

# Children, Young People and Families Threshold Guidance and Framework for Support



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# Introduction

Welcome to the DSPP Threshold Guidance and Framework for Support  
This publication is the responsibility of the Dudley Safeguarding People Partnership as outlined in Working Together to Safeguard Children 2018.

This revised statutory guidance Working Together to Safeguard Children 2018 'A guide to inter- agency working to safeguard and promote the welfare of children' identifies that local safeguarding partners are duty bound to publish a threshold document which sets out the local criteria for action in a way that is transparent, accessible and easily understood .

Working together 2018 states that threshold document should include:

- the process for the early help assessment and the criteria for early help services, including the specific level of need, for when a case should be referred to local authority children's social care for assessment and for statutory services under:
- Section 17 of the Children Act 1989 (children in need)
- Section 47 of the Children Act 1989 (reasonable cause to suspect a child is suffering or likely to suffer significant harm).
- Section 31 of the Children Act 1989 (care and supervision orders)
- Section 20 of the Children Act 1989 (duty to accommodate a child)
- clear procedures and processes for cases relating to:
- the abuse, neglect, and exploitation of children
- children managed within the youth secure estate
- disabled children

Dudley Safeguarding People Partnership (DSPP), recognises that threshold guidance and framework for intervention is a vital tool that underpins the local vision to provide targeted support services at the earliest opportunity.

We want to ensure that DSPP offer a clear framework and a common understanding of thresholds of need for practitioners within all agencies, to help to promote a shared awareness of the different interventions required to effectively support children, young people and their families or carers.

This threshold guidance and framework aims to encourage an approach by agencies that facilitates early discussion with parents and carers to promote the safety and wellbeing of children and young people when worries and concerns emerge. Once these concerns are identified agencies provide a continuum of services to meet the assessed need and prevent escalation of risk and serious harm from abuse or neglect.

## Early Help

Early Help is about ensuring that children and families receive the support they need at the right time. We aim to provide help for children and families when problems start to emerge or when there is a strong likelihood that problems will emerge in the future. This means providing support early in life or early in the identification and development of a problem.

Through the services and support offered in Dudley it is recognised that some families will require additional help at various times of their lives and may need to access targeted services periodically to help re-build their resilience and capacity to manage. A range of support is provided through the Early Help offer, which does extend to those families who have received specialist support and need a reduced level of support to sustain and continue the progress made.

## Consent

The clear expectation is that all professionals will discuss their concerns openly and honestly with the child, where appropriate, and their parents or carers, except where to do so might place the child or another person at immediate risk of harm or prejudice the prevention or detection of crime. Where this is the case, consent to refer concerns is not required and contact should be made via a MARF to MASH as soon as possible. In emergency situations, contact should be made with the Police.

Consent to make a referral will always be needed where a practitioner is requesting support of services on behalf of a child or family - this is regardless of whether they are seeking support from early help services or from Children's Social Care for child in need [Children Act 1989, Section 17] services .

If a family refuse prevention or early help services, this does not mean that specialist safeguarding services will become involved. Children's Social Care will only become involved if there is a risk of significant harm to the child or where the information provided indicates that significant harm is likely to happen if statutory intervention does not take place.

Where families are refusing to engage with early help services and where practitioners can see that there is the likelihood of a long-term impact on outcomes for the child or young person, they should continue to engage with the family and seek to persuade them of the benefit of accessing additional support.

Where practitioners are concerned about the long-term impacts of neglect on outcomes for a child or young person, they should consult with their safeguarding lead and undertake an assessment using the locally agreed Graded Care Profile (GCP2). Where neglect of an unborn baby is suspected the GCP2A (antenatal) should be used.

To find out more please see the DSPP Neglect Strategy. The strategy can be found by visiting <https://safeguarding.dudley.gov.uk/safeguarding/child/work-with-children-young-people/neglect-strategy>

## Information Sharing

Working Together 2018 states that effective sharing of information between practitioners and local organisations and agencies is essential for early identification of need, assessment and service provision to keep children safe. Child Safeguarding Practice Reviews (CPSR), formerly known as Serious Case Reviews (SCRs) highlighted that professionals often miss opportunities to record using their internal procedures which often leads to several incidents or concerns not being reported. Professionals are required to understand the significance of sharing information in a timely manner. Failure to understand the significance of recording and reporting effectively can have severe consequences for the safety and welfare of children.

It is important that practitioners can share information appropriately as part of their day-to-day practice and do so confidently.

It is important to remember there can be significant consequences in not sharing information as there can be in sharing information. Professional judgement should be used to decide whether to share or not and what information is appropriate to share.

Data protection law reinforces common sense rules of information handling. The law is there to ensure personal information is managed in a sensible way. It helps agencies and organisations to strike a balance between the many benefits of public organisations sharing information and maintaining and strengthening safeguards and privacy of the individual.

It also helps agencies and organisations to balance the need to preserve a trusted relationship between practitioner and child and their family with the need to share information to benefit and improve the life chances of the child.

The following are guidelines to help practitioners decide whether they should share information or not. They are based on the 2018 Information Sharing Guidelines published by the DfE, with additional consideration of the Data Protection Act 2018 and the updated Working Together 2018:

At the request of, and on the behalf of DSPP, DSCPG have amended this document as within the transformation stage and asks all partners to:

1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.

5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely .
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

For further guidance on Information Sharing and Working Together please see:

- [Working Together to Safeguard Children 2018](#)
- [Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers](#)
- [Data Protection Act 2018](#)
- This document must be read alongside the West Midlands Regional safeguarding procedures that reflect the legal framework underpinning work with children to promote their welfare and prevent abuse. These procedures are available at: <https://westmidlands.procedures.org.uk/>

### **Key safeguarding partners definitions**

A safeguarding partner in relation to a local authority area in England is defined under the Children Act 2004 as: (a) the local authority, (b) a clinical commissioning group for an area any part of which falls within the local authority area, and (c) the chief officer of police for an area any part of which falls within the local authority area.

The three safeguarding partners should agree on ways to co-ordinate their safeguarding services; act as a strategic leadership group in supporting and engaging others; and implement local and national learning including from serious child safeguarding incidents. To fulfil this role, the three safeguarding partners must set out how they will work together and with any relevant agencies as well as arrangements for conducting local reviews.

# The Dudley Threshold Guidance

The Approach in Dudley to working with children and young people with additional needs recognises that better outcomes are secured by practitioners working together. This approach emphasises a commitment to integrated and multi-agency working at all levels.

In summary, Dudley's model reflects a partnership commitment to:

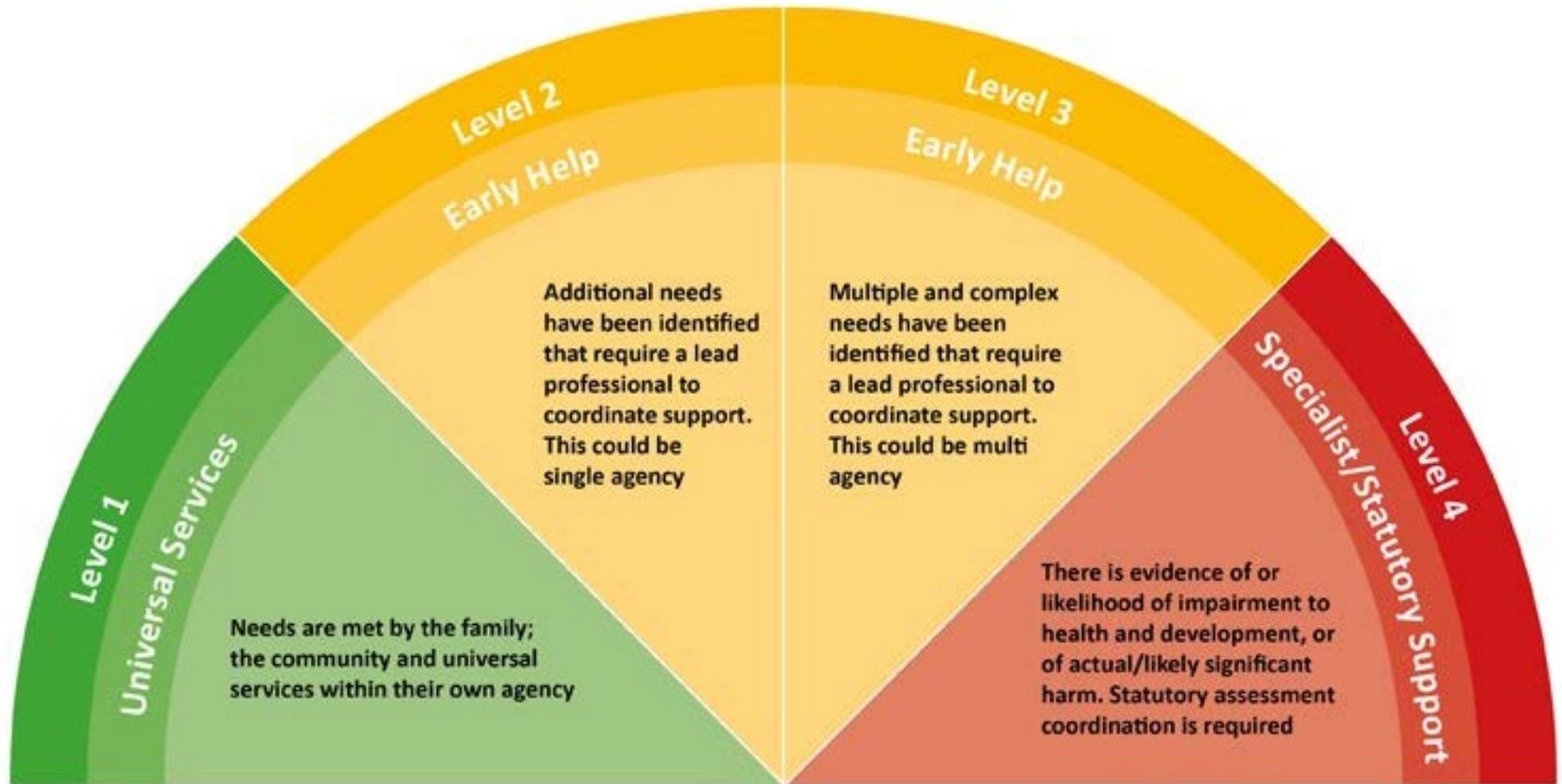
- A multi-agency, coordinated approach to delivery of services
- Embedding the use of the Early Help Assessment in all agencies
- Providing help and support at the lowest level to prevent the escalation of need and prevent impairment to a child's health and development
- Improving information sharing between practitioners
- Ensuring access to specialist/statutory services for children and young people: where there is evidence of impairment to health and development; where there is reasonable cause to suspect that a child or young person is at risk of significant harm; and/or where there is evidence of significant harm

There is a wealth of family support services in Dudley. Information can be found through the **Dudley Early Help and Family Information Service Directory**

<https://www3.dudley.gov.uk/Synergy/FSD/>



# Dudley Threshold of Need and Support Framework



# Level 1 - Universal Support All Children and Young People

## Level 1 - Universal Services

**Description:** Children and young people whose needs are met by universal services such as schools and healthcare services, alongside the love, care and protection from parents and carers.

Children and young people in this category are making good overall progress in all areas of their development. Some limited intervention from a universal service may be required to avoid needs arising or to meet a single identified need. The majority of children living in Dudley will fall into this category.

**Response:** Agencies should identify what they can do first to support the child and their family through their own service.

**Assessment:** Agencies may use their own assessment processes to tailor the services they provide.



## 1. Development needs of infant, child or young person (this is not an exhaustive list)

Health	<ul style="list-style-type: none"> <li>• Access to health services</li> <li>• Development milestones met including Speech &amp; Language</li> <li>• Appropriate height and weight</li> <li>• Healthy lifestyle</li> <li>• Good state of mental health</li> <li>• Sexual activity/behaviour is appropriate to age</li> </ul>
Identity	<ul style="list-style-type: none"> <li>• Positive sense of self &amp; abilities</li> <li>• Demonstrates feelings of belonging &amp; acceptance</li> <li>• An ability to express needs</li> </ul>
Education and learning	<ul style="list-style-type: none"> <li>• Good attendance at school / college / training</li> <li>• No barriers to learning</li> <li>• Achieving key stages</li> <li>• Planned progression beyond statutory school age</li> </ul>
Family and social relationships	<ul style="list-style-type: none"> <li>• Stable and affectionate relationships with care givers</li> <li>• Good relationships with siblings</li> <li>• Positive relationships with peers</li> </ul>
Emotional and behavioural development	<ul style="list-style-type: none"> <li>• Growing level of competencies in practical and emotional skills</li> <li>• Good quality early attachments</li> </ul>
Social presentation	<ul style="list-style-type: none"> <li>• Appropriate dress for different settings</li> <li>• Good levels of personal hygiene</li> </ul>
Emotional warmth and stability	<ul style="list-style-type: none"> <li>• Carers able to provide warmth, praise and encouragement</li> </ul>
Self-care skills	<ul style="list-style-type: none"> <li>• Age-appropriate independent living skills</li> </ul>

**2. Parents and carers (this is not an exhaustive list)**

Basic care, safety and protection	<ul style="list-style-type: none"> <li>• Carers able to provide for child’s needs and protect from danger and harm</li> </ul>
Housing, employment and finance	<ul style="list-style-type: none"> <li>• Housing has basic amenities and appropriate facilities</li> <li>• Not living in poverty appropriate levels of cleanliness/ hygiene are maintained</li> </ul>

**3. Family and social relationships (this is not an exhaustive list)**

Family history and functioning	<ul style="list-style-type: none"> <li>• Supportive family relationships, including when parents are separated</li> </ul>
Guidance, boundaries and stimulation	<ul style="list-style-type: none"> <li>• Carers provide appropriate guidance and boundaries</li> <li>• Supports development through interaction and play</li> </ul>
Family’s social integration	<ul style="list-style-type: none"> <li>• The family feels part of a community and are able to access local services and amenities</li> </ul>

## Level 2 – Additional Support (Single Agency)

### Level 2 - Additional Support

**Description:** Children and young people with additional needs that can be met through a single agency response who coordinates the assessment and plan. The support required may only be short term, but if ignored, these issues could lead to need escalating.

**Response:** Agencies should refer to a single agency to meet identified need. Agencies can be identified through family centres which provide details of services and support.

**Assessment:** Agencies should consider using their own internal assessment tools/framework. These will include associated models such as the GCP2 (for neglect). An assessment will ensure that information is held centrally and is visible (with consent) to other professionals who may also have concerns. This approach is particularly helpful towards the top end of level 2 where more than one agency may be involved.



## 1. Development needs of infant, child or young person (this is not an exhaustive list)

<p>Health</p>	<ul style="list-style-type: none"> <li>• Slow in reaching development milestones</li> <li>• Missing immunisations or health assessments</li> <li>• Susceptible to minor health problems</li> <li>• Minor concerns ref: diet, hygiene, clothing, alcohol consumption (but not immediately hazardous)</li> <li>• Special Educational Needs (SEN) / Disability requiring support</li> <li>• Evidence of some Inappropriate sexual activity to age</li> <li>• Previous pregnancy under 18 years</li> <li>• Limited compliance with prescribed health treatment</li> </ul>
<p>Family and social relationships</p>	<ul style="list-style-type: none"> <li>• Some support from family and friends</li> <li>• Has some difficulties sustaining relationships</li> <li>• Undertaking occasional caring</li> <li>• Peers involved in challenging behaviours</li> <li>• Young people who are starting to be missing from home – absence periods</li> </ul>
<p>Education and learning</p>	<ul style="list-style-type: none"> <li>• Child/young person meets threshold for EHCP</li> <li>• Few opportunities for play/ socialise with peer group</li> <li>• Not meeting education targets/milestones expectations for age</li> <li>• Not in education, employment or training</li> <li>• Identified language and communication difficulties</li> <li>• Not reaching educational potential</li> <li>• Concerns regarding school attendance</li> </ul>

Social presentation	<ul style="list-style-type: none"> <li>• Can be over friendly or withdrawn with strangers</li> <li>• Personal hygiene starting to be a problem</li> <li>• Change in presentation as identifying with inappropriate peers, e.g. gangs?</li> <li>• Isolated from family and peer groups, e.g. vulnerable group for online radicalisation / extremism</li> </ul>
Identity	<ul style="list-style-type: none"> <li>• Some insecurities around identity (including gender identity?)</li> <li>• May experience bullying around 'difference'</li> </ul>
Self-care skills	<ul style="list-style-type: none"> <li>• Poor self-care for age</li> <li>• Slow to develop age appropriate self-care skills</li> <li>• Overprotected / unable to develop independence</li> </ul>
Emotional and behavioural development	<ul style="list-style-type: none"> <li>• Low level mental health or emotional issues requiring intervention</li> <li>• Experimenting with drugs and alcohol</li> <li>• Involved in behaviour seen as anti-social and mixing with people of an inappropriate age? E.g. unsuitable adults</li> <li>• Difficulty coping with anger, frustration and upset, early indications of offending behaviour</li> <li>• Adolescent verbal abuse toward parent/carers</li> </ul>

## 2. Parents and carers (this is not an exhaustive list)

<p>Basic care, safety and protection</p>	<ul style="list-style-type: none"> <li>• Parental engagement with services is poor</li> <li>• Parent requires advice on parenting issues</li> <li>• Practitioners are beginning to have some concerns around child's physical needs being met</li> <li>• Practitioners are beginning to have some concerns about substance misuse (including alcohol) by adults within the home</li> <li>• Some exposure to dangerous situations in home/ community</li> <li>• Dangers online/lack of parental control?</li> <li>• Teenage parent(s)</li> <li>• Domestic Abuse – triaged in the Domestic Abuse Response Team (DART) at L2</li> </ul>
<p>Emotional warmth and stability</p>	<ul style="list-style-type: none"> <li>• Inconsistent parenting, but development not significantly impaired</li> <li>• Post-natal depression – parent engaging with primary and secondary care</li> <li>• Receives inconsistent care</li> <li>• Perceived to be a problem by parent</li> </ul>
<p>Housing, employment and finance</p>	<ul style="list-style-type: none"> <li>• Housing has basic amenities and appropriate facilities</li> <li>• Victims of DA requiring rehousing</li> <li>• Emerging concerns regarding housing debt, clutter, refuse accumulation, cleanliness /hygiene of the property</li> <li>• Neighbour disputes, emerging anti-social behaviour</li> </ul>

# Level 3 – Children with Multiple Needs (Multi Agency)

## Level 3 – Children with multiple needs

**Description:** Children and young people who have multiple and complex needs requiring a multiagency Early Help response with a lead professional.

Children and young people in this category have increasing levels of unmet needs that are more significant and multiple. The range, depth or significance of the problems faced by children at level 3 may begin by preventing children from achieving or maintaining a reasonable standard of health or development if they don't receive appropriate services. They are likely to require targeted and/or longer-term intervention from specialist services.

**Response:** Following appropriate consent, agencies should initiate an Early Help Assessment (EHA) to assist in identifying the correct level of needs for children and families and inform any support plan required to meet those needs.

The EHA is designed as a shared tool to be used by all agencies who are delivering early help support to children and families, with the purpose being to provide a co-ordinated response so no-one misses out on the support needed.

An EHA can be used to support children and young people between 0 to 19 years, including unborn babies, and can also be used with consent up to the age of 24 (where a young person has a learning difficulty or disability).

Advice to support children and families at this level can be provided via contact with the appropriate family centre. Once contact is made, the case may need to be considered through the Multi Agency Action Meeting, which aims to ensure there is a coordinated approach taken to meet the needs of children and their family members. Relevant agencies will meet and agree a lead agency, and a Lead Worker.

The Family Support Worker will coordinate work with the family and across agencies to support their needs. They provide a central point of contact for the family and other practitioners, coordination of the plan of support and monitoring progress towards outcomes.

**Assessment:** In addition to the EHA, other tools for assessing need are the GCP2 (for neglect) Contextual Safeguarding Screening Tool, and any local, regional or nationally specialist assessment tools.

**1. Development needs of infant, child or young person (this is not an exhaustive list)**

<p>Health</p>	<ul style="list-style-type: none"> <li>• Continues to miss immunisations or health assessments</li> <li>• Some concerns around mental health, including self-harm and suicidal thoughts</li> <li>• Special Educational Needs / Disability requiring support</li> <li>• Sexual activity / sexual behaviour that is potentially harmful to self or others and at risk of sexual exploitation</li> <li>• Concerns relating to sexual coercive behaviour in teen relationship.</li> <li>• Teenage pregnancy</li> <li>• Self-harming behaviours</li> <li>• Attendance at A&amp;E due to injuries or risks experienced in extrafamilial settings</li> <li>• Limited compliance with prescribed health treatment, parent has not responded to L2 support</li> </ul>
<p>Family and social relationships</p>	<ul style="list-style-type: none"> <li>• Peers also involved in challenging behaviours</li> <li>• Regularly needed to care for another family member</li> <li>• Involved in ongoing conflict with peers and siblings</li> <li>• Being pressured to become gang-involved</li> <li>• Continuing involvement with criminal activities</li> <li>• Cultural practices that may be detrimental to health and development</li> <li>• Vulnerable to extremism, radicalisation and gang involvement</li> <li>• Verbal abuse within intimate teen relationships</li> <li>• Escalating adolescent verbal abuse and threats toward parent/carers</li> </ul>

<p>Educational and learning</p>	<ul style="list-style-type: none"> <li>• Short-term exclusion or persistent truanting / persistent patterns of absences</li> <li>• Previous permanent exclusion</li> <li>• Persistently Not in Education, Employment or Training</li> <li>• Education Health and Care Plan</li> <li>• Child / Young Person is being bullied within their education provision</li> </ul>
<p>Social presentation</p>	<ul style="list-style-type: none"> <li>• Persistent presentation in unwashed/ unsuitable clothing despite advice and support being offered</li> <li>• Hygiene problems evident</li> <li>• Overly sexualised behaviour or appearance</li> <li>• Change in physical appearance or behaviour / isolated from peers or family / more secretive</li> </ul>
<p>Identity</p>	<ul style="list-style-type: none"> <li>• Subject to discrimination which impacts negatively on identity</li> <li>• Has extremist views that places self or others at risk</li> <li>• Physical and emotional development raising significant concerns</li> <li>• Ongoing mental health needs which are not being supported due to lack of appropriate support offer or non-engagement</li> <li>• Problematic substance misuse</li> <li>• Inappropriate sexual behaviour</li> <li>• Offending or regular anti-social behaviour</li> <li>• Child / young person feels unsafe to go into neighbourhood spaces beyond their immediate environment</li> <li>• Difficulty coping with anger, frustration and upset.</li> </ul>

	<ul style="list-style-type: none"> <li>• Disruptive/challenging behaviour and unable to demonstrate empathy</li> <li>• Subject to discrimination – racial, sexual or due to disabilities.</li> <li>• Demonstrates significantly low self-esteem in a range of situations.</li> <li>• Regularly needed to care for another family member and would be defined as a young carer.</li> </ul>
<b>2. Parents and carers (this is not an exhaustive list)</b>	
<p>Basic care, safety and protection</p>	<ul style="list-style-type: none"> <li>• Parents are struggling to provide adequate emotional and physical care</li> <li>• Parent’s learning disability, substance misuse (including alcohol), or physical and mental health impacts on their ability to meet the needs of the child</li> <li>• Previously subject of a Child Protection Plan</li> <li>• Teenage parent(s) either or both previously Looked After</li> <li>• Parents unable to give a picture of child/young person’s peer group</li> </ul>
<p>Emotional warmth and stability</p>	<ul style="list-style-type: none"> <li>• Child treated as a scapegoat by the family</li> <li>• Child is rarely comforted when distressed</li> <li>• Receives inconsistent care</li> <li>• Child has no positive relationships</li> <li>• Parent struggling to have their own emotional needs met</li> <li>• Parent considers child/ young person to be to blame for extra-familial harm (i.e. sexual or criminal exploitation)</li> </ul>

<p>Guidance, boundaries and stimulation</p>	<ul style="list-style-type: none"> <li>• Inconsistent parenting affects emotional or behavioural development</li> <li>• Parents rarely resolve disputes between children</li> <li>• Absence of appropriate concern in relation to their child/ young person's harmful Online activity</li> <li>• Children from families experiencing a crisis which is likely to result in a breakdown of the families care arrangements for the children</li> </ul>
<p><b>3. Family and social relationships (this is not an exhaustive list)</b></p>	
<p>Family history and functioning</p>	<ul style="list-style-type: none"> <li>• Evidence of disclosed / reported domestic abuse</li> <li>• Evidence of problematic substance misuse (including, alcohol)</li> <li>• Poor physical health and / or mental health affects relationships in the family</li> <li>• Parental involvement in crime / Children Affected by Parental Imprisonment (CAPI)</li> </ul>
<p>Housing, employment and finance</p>	<ul style="list-style-type: none"> <li>• Long term unemployment</li> <li>• Illegal employment</li> <li>• Overcrowding temporary accommodation</li> <li>• Homelessness including young person over 16 in need of accommodation or housing</li> <li>• Serious debts / poverty impacting on ability to care for the child</li> </ul>

Family's social integration

- Parents socially excluded with access difficulties to local facilities and targeted services
- Family socially excluded
- Family experiencing harassment, discrimination or are victims of crime
- Significant levels of targeted hostility towards the child and their family and conflict/volatility within the neighbourhood.
- Parents socially excluded and lack of support network

# Level 4 - Children with Acute Needs

## Statutory/Specialist Intervention

Level 4 - Children with acute needs Children and young people with a high level of unmet or complex needs or children who are in need of protection including;

- Children in need including those in need of protection.
- Young People who have committed an offence: This refers to young people who get into trouble with the police or are arrested, are charged with a crime and go to court and/ or are convicted of a crime and given a sentence.
- Children with acute mental health needs.

### Level 4: Children in need

The definition of 'children in need' is defined by the Children Act 1989 s17 (10), which provides that a child is to be taken as 'in need' if:

(a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority; or

(b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or

(c) he is disabled.

Level 4: A child in need of protection is described in section 47 of the Children Act 1989, Paragraph (1) and Children Act 2004:

"Where a local authority has reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm, the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare."

This duty also applies to children who are in need of care, are unaccompanied asylum seekers, are in the care of the Local Authority, or are subject to an Emergency Protection Order, Interim Care Order or full Care Order. Alternatively, a child who is remanded by a court into local authority accommodation or Youth Detention Accommodation will also be deemed as a Child Looked After and the Local Authority has duties towards them.

The statutory duty for the Local Authority to provide services to children who are in need but who are not looked after is described under Section 17 of the Children Act 1989.

All partners working with these children will continue to deliver services and work in collaboration with the Local Authority children social care services who takes the lead in these cases and co-ordinate service.

**Level 4: Young people who have committed an offence**

This refers to young people who get into trouble with the police or are arrested, are charged with a crime and go to court and/ or are convicted of a crime and given a sentence.

All partners working with these children will continue to deliver services and work in collaboration with the Youth Offending Service.

**Level 4: Children with acute mental health needs**

This refers to children who endanger their own lives through self-harm, suicide attempts, or have eating disorders requiring immediate action.

Partners will continue working with these children in collaboration with acute mental health services.

**Assessment:** Statutory /specialist assessment will take place under the provisions of the Children Act 1989.

**Response:** Agencies should contact Children's Services MASH Team by completing a Multi-Agency Referral Form (MARF) or by calling 0300 555 0050 (or 0300 555 8574 for the out of hours Emergency Duty Team).

If there is a concern that a child is immediately at risk, call the Police on 999.

# Section 17 and 47 Definitions

## Child in Need Section 17

- Section 17 of the Children Act 1989 places a general duty on every Local Authority to safeguard and promote the welfare of children who are in need within their area.
- Children's Social Care must, so far as is consistent with this duty, promote the upbringing of children in need by their families, through provision of a range and varying level of services appropriate to the child's needs.
- The Children Act 1989 states that a child shall be considered "in need" if:
  - S/he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority;
  - Their health or development is likely to be significantly impaired, or further impaired, without the provision of such services; and/or
  - S/he is disabled
- Children Social Care will undertake a Single Assessment to determine whether the child is in need of support and/or services and a multi-agency child in need plan should be developed.

## Child Protection Section 47

- Assessment Teams undertake all Section 47 enquiries on any new case referred to the service where there is reasonable cause to suspect that a child is at risk of significant harm. Care management teams undertake Section 47 enquiries on cases open to their service.
- Where a multi-agency Strategy Discussion has taken a judgment that there is reasonable cause to suspect that a child is at risk of significant harm Section 47 of the Children Act 1989 requires the Local Authority to make enquiries to enable it to decide whether action is required to safeguard and promote the well-being of the child. This may be a single agency enquiry completed by CSC or a joint enquiry conducted in conjunction with the police.
- The purpose of the enquiry is to determine whether the child is suffering, or likely to suffer, significant harm and to assess whether action is required to safeguard and promote the child's welfare. Police, health, education and other services have a statutory duty to assist children's social care to carry out the Section 47 enquiry.
- There should be no delay in referring to MASH for any child where there is reasonable cause to suspect they are at risk of significant harm.

## 1. Development needs of pre-birth, infant, child or young person

(this is not an exhaustive list)

Health

- Has severe/chronic health problems
- Persistent substance misuse
- Non-organic failure to thrive/faltering growth
- Fabricated / Induced Illness
- Physical neglect
- Early teenage pregnancy
- Complex mental health issues requiring specialist intervention
- Physical and learning disability requiring the highest levels of support
- Dental decay and no access to treatment
- Child exploitation or extra familial abuse
- Sexual activity under the age of 13 years
- Obese with no identified organic cause
- Undereating or extreme loss of weight
- Child Sexual Exploitation, sexual behaviour that is harmful to self or other
- Child is suffering significant harm through inappropriate moving and handling and ill-fitting essential equipment.
- Where the child's clinical presentation is not adequately explained by any confirmed genuine illness, (e.g. deception of medical services by the carer, falsifying specimens, induced illness, perplexing presentations where there is suspected FII)
- Allegation of harm and/or disclosure of harm (physical, sexual, emotional harm, ill treatment, cruelty or neglect)
- A victim of violent assault including knife or gun related injury

<p>Family and social relationships</p>	<ul style="list-style-type: none"> <li>• Experiences persistent discrimination</li> <li>• Honour based violence / Forced marriage / Female genital mutilation</li> <li>• Is socially isolated and lacks appropriate role models</li> <li>• Alienates self from others</li> <li>• Looked after child</li> <li>• Homeless child in need of accommodation including 16-17 year olds.</li> <li>• Unaccompanied asylum seeking children.</li> <li>• Being groomed into violent extremism or radicalisation</li> <li>• Care leaver</li> <li>• Family breakdown related in some way to child's behavioural difficulties</li> <li>• Subject to physical, emotional or sexual abuse / neglect</li> <li>• Main carer for a family member</li> <li>• Adoption breakdown</li> <li>• Forced marriage of a minor</li> <li>• Persistently missing from home</li> <li>• Abandoned child</li> <li>• Abuse linked to faith or belief</li> <li>• Being sexually exploited</li> <li>• Being exploited for criminal purposes</li> </ul>
<p>Educational and learning</p>	<ul style="list-style-type: none"> <li>• No education provision</li> <li>• Permanently excluded from school either formally/informally or at risk of permanent exclusion</li> <li>• Exposed to physical or sexual violence at school or through school-based networks</li> <li>• Persistently missing from education</li> <li>• Significant developmental delay due to neglect / poor parenting</li> <li>• Has an Education, Health and Care Plan that is not meeting need or has not been reviewed.</li> </ul>

<p>Social presentation</p>	<ul style="list-style-type: none"> <li>• Persistent presentation in unwashed/ unsuitable clothing despite advice and support being offered</li> <li>• Hygiene problems evident</li> <li>• In possession of money/ gifts / items / phones / clothing that cannot be accounted for</li> </ul>
<p>Emotional &amp; behavioural development</p>	<ul style="list-style-type: none"> <li>• Failure to, or rejection of need to, address offending behaviour</li> <li>• Child who abuses others</li> <li>• Endangers own life through self-harm (including alcohol/substance misuse/ eating disorder, suicide attempts)</li> <li>• In sexually exploitative relationship</li> <li>• Frequently goes missing from home for long periods</li> <li>• Severe and/or complex relationship difficulties outside the home (i.e. peer group) leading to significant impairment of functioning and wellbeing</li> <li>• Persistent neglect or emotional need</li> <li>• Evidence of extra familial exploitation / trafficking / slavery</li> <li>• Physical, verbal abuse, coercive and controlling behaviour within intimate teen relationships</li> <li>• Escalating adolescent verbal abuse, physical abuse and threats toward parent/carers</li> </ul>

## 2. Parents and carers (this is not an exhaustive list)

Basic care, safety and protection

- Parents unable to provide adequate parenting that keeps children safe
- Parental involvement in criminal activity, transferrable risk to the child / young person
- Parents mental health problems or substance misuse significantly affect the care of the child.
- Parents unable to care for previous children
- Children exposed to parental self-harm / parental suicidal ideation
- There is instability and violence in the home continually
- Parents are unable to keep child safe
- Parents/carers are consistently using toileting strategies that are not appropriate to the child's abilities and which fail to protect their dignity, use of nappies / pull ups.
- A child with additional needs is not permitted independence and this dependency and reliance on others is not necessary.
- Victim of crime
- Child subject to public law proceedings in the family court
- Young carers
- Child and young people live in a household where domestic abuse is prevalent and or multi agency risk assessment conferences (MARAC) applies
- Online grooming

<p>Emotional warmth and stability</p>	<ul style="list-style-type: none"> <li>• Parents are inconsistent, highly critical or apathetic towards the child</li> <li>• Child is rejected or abandoned</li> <li>• Child has multiple carers</li> <li>• Child has been 'Looked After 'by the Local Authority</li> </ul>
<p>Guidance, boundaries and stimulation</p>	<ul style="list-style-type: none"> <li>• No effective boundaries set by parent(s)</li> <li>• Child is beyond parental control</li> <li>• Regularly behaves in an anti-social way in the neighbourhood</li> <li>• Subject to a parenting order which may be related to their child/young person's criminal behaviour, anti-social behaviour or persistent absence from home</li> <li>• Child suffers accidental injury as a result of inadequate supervision.</li> <li>• Child found wandering without adequate supervision.</li> <li>• Severe lack of age appropriate behaviour.</li> <li>• Child's personal care needs are persistently not being met which is having a significant impact on the child. despite support and intervention at L3</li> </ul>

### 3. Family and social relationships (this is not an exhaustive list)

Family history and functioning

- Significant parent discord and persistent domestic abuse/honour-based violence/ forced marriage
- Child looked after by a non-relative within scope of private fostering arrangement
- Destructive relationships with extended family
- Parents are deceased and there are no family/ friends options
- Parents are in prison and there are no family/ friends options
- Parent seems to collude with extra-familial harm
- Chronic substance misuse
- Cultural practices that are detrimental to health and wellbeing
- 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.
- Parents/carers persistently use inappropriate care givers to meet the child's specific needs.
- The parents/carers persistently do not comply with feeding regimes/plans which could harm the child.

<p>Housing, employment and finance</p>	<ul style="list-style-type: none"> <li>• Physical accommodation places child in danger</li> <li>• No fixed abode or homeless</li> <li>• Extreme poverty or debts impacting on ability to care for the child</li> </ul>
<p>Family's social integration</p>	<ul style="list-style-type: none"> <li>• Family chronically socially excluded</li> <li>• The lack of access to quality services for local communities with identified need</li> <li>• Restricting and refusing interventions from services</li> <li>• Children from families experiencing a crisis which is likely to result in a breakdown of the families care arrangements for the children</li> </ul>



# Threshold Framework - Accessing Services for Children in Dudley

Level 1 - Universal Services	Level 2 - Additional Support Single Agency, Early help	Level 3 - Complex Needs Multi Agency, Early Help	Level 4 - Acute Statutory/Specialist Intervention													
<p>Universal Provision e.g.. Services Such as schools and youth clubs.</p>	<p>Early help requires either a single or multi-agency response to avoid social care intervention</p>		<p>Child in Need requiring intervention under Section 17 CA 1989</p>	<p>Section 47 Child Protection Child at risk of significant harm, Section 47 CA1989</p>												
<p>Universal Services means that every child can access this provision. Staff and volunteers can work with the child to find the solution to a problem that has arisen. The agency / organisation may wish to contact another agency including the local family centre for information, advice and guidance.</p>	<p>Level 2 – The single agency will use their internal assessment tools/framework.</p> <p>Level 3 - If multi agency Early Help intervention is required an <b><u>Early Help Assessment form</u></b>, with consent of the child/parents needs to be completed. This should be filled in providing as much information as possible and then contact, via email, the family centre in the locality where the child lives. You will be asked to attend an Multi Agency Action meeting. You will stay involved and maybe asked to be the Key Worker.</p> <table border="0"> <tr> <td>Family Centre Email address:</td> <td>Telephone No.</td> </tr> <tr> <td><a href="mailto:Fs.brierleyhill@dudley.gov.uk">Fs.brierleyhill@dudley.gov.uk</a></td> <td>01384 813322</td> </tr> <tr> <td><a href="mailto:Fs.dudleycentral@dudley.gov.uk">Fs.dudleycentral@dudley.gov.uk</a></td> <td>01384 812440</td> </tr> <tr> <td><a href="mailto:Fs.dudleynorth@dudley.gov.uk">Fs.dudleynorth@dudley.gov.uk</a></td> <td>01384 813096</td> </tr> <tr> <td><a href="mailto:Fs.halesowen@dudley.gov.uk">Fs.halesowen@dudley.gov.uk</a></td> <td>01384 813954</td> </tr> <tr> <td><a href="mailto:Fs.stourbridge@dudley.gov.uk">Fs.stourbridge@dudley.gov.uk</a></td> <td>01384 818780</td> </tr> </table>		Family Centre Email address:	Telephone No.	<a href="mailto:Fs.brierleyhill@dudley.gov.uk">Fs.brierleyhill@dudley.gov.uk</a>	01384 813322	<a href="mailto:Fs.dudleycentral@dudley.gov.uk">Fs.dudleycentral@dudley.gov.uk</a>	01384 812440	<a href="mailto:Fs.dudleynorth@dudley.gov.uk">Fs.dudleynorth@dudley.gov.uk</a>	01384 813096	<a href="mailto:Fs.halesowen@dudley.gov.uk">Fs.halesowen@dudley.gov.uk</a>	01384 813954	<a href="mailto:Fs.stourbridge@dudley.gov.uk">Fs.stourbridge@dudley.gov.uk</a>	01384 818780	<p>If you are worried about a child you can telephone the MASH team for advice and consultation on 0300 555 0050 9am - 5pm or 0300 555 8574 after 5pm/weekends and Bank Holidays.</p> <p>If you are worried that a child needs a statutory social care assessment. Complete a <b><u>Multi Agency Referral Form (MARF)</u></b> and email children’s services at: <a href="mailto:MASH_Referrals@dudley.gov.uk">MASH_Referrals@dudley.gov.uk</a></p> <p>In circumstances where a child has committed an offence the Police/Courts will refer the child to Youth Offending Services.</p> <p>If the concern involves anyone working with children contact the Designated Officer (LADO): <a href="mailto:allegations@dudley.gov.uk">allegations@dudley.gov.uk</a>, 01384 813110.</p> <p>If the referral is concerning a <b><u>relinquished baby</u></b>, contact is to be made with the MASH team as above.</p> <p>If the concerns relate to Child Exploitation refer to the <b><u>Contextual Safeguarding Pathway</u></b>.</p>	
Family Centre Email address:	Telephone No.															
<a href="mailto:Fs.brierleyhill@dudley.gov.uk">Fs.brierleyhill@dudley.gov.uk</a>	01384 813322															
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<a href="mailto:Fs.dudleynorth@dudley.gov.uk">Fs.dudleynorth@dudley.gov.uk</a>	01384 813096															
<a href="mailto:Fs.halesowen@dudley.gov.uk">Fs.halesowen@dudley.gov.uk</a>	01384 813954															
<a href="mailto:Fs.stourbridge@dudley.gov.uk">Fs.stourbridge@dudley.gov.uk</a>	01384 818780															

# What should be included in a referral to Children's Services?

- The referrer's name and designation/relationship to the child
- The full name, date of birth and gender of child/children
- The full family address and any known previous addresses
- The identity of those with parental responsibility
- The names, date of birth and information about all household members, including any other children in the family and significant people who live outside the child's household
- The ethnicity, first language and religion of children and parents/carers
- Any need for an interpreter, signer or other communication aid
- Any special needs of the children
- Gain parental/carers consent (See Consent Guidance on page 35)



## What should be included in a referral to Children's Services? continued

Child in need referral	Significant harm referral
<p>What support services you have already offered to the child or family to address the needs you have identified</p> <ul style="list-style-type: none"> <li>• Why you think the time is right to refer the matter to Children's Social Care;</li> <li>• What information you can give about: the child's development needs; parenting capacity; social and environmental factors</li> <li>• How you will remain involved with the family and if appropriate how you can help to introduce a social worker to the family, e.g.. by a joint visit</li> <li>• Whether the parents know that you are making the referral and whether they were in agreement to you making the referral</li> <li>• Whether you have any information about difficulties being experienced by the family/household due to domestic abuse, mental illness; substance misuse, and/or learning difficulties</li> <li>• Confirm any significant/important recent or historical events/incidents in the child or family's life</li> <li>• Clarify what information that the referrer is reporting directly and what information has been obtained from a third party</li> <li>• Discuss any known or suggested information relating to the child or family being in contact with a person posing a risk to children</li> <li>• Confirm what you think Children's Social Care Services might do as a response to your referral</li> <li>• When you last saw the child/young person</li> <li>• Significant harm maybe as a result as a consequence of cumulative issues/events</li> </ul>	<p>The cause for concern including details of any allegations, sources, timing and location</p> <ul style="list-style-type: none"> <li>• The child's account and the parents' response to the concerns if known</li> <li>• The identity and current whereabouts of any suspected/alleged perpetrator and or degree of contact with the child</li> <li>• The child's current location and emotional and physical condition</li> <li>• Whether the child is currently safe or is in need of immediate protection because of any approaching deadlines (e.g. child about to be collected by alleged abuser)</li> <li>• The parents' current location</li> <li>• The referrer's relationship and knowledge of the child and parents/ carers</li> <li>• Known current or previous involvement of other agencies/ professionals</li> <li>• When you last saw the child/young person</li> <li>• Note any unusual or significant marks or injuries</li> <li>• Significant harm maybe as a result as a consequence of cumulative issues/events</li> <li>• Contexts and locations in which there are other risk factors, e.g. adults and peer groups of concern/at high risk times of day</li> </ul>

# Additional Information

## Consent

- All referrals for Levels 1, 2, 3 and 4 must be made with parental consent or the child's consent, where the child is of an age (14 years or older) and understanding to give it.
- Professionals should also normally seek [consent to share information](#) for Level 4 referrals, except where this would place the child at potential risk of harm, or compromise a police investigation (for example allegations of parental sexual abuse, or suspicions of fabricated or induced illness).
- If consent is withheld for a Level 4 referral, the practitioner should consider with their Designated Safeguarding Lead whether they have grounds to override consent in order to protect the child. Where a referral is necessary to protect the child, practitioners will have a legal basis to share information without parental consent.

# Moving between Threshold Levels

## Stepping Up:

At each stage, before considering a higher level of intervention, practitioners and lead professionals must consider these factors:

- Is the child/young person at risk of abuse, neglect or significant harm?
- Are the child's needs being met in Early Help and, if not, what is the impact of this on the child now and/or what would the impact be for the child in the future?
- To what extent is the family engaging effectively in the plan?
- Does the situation need a Child and Young Persons Assessment by a qualified social worker?
- In what timescale does change need to happen for the child?
- What are the consequences for this child if the situation does not change?
- Can the child's needs be met under the current level of support?
- Is consent needed to refer this up?

## Stepping Down:

The objective of this intervention should be to step down from statutory services to Early Help services with appropriate support for a period of time (this should be at least 12 weeks), before the step down into universal services and to:

- continue the progress the family has made in accordance with the plan
- make sure the previous intervention is sustained
- continue to support the family in transition
- prevent need escalating
- bring about the required changes that enable children, young people and their families to build resilience so their needs can be met within universal provision.

Whenever possible, a successful intervention should result in a step down to universal services.



# Constructive Conversations/Professional Judgement/Escalation

- Constructive Conversations - collaborative partnership working does not just rely on information sharing or making referrals; it also requires meaningful dialogue discussion or 'conversations' with the family and between the professionals who are involved or those who might need to be involved with them to offer support.
- These conversations are very important and should go beyond the presenting concerns and they should form part of an informed assessment and the building of understanding of the child, leading to appropriate action and support for the child and their family.
- Professional Judgement - children do not always fit neatly into specific levels. Practitioners should therefore use their professional judgement, experience and training, alongside the information contained in this document. The presence of single or multiple combinations of factors, the age and resilience of the child and protective factors will all need to be taken into account.
- Practitioners will need to take into account the cumulative effect of factors on the child. Where there are cases of "perplexing presentations" and there are professional disagreements around the level of need then both agencies need to communicate effectively and if differences of opinion remain, follow the DSPP resolution and escalation procedures shown below.
- Escalation - professional disagreements over the handling of concerns can impact negatively on positive working relationships and consequently on the ability to safeguard and promote the welfare of children.
- All agencies are responsible for ensuring that their staff are supported and know how to appropriately escalate inter- agency concerns and disagreements about a child or young person's wellbeing.
- For more information please refer to the [Resolution and Escalation Protocol](#).

## Appendix 1 – Resolution and Escalation process flowchart

