OXFORDSHIRE'S THRESHOLD OF NEEDS

Updated September 2022

Right Support at the Right Time
For Oxfordshire's Children and Families

OSCB
Oxfordshire
Safeguarding
Children Board

Contents

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:

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:
Children and Young People's Plan 2018 - 2023 | Oxfordshire County Council

SEPTEMBER 2022 VERSION

This version of the Threshold of Needs was updated in July 2021, in order to reflect the **learning from the Serious Case Review for Child M**, including consideration of wider family members in the family system, parental vulnerability and the family's past history. It was further revised in September 2022 when the Strengths and Needs Form was adopted. This guidance is reviewed every two years.

Introduction

This document has been developed to provide guidance for children, families 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 Supporting 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 include: a whole family assessment and plan, which are multi-agency, driven by a named key worker and focused on improving outcomes for children and families.

When a child is Disabled and the Disability service is managing the plan for that child, consideration will be given to needs of the whole family. The caring needs within the family are ordinarily met with universal or targeted intervention. If additional needs in the family fall into levels 3b or 4, the family will be offered a whole family approach.

Early help

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

Early help is the early identification and a 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 person's and family's life. When early help is not offered there is a real risk for some children that 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 coordinated 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 at improving the life chances of children, young people and families than reactive services. 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 Strengths and Needs Form (SNF) should be completed by the practitioner identifying the concern. The Strengths and Needs Form 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 situation 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 SNF.

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

Safeguarding

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 Needs 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.

Safeguarding
7 step referral process

01 Identify Safeguarding Concerns

02 Discuss concern with child and seek advice from your safeguarding lead

03 Consult threshold of needs document to make decision of next course of action

04 Discuss concerns with child's family/carer as appropriate

05 Contact LCSS for advice and guidance or MASH if immediate safeguarding concern

06 Complete S&N Form/ TAF or MASH referral

07 Appropriate action taken

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 in supporting the 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 cared for by the local authority, the local authority as 'corporate 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 (2018):
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 the 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.
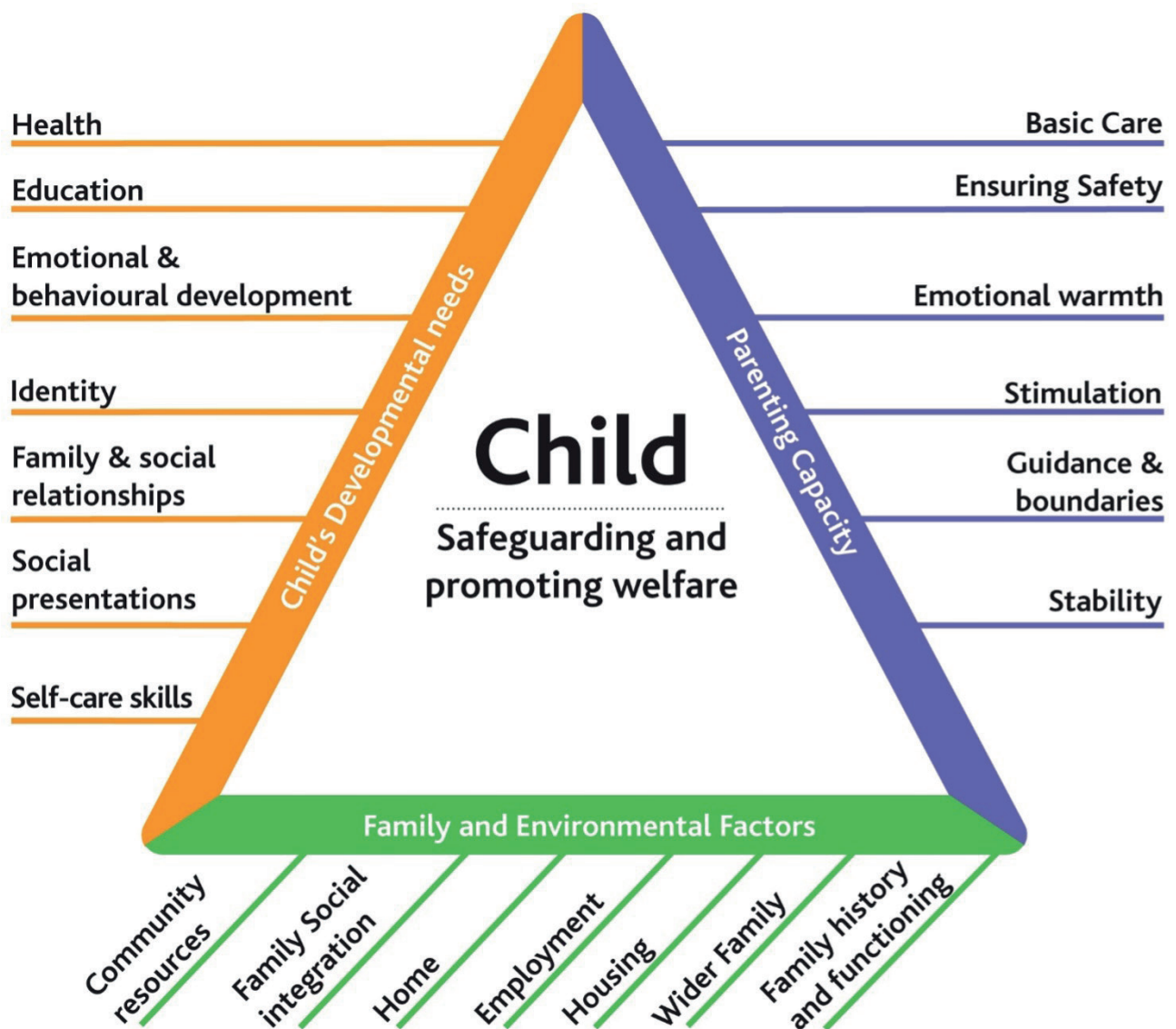
Child-centred assessment

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 Threshold 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 Needs supported by Universal Services

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 supported by Community SNF/TAFs & the LCSS Team

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.

There are 2 subcategories in Level 2, namely:

Level 2a: Single Agency (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.

Level 2b: Multi Agency (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.

It is recommended that Level 2b Children be supported by a Strengths and Needs Form and a Team Around the Family to ensure additional needs are being met and a co-ordinated approach in place with agencies involved.

The Locality Community Support Service can advise professionals and families about the Early Help Processes and provide support where necessary within the Level 2 threshold.

Level 3 – Complex Needs supported by Targeted Early Help or Statutory Social Work Teams

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.

Children and families with complex needs will either be supported by Targeted Early Help Teams or by Statutory Social Work Teams under S17 of the Children Act, 1989. In order to guide professionals as to which would be the most appropriate service, this level has been divided into two subsections.

Level 3a: Targeted Early Help

Level 3b: S17 Children in need
As both Level 3a and Level 3b are children and families with complex needs; the professional is asked to make use of the additional criteria (please see section Additional Guidance for Threshold Decision makers) to guide their decision making as to whether Targeted Early Help or Statutory Intervention is the most appropriate service to support families.

The 3 most important of the additional criteria listed in Additional Guidance for Threshold Decision makers that would guide the decision making are:

History and previous intervention (Principle 1 & Principle 2)

If a family has a history of previous involvement with services including but not limited to Social Care and/or Early Help, Mental Health Services, Substance Misuse, Domestic Abuse services, Criminal Justice Services and the previous intervention has not been successful in maintaining the changes; resulting in a re-referral for the family (same difficulties) statutory intervention is likely to be a more appropriate response.

Parents may state that they are willing to engage in a new assessment but this willingness must be carefully assessed and balanced given that previous intervention has not made the changes required to improve the living circumstances of the children irrespective of the family's willingness to engage. A robust approach will be required in these circumstances which not only takes into account the impact on the child but ensures that children are not left unprotected experiencing some or little change only for their home circumstances to revert back to unacceptable care standards. Be careful to avoid "start again syndrome".

Willingness (Principle 3 & Principle 4)

If a family with complex needs is willing to engage with support and in the contemplation and/or decision and planning stage of the cycle of change, Targeted Early Help is likely to be a more proportionate response in the first instance but this must be balanced with previous history and the impact on the child, particularly the cumulative impact of neglect over time.

Impact on the child (Principle 5 & Principle 6)

If the impact on the child is significant, statutory intervention is a more proportionate response, irrespective of willingness and the family history.

If the child is Disabled and the impact of the Disability on the child and their siblings is significant and has not been mitigated by provision of universal and targeted services, statutory intervention should be considered as it may be a more proportionate response.

Level 4 – Critical Needs supported by Statutory Social Work teams (Child Protection)

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.

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 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 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. **Child & family history** –have there been similar incidents to the presenting concerns and if so, how many, and how long ago? Consider here, but not exclusively, is there a family history of one parent or both parents having mental health needs? Is there a history of domestic violence with either or both parents being victim or perpetrators? Have either or both parents experienced difficulties with substance misuse or involvement in criminality? Consider the 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. Chronologies are 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 agency involvement including CSC involvement** – has there been previous involvement from other agencies, including but not exclusively, Social Care and/or Early Help involvement, mental health services, substance misuse services, Domestic Abuse services, criminal justice services. How many previous involvements have there been, and how long ago? What were those involvements and were those involvements due to similar concerns? How successful was the intervention provided? If previous interventions have not been successful, careful consideration of the likelihood that more of the same will assist the family in 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 Children's Social Care (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
  • Community Early Help (LCSS)
  • MASH for Family Solutions Plus/Disability/Youth Justice & Exploitation Teams

b)   **Multi Agency Safeguarding Hub transfers to:**
  • Family Solutions Plus Teams
  • Targeted Early Help
  • Community Early Help (LCSS)
  • Disability Service
  • Youth Justice & Exploitation Team
  • Closed to services

c)   **Family Solutions Plus Teams transfers to:**
  • Community Early Help (LCSS)
  • Targeted Early Help
  • Children-We-Care-For Teams
  • Closed to services

d)   **Hospitals Team (John Radcliffe & Horton) now aligned with the MASH Team transfers to:**
  • Community Early Help (LCSS)
  • Targeted Early Help
  • Family Solutions Plus Teams
  • Disability Teams
  • Youth Justice & Exploitation Team
  • 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. 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 Supporting 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 Supporting Families 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 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 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.

Oxfordshire's Threshold of Needs - Indicators

These indicators are intended to support professionals to think about the needs of the child holistically and deem at what point needs move into each Threshold area.

The indicators cover the following areas to ensure whole family needs and impact on the child are considered:

Child's developmental needs

Parenting capacity

Family history & functioning

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	Slow in reaching developmental milestones	Developmental milestones are delayed	Developmental milestones unlikely to be met and/or failure to thrive
Regular health care appointments are met	Starting to default on regular health care appointments and/or not registered with GP or dentist	Missing routine and non-routine health care appointments	Missing specialist health care appointments and / or multiple A&E attendance causing concern
Adequate diet, hygiene and clothing	Minor concerns re diet (under/overweight), hygiene and clothing	Concerns re diet (under/overweight), hygiene and clothing	Significant concerns re diet (under/overweight), hygiene and clothing
Not using substances or self-harming	Emerging substance misuse and/or self-harm	Substance misuse and/or self-harm causing concern	Substance misuse and/or self-harming causing significant concerns
Not engaging in inappropriate sexual activity	Early sexual activity and/or emerging sexually harmful behaviour	Sexual activity causing concern and/or sexually harmful behaviour	Sexual activity and/or sexually harmful behaviour causing significant concern
Needs of disabled child being met by universal services	Disabled child needs additional support from targeted community services	Severely/profoundly disabled child requires support from specialist services	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

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

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Attends education regularly > 95% and on time	Slow in reaching developmental milestones	Developmental milestones are delayed	Developmental milestones unlikely to be met and/or failure to thrive
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	Poor employability skills	Unlikely to achieve education, employment or training without EET	Employability skills substantially impaired. EET unobtainable. EET service required

EMOTIONAL & BEHAVIOURAL DEVELOPMENT

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Good quality early attachments	Emerging concerns about attachments which are impacting on development	Concerns about attachment and impact on emotional and behavioural development	Significant concern about the impact of attachment on future relationships and mental health
Can manage emotions appropriate to age and stage of development. Can regulate impulse control	Emerging concerns about emotional regulation/ impulse control	Concerns about emotional regulation/ impulse control impacting on wellbeing	Significant concerns about emotional regulation and impulse control impacting on wellbeing/mental health/safety
Ability to express and demonstrate empathy	Emerging difficulties demonstrating empathy	Unable to demonstrate empathy	Unable to demonstrate empathy which causes harm to others
Able to adapt to change	Can find managing change difficult	Finds change difficult to manage	Cannot manage or deal with change
Able to regulate behaviour appropriate to age and stage of development	Signs of disruptive or challenging behaviour	Behaviour which impacts on health, wellbeing & development	Significant concern about behavior including online which could cause harm to self or others
No behavioural concerns, including online	Behaviours may lead to pre-court interventions	Behaviour likely to lead to pre-court or court interventions	Behaviours likely to lead to custody or remand, illegal/ high risk online activity
Demonstrates appropriate awareness of safety Confident and age appropriate use of internet and mobile devices	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	Concerns about risky behaviours, including online, that may cause harm to self or others. Behaviours involve destruction to property	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

IDENTITY

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

FAMILY & SOCIAL RELATIONSHIPS

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Stable and affectionate relationships with caregivers	Emerging concerns about the relationship with caregivers	Concern about relationships with caregivers which impacts on child development and wellbeing	Concern that relationship with caregivers is likely to cause significant harm to child and/or lead to family breakdown
Able to form and sustain appropriate relationships with peers, wider family and significant others	Has some difficulties sustaining relationships	Involved in regular conflict with peers, wider family and significant others	Unable to form and sustain appropriate relationships, which could cause harm to self and others
No inappropriate caring responsibilities	Child has some caring responsibilities, that may impact on development and wellbeing	Regular caring responsibilities which impact on development and wellbeing	Child has caring responsibilities which impact significantly on child
Young person living independently	Young person living independently with emerging concerns regarding ability to cope	Young person living independently where there are concerns about their ability to cope	Young person unable to live independently
Child free from abuse Online realtionships are age appropriate and positive	Emerging concerns about the safety and wellbeing of the child Online relationships include some conflict or risk-taking	Increasing concerns about the safety and wellbeing of the child Online contact with risky adults or peers.	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

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	Regularly seen in inappropriate and/ or inadequate clothing	For the majority of the time seen in inappropriate and/or inadequate clothing
Good levels of personal hygiene	Personal hygiene becoming a concern	Hygiene problems becoming apparent	Hygiene problems causing isolation affecting child's self-esteem and development.
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.	There are observed concerns about the child's relationship with strangers Online behavior is age-inappropriate and concerning.	Hygiene problems impacting on child's physical well-being. Significant concern around relationships online/with strangers.

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	Concerns that age appropriate self-care skills are not being developed	Inappropriate self-care skills, which impact on development	Significant concerns about self-care skills, which are impacting on child's development

Parenting capacity

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 behaviour, 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.

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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	Food and drink is usually of appropriate quality and quantity	Variable to low or too much food is offered	Child is mostly starved or routinely overfed
Child is always appropriately dressed	Most of the time child is appropriately dressed	Most of the time the child's clothes are not adequate	No suitable clothing and the child is dangerously exposed
Caregiver takes an active role in child's hygiene needs dependent on age and stage of development	Most of the time child is appropriately clean	Most of the time little parental involvement in child's hygiene. Child is dirty or smelly	Caregiver shows no concern or awareness, child is dirty and smelly
Seeks suitable medical advice when child is ill and all appointments kept	Most of the time Caregiver seeks suitable medical advice when child is ill, some appointments may be missed	Frequent, inappropriate or delayed medical presentation, likely to impact on child'	Only seeks medical advice when child is critically ill or does not seek help at all significantly risk to child (includes unborn child)
All of the time Caregiver has good adherence to specific condition related medical advice	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	Most of the time poor adherence to specific condition related medical advice for no acceptable reasons	No adherence to specific medical advice or lies about adherence
Caregivers own physical and mental health needs do not impact on the child	Caregivers physical or mental health needs, substance misuse rarely impact on child's needs	Caregivers physical or mental health needs, substance misuse is likely to impact on the child's development	Parents/carers physical or mental health needs, substance misuse places the child at risk of significant harm

BASIC CARE

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Caregivers fully engage with services for the child	Previous involvement with children's services with caregiver involvement	Difficult to engage caregivers with services for their children	No engagement with services for the child and/or history of child protection planning or being looked after. No behaviour change or disguised compliance
Caregivers always put their child's needs first	Caregivers mostly put their child's needs first	Caregivers rarely put their child's needs first	Caregivers never put their child's needs first
Teenage parent has appropriate support and no concerns regarding pregnancy care or post- natal care of child	Concern that teenage parent is beginning to show signs of struggling in their parenting role	Teenage parent struggling to meet their child's needs e.g. no support of friends or family; inappropriate accommodation; puts own needs first development	Teenage parent unable to meet the needs of their child placing the child at risk of significant harm

ENSURING SAFETY

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

EMOTIONAL WARMTH

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

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 non-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.
Consistent and appropriate guidance and boundaries provided	Inconsistent guidance and boundaries provided	Erratic or inadequate guidance and boundaries	No affective guidance or boundaries, leading to child being beyond parental control
Provides consistent positive role modelling	Most of the time caregivers act as an appropriate role model however can be inconsistent	Caregivers do not offer a positive role model which may impact on the child's development	Negative role modelling significantly impacts on the child's social, emotional and behavioural development

STABILITY

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

Family history & functioning

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.	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	Childs social, behavioural and emotional development is being significantly affected
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	Concern that unsafe adult may have access to a child and caregivers not undertaking appropriate responsibility	Unsafe adult has access to a child and caregivers unwilling to accept that there is any risk
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	Concern that caregiver history impacts on the development/safety of the child	Concern that caregivers history significantly impacts on child's development and safety

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

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Caregivers are able to manage the working or worklessness arrangements and do not perceive them as unduly stressful.	Caregivers find securing employment a challenge and may have barriers to this such as limited formal education.	Caregivers experience stress/anxiety due to worklessness or overworking and this impacts on the child.	Chronic worklessness that has severely affected caregivers' own identities and has seriously impacted on their ability to parent
Older children encouraged to seek work when developmentally appropriate.	Ability to support older children to seek work may be limited.	Older children may face inappropriate pressure to remain workless or seek work too early.	Family unable to gain employment due to significant lack of basic skills; substance misuse which affects their ability to parent, etc.

INCOME

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Reasonable income, with resources used appropriately to meet need.	Low income that may put pressure on the family and may lead to not all needs being met.	Serious debts/poverty impact on ability to have basic needs met.	Extreme poverty/debt impacting on ability to care for child and have basic needs.
Income reliable and work legitimate and fully legal.	Some concern about job security e.g. cash in hand working.	Concern that income is coming from crime or exploitation.	Family have no access to benefits with no means of support.

FAMILY'S SOCIAL INTEGRATION

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Family feels integrated into the community and has a good social and friendship network.

Contacts are supportive and safe, including online. | Some social exclusion experiences; family may be new to the area; family may experience harassment or discrimination or are the victims of crime | Caregivers socially excluded and caregivers experience stress/ anxiety without a support network.

Caregivers in risky social spaces, including online. | Family chronically socially excluded with no supportive network (see wider family).

Family engaging with risky networks e.g. crime, radicalization. |

COMMUNITY RESOURCES

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Child and family access appropriate community resources such as primary health care, day care and schools, places of worship, transport, shops and leisure activities when needed.	Child and family access some community resources but these are not always appropriate or when needed.	Child and family access some community resources but these are not always appropriate or when needed and this is starting to impact on health and wellbeing.	Child and family access no community resources or those inappropriate to need. This impacts significantly on their health and wellbeing and/or safe.

Tools and resources

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 Exploitation (CE) Screening Tool	Assessing the risk of children and young people of Child 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

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

Oxfordshire Safeguarding Children Board: **www.oscb.org.uk**
Oxfordshire Practitioner Toolkit: **www.oxfordshire.gov.uk/practitionertoolkit**
Oxfordshire County Council: **www.oxfordshire.gov.uk**

Glossary

TERM	MEANING
MASH	Multi Agency Safeguarding Hub
EHE	Electively Home Educated
MISPER	Missing Person Return Interview
SNF	Strengths and Needs Form (formally EHA)
CAF	Common Assessment Framework (now SNF)
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
CE	Child 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 represented on Oxfordshire Safeguarding Children Board.

OSCB
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