

Wiltshire Safeguarding Thresholds Guidance

- for children and families in need of help and support

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Produced in partnership

Families and Children's Transformation (FACT) Board



Wiltshire Police



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1. Introduction

Across Wiltshire we have a vast array of people working with vulnerable children, young people and their families. Those children can experience a range of needs and risks and we all share a duty to ensure they are kept safe from harm. To do this, it is vital that anyone working with them is able to recognise both actual and risk of harm, abuse, injury and neglect - and any other needs impacting on their wellbeing) – and knows what to do next.

The purpose of this guidance is to help practitioners think about how best to respond to the needs and risks they see for the children they are working with.

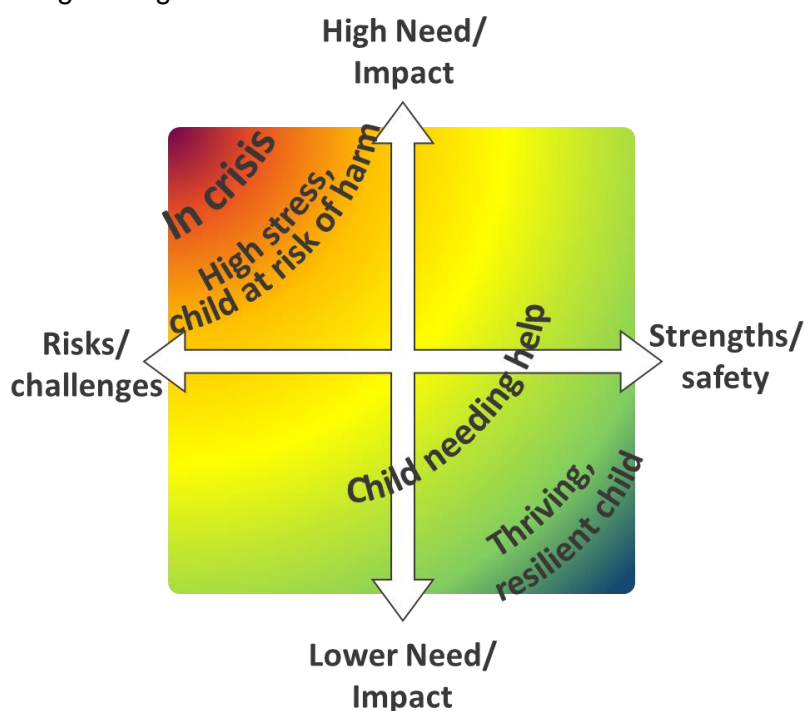
The Families and Children Transformation (FACT) programme is a comprehensive and far reaching change programme designed to fundamentally redesign how services to vulnerable children are offered and experienced. The FACT Programme Board, which is made up of multi-agency partners, has committed to the following five key principles:

- No bouncing around the system
- Seeing things through
- Warm handovers
- Services are person centred – see the whole person
- Keep it simple

This guidance has been designed to enact these principles.

2. The Threshold Matrix

The Threshold Matrix allows us to consider the depth of a child's needs in relation to any risks and strengths within the family and wider environment. The needs, risks and strengths of the child and their family can be plotted across the matrix to give a fluid representation of their overall situation - whether they are safeguarding related or not.



Understanding the needs, risks and strengths of a child and their family is vital to ensure we support them in a way that makes a difference in their lives. This starts with establishing a positive relationship with them - to pave the way for an open, non-judgemental conversation about their worries and concerns and helping them to recognise the strengths they have.

At any stage of understanding needs, risks and strengths it's also important to seek and make use of advice from colleagues and from professional consultation services. Whilst seeking to understand needs, risks and strengths remember to:





- Reflect the importance of creating effective relationships with children and families in order to correctly identify their strengths, needs and risks – and their capacity to manage them
- Encourage a broad view of the child within their family and community context
- Encourage conversations with peers and the use of professional judgement
- Discourage a yes/no threshold approach and move to one of always ensuring the delivery or brokering of the right support
- Remember the importance of your own role in effecting positive change – i.e. do what can yourself before thinking about referring on.

The Threshold Matrix shows a colour-coded scale of concern – with the blue area representing a child that is thriving and the red area representing a child at significant risk of harm, sexual abuse, emotional abuse, physical injury or neglect. This follows the “BRAG Rating” approach used by the MASH (Multi-Agency Safeguarding Hub):

3. BRAG Rating

Integrated Front Door (MASH, Early Support Hub and Out of Hours) staff employ a simple BRAG rating to help determine the best way forward for a child and their family. This is a simple ‘traffic light’ concept used to describe levels of risk, needs and strengths.

Most families will occupy most or all of these levels at any one time. Even families deemed to be in crisis will also be demonstrating characteristics of the other levels – it will be the relative balance between them and the needs and risks presented by the crisis that will determine the response.

	Resilient family; thriving child	Families have strong, effective and sustaining relationships within and outside the family. Children thrive. Families may have overcome tough times and are highly resilient to life's adversities.
	Child and family needing help	Families are generally resilient and relationships with others within and outside the family are mostly positive. They can express their needs and proactively seek support for their children - keen to resolve their worries and concerns. Families are seeking or wanting more for their children but unsure what, where and how.
	High stress family in need of significant and/or intensive help	Families live with high levels of stress. Things are consistently tough, the family are all troubled by the child's behaviour, money is worryingly tight. Families may be wanting to move on after crisis, trauma or significant life event but are isolated with few resources. Children may appear to 'get by' but have lower levels of emotional resilience and skill. Children are less likely to be safe and achieve their full potential. The family situation is likely to reappear in future generations.
	Child and family in crisis	Families in and out of crisis. Day to day living is volatile. Multiple caseworkers and services have been or are involved. Focus is on day to day survival and the family has poor informal networks of support. A different future seems unobtainable. Children are overwhelmed by adversity and/or vulnerability, have poor resilience or lack the skills on their own to lead a safe, healthy and happy life. Children are more likely to need a wide range of extensive support throughout their lifetime to achieve positive outcomes.

4. What to do

Once you have identified the needs of a child and their family it's important to understand what you need to do next.

Child and family needing help

- Seek advice from peers/colleagues/designated safeguarding leads.
- Complete a DART to consolidate your findings and access relevant consultation services or make an appropriate referral(s).
- Where needs are multiple and/or complex and require collaboration from others to support the child and their family, complete an Early Support Assessment with them and develop a shared plan of action.
- With internal colleagues or colleagues from partner agencies complete the actions on the shared plan using the Team Around the Child/Family approach.
- Review impact with the child and family throughout and assess with them whether the desired outcomes have been achieved. If they haven't, seek further consultation, revisit the assessment with the family and pull together a revised shared plan of action to complete.
- If after the above the family remains 'stuck', consider a consultation an Early Intervention Advisor within Wiltshire Council's Integrated Front Door (IFD) for further advice and guidance. The Integrated Front Door can also advise whether a referral for a Family Keyworker for a Support Assessment should be made. Families meeting the threshold for a Family Keyworker:
 - will have children who are at risk of becoming Child in Need (under Section 17 of the Children's Act 2004)
 - are likely to have had previous involvement from intensive parenting support services (including social care) and/or accessed appropriate parenting programmes from which limited, or no positive change has occurred
 - are likely to have had previous referrals to social care which did not result in Section 17 provision

High stress family in need of significant and/or intensive help

- If the child is not in immediate danger but may still be at risk of significant harm, injury or abuse talk to your organisations Designated Safeguarding Lead about making a prompt referral to the IFD. If you do not have a Designated Safeguarding Lead, refer to the IFD promptly and directly yourself.
- If you are concerned but unsure about the level of risk to the child (and they are in no immediate danger) and you do not have access to a Designated Safeguarding Lead, call the IFD for a professional consultation. These can be held anonymously.
- For some families, this level may be described as Child in Need under Section 17 of the Children Act 1989. Alternatively, children and families under high stress but not requiring a social worker may be best supported by a Family Keyworker within the Support & Safeguarding Service.

Child and family in crisis

- If the child is in immediate danger and at serious risk of harm or injury call 999.
- If the child is not in immediate danger but is still at risk of significant harm, injury or abuse talk to your organisations Designated Safeguarding Lead and make an immediate referral to the IFD. If you do not have a Designated Safeguarding Lead, refer to the IFD direct promptly yourself.

- If you are concerned but unsure about the level of risk to the child (and they are in no immediate danger) and you do not have access to a Designated Safeguarding Lead, call the IFD for a professional consultation. These can be held anonymously.
- This level may be described as Child Protection under Section 47 of the Children Act 1989.

Note that the IFD retains the responsibility for determining the need for a social worker and/or family keyworker from the Support and Safeguarding Service. The decision for allocating a social worker will be made within 24 hours for Red and Amber referrals and 72 hours for Blue or Green – these decisions are communicated promptly in writing.

The NSPCC has a very useful factsheet on defining and spotting signs of child abuse at: www.nspcc.org.uk/Inform/research/briefings/signs-of-abuse_wda102204.html.

According to DfE statutory guidance, when practitioners refer a child they should include any information they have on:

- the child's developmental needs
- the capacity of the child's parents or carers to meet those needs and
- any external factors that may be undermining their capacity to parent.

This information may be included in any assessment, including an early help assessment, which may have been carried out prior to a referral into local authority children's social care. Where an early help assessment has already been undertaken, it should be used to support a referral to local authority children's social care; however, this is not a prerequisite for making a referral.

Feedback should be given by local authority children's social care to the referrer on the decisions taken. Where appropriate, this feedback should include the reasons why a case may not meet the statutory threshold and offer suggestions for other sources of more suitable support. Practitioners should always follow up their concerns if they are not satisfied with the local authority children's social care response and should escalate their concerns if they remain dissatisfied.

This Thresholds document sets out principles and approaches but ultimately assessing risk of harm, abuse, injury or neglect is a case by case discussion and decision. If in doubt about a child's safety, always take prompt action by seeking advice from your Safeguarding Lead or by contacting the MASH.

5. Tools to help you identify needs, risks and strengths

For many children and young people, we know their circumstances are complicated and needs are multiple. This is where traditional threshold concepts are unhelpful as they encourage a child to be pigeon holed or labelled around one dominant issue or concern. This doesn't help professionals see how needs are linked to others – and encourages them to focus on dominant needs perhaps above others that the child or family may be more concerned about.

This is where it is imperative that we pull together a holistic view of the child and their family, drawing in (with consent) relevant information from partner agencies. From this we can seek the views of experts on what to do, have informed Consultations where offered and make timely and appropriate referrals where needed. We can also form a Team Around the Family (TAF) which is a small group of practitioners, led by an agreed Lead Professional, who work together to help the child and their family achieve positive outcomes.

There are some useful tools available that may help you with this:

(note these are suggested tools and listing them here does not necessarily mean they are officially endorsed by the organisations on the various Boards that approved this document)

5.1. The DART

Diagnostic And Referral Tool – a bespoke online tool for practitioners to help them identify their concerns for a child or young person, the level of their concern (risk) and be presented with possible sources of support, consultation and guidance. The tool can also be used to refer to services and there is an option to turn the referral into a basic assessment if the child's needs are multiple and require a multi-agency response. This saves time repeating information held within the referral onto the assessment form (also see "Early Support Assessment" over page).

The DART is accessible by logging in at: <https://dart.wiltshire.gov.uk/> (requires creation of an account).

The DART covers concerns from a wide range of areas – each with sources of support identified:

Aggressive, challenging or hyperactive behaviour	Parenting approach, relationship with parent/carer
Attainment and attendance issues (excl. SEND))	Possible radicalisation
Basic caring environment, physical/emotional harm	Running away or sexual exploitation/harm
Child/young person not living with their parents	Self-harming or suicidal behaviour
Cognition or learning needs	Sensory, physical or medical needs
Concerning sexual behaviour	Sexual health, sexuality or relationships
Difficulties learning EAL	Sibling with complex needs
Domestic violence	Social relationships, interaction or identity
Emotional wellbeing, anxiety and resilience	Speech, language or communication needs
General health (excluding sexual health)	Substance misuse by child/young person
Obsessive or compulsive behaviours	Teenage parent (young person or their parent)
Offending - or risk of (young person or family)	Withdrawn, disturbed or traumatised behaviour
Parent/carer health and wellbeing	Young carer/caring responsibilities
Parental employment, money, housing, isolation	NEET/risk of (Not in education, employment or training)

5.2. Early Support Assessment

Wiltshire Council Families and Children's services have moved to a fully integrated Case Management System (CMS) system covering early help, social care and education services. The new single system replaces the multiple ones previously used.

Wiltshire Council is committed to offering partner organisations the use of the Early Help Module within the new system. With the right security, information sharing and consent, the ambition is for partners to be able to "view, do and share" various activities which we currently do on paper or by email. This will be a major leap forward in working together and will give us all more time to spend with children and families.

Colleagues across the partnership (from schools, early years, mental health, drugs and alcohol, nursing, housing, domestic abuse and many other services) have taken a look at the new system and have voted overwhelmingly in favour of its safe, secure shared use.

"Sounds and looks great. Much safer than paper and emails"

"much easier to set up and run a Team around the Child – and oversee progress on the child's Plan"

Shared use across the partnership will enable us to make significant progress in supporting families the way they want us to – in a quicker, more coordinated and joined up way.

The Council's new system provides an online CAF solution called an "Early Support Assessment" (ESA). A Word-based version of the Early Support Assessment has been issued, with plans to enable partners to complete an ESA via Wiltshire Councils CMS. Partners continue to advise the IFD when they have completed an ESA which is logged on our CMS.

5.3. The Wiltshire Child Sexual Exploitation Screen

Available at: www.wiltshirescb.org.uk/child-sexual-exploitation-professionals/

5.4. Recognising and responding to child sexual abuse

[Child Sexual Abuse – Wiltshire Safeguarding Vulnerable People Partnership \(wiltshirescb.org.uk\)](http://www.wiltshirescb.org.uk/child-sexual-exploitation-professionals/)

5.5. Graded Care Profile (supporting the assessment of neglectful care)

The GCP2 is an assessment tool that supports practitioners to make a judgement about whether or not parental care is neglectful. The tool helps practitioners to measure the quality of care given to a child, and make it easier for professionals to spot when sub-optimal parenting is putting a child at risk of harm. Professionals need to complete training in order to access the tool and guidance for its use.

Course dates and venues can be found via <https://wiltshirescb.safeguardingchildren.co.uk/> and further information about GCP2 can be found at www.wiltshirescb.org.uk/neglect-tool/.

5.6. HEADSS (screening teen health risks)

HEADSS stands for **H**ome, **E**ducation and employment, eating and exercise, **A**ctivities and peer relationships, **D**rug use, **S**exuality and gender, **S**uicide and depression. HEADSS is an assessment framework for school nursing for the screening of teen health risks (promoted for use since 2012 by the Australian Department of Health – available at www2.health.wa.gov.au/~media/Files/Corporate/general%20documents/CACH/CHM/CACH.SH.HEADSSAssessment.pdf

6. Data protection, information sharing and consent

The Data Protection Act 2018 and the General Data Protection Regulation (GDPR) govern how personal information may lawfully be used.

For the **processing of personal data**: The processing of personal information in respect of safeguarding does not rely upon consent. GDPR and the DPA 2018 both provide sufficient legal basis to process personal and special category data. However, there should be clear communication with the children and families that information will be gathered and kept - and may be shared with others when there is a legal basis to do so, such as for the protection of individuals¹, or for the prevention or detection of criminal offences², or for the provision of health or social care³.

The Department for Education updated its publication "**Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers**" in July 2018 following the introduction of the new Data Protection legislation. The full guidance can

¹ DPA2018 Schedule 1 Part 2.18

² DPA2018 Schedule 1 Part 2.2

³ GDPR Article 9(2)(h)

be found at: www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice. We strongly recommend you read and digest the full guidance.

The DFE's seven golden rules to sharing information are:

1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate from the outset about why, what, how and with information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: **base your information sharing decisions on considerations of the safety and well-being of the individual** and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose

Public sector services sharing information when there are no child protection concerns is still permissible without consent providing there a legal basis to do so – i.e. in the discharge of legal duties to keep children safe and for children and families needing help.

For the **delivery of services**, explicit consent must be gained unless the law states we must get involved (e.g. for child protection under Section 47 of The Children Act 1989). Consent, consent refusal and consent not requested must be recorded appropriately and according to your organisation's policy.

7. Useful contacts for practitioners

Service	Contact
Wiltshire's Integrated Front Door (MASH and Early Support Hub) The Integrated Front Door service provides a 24-hour response to concerns for children 7 days a week, 365 days a year and all staff in the team have training and experience in the support and safeguarding of children. The service consists of the Multi Agency Safeguarding Hub (MASH), the Early Support Hub (ESH) and the Out of Hours Service (EDS) and is based in one hub in County Hall, Trowbridge. The service was judged Good by Ofsted, June 2019.	0300 456 0108 (8.45am-5pm, Monday-Thursday and 8.45am-4pm Friday) Secure email mash@wiltshire.gcsx.gov.uk Out of hours 0300 456 0100 MASH referral form: www.wiltshire.gov.uk/children-young-people-protection (bottom of the page)
Support and Safeguarding Service Teams (for open cases i.e. with an allocated social worker or family keyworker)	01249 707900 (North Wiltshire) 01380 826250 (East Wiltshire) 01722 438165 (South Wiltshire) 01225 718555 (West Wiltshire)
Child and Adolescent Mental Health Service (CAMHS)	01865 904666 obmh.marlbroughcamhs@nhs.net
Splitz Support Service (domestic abuse support services)	01225 775276 helpdesk@splitz.org
Avon and Wiltshire Mental Health Partnership – for adult mental health services	A comprehensive A to Z of services and their contact numbers is available at: www.awp.nhs.uk/about-us/teams-locations/
Turning Point – Wilts. Substance Misuse Service (for adults) Turning Point - Swindon and Wiltshire Active Recovery Service also known as IMPACT.	01225 341520 or 01722 343000 0345 603 6993
MOTIV8 (drug and alcohol service for children/young people)	0800 169 6136 / info@dhimotiv8.org.uk
Wiltshire Children's Centres (services provided by Spurgeons and The RISE Trust)	01249 463040 (North) 01722 323208 (South) 01380 739835 (East) 01225 719753 (West)
Youth Offending Service	01249 709400
Early Years and Childcare	0300 003 4561
Wiltshire Parent Carer Council (WPCC)	www.wiltshireparentcarercouncil.co.uk 01225 764 647
Housing Options/Homelessness – Wiltshire Council	homeless@wiltshire.gov.uk 01249 706666 (North) 01722 434233 (South) 01225 718005 (East and West)

8. Fictional examples of using the Threshold Matrix

(to understand a child's needs, risks and strengths)

8.1. Scenario 1 – Benji, aged 4

Benji is 4 years old and lives with his parents Julie and Dan. Julie suffers from severe fibromyalgia and mild arthritis and has support from adult social care who provide 2 hours personal care 5 days a week. Dan works full time and sometimes travels with work, meaning late nights or overnight stays.

Julie's Carer smells cannabis in the house and is concerned that whatever time of the day or night she calls, Benji picks up the phone.

Benji did not attend any kind of early years provision before starting school in September, his attendance is currently 88%. His teacher has noticed that Benji doesn't appear to want to mix with other children, preferring to read books, do some colouring or talk with teaching staff. He is described as a sunny child and has very advanced reading and writing skills for his age. His health checks were good except his weight (85th percentile).

Benji has arrived at school 3 times without a lunchbox in the last month and neither parent could be contacted when this happened. Benji told the TA he likes packing his own lunch box in the morning when mummy is sleeping. School describe Julie and Dan as appreciating support and showing warmth and attention to Benji.

What are the child and family's strengths?

- Julie and Dan show **warmth and attention** to Benji
- Benji is **performing well academically**
- Benji appears to have **good coping skills**
- Benji **likes talking with teaching staff**
- Julie and Dan **welcome support**
- Julie is supported by **adult community care**

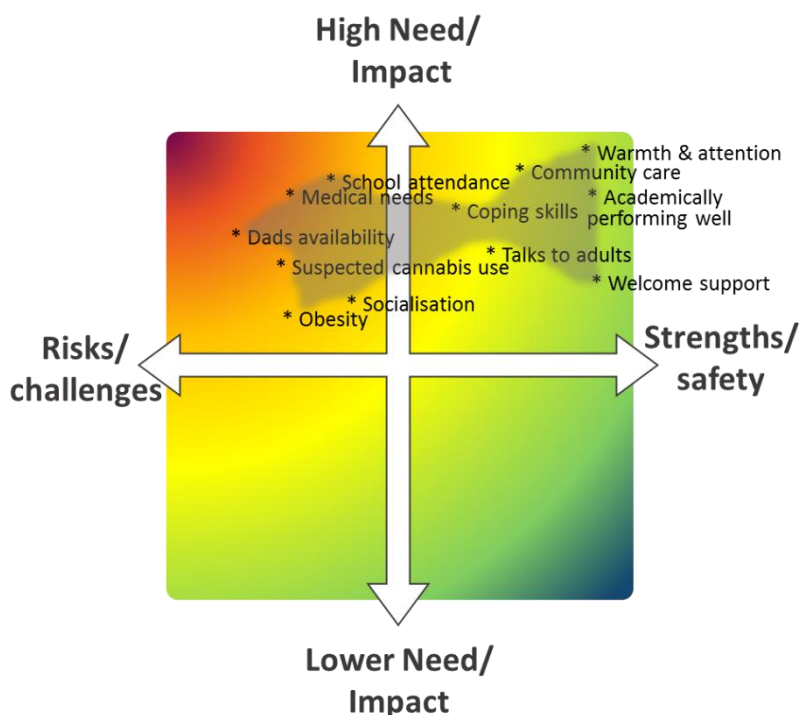
What are the child and family's risks?

- Mum's **medical needs** impacting on the care of Benji
- **Dad's availability** to offer support at home
- **Suspected cannabis use**
- **Poor school attendance**
- **Low socialising** with children of his age
- At risk of **obesity**

What are the child and family's needs?

- Effective management of and support for mum's medical needs
- Improve dad's work-life balance so he is more available to help at home
- Benji to have improved school attendance and improved social skills
- Understand if there is cannabis use (medical or otherwise), the impact it has on Benji and what is needed to address it
- A healthier diet for Benji

Plotted on the matrix, Benji's, Julie's and Dan's situation looks like this:



Talking points:

“Are there any needs or risks that suggest Benji is at immediate risk of significant harm, abuse or injury?”

Not clear. Benji may not be being properly looked after at home and there could be drug misuse by one or both parents.

“Are the strengths and resilience factors strong enough to mitigate the impact of Benji's needs and risks and will they help Benji achieve positive outcomes?”

Possibly. Mum, Dad and Benji display a warm and loving relationship and Benji appears as a happy child. Mum and Dad are willing for others to help and support them. However, it seems like Mum and Dad are not currently able to care for Benji at home without some help and I need to do something.

“Do you know who can advise you on what to do next?”

Yes, I can contact the MASH/Early Support Hub for a Consultation or I could speak to the Designated Safeguarding Lead in my organisation. They can advise me if I need to refer to social care or for support such as a Family Keyworker.

Now we understand Benji's situation a bit more we can describe this as being a child possibly **at risk of harm** or possibly a **child and family needing help**.

8.2. Scenario 2 – Jack, aged 13

John returned from Afghanistan last year with a serious injury to his right arm which will recover but will take time. He's not fit for duty so stays at home every day. Recently, a neighbour has said that she heard him shouting very aggressively although she is unsure whether the children were present.

John is waiting for a referral to the mental health team as it is suspected he is suffering from depression and/or Post-Traumatic Stress Disorder. His wife, Belinda, has admitted things aren't great between John and her eldest child (Jack, who is 13) but he's never hit them or her – she would leave if he ever did. John has said he struggles when Jack and his younger brother Aiden moan and complain when they have so much. John is finding it difficult to talk to his eldest at the moment, they row a lot and he's had to walk out of the house to take himself away from the situation sometimes. Jack says John is always picking on him so he stays out of the house as much as he can, hanging around with a crowd known to the Police.

School have raised no concerns for either child although have noticed that Jack's attendance is slipping slightly. They have been providing counselling for both children as they were struggling when their dad was away in Afghanistan – with occasional outbursts and being disruptive in class.

What are the child and family's strengths?

- John is able to **remove himself** from the situation to reduce tension/conflict
- **John is seeking help** for his emotional wellbeing/mental health
- **School is vigilant and providing support** - identified behaviour changes, put support in place and are currently monitoring attendance
- Belinda is indicating she would **act protectively** should the situation get worse

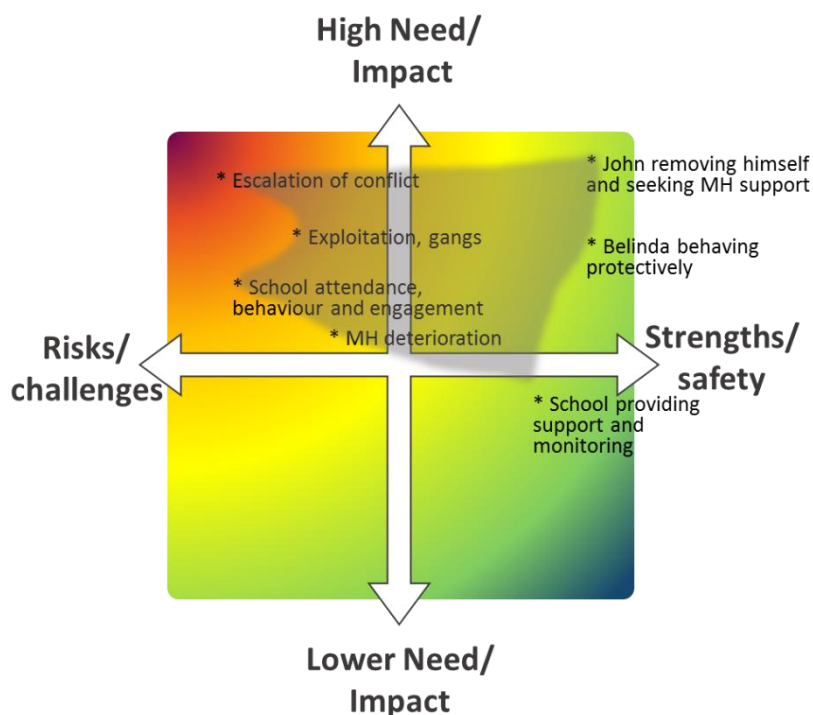
What are the child and family's risks?

- **Relationship breakdown** between John and his eldest son – and the impact on Aiden
- Possible **escalation of conflict**
- **Poor school attendance, behaviour and engagement**
- Potential for Jack to be **exploited**, drawn into gangs, anti-social or offending behaviour, etc
- Deterioration in **John's mental health**

What are the child and family's needs?

- Repair the relationship between John and his sons
- John to more effectively manage his emotional wellbeing/mental health
- Jack to be risk aware, to be able to keep himself safe (or know how to get help to) when out of the home
- Jack and Aiden to have strong emotional resilience and skill and to positively engage at school.

Plotted on the matrix, Jack's, John's, Belinda's and Aiden's situation looks like this:



Talking points

“Are there any needs or risks that suggest Jack is at immediate risk of significant harm, abuse or injury?”

No, not immediate - but I am very anxious about who Jack is hanging around with and what influence they have over him. And Dad is on a waiting list for his referral and I don't know if he'll continue to cope.

“Are the strengths and resilience factors strong enough to mitigate the impact of identified needs and risks and help Jack achieve positive outcomes?”

I'm not sure, it feels like a deck of cards and one small nudge could bring the whole lot down. I think I need to speak to someone who knows about gangs and about where Jack is hanging out. I think I also need to chase John's referral and seek some advice on how to improve things between John and his sons.

“Do you know who can advise you on what to do next?”

School might contact the MASH for advice on my behalf

Now we understand Jack's situation a bit more we can describe this as being a child possibly **at risk of harm** or possibly a **child and family needing help**.

8.3. Scenario 3 – Reanna, aged 6

Reanna lives with her mum, Jackie, and attends the local primary school. Reanna told her teacher that last night her mum's ex-partner came around and starting shouting and threw stuff around. She says she doesn't like him because "he's mean". Sometimes he brings his friends with him and they play really loud music that keeps her awake and they drink a lot. Last night she ran to her nan's house in the next street because she was scared of all the shouting and banging. Nan took her back in the morning and her mum didn't even know she had gone. She likes being at nan's house, she gets to eat biscuits and have friends over which mum never lets her do at home. Reanna says she stays in her room at home because her mum is always cross and says things that aren't nice.

What are the child and family's strengths?

- Reanna has a **supportive nan** who she likes to spend time with
- Reanna **recognises mum's behaviour** is not what it should be
- Reanna **trusts her teacher** enough to confide in them

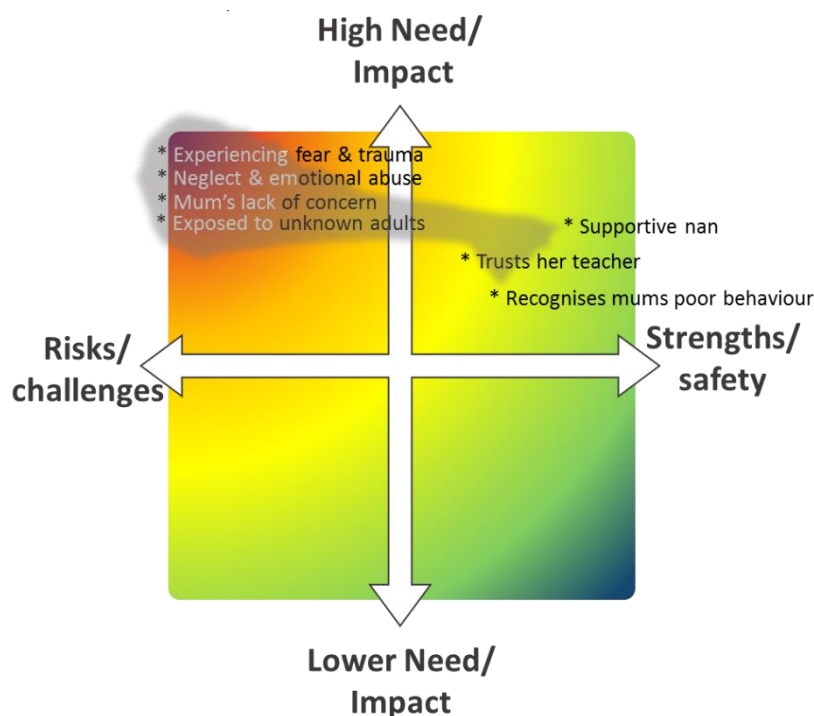
What are the child and family's risks?

- **Mum's lack of concern** for Reanna's safety
- **Reanna continuing to experience fear** and **emotional trauma**
- Indicators of **parental neglect and emotional abuse**
- Reanna **exposed to adults who may pose a risk to her safety**

What are the child and family's needs?

- Reanna to be safe from physical and emotional harm and neglect
- Mum and partner to significantly reduce or stop their alcohol use
- Mum and partner to change their behaviours
- Adults who may pose a risk to Reanna are no longer allowed in the house

Plotted on the matrix, Reanna's and Jackie's situation looks like this:



Talking points

“Are there any needs or risks that suggest Reanna is at immediate risk of significant harm, abuse or injury?”


Yes, from mum, her partner and exposure to unknown adults.

“Are the strengths and resilience factors strong enough to mitigate the impact of identified needs and risks and help Jack achieve positive outcomes?”

Reanna’s relationship with nan is very positive but is insufficient to protect Reanna from what she is experiencing at home.

“Do you know who can advise you on what to do next?”

Yes, I need to refer this immediately to social care (via my organisation’s Designated Safeguarding Lead if I have one).

Without making any further enquiries there are sufficient signs Reanna’s situation is  **at crisis**, requiring prompt referral to, and attention from, social care. A social care response and assessment is required and will determine whether Reanna meets statutory:

- section 17 of the Children Act 1989 (children in need),
- section 47 of the Children Act 1989 (reasonable cause to suspect a child is suffering or likely to suffer significant harm – child protection), or
- section 20 of the Children Act 1989 (duty to accommodate a child)