure and consistent care - Parents show appropriate warmth, praise and encouragement	- Inconsistent responses to child / young person - Erratic or inconsistent care from multiple carers - Family disputes impacting on child/young person - Poor home routines - Over-protective care which inhibits child's social and emotional development	- Child has experienced multiple and/or inappropriate carers - Parents unable to prioritise the needs of the child - Parents highly critical of child and provide little warmth, praise or encouragement - Chaotic parenting of child / young person - Parents unable to exercise control of child / young person	- Parent unable to protect the child - Child rejected by parent - Parent/carer rejected by child - Abandoned child or unaccompanied minor - Child / parent relationship at risk of breakdown - Parents not confident in assessing the risks posed by potential carers
Guidance, boundaries and stimulation	- Sets consistent and appropriate boundaries taking account of age/development of child / young person - Enables child to access appropriate activities and to experience success	- Parent provides inconsistent boundaries - Parent provides limited interaction/stimulation for child - Child or young person spends considerable time alone - Lack of response to concerns raised about child or young person - Parent does not support access to positive new experiences or social interaction - Child accessing social media sites without age appropriate parental supervision	- Despite putting in place advice and guidance about settling children at night the parent is not getting regular rest and the impact of this on their capacity to meet the needs of the child requires specialist support - No effective boundaries set - Parents unable to provide appropriate role model - Development of child impaired through lack of appropriate stimulation and plan - Persistent condoned absence from school - Exposure to inappropriate or harmful material and people (eg via internet) - Parents in severe conflict with statutory services - No access / no interest in accessing constructive leisure activities	- The parent's attention to the complex needs of one child means that other children of the family are at risk of neglect - Parents are suffering from extreme symptoms of sleep deprivation, affecting everyday life and their capacity to parent safely - No effective boundaries set – child out of control / offending and developmental delay - Parents do not know child's whereabouts and concerns child may be associating with adults

	Family and environmental factors		Note: this is an illustrative rather than comprehensive list of indicators	
	Level 1	**Children and young people who need additional help**		
	Requires universal services only	**Level 2**	**Level 3**	**Level 4**
Family history, functioning and wellbeing	▪ Good family relationships, including where parents are separated or bereavement OR parental disputes not impacting on the child and is well managed, and child is supported ▪ May be milk physical or mental health difficulties in immediate family, but not impacting on child/well managed and supported ▪ No concerns regarding parental engagement ▪ Family stresses but coping well ▪ Few significant changes in family composition	▪ Family conflicts or parental disputes that may involve children ▪ History of involvement with statutory services ▪ Moderate physical or mental health difficulties in immediate family ▪ Difficulty with parental engagement ▪ Loss of significant adult through bereavement or separation impacting significantly ▪ Suspected / occasional domestic abuse ▪ Multiple births / high number of young children ▪ Family seeking asylum or refugees ▪ Sibling / parent involved in criminal activity ▪ Family not coping ▪ Young carer (parent / siblings) ▪ Privately fostered – unapproved or not notified ▪ Living with other family members	▪ Incidents of domestic abuse or substance misuse ▪ Moderate learning, mental or physical health difficulties impacting on parenting capacity ▪ Family with history of CP registration / previous removal of child ▪ Family involved in serious criminal activity / received custodial sentence ▪ Family breakdown related in some way to child's behavioural difficulties ▪ Evidence of female genital mutilation within the family, or significant others	▪ Past or current incidence of neglect and/or abuse, arising from serious domestic abuse or alcohol/substance misuse ▪ Significant mental or physical health difficulties within the immediate family ▪ A person who has a conviction(s) for offences against children (sexual, physical or neglect) or paedophile poses actual or potential risk ▪ Suspicion of child being taken / prepared for female genital mutilation ▪ Suspicion that a child is being 'radicalised' in such a way as to pose a risk to themselves and/or others
Wider family	▪ Sense of larger familial network and/or good friendships outside of the family unit	▪ Family is socially isolated ▪ Family has poor relationships or no contact with extended family	▪ Destructive relationships with wider family including historical and inter-generational issues	▪ Household members / adult in contact with children who is subject to multi-agency public protection arrangements (MAPPA) or multi-agency risk assessment conference (MARAC) meetings

	Family and environmental factors	Note: this is an illustrative rather than comprehensive list of indicators		
	Level 1	**Children and young people who need additional help**		
	Requires universal services only	**Level 2**	**Level 3**	**Level 4**
Housing, employment and finances	- Accommodation has basic amenities and appropriate facilities - Parents able to manage working or unemployment arrangements adequately and do not perceive them as unduly stressful - Reasonable income over time with resources used appropriately to meet individual needs	- Barely adequate / poor / temporary accommodation - Housing causing family stress - Difficult to obtain employment due to poor basic skills - Parents experience continuing stress due to unemployment or 'overworking' - Difficulties managing household finances - Low level debt / in need of financial advice - Low income / financial hardship - Lack of affordability for basic amenities including household fuel and food	- Chronic and long-term unemployment due to significant lack of basic skills or long standing issues such as substance misuse / offending etc. - Serious debts / poverty impacting on ability to meet family's basic needs - Extreme poverty / debt impacting on ability to care for child	- Poor home conditions places child in serious physical danger - Network of family, friends or associates pose a risk to the welfare and safety of the child
Social and community elements	- Generally good universal services in the neighbourhood - Family feels integrated into the community - Adequate social and friendship networks - Community are generally supportive of family and/or child	- Family not accessing universal or targeted services - Chronic unemployment affecting parents / family significantly - Unexplained wealth - Family is social excluded - Frequent housing moves - Family and/or young person vulnerable to being 'radicalised' - referral to Chanel	- Poor quality or lack of universal and targeted services with long term difficulties accessing target populations - Chronic social exclusion	

MARU (Multi Agency Referral Unit) Guidance

The Cornwall and Isles of Scilly Safeguarding Children Partnership has agreed that all contacts with the Multi Agency Referral Unit (MARU) within Cornwall should be made using the inter-agency referral form which can be found on the Cornwall and Isles of Scilly Safeguarding Children Partnership website. The form is in line with the requirements of Working Together (2018) and local procedures for sharing information when concerns about the welfare or development of a child have been identified.

(see also OSCP Guidance Note 5: Threshold Guidance and OSCP Guidance Note1: Resolving Professional differences)

Consent and Confidentiality

Personal information about children and families held by health professionals is normally subject to a duty of confidence and would not normally be disclosed without the consent of the subject (Data Protection Act 1998 and General Data Protection Regulations 2017). However, the law allows disclosure of confidential information necessary to safeguard the welfare of children (Information Sharing: Practitioners' Guide HM 2008).

Where, in exceptional circumstances, a professional decides not to seek parental permission before making a referral to the MARU the decision must be recorded in the child's file/record with the reasons and this should be confirmed within the referral.

A referral from a professional cannot be treated as anonymous, so the parent will ultimately become aware of the identity of the referrer. Where the parent refuses to give permission for the referral, unless it would cause undue delay, further advice should be sought from a manager or the designated safeguarding children professional and the outcome fully recorded.

If, having taken full account of the parents' wishes, it is still considered that there is a need for referral the referrer must:

- Record the reason for proceeding without parental agreement;

- Explain why the parent is withholding permission within the multi-agency referral to the MARU; and
- Contact the parent to inform them that, after considering their wishes, a referral has been made.

Wherever possible, the permission of parents/carers/children/young people (as appropriate to age and understanding) should have been sought before contacting the MARU and before a social worker discusses the concerns with another agency. However, 'this should only be done where such discussion and agreement seeking will not place a child at further risk of significant harm or prejudice enquiries under section 47 of the Children Act 1989 or a police investigation.'

Where possible and the concerns do not meet the threshold for significant harm, it is good practice to complete the inter-agency referral form with the family and obtain their signatures before sharing the information with the MARU. If parental permission is refused and you have clear evidence that this would place the child at risk of significant harm the interests of the child must come first and the referral must be made. If a referral is made without the knowledge of the family staff within the MARU will discuss this with the referrer before taking any other action.

All Professionals should be familiar with OSCP Guidance Note 4: Information Sharing, which provides the context for information sharing and agency responsibilities:

'Working Together (2018 pp. 18)

Effective sharing of information between practitioners and local organisations and agencies is essential for early identification of need, assessment and service provision to keep children safe. Serious case reviews have highlighted that missed opportunities to record, understand the significance of and share information in a timely manner can have severe consequences for the safety and welfare of children.

Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children, which must always be the paramount concern. To ensure effective safeguarding arrangements:
• all organisations and agencies should have arrangements in place that set out clearly the processes and the principles for sharing information. The arrangement should cover how information will be shared within their own organisation/agency; and with others who may be involved in a child's life
• all practitioners should not assume that someone else will pass on information that they think may be critical to keeping a child safe. If a practitioner has concerns about a child's welfare and considers that they may be a child in need or that the child has suffered or is likely to suffer significant harm, then they should share the information with local authority children's social care and/or the police. All practitioners should be particularly alert to the importance of sharing information when a child moves from one local authority into another, due to the risk that knowledge pertinent to keeping a child safe could be lost
• 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. Information may be shared without consent if a practitioner has reason to believe that there is good reason to do so, and that the sharing of information will enhance the safeguarding of a child in a timely manner. When decisions are made to share or withhold information, practitioners should record who has been given the information and why.

Cornwall and Isles of Scilly Threshold Matrix

Threshold Matrix	Name of Child:									Date:	
		Level 1	**Level 2**			**Level 3**			**Level 4**		
Development (1: Health)	General Health										
	Physical and Sensory Development										
	Speech, Language and Communication										
Development (2: Wellbeing)	Emotional and Social										
	Behaviour										
	Identity, Self-esteem, Image										
	Family and Social Relationships										
	Self Care Skills and Independence										
Development (Learning)	Understanding, Reasoning and Problem Solving										
	Participation in Education or Work										
	Progress and Achievement in Learning										
	Aspirations										
Parents and Carers	Basic Care / Ensuring Safety and Protection										
	Emotional Warmth and Stability										
	Guidance, Boundaries and Stimulation										
Family and Environmental Factors	Family History, Functioning and Wellbeing										
	Wider Family										
	Housing, Employment and Finances										
	Social and Community Elements										
Vulnerability Assessment		Universal	Low	Med	High	Low	Med	High	Low	Med	High

Level 1: Universal services	Plot these descriptors on this matrix with a check mark or an x to give a visual representation of the child or young person's level of need. The matrix reflects your professional judgement and informs decision making.
Level 2: Children with additional needs	
Level 3: Children with complex additional needs	You should then follow your agency's procedures for escalating your concerns, for example for Levels 2 and 3 you might refer this to your line manager for further action, whilst Level 4 will go to the MARU, either via your line manager or directly.
Level 4: Children in need of protection	
Any other comments / remarks / issues, for example cultural or language considerations or additional observations:	

Our Safeguarding Children Partnership
for Cornwall and the Isles of Scilly

The Cornwall and Isles of Scilly Safeguarding Children Partnership would like to thank the Torbay partnership for their work in developing this threshold tool document. The consistent application of thresholds will improve opportunities to safeguard children and help staff working across our borders.

www.safechildren-cios.co.uk

July 2018