

Multi-Agency Children Services Threshold Guidance: Continuum of Help & Support 2019

Barking and Dagenham Safeguarding Children Board

Shared guidance to help practitioners working with children, young people, families and carers to identify needs early and assist in deciding how best to help and protect our children.



Introduction

The Children and Social Work Act 2017 sets out how agencies must work together by placing new duties on the Local Authority, police and clinical commissioning groups to work together and include other local partners to safeguard and promote the welfare of all children in their area.

This guidance is for everyone who works with children, young people, their families and carers in Barking and Dagenham. It is about the way we all work together, share information and make sure that children and families are always our main focus and concern when we are providing effective support to them. This advice is to help us to help families to become stronger and more resilient so that they can identify what is difficult and find solutions before their difficulties become complex that specialist statutory social work help is required.

The advice should be read alongside statutory guidance and the framework for supporting children in need as outlined in the London Child Protection Procedures, published and updated by the London Safeguarding Children Board. These procedures are more detailed and provide practice guidance about expectations for safeguarding practice across London and between boroughs.

This guidance offers a framework for us to work together so that we use our resources more effectively and bring about positive and sustained changes for children, young people, their families and carers. To do this we need to work collaboratively and honestly with the right children and their families /carers to identify strengths and needs, to find practical and achievable solutions, and to provide the right amount of information, advice and support at the right time.

Having the Right Conversations

In Barking and Dagenham, all our services are responsible for promoting conversations, which are essential to identifying and providing an appropriate response to concerns. Having the right conversation with the family / child can help identify concerns and needs at an early stage and enable professionals and agencies to provide appropriate early support.

At any time when a family is being offered support and help from any agency, it is important that practitioners feel they can ask for help and advice and draw on the expertise of others. All practitioners, services, schools and other settings who work with families should feel able to consult with one another, within the remit of information sharing at any time before deciding on a course of action or way forward. Any professional and/or agency working with children, young people and their families is responsible for starting conversations and taking appropriate action. Agencies are encouraged to initiate the conversations with their own Designated Safeguarding Lead and in line with any internal agency safeguarding procedures as a first step.

Communication with members of the family and other professionals and agencies, enables early identification and response to the needs of children and young people and their family. Listening, thinking, challenging, connecting and discussing the resources and services that can support a family will promote a shared responsibility and collaborative working.

Some conversations may need to focus immediately upon what you are worried about, what's working well and what needs to change in order to build resilience or stabilise a situation. At the initial stage, professionals and agencies are expected to carry out an assessment of the concern and where appropriate, create a plan to support the child / young person and their family.

Conversations can be challenging and the complexity of the needs of each individual child and their family is unique. Clear, communication methods are essential to identify needs and risks to ensure the health and wellbeing of the child, while proactively building relationships, capacity, and resilience within families. The principle here is that we want more conversations to help us to offer the right response at the right lowest level.

We encourage all conversations to be recorded appropriately to show that, they took place, agreed action was identified and progressed or tracked.

If any professional or member of the public has concerns about a child and want an opportunity to talk these through with a Social Worker before deciding the best course of action, they must contact the Multi Agency Safeguarding Hub (MASH) on **0208 227 3811** and ask for a consultation with a Social Worker. We encourage all partners to have undertaken a discussion with their own Designated Safeguarding Lead in the first instance. Whatever the outcomes or decisions, the consultation will always be recorded by the MASH Team.

All professionals contacting the service must also record the consultation within their agency records.

If, following a consultation, a professional wishes to make a formal referral, they should do this separately by completing the electronic MASH referral form on the council website.

Escalating Concerns

Safeguarding is everyone's responsibility and effective, collaborative working is essential. Professionals need confidence in talking with each other about decisions that have been made, discussing concerns about those decisions and, when there isn't agreement, escalating those concerns if appropriate. The need for staff to feel confident in their understanding of when and how to raise effective challenges about practice is essential in achieving the best outcomes for children.

Equally important is the culture of how we work, and it is vital professionals are encouraged to be professionally curious and raise issues when they feel their concerns for children and young people are not being effectively addressed.

If you do not agree with any decision regarding the welfare of a child at any point, you must challenge it with clear rationale and reference to the thresholds by contacting the relevant practitioner. To ensure that children are not left at risk, escalations will need to be undertaken as soon as the concern is identified. If there is still disagreement you must escalate the case to your manager within your agency and, if necessary, the Safeguarding Lead within your agency. Please refer to your own agency's safeguarding policy for further details.

We encourage that all escalations are recorded as they are often key decision points in the life of a child / young person and their family. For more information on escalation and how to resolve professional differences, refer to the Barking and Dagenham Safeguarding Children Board (BSCB) Escalation Policy.

Our Thresholds

Most children living in Barking and Dagenham have their needs met through support from their own family or carers and by accessing universal services.

The purpose of thresholds is not to 'label' a child, young person or family but to identify the right services to wrap around the child and family to improve the situation. The thresholds in this guidance are based on the London Continuum of Need.

It is essential that during delivery of services to children, young people and their families, any additional needs are identified as early as possible and intervention is put in place with a focus on providing early help and preventing the need for specialist services.

The thresholds guidance are colour coded and divided into four categories to enable a person to use as a quick-reference guide when thinking about any concerns they may have.

Tier 1: Universal / Prevention

Children, young people and families whose needs are being met through mainstream universal services. This includes early support from agencies, where a child begins to show signs of additional needs which can be met through a single universal service.

The majority of children living in Barking and Dagenham require support from universal services alone. Practitioners may complete an Early Help Assessment to help them better understand the family's needs. The assessment should be undertaken with the family to ensure their early engagement in the process.

Key universal services that may provide support at this level include:

- Education provisions
- Children Centres
- Early years providers
- School Nursing, Health Visiting & Midwifery services
- GP and community health services
- Play & leisure services
- Youth Services
- Police
- Housing
- Voluntary and community sectors

No referral is required.

Tier 2: Targeted Early Help Services

Children, young people and families at this level are in need of coordinated early help intervention with targeted services.

These are children with additional needs, who may be vulnerable and showing early signs of need e.g abuse and /or neglect, their needs are not clear, not known or not being met.

This is the threshold for an early help assessment to begin. Support will be provided within universal or targeted provisions and do not include services from Children Care & Support.

An early help assessment should be completed with the child and family to identify their strengths and needs, and to gain targeted support from multi-agency Early Help services. If any support services are required from the council a copy of the assessment should be sent to targetedreferrals@lbbd.gov.

If you are unable to gain parental consent and you believe that the family requires further help, please undertake a discussion with the Safeguarding Lead within your agency regarding the next steps.

Key early help services that may provide support at this level include

- Early help services (includes parenting, education welfare, education psychology, family support, SEN support, CAMHS early intervention)
- Team around the family interventions led by other agencies
- A range of commissioned services
 - Targetted Youth work
 - Housing support
 - Additional learning support

Please visit the Community Solutions webpages on the council website for further information regarding available services.

Tier 3: Children in Need

Children, young people and families at this level will be facing complex problems, their needs are not met and evident through early signs of abuse or neglect. Children at this level, often described as a Child in Need (CIN), are unlikely to reach or maintain a satisfactory level of health and development. Such children may be seen to be at risk and without support their development will be impaired.

Assessments and services required may also come from a range of provisions outside of Children's Social Care including Tier 2 support. Consultation with your designated safeguarding officer and or the MASH Team may be required. A MASH consultation can be undertaken by contacting 0208 227 3811. The consultation will be recorded by the MASH team including the names of the professionals. If, following a consultation, a professional wishes to make a formal referral, they should do this separately.

The **Report a serious concern about a child (MARF)** referral form should be completed. This can be found on the council website and is an electronic form.

Whenever appropriate, the referral form should be completed with the child and family to identify their strengths and needs and to gain their engagement early on.

Upon receipt of the referral form, the MASH will review it within one working day in line with the thresholds laid out in this document. If assessed as meeting the Tier 3 / Child in Need threshold, it will proceed to Single Assessment, led by a Social Worker.

The MASH will inform you of the outcome of your referral and the Allocated Social Worker will inform you of the outcome of the Single Assessment.

Once the referral has been accepted by Children Care and Support the Lead Professional role changes to the Social Worker. Until that point, the lead professional responsibility would remain within Tier 1 / 2 services.

If the assessment identifies a need for a child in need plan, a network of professionals will be formed around the child that will meet regularly for the duration of that plan. Universal and Early Help services will typically be core members of this network.

Tier 4: Child Protection

Children and young people at this level have suffered or are likely to suffer significant harm as a result of abuse or neglect.

If an agency identifies a child thought to have suffered or be at risk of significant harm, a referral to MASH must be made.

- In an emergency, the agency should call 999 and ask for a Police response.
- Contact the MASH on 02082273811 during working hours. For any out of hours child protection emergencies contact the Emergency Duty Service on 02085948356.
- Complete the **Report a serious concern about a child (MARF)** form on the council website. This is an electronic form.

Upon receipt of the referral form, within one working day, where MASH identify that the case meets the Tier 4 / child protection threshold, a child protection (Section 47 enquiry) will be initiated alongside a Single Assessment, supported by information sharing between agencies in the MASH.

The MASH will inform you of the outcome of your referral and the Allocated Social Worker will inform you of the outcome of the child protection investigation.

While a Tier 4 / Child Protection investigation is led by a named Allocated Social Worker, other services, including universal and Early Help Services may remain fully involved in the case, including through membership of the core group of professionals and/or of the Child Protection Conference, which is independently chaired.

Different aspects of the case may be led by different agencies – for example the police will lead on criminal investigation.

Making an Effective Referral

Before making a referral, the risk indicators outlined below, should be used as a tool to support the thinking process behind the concern and determine next steps.

The list of indicators is not exhaustive but serves as providing examples of children's needs and circumstances that correspond to a certain level of vulnerability. It is likely that the level of worry or concern will be dependent on a number of factors and indicators and not reliant on just one indicator. Consideration should be made on whether the needs of the child can be met by services or professionals already involved or through a single agency referral.

Our MASH aims to ensure that we identify and assess need early and take action as quickly as possible by working closely with our partners. When making a referral to MASH it is essential that all information about the child is shared. This will enable better decision making and allocation of support and intervention. We are dependent on the information in the referral in order to make safe decisions about the need to offer immediate protection from harm.

All referrals should be discussed with the parent or carer, unless doing so would place the child at immediate risk of harm. It is important to work together with families and be open and transparent about the concerns for their child. If a person is unsure or unclear about when it is safe to inform parents or carers, they should contact the MASH, so we can advise.

We will inform referrers of the outcome of a referral; however, we would always encourage partner agencies to make contact where there are any delays.

Indicators of Possible Need

The indicators of possible need listed under each heading are an indication of the likely level of need. Only by talking to children and their family in more detail to explore the context and the factors behind the need, will the practitioner be able to form a judgement as to the level of support needed. They should be used to guide professional discussions and not to support fixed and inflexible positions as there will be some situations where a single indicator, in the absence of any other indicator(s), is so significant that it will demand support at a particular level.

It is therefore important that full consideration is given to assess accumulative indicators and impact on children that may interplay and escalate or de-escalate through the levels.

The core purpose is to help practitioners and managers make a next steps decision about whether and how a family and its associated network are able to protect and promote the welfare of a child or children

Tier 1: Universal / Prevention

<p>Health</p> <ul style="list-style-type: none"> • Physically well • Nutritious diet • Adequate hygiene and dress • Developmental and health checks immunisations up to date • Developmental milestones and motor skills appropriate • Sexual activity age-appropriate • Good mental health 	<p>Basic Care, Ensuring Safety and Protection</p> <ul style="list-style-type: none"> • Provide for child's physical needs, e.g. food, drink, appropriate clothing, medical and dental care • Protection from danger or significant harm. • Family feels part of the community.
<p>Behavioural Development</p> <ul style="list-style-type: none"> • Takes responsibility for behaviour • Responds appropriately to boundaries and constructive guidance 	<p>Emotional Warmth and Stability</p> <ul style="list-style-type: none"> • Shows warm regard, praise and encouragement • Ensures stable relationships
<p>Identity and Self-Esteem</p> <ul style="list-style-type: none"> • Can discriminate between safe and unsafe contacts. 	<p>Guidance, Boundaries and Stimulation</p> <ul style="list-style-type: none"> • Ensure the child can develop a sense of right and wrong • Child/young person accesses leisure facilities as appropriate to age and interests
<p>Family and Social Relationships</p> <ul style="list-style-type: none"> • Stable and affectionate relationships with family • Is able to make and maintain friendships. 	<p>Family Functioning and Wellbeing</p> <ul style="list-style-type: none"> • Good relationships within family, including when parents are separated.
<p>Learning</p> <ul style="list-style-type: none"> • Access to books and toys • Enjoys and participates in learning activities • Has experiences of success and achievement • Sound links between home and school • Planning for career and adult life 	<p>Housing, Work and Income</p> <ul style="list-style-type: none"> • Accommodation has basic amenities and appropriate facilities, and can meet family needs • Managing budget to meet individual needs.
<p>Emotional Development</p> <ul style="list-style-type: none"> • Good quality early attachments • Able to adapt to change • Able to understand others' feelings. 	<p>Social and Community Including Education</p> <ul style="list-style-type: none"> • Has friendships and is able to access local services and amenities

Tier 2: Targeted Early Help Services

<p>Health</p> <ul style="list-style-type: none"> • Missing immunisations/checks • Ambivalence to ante-natal and post-natal care with irregular attendance and missed appointments • Child is slow in reaching developmental milestones • Disability requiring support to be maintained in mainstream settings • Minor concerns re diet, hygiene, clothing • Dental difficulties untreated/some decay • Missing some routine and non-routine health appointments • Self-harming behaviours • Limited or restricted diet e.g. no breakfast, no lunch money • Concerns about developmental progress: e.g. overweight / underweight / bedwetting/soiling • Vulnerable to emotional difficulties, perhaps in e.g. child seems unduly anxious, angry or defiant for their age • Experimenting with tobacco, alcohol or illegal drugs • Frequent accidents • Mental health issues emerging e.g. conduct disorder; ADHD; anxiety; depression and eating disorder • Physical/learning disability requiring constant supervision 	<p>Identity and Self-Esteem</p> <ul style="list-style-type: none"> • Some insecurities around identity expressed e.g. low self-esteem, sexuality, gender identity • May experience bullying • May be exhibiting bullying behaviour • Lack of confidence is incapacitating • Child/young person provocative in behaviour/ appearance e.g. inappropriately dressed for school • Child subject to persistent discrimination, e.g. racial, sexual or due to disabilities • Victim of crime or bullying. <hr/> <p>Learning</p> <ul style="list-style-type: none"> • Has some identified specific learning needs with targeted support and/or statement of SEN • Language and communication difficulties • Regular underachievement or not reaching education potential • Poor punctuality/pattern of regular school absences • Not always engaged in play/learning, e.g. poor concentration • No access to books/toys • Some fixed term exclusions. • Short term exclusions or at risk of permanent exclusion, persistent truanting • The young person is not in education, employment or training (NEET) or their attendance is sporadic, and they are not likely to reach their potential
<p>Emotional Development</p> <ul style="list-style-type: none"> • Some difficulties with family relationships • Some difficulties with peer group relationships and with adults, e.g. 'clingy', anxious or withdrawn • Some evidence of inappropriate responses and actions • Limited engagement in play with others/has few or no friends. 	<p>Family and Social Relationships</p> <ul style="list-style-type: none"> • Lack of positive role models • Child has some difficulties sustaining relationships • Unresolved issues arising from parents' separation, step parenting or bereavement. • Domestic abuse within the home • Relationships with family experienced as negative ('low warmth, high criticism') • Family breakdown related to child's behavioural difficulties • Social isolation • Child has few positive relationships

<p>Behavioural Development</p> <ul style="list-style-type: none"> • Not always able to understand how own actions impact on others • Finds accepting responsibility for own actions difficult • Responds inappropriately to boundaries/constructive guidance • Finds positive interaction difficult with peers in unstructured contexts • Additional needs from CAMHS • Challenging at school, possible threat of exclusion and school have been providing support for some time 	<p>Self-care Skills and Independence</p> <ul style="list-style-type: none"> • Disability limits amount of self-care possible • Periods of inadequate self-care, e.g. poor hygiene • Child is continually slow to develop age-appropriate self-care skills. • Young person is main carer for family member.
<p>Basic Care, Ensuring Safety and Protection</p> <ul style="list-style-type: none"> • Basic care is not provided consistently • Parent/carer requires advice on parenting issues • Parent/carer physically chastises their child within legal limits but there is concern that this is having a negative impact on the child's emotional wellbeing (e.g child appears fearful of the parent) • There is concern that it may escalate in frequency and/or severity. Parents / carers willing to access professional support to help them manage their child's behaviour • Young, inexperienced parents • Inappropriate child care arrangements and/or too many carers • Some exposure to dangerous situations in the home or community • Unnecessary or frequent visits to doctor/casualty • Parent/carer stresses starting to affect ability to ensure child's safety. • The parent/carer is struggling to adjust to the role of parenthood 	<p>Guidance, Boundaries and Stimulation</p> <ul style="list-style-type: none"> • Parent/carer offers inconsistent boundaries • Lack of routine in the home • Child/young person spends considerable time alone e.g. watching television • Child/young person can behave in an anti- social way in the neighbourhood, e.g. petty crime. • No effective boundaries set by parents/carers impacting on child's wellbeing <p>Emotional Warmth and Stability</p> <ul style="list-style-type: none"> • Inconsistent responses to child/young person by parent/carer • Parents struggling to have their own emotional needs met • Child/young person not able to develop other positive relationships • Starting to show difficulties with attachments. • Child appears regularly anxious, angry or phobic and demonstrates a mental health condition
<p>Family Functioning and Wellbeing</p> <ul style="list-style-type: none"> • A child/young person is taking on a caring role in relation to their parent/carer, or is looking after younger siblings • No effective support from extended family • Concern that the child is in a culture where harmful practices are known to have been performed however parents are opposed to the practices in respect of their children. 	<p>Housing, Work and Income</p> <ul style="list-style-type: none"> • Family seeking asylum or refugees • Periods of unemployment of parent/carer • Parents/carers have limited formal education • Low income • Financial/debt difficulties

<p>Social and Community Including Education</p> <ul style="list-style-type: none"> • Some social exclusion or conflict experiences; • low tolerance • Community characterised by negativity towards children/young people • Difficulty accessing community facilities. • Community are hostile to family 	<ul style="list-style-type: none"> • Poor state of repair, temporary or overcrowded, or unsafe housing • Intentionally homeless • Serious debt/poverty impact on ability to have basic needs met • Rent arrears put family at risk of eviction or proceedings initiated • Not in education employment or training post-16. • Families with No Recourse to Public Funds
<p>Tier 3: Child in Need</p>	
<p>Health</p> <ul style="list-style-type: none"> • Child has some chronic/recurring health difficulties that are not treated or being poorly managed by the family • Child has been admitted into hospital for a period exceeding 12 weeks • In spite of support provided developmental milestones are not being met attributable to parental care • Unsafe sexual activity • Self-harming behaviours assessed as medium / high risk by medical / psychiatric professionals • Pregnancies where children have been removed from the care of either or both carers • Failure to access any antenatal care • Positive toxicology results in pregnancy • Seriously obese/seriously underweight • Significant dental decay through persistent lack of dental care • Persistent and high-risk parental substance misuse • Acute mental health difficulties e.g. severe depression • Children assessed as being at risk of FGM e.g. generalised /non-specific intention to travel to a country where FGM is prevalent • Persistent lack of food 	<p>Self-care Skills and Independence</p> <ul style="list-style-type: none"> • Disability prevents self-care in a significant range of tasks • Child lacks a sense of safety and behaviours predispose them or others to significant dangers <p>Learning</p> <ul style="list-style-type: none"> • No school placement due to parental neglect • Child/young person is out of school due to parental neglect. • Parent/carer actively discourages or prevents the child from learning or engaging with the school. <p>Emotional Development</p> <ul style="list-style-type: none"> • Sexualised behaviour placing the child and others at significant risk • Young carer whose development is being compromised by virtue of having those responsibilities. • Starting to commit serious offences/re-offend • Severe emotional/behavioural challenges • Puts self or others at risk through behaviour • Severe emotional/behavioural challenges.
<p>Behavioural Development</p> <ul style="list-style-type: none"> • Changed behaviour and reference to radicalised thoughts and threats to act • Prosecution of offences resulting in court orders, custodial sentences or ASBOs or youth offending early intervention • Deliberately harming animals / pets 	<p>Other Indicators</p> <ul style="list-style-type: none"> • Regular missing episodes • Professional concerns – but difficulty accessing child/young person • Evidence or suspicion of young person connecting others to gangs/ unsafe adults / illegal activities • Unaccompanied refugee/asylum seeker

Family and Social Relationships

- Misses school consistently.
- History of domestic abuse
- Privately fostered children
- Family have physical and mental health difficulties impacting on their child
- Significant parental/carer discord and persistent domestic violence and discord between family members
- Concern that the child may be subject to harmful traditional practices e.g witchcraft

Tier 4: Child protection

Health

- Pregnancy in any child under the age of 13
- Sexual exploitation or trafficking
- Sexual abuse
- Non-accidental injury and/or unexplained injuries
- Allegation of abuse or suspicious injury to non-mobile child
- Two or more minor injuries in pre-mobile or non-verbal babies or young children (including disabled children)
- Disclosure of abuse from child/young person
- Disclosure of abuse/physical injury caused by a professional / parent / carer
- Children at risk of FGM, honour-based violence or forced marriages
- Failure to access ante natal care where there are complicating obstetric factors that may pose a risk to the unborn child or new born child.
- Suspicion that child has suffered or is at risk of significant harm due to fabricated or induced illness.
- Suspicious injury or allegation involving a child subject of a current child protection plan or looked after by a local authority
- Child/young person has severe/chronic health difficulties that pose a danger to their wellbeing and attributable to parental care
- Failure to thrive
- Refusing medical care endangering life/development

Family and Social Relationships

- Rejection by a parent/carer, family no longer want to care for - or have abandoned a young child
- Significant injuries caused to a child by a parent carer or household member e.g during a domestic abuse incident or as result of chastisement
- Evidence that the child has been be subject to harmful traditional practices e.g witchcraft & exorcism

Emotional Warmth and Stability

- Children subject to parental delusions
- Parents / carer requesting that a young child be accommodated

Learning

- Causing / suffering serious harm / injuries to / from other children

Emotional Development

- Continually places self and or others in danger e.g. regularly missing from home / care setting
- Disclosing suicidal thoughts

Identity And Self-esteem

- Failed education supervision order – 3 prosecutions for non-attendance, family refusing to engage
- Evidence of radicalisation

<p>Other Indicators</p> <ul style="list-style-type: none"> • Abusing other children • Young person suspected / known for committing sexual offences • Serious offending behaviour likely to lead to custody/remand in secure unit/prison. • Known / suspected exploitation e.g drug dealing and gang affiliation • Child and/or their parents/carers are making plans to travel to a conflict zone and there is evidence to suggest that they are doing so to support or participate in extremist activities. 	<p>Guidance, Boundaries and Stimulation</p> <ul style="list-style-type: none"> • Child causing harm or committing a serious crime at the instruction of a parent / carer
<p>Basic Care, Ensuring Safety and Protection</p> <ul style="list-style-type: none"> • Newborn babies withdrawing from substances • Parents/carers unable to care for previous children • The parent/ carer significantly physically harms child • Parents/carers involved in violent or serious crime, or crime against children • Chronic and serious domestic violence involving child/ young person • Disclosure from parent of abuse to child/young person • Suspected/evidence of fabricated or induced illness. • Child has been made subject to Police Powers of Protection • Slavery • Evident problematic parental drug / alcohol misuse e.g blackouts, confusion, severe mood swings, drug paraphernalia not stored or disposed of, involving the child in procuring illegal substances, and substance overdoses 	<p>Housing, Work and Income</p> <ul style="list-style-type: none"> • Physical accommodation places child in imminent danger • Child labour <p>Family Functioning and Wellbeing</p> <ul style="list-style-type: none"> • Child/young person in need where there are child protection concerns • Individual posing a risk to children in or has contact with household • Family home used for drug taking, prostitution, illegal activities.