

Multi-Agency Threshold Document

Date	Version	Signed off by	Approved
March 2014	V1	B&D Safeguarding Children Board	Yes
March 2016	V2	B&D Safeguarding Children Board	Yes
Feb 2018	V3	n/a	Council structure update only.



1. INTRODUCTION

We recognise that children and young people may have a number of basic needs that can be supported through a range of universal services. These services include education, early years, health, housing, youth services, leisure facilities and services provided by voluntary organisations. However, some children have more complex needs and may require access to specialist services to support them. Social care services for 'Children in Need' can be seen as one of the specialist services as outlined above.

This document provides guidance for professionals and service users, to clarify the circumstances in which to refer a child to a specific agency to address an individual need, to carry out a Common Assessment Framework (CAF) and to refer to Community Solutions through MASH¹ (Multi Agency Safeguarding Hub) when there are safeguarding concerns.

This document describes:

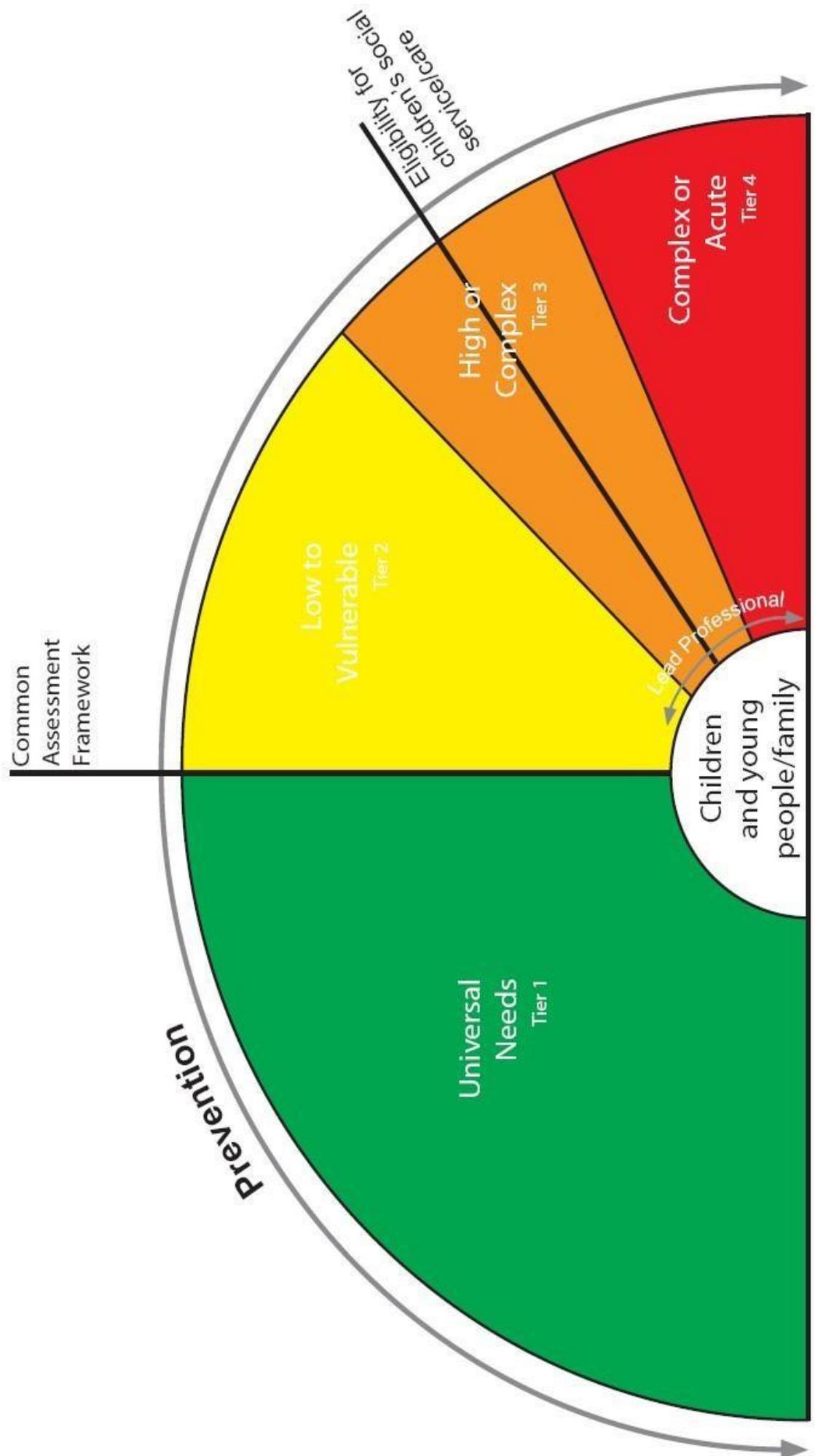
- The criteria for access to Children's Social Care in Barking and Dagenham and how that fits within the wider context of multi-agency services and a range of needs
- The legal definition of 'Children in Need' and eligibility for Children's Social Services/Care
- The process by which Children's Social Services/Care assesses eligibility for 'Children in Need'

2. CHILDREN'S NEEDS AND MULTI-AGENCY TIERS OF INTERVENTION

Barking and Dagenham have adopted a common approach to describing the levels of need and the intervention that may be required by children, young people and their families. These form a continuum. The four tiers of need, identified in the windscreen diagram overleaf (see fig.1) have been developed into a matrix of needs and risks to help describe the circumstances in which a CAF should be considered and when a referral to MASH may be necessary. This matrix can be viewed from page 9 onwards.

¹ LBBB MASH formally moved into Community Solutions in October 2017 as part of a restructure within the Ambition2020 programme. It sits within the Triage Lifecycle – see Appendix 2 for more details.

Fig.1



Tier 4

Acute needs requiring urgent, intensive children's Social Services/Care statutory support. Threshold for child protection reached

Tier 3

High level complex needs requiring a targeted integrated response from Children's Social Services/Care. This is the threshold for a 'Child in Need'. Threshold for child protection may be reached

Tier 2

Targeted early intervention. Needs not clear, not known or not being met. Use common assessment (CAF)
Response is universal support services and/or targeted preventative services and TAC support.

Tier 1

No identified additional needs No identified risks

CAF not required

Which Tier?

The list of indicators contained in this document is not an exhaustive one. In assessing need and risk that requires specialist services, multiple factors are likely to be present and decisions as to whether the criteria are met remain a professional judgment. It is also important to remember that often the signs that a child or young person has particular needs are not found in a single piece of evidence but in a combination of factors of indicators. For example, within the framework described in this document, a cluster of indicators in Tier 2 when considered together may indicate the need for a Tier 3 assessment. There will also be, in some situations, a single indicator that is so obviously significant that it will demand assessment at a particular level even in the absence of any other indicator.

Transitions between levels

In some cases a child or young person will go through a number of transition points on their journey to having their needs met. A child for example, whose needs do not respond to services provided under Tier 1, may need to receive a more coordinated response within Tier 2. Similarly, a child in Tier 2 whose circumstances and situation do not improve sufficiently may need to receive the specialist assessment and support provided at Tier 3. It is acknowledged that children may move from one tier of need to another and that agencies (including universal services) may offer support at more than one tier.

3. PRINCIPLES

The following principles should be considered in applying the framework:

- (i) The descriptions in Appendix 1 provide illustrative examples about how need might present itself, rather than an exhaustive list of fixed criteria that must be met. The tier of need will always be increased by the multiplicity of factors.
- (ii) Intervention should be at the lowest tier appropriate to meet the needs of the child and prevent the need for specialist services.
- (iii) Consideration should always be given to undertaking a common assessment (under the CAF) and forming a Team alongside the Family to resolve the child's difficulties and prevent the need for a specialist service. **There is an expectation that evidence of early help (CAF) and the impact of TAF will be in place prior to referring to MASH, unless there are immediate child protection concerns. This documentation should be included as part of the referral.**
- (iv) If there are child protection concerns about a child's health, development or welfare professionals must follow the Barking and Dagenham Safeguarding Children Procedures and make an immediate referral to Children's Social Services/Care.

4. THE COMMON ASSESSMENT FRAMEWORK (CAF)

We have identified the CAF as our preferred method for assessing and accessing early help support. The aim of the CAF is to help identify, at the earliest opportunity, a child or young person's additional needs which are not being met by the universal services they are receiving and to provide timely and coordinated support to meet those needs.

What is the CAF?

The CAF aims to enable and support better information sharing about the needs of children as part of preventative services. Practitioners sometimes express concern about how sharing of such information can be done lawfully. All sharing and storing of information must comply with the Data Protection Act 1998.

Children and Families may need support from a wide range of local agencies. Where a child and family would benefit from coordinated support from more than one agency (e.g. education, health, housing, police) there should be an inter-agency assessment. Early help assessments, such as the use of the CAF, should identify what help the child and family require to prevent needs escalating to a point where intervention would be needed via a statutory assessment under the Children's Act (paragraph 26).

Early help assessment should be undertaken by a lead professional who should provide support to the child and family, act as an advocate on their behalf and co-ordinate the delivery of support services. This role could be undertaken by a GP, family support worker, teacher, health visitor and or special educational needs coordinator. Decisions about who should be the

lead professional should be taken on a case by case basis and should be informed by the child and family.

Professionals should, in particular, be alert to the potential need for early help for a child who:

- Is disabled and has specific additional needs
- Has a special educational need
- Is a young carer
- Is showing signs of engaging in anti-social or criminal behaviours
- Is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health, domestic violence: and/or is showing early signs of abuse and or neglect.

Seeking consent should always be the first option. That is why the process of doing a common assessment has a strong emphasis on consent and the CAF form has boxes to record that consent has been given. In doing a common assessment, the practitioner should explain to the child and/or parent how the information in the assessment could, or will, be shared, and seek their consent.

In most circumstances, a practitioner should only record and share CAF information with the informed consent of the child or parent. This should not be a significant barrier if the practitioner is working in partnership with them. The child and parent should be given copies of relevant documents as appropriate.

For common assessment, it is important that the practitioner:

- obtains informed consent
- ensures that the information shared is accurate and up-to-date, it is shared with those people who need to see it, and shared securely
- works with children and parents to agree how information is recorded, used and shared
- where possible, obtains 'explicit' consent if the information held or shared is sensitive, (explicit consent can be either oral or in writing, but preferably in writing, for example through a signature on the CAF recording form) and, if the practitioner has ongoing contact, to review the consent regularly
- follows agreed local policies for recording and renewing consent

5. MULTI-AGENCY WORKING OR TEAM ALONGSIDE FAMILY (TAF)

If the CAF assessment identifies that multi-agency support is required to meet the needs of the child and family, then this team becomes the Team Alongside the Family. The parent/carer and TAF must then agree who is best placed to become the Lead Professional.

All children receiving a service from Children's Care and Support will have a clear plan in place, whether this is a Child Protection Plan, 'Child in Need' plan, Looked After Children (LAC) care plan or a plan specific to their circumstances.

6. MULTI-AGENCY SAFEGUARDING HUB (MASH)

The MASH model was highlighted in the Munro Report into Child Protection as an example of good practice in multi-agency partnership working because of how it improved information sharing between participating agencies.

MASH helps deliver three key functions for the safeguarding partnership;

A. Information based risk assessment and decision making

Identify through the best information available to the safeguarding partnership those children and young people who require support or a necessary and proportionate intervention.

B. Victim identification and harm reduction

Identify victims and future victims who are likely to experience harm and ensure partners work together to deliver harm reduction strategies and interventions.

C. Coordination of all safeguarding partners

Ensure that the needs of all vulnerable people are identified and signposted to the relevant partner/s for the delivery and coordination of harm reduction strategies and interventions.

Barking and Dagenham launched its MASH on 1st April 2014, which saw the co-location of Social Care colleagues, Met Police, Health, Probation, Education and Targeted Support within the MASH office.

Within the MASH, systems have been put in place to ensure a smooth transition of cases for those progressing on for statutory intervention, (Tier 3 & 4) as well as those risks assessed as suitable for onward universal or targeted support (Tier 1 & 2).

Daily Triage meetings have been developed within MASH to:²

- To assure seamless transition of children / families through the thresholds to the Support and Intervention Lifecycles.

² Daily Triage Meetings replace MAPs (Multi Agency Panels) as of 1st March 2018. See Appendix 3 for further details.

- To offer a multi-agency review of cases that are being referred to Support / Intervention Lifecycles.
- To ascertain that all children / families referred to Support, and Intervention Lifecycles are allocated, and that intervention starts within 3 working days.
- To ensure that children / families requiring escalation to Care & Support from Support / Intervention are dealt with promptly within a multi-agency set up.

7. ELIGIBILITY FOR CHILDREN'S CARE and SUPPORT

The Children Act 1989 places a general duty on the Local Authority to “safeguard and promote the welfare of children within their area who are in need and so far as is consistent with their welfare, promote the upbringing of children by their families by providing a range and level of services to meet their needs”.

The Children Act 1989 defines a ‘Child in Need’ as:

- A child who is unlikely to achieve or maintain, or have opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority;
- A child whose health or development is likely to be significantly impaired or further impaired, without the provision of services; a child who has a substantial and permanent disability.

The content of the tiers has been developed taking into account the learning from local and national serious case reviews, good practice and other case reviews and audits as well as the needs of the local population.

Tiers 1 and 2 indicate the circumstances in which partner agencies would be expected to intervene and provide support to a child and family in order to prevent the need for a specialist service. Tiers 3 and 4 identify the point at which Children’s Care and Support will become involved.

Tier 1 – Universal Needs No additional support needs

Features	Assessment Process
<p>Children with Tier 1 needs</p> <p>Children with no additional needs and where there are no concerns.</p> <p>Typically these children are likely to live in a resilient and protective environment where their needs are met. These children will require no additional support beyond that which is universally available.</p> <p>These indicators need to be kept in mind when assessing the significance of indicators from Tiers 2-4</p>	<p>These children require no additional support beyond that which is universally available. A Common Assessment is not needed for these children.</p> <p>Examples of key universal services that provide support at this level:</p> <ul style="list-style-type: none"> • Education • Children’s Centres, Family Centres & Early Years • Health Visiting Service • Midwifery • School Nursing • GP • Youth Services • Police • Housing • Voluntary & Community Sector • Health Improvement teams • Core/community health services

Illustrative Examples

Parents or Carers Capacity

Basic Care Safety and Protection

- Parents/Carers able to provide care for child’s needs
- Provide for child’s physical needs e.g food drink, appropriate clothing, medical and dental care
- Protection from danger or significant harm.

Emotional Warmth and Stability

- Parents/Carers provide secure and caring parenting
- Ensures stable relationships
- Shows ward regard, praise and encouragement.

Guidance Boundaries and Stimulation

- Parents/Carers provide guidance and boundaries to help child develop appropriate values

Family and Environmental Factors

Family History and Well-Being

- Supportive family relationships

Housing Employment and Finance

- Child fully supported financially accessing all welfare benefits
- Adequate housing

Social and Community Resources

- Social and friendship networks exist
- Safe and secure environment
- Access to regular and positive activities

Child or Young Person's Developmental Needs

Learning/Education

- Attendance at school/college/training (above 90%)
- Acquired a range of skills/interests, experiences of success/achievement
- No barriers to learning
- Sound home/school link
- No concerns around cognitive development
- Planning for career and adult life
- Has experiences of success and achievement
- Access to books and toys

Health

- Physically healthy, developmental checks up to date
- Adequate and nutritious diet, regular dental and optical care
- Good state of mental health
- Developmental Milestones and motor skills appropriate
- Adequate hygiene and dress
- Sexual activity age –appropriate
- Immunisations up to date

Social, Emotional, Behavioural, Identity

- Demonstrates age appropriate responses in feelings and actions
- Good quality early attachments, child is appropriately comfortable in social situations
- Knowledgeable about the effects of crime and antisocial behaviour (age appropriate)
- Able to adapt to change
- Able to demonstrate empathy
- Positive sense of self and abilities

Family and Social Relationships

- Stable and affectionate relationships with caregivers
- Good core relationships with siblings
- Positive relationships with peers

Self-Care and Independence

- Developing age appropriate level of practical and independent living skills
- Appropriate dress for different settings – allowing for age
- Good level of personal hygiene
- Able to discriminate between 'safe' and 'unsafe' contacts
- Knowledgeable about sex and relationships and consistent use of contraception if sexually active (age appropriate)

Tier 2 – Low to Vulnerable

Threshold for targeted support for children with additional support needs

Features	Assessment Process
<p>Children with Tier 2 needs</p> <p>These children can be defined as needing some additional support without which they would be at risk of not meeting their full potential. Their identified needs may relate to their health, educational, or social development, and are likely to be short term needs.</p> <p>If ignored these issues may develop into more worrying concerns for the child or young person. These children will be living in greater adversity than most other children or have a greater degree of vulnerability than most if their needs are not clear, not known or not being met and multi agency intervention is required, a lead professional will be identified to coordinate a plan around the child. Timescale These should be short term interventions (up to 6 months) and reviewed on a regular basis. If longer support is required, you should discuss needs with specialist services and may need to move into Tier 3. A child and family may meet a number of these short term supports over the child's childhood as their needs change.</p>	<p>A multi-agency assessment e.g. CAF should be completed with the child/family to identify their strengths and needs. The action plan should identify the child's additional needs, appropriate services and interventions to meet those needs and who will act as the lead professional.</p> <p>If an assessment is refused and the needs of a child cannot be met, and may escalate, a referral to MASH should be considered. As a minimum there should be a consultation with MASH.</p> <p>Exit Strategy</p> <p>The TAF should aim to enable the child and family's move back to universal services' support.</p> <p>Key agencies that may provide support at this level:</p> <p>Universal and targeted</p> <ul style="list-style-type: none"> • Targeted adolescent services • YOT/YOS • Police • Targeted drug and alcohol and sexual health information, advice and education, including advice re harm reduction • Health, e.g. HV, GP, midwifery, school nurse • Tier 2 CAMHS • Community Solutions <ul style="list-style-type: none"> • Children's Centres • Youth Support • Housing • Targeted Early Intervention • Voluntary & Community Services • Health Improvement Teams

Illustrative Examples

NB In assessing need and risk that require additional services, multiple factors are likely to be present

Parents or Carers Capacity

Basic Care, Safety and Protection

- Requiring support to provide consistent care e.g. safe and appropriate childcare arrangements; safe and hygienic home conditions; adequate diet
- Parental health problems that may impact on child's health or development unless appropriate support provided
- Parental mental health issues that may impact on the health or development of the child unless appropriate support provided
- Parental learning difficulties that may impact on the health or development of the child unless appropriate support provided
- Parental health/disability that may impact on the health or development of the child unless appropriate support provided
- Parental substance misuse that may impact on the health or development of the child unless appropriate support provided
- Poor engagement with universal services likely to impact on child's health or development
- Parents/carers have had additional support to care for previous child/young person
- Poor supervision and attention to safety issues
- Young, inexperienced parents (as well as including in Family and Environmental Factors).

Emotional Warmth and Stability

- Requiring support for consistent parenting regarding praise and discipline,
- where the child's development not yet being impaired
- Lack of response to concerns raised about child's welfare

Guidance Boundaries and Stimulation

- Requiring support for consistent parenting in respect to routine and boundary setting
- Parent has age-inappropriate expectations that child or young person should be self-reliant
- Lack of response to concerns raised about child
- Lack of appropriate parental guidance and boundaries for child's stage of development and maturity

Family and Environmental Factors

Family and Social relationships and Family Well-Being

- Parents/Carers have relationship difficulties which may affect the child
- Parents/Carers request advice to manage their child's behaviour
- Children affected by difficult family relationships
- Child is a teenage parent
- Child is a young carer
- Low level concerns about domestic abuse
- Parent was a Looked After Child (LAC)
- Large family with several young children under five

Housing, Employment and Finance

- Overcrowding (as per local housing guidelines) that has a potential impact on child's health or development
- Families affected by low income/living with poverty affecting access to appropriate services to meet child's additional needs
- Low income plus adverse additional factors which affect the child's development
- Housing is in poor state of repair or severely overcrowded
- Teenage parent living independently

Social Integration and Community Resources

- Insufficient facilities to meet needs e.g. advice/support needed to access services for disabled child where parent is coping otherwise
- Family require advice regarding social exclusion e.g. hate crimes, harassment, and disputes in the community
- Child associating with peers who are involved in anti social or criminal behaviour
- Limited access to/awareness of contraceptive and sexual health advice, information and services
- Family demonstrating low level anti-social behaviour towards others
- Parents/Carers are socially excluded, have no access to local facilities and require support services

Child or Young Person's Developmental Needs

Learning/Education

- Occasional truanting, non attendance or punctuality issues, attendance below 85%
- School action or school action plus
- Identified language and communication difficulties linked to other unmet needs
- Lack of adequate parent/carer support for child's learning
- Lack of age appropriate stimulation and opportunities to learn
- Few or no qualifications leading to NEET (not in education, employment or training)
- Child/young person under undue parental pressure to achieve/aspire
- No aspiration for young person
- Not educated at school (or at home by Parents/Carers)
- The child's current rate of progress is inadequate despite receiving appropriate early education experiences

Health

- Concerns about reaching developmental milestones
- Not attending routine appointments e.g immunisations and developmental checks
- Persistent minor health problems
- Weight is significantly above or below what would be expected
- Missing set appointments across health including antenatal, hospital and GP appointments
- Low level mental health or emotional issues requiring Tier 2 intervention
- Evidence of risk taking behaviour i.e. drug/alcohol use, unprotected sex, Inadequate diet :e.g. being under or overweight, no breakfast
- Missing routine and non routine health appointments
- Experimenting with illegal drugs, alcohol, tobacco.
- Frequent accidents.

Social, Emotional, Behavioural, Identity

- Emerging anti-social behaviour and attitudes and/or low level offending

- Child is victim of bullying or bullies others
- Expressing wish to become pregnant at young age
- Low level substance misuse (current or historical)
- Low self esteem
- Limited peer relationships/social isolation
- Expressing thoughts of running away
- Received fixed penalty notice, reprimand, final warning or triage of diversionary intervention
- Disruptive/challenging behaviour at school or in neighbourhood
- Behavioural difficulties requiring further investigation/diagnosis
- Child subject to persistent discrimination, e.g racial, sexual or due to disabilities
- Victim of crime of bullying (as well as bullying other)

Self-Care and Independence

- Lack of age appropriate behaviour and independent living skills that increase vulnerability to social exclusion
- Early onset of sexual activity (13-14); sexually active young person (15+) with some risk taking behaviours e.g. inconsistent use of contraception
- Low level alcohol/substance misuse (current or historical)
- Some evidence of risky use of technology leading to E-safety concerns

Tier 3 – High to Complex

Features	Assessment Process
<p>This Tier applies to those children identified as requiring specialist support. It is likely that for these children their needs and care are at present significantly compromised. Only a small fraction of children will fall within this band.</p> <p>These children will be those who are highly vulnerable or experiencing the greatest level of adversity.</p> <p>Child in Need:</p> <p>These children may be eligible for a Child in Need service from Children’s Care and Support and are potentially at risk of developing acute/complex needs if they do not receive early statutory intervention. If a social worker is allocated they will usually act as the lead professionals and coordinate services.</p> <p>Definition:</p> <p>Section 17 of the 1989 Children Act</p> <ul style="list-style-type: none"> • ‘Is unlikely to achieve or maintain a reasonable standard of health or development • ‘health or development is likely to be significantly impaired’ without the provision of LA services • Or s/he is disabled 	<p>A Multi-agency Assessment should be used as the first assessment tool of choice. This may be used to support a referral to specialist/targeted support.</p> <p>Children’s Care and Support will decide on their response based on the information supplied in the referral. If appropriate they will undertake their assessment and complete a Child in Need Plan. Following this the case may:</p> <ul style="list-style-type: none"> • Be closed • Be actioned • Lead to a fuller core assessment <p>Key agencies that may provide support at this level:</p> <ul style="list-style-type: none"> • Children’s Care and Support • Other statutory service e.g. SEN Services • Specialist health or disability services • Police • Targeted adolescent services • Targeted drug and alcohol • CAMHS • Family Support Services • Voluntary & Community Services • Sexual Health and Health Improvement Teams • Community Solutions <p>Exit Strategy</p> <p>A TAF formed may also be required to support child moving out of complex needs with an agreed action plan. This could include continuing multi-agency support coordinated by a Lead Professional to enable the child and family’s move back to universal services.</p>

Illustrative Examples

Parents or Carers Capacity

Basic, Care, Safety and Protection

- Parent/Carer is unable to meet child's needs even with support and not providing adequate care
- Serious concern that an unborn child is at risk of significant harm
- Chronic or acute neglect where food, warmth and other basics often not available
- Parent/carer has mental health difficulties that has a direct impact on child's health or development
- Parent/carer substance misuse that has a direct impact on child's health or development
- Parental learning difficulties that have a direct impact on child's health or development
- Parental health/disability that has a direct impact on child's health or development
- Child exposed to contact with individuals who pose a risk of physical or sexual harm to children
- History of previous child protection concerns
- Child missing from home or school

Emotional Warmth and Stability

- Parent is emotionally unavailable
- Succession of carers or child young person has multiple carers, but no significant relationships with any of them
- Inappropriate child care arrangement
- Inconsistent parenting impairing emotional and behavioural development
- Parental instability affects capacity to nurture
- Parents/carers own emotional needs compromise those of the child/young person

Guidance Boundaries and Stimulation

- Child/young person receives little positive stimulation despite appropriate toys being available

Parents/carers provide inconsistent boundaries or present a negative role model which seriously impacts on child's development

Family and Environmental Factors

Family and Social Relationships and Family Well-Being

- Domestic Abuse where the risk to the victim is assessed as standard/medium risk and the child is present within the home during the incident
- An initial domestic abuse incident is reported but the victim discloses details of historic abuse with children resident/normally resident
- Child is privately fostered
- Unaccompanied asylum seeking children
- Child subject to a court application where a s7 or s37 report has been ordered to be completed by Children's Care and Support
- Pre-birth assessment where a history of past child protection concerns
- Risk of family relationship breakdown leading to need for child to become looked after outside of family network
- Child is a young carer requiring assessment of additional needs
Child requires assessment for respite care service due to family circumstances and has no appropriate friend/relative carer available to support
- Parents/carers are unable or unwilling to continue to care for the child

Housing, Employment and Finance

- Homeless child in need of accommodation including 16-17 year olds
- Extreme financial difficulties impacting on ability to have basic needs met
- No access to funding/community resources
- Family at risk of eviction having already received support from Housing services

Social and Community Resources

- Child or family need immediate support and protection due to harassment/discrimination and have no local support
- Significant levels of targeted hostility towards the child and their family, and conflict/volatility within neighbourhood

Child or Young Person's Developmental Needs

Learning/Education

- Child not in education, in conjunction with concerns for child's safety
- Chronic non attendance/truancing/authorised absences/fixed term exclusions
- Education Health Care Plan (EHC)

Health

- Chronic/recurring health problems with missed appointments, routine and non routine
- Child with a disability in need of assessment and support to access appropriate specialist services
- Serious delay in achieving physical and other developmental milestones, raising significant concerns
- Frequent accidental injuries to child requiring hospital treatment
- Mental health issues requiring referral to CAMHS, including self harm or suicidal thoughts
- Poor or restricted diet despite intervention.
- Child has chronic health problems or high level disability which with extra support may/may not be maintained in a mainstream setting
- Learning significantly affected by health problems
- Significant dental decay that has not been treated
- recurrent or ongoing risk taking behaviour
- Child has some chronic /reoccurring health problems not treated, or badly managed.
- Lack of food
- Mental Health Issues emerging e.g conduct disorder, eating disorder, self-harming, ADHD, anxiety and depression.

Social, Emotional, Behavioural, Identity

- Child with serious level of unexplained and inappropriate sexualised behaviour
- Child is at risk of sexual exploitation
- Child missing from home and concerns raised about their physical and emotional safety and welfare
- Child whose behaviour is putting them at risk, including substance and alcohol misuse
- Evidence of regular/frequent substance misuse which may combine with other risk factors
- Evidence of escalation of substance use and of changing attitudes and more disregard to risk
Continuous breaches of curfew. order with other risk-taking behaviours that impact on the child's welfare and safety
- Frequently goes missing from home
- Failure or inability to address serious (re)offending behaviour leading to risk of serious harm to self or others
- Child/young person beyond parental control – regularly absconds from home and places self at risk of significant harm
- Young people experiencing current harm through their use of substances

Self-Care and Independence

- Child suffers accidental injury as a result of inadequate supervision
- Child found wandering without adequate supervision
- Child expected to be self reliant for their own basic needs or those of their siblings beyond their capabilities, placing them at potential risk
- Severe lack of age appropriate behaviour
- Young Carer affecting development of self.

Tier 4 – Complex or Acute

Features	Assessment Process
<p>Children with Tier 4 Needs Children requiring specialist/statutory integrated support.</p> <p>Child Protection Children experiencing significant harm that requires statutory intervention such as child protection or legal intervention. These children may also need to be accommodated (taken into care) by the Children’s Care and Support either on a voluntary basis or by way of Court Order.</p> <p>Definition</p> <p>Section 47 of the 1989 Children Act. Child or young person. Where a child is at risk of significant harm.</p> <p>Through neglect, physical, emotional or sexual abuse.</p> <p>Process</p> <p>Agencies should make a verbal referral either to the Initial Response Team or the Local Children’s Care and Support depending on local arrangements and accompany this with written referral form.</p>	<p>Children’s Care and Support will decide on their response based on the verbal information as repeated in the written notification form. In the case of suspected abuse, they will follow the Working Together procedures as laid out in the Barking and Dagenham Safeguarding Children Procedures. On the basis of a Statutory Assessment a decision will be made whether to hold an Initial Child Protection Conference.</p> <p>Key agencies that may provide support at this level:</p> <ul style="list-style-type: none"> • Children’s Care and Support; Fostering, Adoption Teams • Police • Other statutory service e.g SEND services; Education & Child Psychology • Specialist health or disability services • Youth Offending Team • Targeted drug and alcohol • CAMHS • Community Solutions <ul style="list-style-type: none"> • Family support services • Children’s Centres • Services at Universal level • Voluntary & Community Services • Targeted Adolescent Services <p>Exit Strategy</p> <p>Children’s Care and Support will work with the child and their family either to reduce the risk to a child in need and ultimately a move out of statutory interventions as described in Tier 3, or will embark on Court Proceedings to accommodate the child or young person in a kinship, fostering or residential placement, or to place the child for adoption.</p>

Illustrative Examples

Parents or Carers Capacity

Basic Care Safety and Protection

- Parents/carers are unable to care for the child
- Parents/carers have or may have abused/neglected the child/young person
- Pre birth assessment indicates unborn child is at risk of significant harm
- Parents' own needs mean they cannot keep child/young person safe
- Parent unable to restrict access to home by adults known to be a risk to children and other adults
- Child/young person left in the care of an adult known or suspected to be a risk to children, or lives in the same house as the child
- Low warmth, high criticism is an enduring feature of the parenting style
- Parent's own emotional needs/experiences persistently impact on their ability to meet the child/young person's needs
- Parent/carer has mental health issues, that present a risk of significant harm to the child
- Parent/carers' substance misuse that presents a risk of significant harm to the child
- Parental learning difficulties that present a risk of significant harm to the child
- Parental health/disability that presents a risk of significant harm to the child
- Concerns about sexual exploitation

Emotional Warmth and Stability

- Deliberate cruelty or emotional ill treatment of a child resulting in significant harm
- Child is continually the subject of negative comments and criticism, or is used as a scapegoat by a parent/carer, resulting in feelings of low worth and self-esteem and seriously impacting on the child's emotional and psychological development
- Previous child/young person(s) have been removed from parent's care

Guidance Boundaries and Stimulation

- Lack of appropriate supervision resulting in significant harm to child
- Child is given responsibilities that are inappropriate for their age/level of maturity resulting in significant harm to the child

Adult in a position of trust, staff member or volunteer behaves in a way that results in harm to a child, or that might indicate unsuitability to work with children

Family and Environmental Factors

Family and Social Relationships and Family Well-Being

- Assessment identifies risk of physical, emotional, sexual abuse or neglect
- History of previous significant harm to children, including any concerns of previous child deaths
- Family characterised by conflict and serious, chronic relationship difficulties
- Parent/carer has unresolved mental health difficulties which affect the wellbeing of the child
- Adult victim of Domestic Abuse is assessed as high level risk and the child (including unborn) is at risk of significant harm
- Child's carer is referred to MARAC
- Members of the wider family are known to be, or suspected of being a risk to children
- Child needs to be looked after outside of their immediate family or parents/carers due to abuse/neglect

Housing, Employment and Finance

- Hygiene conditions within the home present a serious and immediate environmental/health risk to children

Child or Young Person's Developmental Needs

Health

- Parents/carers refusal to recognise or address high level disability, serious physical and/or emotional health problems
- Carers refusing medical care endangering life/development
- Child not accessing appropriate medical care which puts them at direct risk of significant harm
- Concerns that a child is suffering or likely to suffer harm as a result of fabricated or induced illness
- Sexually Transmitted Infection in a child under 13
- Child who is suspected to having suffered non-accidental, or serious unexplained, injuries
- Disclosure of abuse/physical injury caused by a professional
- Disclosure of abuse from the child /or sibling
- Physical/learning disability requiring constant supervision
- Dangerous sexual activity

Social, Emotional, Behavioural, Identity

- Challenging behaviour resulting in serious risk to the child and others
- Failure or inability to address complex mental health issues requiring specialist interventions
- Under 13 engaged in sexual activity
- Under 16 concerns re coercion to engage in sexual activity
- Subject to sexual exploitation under 18 years of age
- Missing from home for repeated short periods of time or prolonged periods
- Young people with complicated substance misuse problems requiring specific interventions and/or child protection and who can't be managed in the community
- Failed Education Supervision Order -3 prosecutions for non-attendance: family refusing to engage.

Self Care and Independence

- Child is left “home alone” without adequate adult supervision or support and at risk of significant harm
- Distorted self image and lack of independent living skills likely to result in significant harm **Other**

items to consider

- Young sex offender and/or child to child abuse
- Private Fostered
- Unaccompanied refuge/asylum seeker
- Professional Concerns – difficulty accessing child /young person.

Appendix 1 – The following are indicators which may aid in decision making when considering thresholds

TIER 1 Universal Needs	<u>Indicators</u>			
<p>These are children and families where there are no concerns. Typically these children are likely to live in a resilient and protective environment where their needs are met. These children will require no additional support beyond that which is universally available.</p> <p>These indicators need to be kept in mind when assessing the significance of indicators from Levels 2 - 4</p>	<p><u>CHILD'S DEVELOPMENT</u></p> <p><i>Health</i></p>	<p><u>AGES 0-4</u></p> <ul style="list-style-type: none"> • Appropriate height and weight • Physically healthy • Developmental checks up to date • Adequate and nutritious diet • Regular dental and optical care • Warm attachment with carers 	<p><u>AGES 5-13</u></p> <ul style="list-style-type: none"> • Appropriate height and weight • Physically healthy • Developmental checks up to date • Adequate and nutritious diet • Regular dental and optical care • Good state of mental health • No misuse of substances 	<p><u>AGES 14-18</u></p> <ul style="list-style-type: none"> • Appropriate height and weight • Physically healthy • Medical checks up to date • Adequate and nutritious diet • Regular dental and optical care • Good state of mental health • Sexual activity appropriate for age • No misuse of substances
	<p><i>Education/Learning</i></p>	<ul style="list-style-type: none"> • Experiences of success/ Achievement • No concerns around cognitive development • Access to books, toys as appropriate • Enjoys and participates in educational group activities within preschool settings • Parents engaged • Able to communicate 'wants' and 'needs' 	<ul style="list-style-type: none"> • Acquired a range of skills/interests Experiences of success/achievement Access to books, toys, as appropriate • Enjoys and participates in educational and community activities • Sound home/school link Articulates aspirations. Attends school regularly No concerns around cognitive development 	<ul style="list-style-type: none"> • Acquired a range of skills/interests • Experiences of success/achievement • No concerns around cognitive development • Access to books, games, activities as appropriate • Enjoys and participates in educational and community activities □ Sound home/school link • Planned progression beyond statutory education • In EET or NEET up to a maximum of 12 weeks

TIER 1 Universal Needs	<u>Indicators</u>			
	<i>Emotional & Behavioural Development</i>	<ul style="list-style-type: none"> • Demonstrates age appropriate responses in feelings and actions • Good quality early attachments • Able to demonstrate awareness of others 	<ul style="list-style-type: none"> • Demonstrates age appropriate responses in feelings and actions Good quality early attachments • Able to adapt to change Able to demonstrate empathy 	<ul style="list-style-type: none"> • Demonstrates age appropriate responses in feelings and actions • Good quality attachments/relationships • Able to adapt to change • Able to demonstrate empathy
	<i>Identity</i>	<ul style="list-style-type: none"> • Positive sense of self and abilities • Can demonstrate feelings of belongingness and acceptance 	<ul style="list-style-type: none"> • Positive sense of self and abilities • Can demonstrate feelings of belongingness and acceptance 	<ul style="list-style-type: none"> • Positive sense of self and abilities • Can demonstrate feelings of belongingness and acceptance
	<i>Family & Social Relationships</i>	<ul style="list-style-type: none"> • Stable and affectionate relationships with caregivers • Good core relationships with siblings • Positive relationships with peers 	<ul style="list-style-type: none"> • Stable and affectionate relationships with caregivers • Good core relationships with siblings and positive relationships with peers 	<ul style="list-style-type: none"> • Stable and affectionate relationships • Good core relationships with siblings • Positive relationships with peers and emerging Social integration
	<i>Social Presentation</i>	<ul style="list-style-type: none"> • Appropriate dress for different settings • Good level of personal hygiene • Enjoys positive attention- appears relaxed with a happy disposition. 	<ul style="list-style-type: none"> • Appropriate dress for different settings-allowing for age and fashion • Good level of personal hygiene • Able to discriminate between 'safe' and 'unsafe' contacts and appears reasonably at ease 	<ul style="list-style-type: none"> • Appropriate dress for different settings- allowing for fashion • Good level of personal hygiene • Reasonably at ease in social situations, and sufficiently discriminating between 'safe' and 'unsafe' contacts

	Self Care Skills	<ul style="list-style-type: none"> • Growing level of competencies in practical skills, such as feeding, dressing. 	<ul style="list-style-type: none"> • Growing level of competencies in practical skills. 	<ul style="list-style-type: none"> • Competency in practical skills and emerging independent living skills
--	-------------------------	---	--	---

TIER 2 Low to Vulnerable	<u>Indicators</u>			
<p>These are children and families whose circumstances may make them vulnerable and may affect the child's health, educational, or social development.</p> <p>Children and families who might be defined as falling within this level may need some additional support without which they would be at risk of not meeting their full potential. At this level consideration should be given as to whether a multi-agency assessment e.g CAF should be completed.</p>	Health	<u>AGES 0-4</u> <ul style="list-style-type: none"> • Weight not increasing at rate expected • Concerns regarding developmental milestones • Not attending routine appointments • Persistent minor health problems • Limited diet • Feeding problems 	<u>AGES 5-13</u> <ul style="list-style-type: none"> • Weight not increasing at rate expected • Not attending routine appointments • Concerns about developmental progress • Persistent minor health problems • Limited diet e.g. no breakfast and limited money for school lunch • Dental care not sufficient in attendance for checks/treatment • Vulnerability to mental well-being problems e.g. acrimonious divorce of parents, unduly anxious, angry or defiant • Smokes • Enuresis and encopresis • Not registered with a GP 	<u>AGES 14-18</u> <ul style="list-style-type: none"> • Excessive or low weight gain • Concerns about developmental progress e.g. overweight/underweight/enuresis • Not attending routine appointments • Persistent minor health problems • Limited diet e.g. no breakfast and limited money for school lunch • Dental care not sufficient in attendance for checks/ Treatment • Concerns regarding mental wellbeing e.g. acrimonious divorce of parents, unduly anxious, angry or defiant • Consensual sexual activity • Experimenting with substance misuse • Smokes

	<i>Education/Learning</i>	<ul style="list-style-type: none"> • Not accessing any pre-school setting • Not always engaged in organised activities e.g. poor concentration, low motivation • Not thought to reaching his/her potential • Home/setting link not well established • Poor peer relationships • Speech and language difficulties 	<ul style="list-style-type: none"> • Requires a greater degree of individualisation above and beyond expected differentiation of the curriculum. • Poor punctuality • Regular school absences • Not always engaged in learning e.g. poor 	<ul style="list-style-type: none"> • Requires a greater degree of individualisation above and beyond expected differentiation of the curriculum. • NEET for 12 weeks or more(16-18) but available • Poor punctuality • Regular school absences • Not always engaged in
TIER 2 Low to Vulnerable	<u>Indicators</u>			
		<ul style="list-style-type: none"> • Little evidence of stimulation from carer(s) 	<ul style="list-style-type: none"> concentration, low motivation • Not thought to be reaching his/her educational potential • Home/school link not well established 	<ul style="list-style-type: none"> • learning e.g. poor concentration, low motivation • Not thought to be reaching his/her educational potential Home/school link not well established • Limited evidence of progression planning • At risk of making ill-informed/inappropriate decisions about progression

	<i>Emotional & Behavioural Development</i>	<ul style="list-style-type: none"> • Hostile behaviour • Some difficulties with family relationships • Some difficulties with peer group relationships • Some evidence of inappropriate responses and actions • Child finds managing change difficult • Multiple carers Multiple house moves Poor routines • Late toileting Separation anxiety 	<ul style="list-style-type: none"> • Some difficulties with peer group relationships • Some evidence of inappropriate responses and actions • Child can find managing change difficult • Not always able to understand how own actions impact on others • Multiple house moves • Multiple carers 	<ul style="list-style-type: none"> • Some difficulties with peer group relationships • Some evidence of inappropriate responses and actions Young person finds managing change difficult • Not always able to understand how own actions impact on others • Multiple house moves
	<i>Identity</i>	<ul style="list-style-type: none"> □ Some insecurities around identity expressed e.g. low self esteem 	<ul style="list-style-type: none"> □ Some insecurities around identify e.g. low self esteem, low aspirations for 	<ul style="list-style-type: none"> □ Limited self-confidence □ Child/young person subject to discrimination through
TIER 2 Low to Vulnerable	<u>Indicators</u>			
	<ul style="list-style-type: none"> • Limited self-confidence • Child/young person subject to discrimination through social inequity and negative life experiences 	<ul style="list-style-type: none"> the future • Child/young person subject to discrimination through social inequity and negative life experiences • Poor self-confidence • Signs of deteriorating mental wellbeing • Victim of crime 	<ul style="list-style-type: none"> social inequity and negative life experiences • Victim of crime • Poor self-confidence • Signs of deteriorating mental health • Few if any recognised achievements 	

	<i>Family & Social Relationships</i>	<ul style="list-style-type: none"> • Chaotic routines • Child has lack of positive role models • Child has some difficulties sustaining relationships • Inconsistent parenting Family lack social networks 	<ul style="list-style-type: none"> • Chaotic routines • Child has lack of positive role models • Relationships with carers characterised by inconsistencies • Child has some difficulties sustaining relationships • Few recognised achievements • Family lack social networks 	<ul style="list-style-type: none"> • Chaotic routines • Child/young person has lack of positive role models • Relationships with carers characterised by inconsistencies • Child has some difficulties sustaining relationships • Few recognised achievements • Family lack social networks
	<i>Social Presentation</i>	<ul style="list-style-type: none"> • Clothing for younger children may be ill fitting • Child may not always be clean Child can be either overfriendly or withdrawn 	<ul style="list-style-type: none"> • Lack of school uniform impacting on progress/relationships in school • Clothing for younger children may be ill fitting e.g. too tight shoes • Child may not always be clean – may suffer from teasing at school about being ‘smelly’ • Child can be either over friendly or withdrawn • Child appears to be alone and unconnected 	<ul style="list-style-type: none"> • Lack of school uniform impacting on progress/relationships in school • Clothing for younger children may be ill fitting e.g. too tight shoes • Child/young person may not always be clean – may suffer from teasing at school about being ‘smelly’ • Child can be either over friendly or withdrawn • Child appears to be alone and unconnected

TIER 3 High to Complex	<u>Indicators</u>			
<p>These are children and families whose circumstances mean they may be very vulnerable</p> <p>Children and families who might be defined within this level will require a coordinated multi-agency response.</p> <p>Typically this will involve the lead professional completing a multi agency assessment e.g CAF and Team Around the Family (TAF) meeting.</p>	Health	<u>AGES 0-4</u> <ul style="list-style-type: none"> • Persistent growth faltering • Child has chronic health problems • Concerns about developmental progress • Untreated dental decay • Behaviour difficulties requiring further investigations 	<u>AGES 5-13</u> <ul style="list-style-type: none"> • Persistent growth faltering • Child has chronic health problems • Learning significantly affected by health problems • Limited/restricted diet – no breakfast, no lunch money • Significant dental decay that has not been treated • Substance misuse including persistent use of alcohol • Behaviour difficulties requiring further investigation • Signs of low mood, anxiety or self inflicted injuries 	<u>AGES 14-18</u> <ul style="list-style-type: none"> • Chronic health problems • Learning significantly affected by health problems • Limited/restricted diet – no breakfast, no lunch money • Significant dental decay that has not been treated • Substance misuse including persistent use of alcohol • ‘Unsafe’ sexual activity • Refusing medical care • Behaviour difficulties requiring further investigation • Teenage pregnancy • Signs of low mood, anxiety or self inflicted injuries
	Education/Learning	<ul style="list-style-type: none"> • Poor relationships between home/pre school setting • Inappropriate social behaviour • Carer regularly fails to provide stimulation • Unresolved speech and language difficulties • The child’s current rate of progress is inadequate, despite receiving appropriately structured early education experiences 	<ul style="list-style-type: none"> • Not educated at school (or at home by parents) • The child’s current rate of progress is inadequate, despite receiving appropriately structured early education experiences 	<ul style="list-style-type: none"> • Not educated at school (or at home by parents) • NEET(16-18) for more than 12 weeks and not available for opportunities • The child’s current rate of progress is inadequate, despite receiving appropriately structured early education experiences

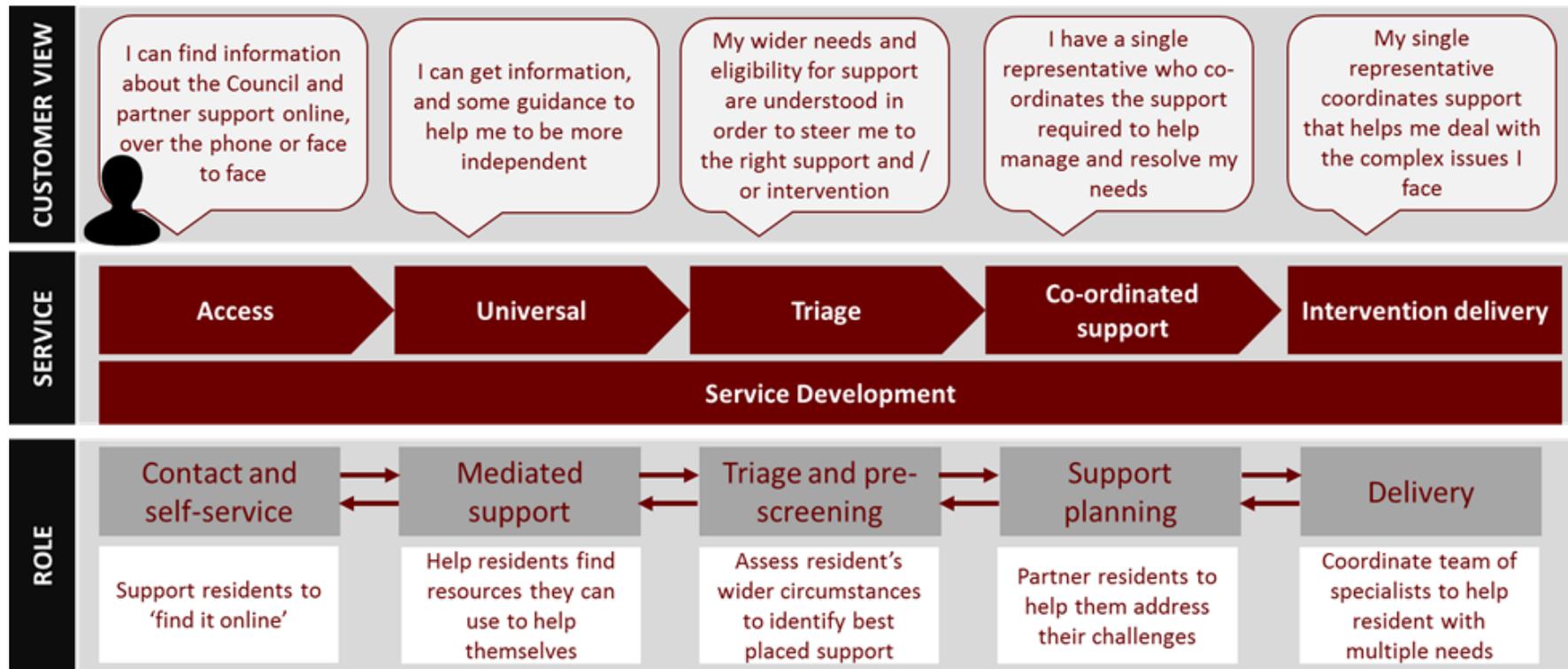
TIER 3 High to Complex	<u>Indicators</u>			
	<p><i>Emotional & Behavioural Development</i></p>	<ul style="list-style-type: none"> • Poor peer relationships Disruptive/challenging behaviour at pre school setting or in neighbourhood Child withdrawn/unwilling to engage • Limited ability to understand how actions impact on others • (4 years old) 	<ul style="list-style-type: none"> • Poor peer relationships • Starting to offend and re-offend • Child finds it difficult to cope with anger and frustration • Disruptive/challenging behaviour at school or in neighbourhood • Child withdrawn/unwilling to engage • Limited ability to understand how actions impact on others • Cannot maintain peer relationships e.g. is aggressive, bully, bullied etc. • Unable to connect cause and effect of own actions • Unable to display empathy 	<ul style="list-style-type: none"> • Poor peer relationships • Cannot maintain peer relationships e.g. is aggressive, bully, bullied etc. • Starting to offend or re-offend • Young person finds it difficult to cope with anger and frustration • Unable to connect cause and effect of own actions • Disruptive/challenging behaviour at school or in neighbourhood • Young person withdrawn/unwilling to engage • Rarely able to understand how actions impact on others • Unable to display empathy

	Identity	<ul style="list-style-type: none"> • Demonstrates significantly low self-esteem in a range of situations • Very poor self confidence • Signs of deteriorating emotional well being <ul style="list-style-type: none"> • Child is socially isolated and lacks appropriate role models 	<ul style="list-style-type: none"> • Child experiences persistent discrimination e.g. on the basis of ethnicity, sexual orientation or disability • Child is socially isolated and lacks appropriate role models • Demonstrates significantly low self-esteem in a range of situations • Very poor self-confidence • Child's self-image distorted and may demonstrate fear or persecution by others • Mental Well being concerns becoming problematic and manifest • Victim of serious crime 	<ul style="list-style-type: none"> • Young person experiences persistent discrimination e.g. on the basis of ethnicity, sexual orientation or disability • Demonstrates significantly low self-esteem in a range of situations • Young person is socially isolated and lacks appropriate role models • Very poor self-confidence • Child/young person's self-image distorted and may demonstrate fear or persecution by others • Mental well being concerns becoming problematic and manifest • Victim of serious crime
TIER 3 High to Complex	<u>Indicators</u>			
	Social Presentation	<ul style="list-style-type: none"> • Behaviour is inappropriately sexualized • Clothing is regularly unwashed and frequently ill fitting • Child's poor hygiene leads to alienation from peers • Rejection or taunting by peers Child unable to discriminate and likely to put self at risk 	<ul style="list-style-type: none"> • Behaviour is inappropriately sexualised • Clothing is regularly unwashed and frequently ill • Child's poor hygiene leads to alienation from peers • Alienates self from school • Rejection or taunting by peers 	<ul style="list-style-type: none"> • Behaviour is • Inappropriately sexualised • Clothing is regularly unwashed and frequently ill • Child's poor hygiene leads to alienation from peers • Alienates self from school • Rejection or taunting by peers

TIER 4 Complex or Acute	<u>Indicators</u>			
<p>These are children whose needs and care at the present time are likely to be very significantly compromised.</p> <p>Children and families who might be defined within this level will require a specialist assessment from , for example, Children's Care and Support, YOS, CAMHS, SEND.</p>	<p>Health</p>	<p><u>AGES 0-4</u></p> <ul style="list-style-type: none"> • Unresolved growth faltering • Carers refusing or denying medical care endangering life/development • Persistently missing routine health appointments • Dietary needs persistently not met 	<p><u>AGES 5-13</u></p> <ul style="list-style-type: none"> • Unresolved growth faltering • Carers refusing or denying medical care endangering life/development • Persistently missing routine health appointments • Dietary needs persistently not met • Habitual substance misuse • Pregnancy • Acute mental health problems e.g., threat of suicide, psychotic episode, severe depression, sexual activity 	<p><u>AGES 14-18</u></p> <ul style="list-style-type: none"> • Lack of food may be linked with neglect. Dietary needs persistently not being met and resulting in significant harm • Sexual activity that raises concerns for the welfare of the Young Person • Pregnancy • Acute mental health problems e.g., threat of suicide, psychotic episode, severe depression.

TIER 4 Complex or Acute	Indicators			
	<i>Education/Learning</i>	<ul style="list-style-type: none"> • Has additional educational needs which require the involvement of LA support services to augment the settings own resources. The needs are more than likely to be significant and complex. • Differentiated classroom practice over time has not resulted in sufficient progress towards meeting learning targets. • The child requires an Individualised programme with tailored Interventions. 	<ul style="list-style-type: none"> • No school placement • Has additional educational needs which require the involvement of LA support services to augment the schools own resources. The needs are more than likely to be significant and complex. • Differentiated classroom practice over time has not resulted in sufficient progress towards meeting learning targets. • The child requires an Individualised programme with tailored Interventions. 	<ul style="list-style-type: none"> • No school placement • Has additional educational needs which require the involvement of LA support services to augment the schools own resources. The needs are more than likely to be significant and complex. • Differentiated classroom practice over time has not resulted in sufficient progress towards meeting learning targets. • The child requires an Individualised programme with tailored Interventions.
	<i>Emotional & Behavioural Development</i>	<ul style="list-style-type: none"> • Evidence of a persistent insecure attachment to carers 	<ul style="list-style-type: none"> • Abuses other children • Puts self or others in danger • Prosecution for offences – resulting in court orders, custodial sentences, ASBOs etc • Regularly involved in anti-social/criminal activities 	<ul style="list-style-type: none"> • Abuses other children Puts self or others in danger e.g. missing • Prosecution for offences – resulting in court orders, custodial sentences, ASBOs etc • Regularly involved in anti-social/criminal activities
	<i>Identity</i>	<ul style="list-style-type: none"> • Child has internalised negative criticism and behaviour reflects poor self image 	<ul style="list-style-type: none"> • Child has internalised discrimination and behaviour reflects emotional harm 	<ul style="list-style-type: none"> • Young person has internalised discrimination and behaviour reflects emotional harm

Appendix 2: Community Solution Lifecycle model and service structure



Chris Naylor
Chief Executive

Anne Bristow
Strategic
Director/Dep CE

Operational Director
Community
Solutions



- Children's Centres
- Libraries
- Employment & Skills
- Early Intervention – universal
- Healthy Lifestyles

- Adult Intake
- MASH
- NRPF
- MARAC
- MAPs
- Housing Management
- Housing Advice

- Housing Options and Homelessness Prevention
- Housing Management
- Anti Social Behaviour
- Welfare Reform
- Youth Services
- Early Intervention – family support

- Economic Wellbeing
- Early Intervention – targeted support
- Baby Intervention
- Social Care Step Down
- Housing Reviews
- Lettings
- Temp Accommodation
- Hostel Services

- Data and Development Team
- Governance and Compliance Team
- Learning and Development Team

Appendix 3: Daily Triage Meetings Terms of Reference

Terms of Reference	Daily Triage Meeting
Purpose of Group:	<ul style="list-style-type: none"> To assure seamless transition of children / families through the thresholds to the Support and Intervention Lifecycles. To offer a multi-agency review of cases that are being referred to Support / Intervention Lifecycles. To ascertain that all children / families referred to Support, and Intervention Lifecycles are allocated, and that intervention starts within 3 working days. To ensure that children / families requiring escalation to Care & Support from Support / Intervention are dealt with promptly within a multi-agency set up.
Frequency:	Daily (Monday to Friday).
Chair:	Mahfuzul Khan (Team Manager – MASH)
Responsible HoS	HoS Triage
Members:	<ul style="list-style-type: none"> Mahfuzul Khan – Team Manager - MASH Liliani Wijayatilake – Service Manager: Intervention Nicky Gates – Senior Integrated Early Help Advisor Lynsey Flowers – Service Manager: Triage Georgia Sheridan - Sadia Hussain – Senior Early Intervention Worker Penny Pyke – Service Manager: Intervention
Support Officers:	MASH Business Support Officer
Core terms of reference:	<ul style="list-style-type: none"> To review cases that are stepped down for Tier 2 support. To provide timely and bespoke intervention to children and their families. To track cases until a visit has been carried out to the family home. First visit should be carried out within three working days from the triage meeting. To discuss non-urgent cases (from Support / Intervention) where concerns are emerging and may require a safeguarding referral.
Output from meeting:	Seamless and timely transition of families through thresholds
Linked meetings:	<ul style="list-style-type: none"> MAP Meetings (Until March 2018) MASH team meetings
Review date:	April 2018