



Threshold Guidance

A multi-agency guide to assess levels of need and identifying the most appropriate support in Medway

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**Kent
Police**



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Introduction

Medway's Safeguarding Children's Partnership has developed this guidance in order to encourage an approach to working with children and their families (0 – 18 years) that ensures they receive the right support at the right time and for the right duration within the following context:

- Working Together to Safeguard Children (July 2018) makes it clear that safeguarding children and promoting their welfare is the responsibility of all professionals working with children and that they should understand the criteria for taking action across a continuum of need that includes; ensuring that children achieve the best outcomes; preventing the impairment of children's health and development ensuring that children grow up in circumstances consistent with safe and effective care; and, protecting children from abuse and neglect.
- The Children Act 2004, as amended by the Children and Social Work Act 2017, places new duties on key agencies in a local area. Specifically, the police, clinical commissioning groups and the local authority are under a duty to make arrangements to work together, and with other partners locally, to safeguard and promote the welfare of all children in their area. Everyone who comes into contact with children and families has a role to play.
- All children have basic needs that in the main are provided for through universal services. These include education, early years, health, youth services, leisure facilities, and the many services provided by voluntary and community organisations. However, some children have needs which will require the additional support provided by targeted and statutory services.
- This document supports Medway's Early Help Strategy launched 2021 -2024 (which sets out the priorities for progressing the delivery of co-ordinated and targeted approach to Early Help across Medway. It outlines the vision for Early help and Targeted Support)
- This document sets out three levels of need and provides guidance to help assess a child's level of need and identify which, if any additional services are required. It is not a rigid set of procedures as each child is unique and their needs will change over time. Professionals can seek further advice from their agency safeguarding lead.
- Most children and families welcome help and support. However, for some having professionals involved in their lives can be challenging or embarrassing and this may mean that they are less able to recognise harm or implement strategies to reduce the risks to themselves or others. Whilst this guidance looks to address concerns by promoting the safety and strengths available within the family and through their existing networks, it is vital that the needs of the child are prioritised above those of the adults who care for them.
- Professionals must ensure that there is no delay in offering support that may prevent problems escalating. If a child is at imminent and significant risk of harm contact the emergency services on 999 and then contact MASH (Multi Agency Safeguarding Hub). Prompt action is required to avoid delay in protecting children and to facilitate the gathering of evidence where a crime may have been committed.
- Collation of a body of knowledge, enabling more intelligent commissioning and provisioning of services.

Governance

Multi Agency Safeguarding Hub (MASH) arrangements are fully endorsed and supported through the Medway Safeguarding Children Partnership, with strategic oversight provided through the MASH Strategic Board.

Information sharing forms a critical part of the MASH arrangements, which is illustrated clearly by the following statement:

Working Together to Safeguard Children 2018 states that:

“Effective sharing of information between practitioners and local agencies is essential for effective identification, of need, assessment and service provision. Sharing information increases the capacity of practitioners to take action to keep children safe. Practitioners should be proactive in sharing information to help identify, access and respond to risks or concerns about the safety and welfare of children whether this is when problems are first emerging, or where a child is already known to local authority children’s social care. Information sharing is also essential for the identification of patterns of behaviour when a child has gone missing or in relation to children in the secure estate where there may be multiple local authorities involved in a child’s care. – Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children, which must always be the paramount concern.” (Working Together - July 2018)

For details of Information Sharing and Confidentiality, information, advice and guidance please click onto the following link.

http://www.proceduresonline.com/kentandmedway/chapters/p_info_shar_conf.html

Principles of Practice

It is important that people working with children and their families share a common set of principles which inform their practice. In Medway our approach will be guided by the following principles:

- Early Help is everyone’s responsibility.
- We will listen to Children, Young People and Families and ensure their voice is heard.
- We will keep Children and Young People at the centre of work with families.
- We will ensure the welfare of children and young people is the main priority.
- Partners will work effectively together in strong collaboration and co-operation.
- Services will be delivered as early as possible to meet emerging needs and prevent needs escalating.
- We will develop a culture of shared Responsibility, Challenge and Escalation.

Early Help is everyone’s responsibility – Early Help in Medway is a collaborative approach, not a provision

By working together effectively and earlier we will reduce the number of children and young people requiring statutory interventions. Early Help enables children, young people and their families that have become overwhelmed by difficulties to make better choices, learn new skills, and improve aspirations to turn their lives around. Everyone is accountable and responsible for the child – if a need is identified that can be met the requirement to take action with the confidence to intervene and challenge positively when appropriate must be taken.

Child Focused Practice – The child is at the centre of all we do

Whilst we have a “whole family” approach to working with children and families in Medway we will always consider the child at the centre of our work and how any actions will improve outcomes for the child. Our practice will be rooted in child development and evidence based. Addressing the needs of the parent/carer can improve the outcomes for the child.

The Child’s Voice – The voice of the child will be captured, and we will value the views and opinions of children

The safety and wellbeing of the child or young person is paramount. In all of our work we will ensure that we capture the voice of the child by listening to their feelings, opinions, choices, and emotions and focus on their experiences and the impact on their lives. Children’s contributions towards assessments and plans is important and should be clearly evidenced.

Participation of parents and carers – Parents have the primary responsibility to meet the needs of their children

Parents and Carers contributions to assessments and plans can identify and build on strengths and skills to make lasting changes. We want parents, carers, family members and children to play a vital role in shaping our decision making. Even when the views of adults and the wellbeing of children are in conflict it is our role to listen and involve all parties in making decisions that best safeguard and protect children. It is important that we understand the family’s beliefs and cultures. We will be respectful, honest and transparent. We will be clear about our concerns and what needs to change. Professionals must consider strengths and sources of support within family networks and communities.

ACE AND Trauma informed practice

Adverse childhood experiences (ACEs) such as witnessing domestic abuse, neglect, poverty and parental separation are some of the most intense, and frequently experienced sources of stress that children may suffer early in life. Early intervention, particularly in childhood, can make a difference.

Supporting People with Adverse Childhood Experiences (SPACE) matters is a collaborative project across Kent and Medway to prevent and reduce the impact of adverse childhood experiences (ACEs).

We will support the use of trauma informed working across a wide range of professional settings and services to understand and meet the needs of children.

Contextual safeguarding

Contextual Safeguarding is an approach to understanding, and responding to, young people’s experiences of significant harm beyond their families. It expands the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of different social contexts and from a range of external threats. Agencies are committed to ensuring there is a partnership approach to contextual safeguarding that identifies and responds to risks outside of the family home.

Whilst these are principles that each individual worker should practice, we know that it is unlikely that one worker will hold all the information needed for a comprehensive and balanced understanding of a child’s needs.

It is only by sharing information on a multi-agency basis that a sound evidence base can be established and decisions made about the level of need and what this means about the nature of professional involvement and the intensity of support required to meet the child’s needs.

Whenever professionals are working with children and families their involvement must be purposeful and focussed on outcomes that are positive for children.

Assessing Need through Conversation

Although the assessment of need involves the gathering and analysis of information it is not a desktop exercise, it is through personal interaction with children and their families, and the ability to hear other professionals' voices. Rather, it can be thought of as a series of conversations which might be between workers and children, workers and families and/or workers and their colleagues. These conversations, which take place at all levels of need, may be phone calls, home visits or meetings and all should maintain a constructive focus on the needs of the child.

In the vast majority of cases there are opportunities for professionals working with children to engage with them and their family in early and constructive conversations as and when concerns arise.

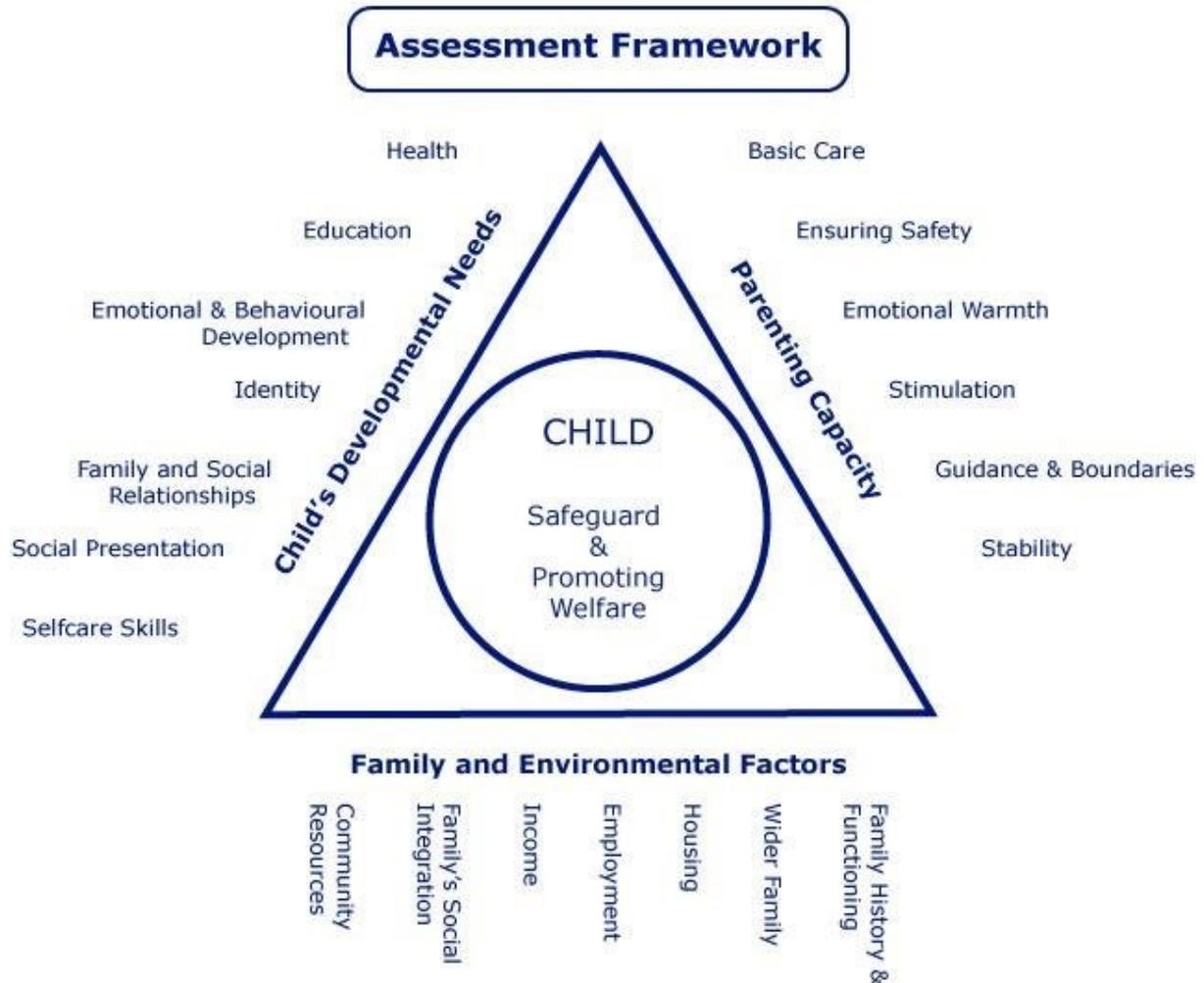
Most conversations, observations and interactions will start with the child and their family because a concern or an issue has arisen which may cause professional anxiety or lead to uncertainty about the welfare of a child. Working with the child and their family to address worries as they arise, rather than waiting for concerns to escalate is appropriate for the majority of children and can ensure much needed consistency for a family. Providing encouragement to families, building on their strengths and sharing information with or about the family to other services that might help are all key ingredients to promoting children's wellbeing.

We must also recognise that where concerns regarding children exist, there may well be involvement from various agencies and possibly with other family members. Each of these different professionals will hold important information and play a crucial role in supporting a family. This is why conversations are vital and why drawing professionals and family together in a co-ordinated way within the Early Help Assessment and Plan process is helpful to the whole family.

Having a conversation doesn't always result in increased levels of intervention. It may be that, as a result of having a conversation with the family and/or other professionals, and sharing information and seeking advice, the needs of the child or young person can still be met within universal services, even if these need to be changed or the approach adapted.

Assessment Triangle for the Assessment of Children in Need and their Families

The assessment triangle below should be used to identify the interplay between the three domains to assess the child's needs and form a judgement regarding the level of need.



Signs of Safety

Medway has begun to adopt 'Signs of Safety' as the practice framework to help in our work. Signs of Safety is a strengths-based approach to working children and families. The emphasis is on helping families rather than 'intervening'. The focus is shifted from a way of working where professionals are considered to be the experts to a constructive, relationship-based model of helping parents to change. Whilst there is an emphasis on the strengths in the child's network, the child's safety is always the focus of any help provided.

The three main principles of the SofS model are:

1. Developing positive and constructive working relationships with families, children and between professionals.
2. Working with families from a stance of appreciative inquiry and being professionally curious, applying a questioning approach.
3. Promoting the direct involvement of practitioners and service users in the research and development of SofS so that the model is informed by what complex case work and child practice actually looks and feels like.

The Signs of Safety Framework considers seven domains in any assessment:

- What is the harm (past and present) that we are worried about in respect of a child?
- What are we worried is going to happen to the child in the future if nothing changes?
- What are the complicating factors in this family?

- What are their strengths and positive attributes?
- Is there any existing safety or protection?
- What needs to happen to keep the child safe now?
- What does the family want to happen?

Increasing concerns

If universal services or a co-ordinated multi-agency approach cannot meet the needs of a child or family; a family are not consenting to assistance; or, an Early Help Assessment is not helping to address the concerns, then conversations may need to focus on whether statutory services are needed to ensure the child reaches their potential under s.17 CA 1989 or to keep a child safe from harm under s.47 CA 1989.

Where you are becoming more concerned about a child ensure you seek safeguarding supervision or have a conversation as soon as possible with your supervisor, line manager or designated safeguarding lead to share what your concerns are and agree what else needs to happen to meet the child's needs and reduce any risks to their safety.

Working Together to Safeguard Children 2018

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. Serious case reviews (SCRs) have highlighted that missed opportunities to record, understand the significance of and share information in a timely manner can have severe or fatal consequences for the safety and welfare of children.

Assessment Tools and Processes

It is important that when children require additional support, their needs are assessed and recorded together with any actions arising from those needs.

Early Help Assessment

In Medway, the Early Help Assessment is the process for supporting children, young people and families with additional needs through early identification, swift intervention and a planned, co-ordinated response. It is used across the levels of need including Special Educational Needs and Disability (SEND).

The Early Help Assessment can be used by all agencies including health, schools, academies, early years settings and colleges as part of the graduated response to meet the needs of children and young people to record, monitor and evaluate support, intervention and progress against outcomes set.

The Early Help Assessment aims to identify the support needed and empower children, young people and their families and provide a timely, seamless service if needs escalate. The Early Help Assessment supports families through early help to escalating complex needs and urgent needs that require a statutory response from children's social care.

The Early Help Assessment can then be used as supporting evidence to inform a statutory assessment of Education, Health, and Care needs if this is required in the future.

The Early Help Assessment assesses a child's needs across four key areas:

- Health and Wellbeing
- Development needs, educational attainment and achievement
- Parenting/caring

- Family and Community

The completed EHA should be submitted to support any referrals to Children's Services but it is not a pre-requisite. For full information about Early Help, advice, and guidance please see the link below.

https://www.medway.gov.uk/info/200170/children_and_families/322/early_help_for_families

Graded Care Profile

The Graded Care Profile (GCP) is used in Medway to support professionals measure the quality of care a child receives. It is used in cases where neglect is known or suspected. The tool allows parents and professionals to identify specific areas of concern or in need of improvement. The completed GCP should be submitted to support any referrals to Children's Services but it is not a pre-requisite.

For further information on the GCP see the MSCP website.

<https://www.medwayscp.org.uk/mscb/info/6/training/42/graded-care-profile-training>

Only those who have completed the EHA and GCP training are licenced to use the tools. The MSCP provides free multi agency GCP training.

Should partners not be trained in GCP, then other tools and measures can be used to evidence the neglect.

Exploitation Toolkit

The Kent and Medway Child Exploitation tools and guidance can be accessed here

<https://www.kscmp.org.uk/guidance/exploitation> for Kent and here [Medway Child Exploitation](#)

[Tools](#) for Medway. There are also training/workshops available about the tools here

<https://www.kscmp.org.uk/training/find-training-courses/child-exploitation> Medway [Child Exploitation Training](#)

The aims of the tools are to improve how Kent and Medway disrupt exploitation and to help agencies work together to create safety and reduce harm. The **identification** tool is designed to support professional judgement for those professionals who do not normally complete social care assessments. The second tool, **assessment and planning** is an extension of the identification tool, as well as identifying if a child or young person is being exploited. It helps professionals to draw out the analysis, identify the most appropriate intervention(s) and formulate a plan which reduces harm in the contexts it is occurring. The completed tool kit should be submitted to support any referrals to Children's Services but it is not a pre-requisite.

Early Help Assessment Review

The purpose of the EHAR is to bring together the family and practitioners with the appropriate skills to meet the identified needs of the child and family and develop a family outcomes plan. The parents and practitioners concerned will agree the most appropriate person to undertake the Lead Professional role. Goals will be identified, and regular reviews undertaken, with the focus on a child-centred approach, positive engagement with the family, increased community involvement and collaboration between agencies.

Lead Professional (LP)

The Lead Professional will usually be the worker who is best placed to provide consistent support to the child and family and will probably have initiated the Early Help Assessment. The Lead Professional will convene EHAR meetings and work with other practitioners to provide a co-ordinated response to the child's needs.

Education Health and Care Plan (EHCP)

An Education, Health and Care Plan is a statutory document that specifies the aspirations, needs and outcomes as well as the necessary provision to meet the SEND needs of children and young people aged 0-25. An EHC Assessment brings together professionals from education, health and social care to work in partnership with families to listen, understand and plan support to enable their children to achieve the best possible quality of life. If the assessment results in an EHC Plan, then the EHC plan is reviewed at least annually through a statutory multi-agency annual review.

Assessing Levels of Need and Accessing Support

The “Levels of Need” set out below will help to determine whether the child and family can be appropriately and safely helped by services providing early intervention and support, or whether the level of need and risk is such that statutory social care involvement is required. It describes how to access services for children with different levels of need, and what kind of response can be expected.

It is important to recognise that understanding what is happening to a vulnerable child is a process, even where it is initiated by a single event. Effective safeguarding involves all those who may be working with a child or family and all the people involved in that child’s life; it requires honesty, trust and communication to ensure that any changing circumstances are understood and considered in terms of the impact they have on the child.

Assessment criteria can only be indicative: They give examples of what is meant by the different levels of need but are in no way intended to be exhaustive. They cannot describe every issue or combination of issues which may arise. They do not replace professional judgement, either on the part of referrers or of those considering the appropriate response to a referral. They are intended to provide helpful guidance for those wishing to share a concern about a child or young person, identify appropriate services and give some clarity about the responses that can be expected.

The Children Act 1989

The Children Act 1989 provides the statutory guidance for Local Authorities intervention in the life of a child. Where a child’s need is relatively low level, individual services and universal services may be able to take swift action.

Where there are more complex needs, help may be provided under section 17 of the Children Act 1989 (children in need). The legal definition of a Child In Need of statutory services is:

A child shall be taken to be in need if –

- (a) They are 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 under this Part;
- (b) Their health or development is likely to be significantly impaired, or further impaired, without the provision of such services; or
- (c) They are disabled,

and “family”, in relation to such a child, includes any person who has parental responsibility for the child and any other person with whom they have been living.

Where there are child protection concerns (reasonable cause to suspect a child is suffering or likely to suffer significant harm) local authority social care services must make enquiries and decide if any action must be taken under section 47 of the Children Act. The legal definition is:

Where a local authority—

(a)are informed that a child who lives, or is found, in their area—

(i)is the subject of an emergency protection order; or

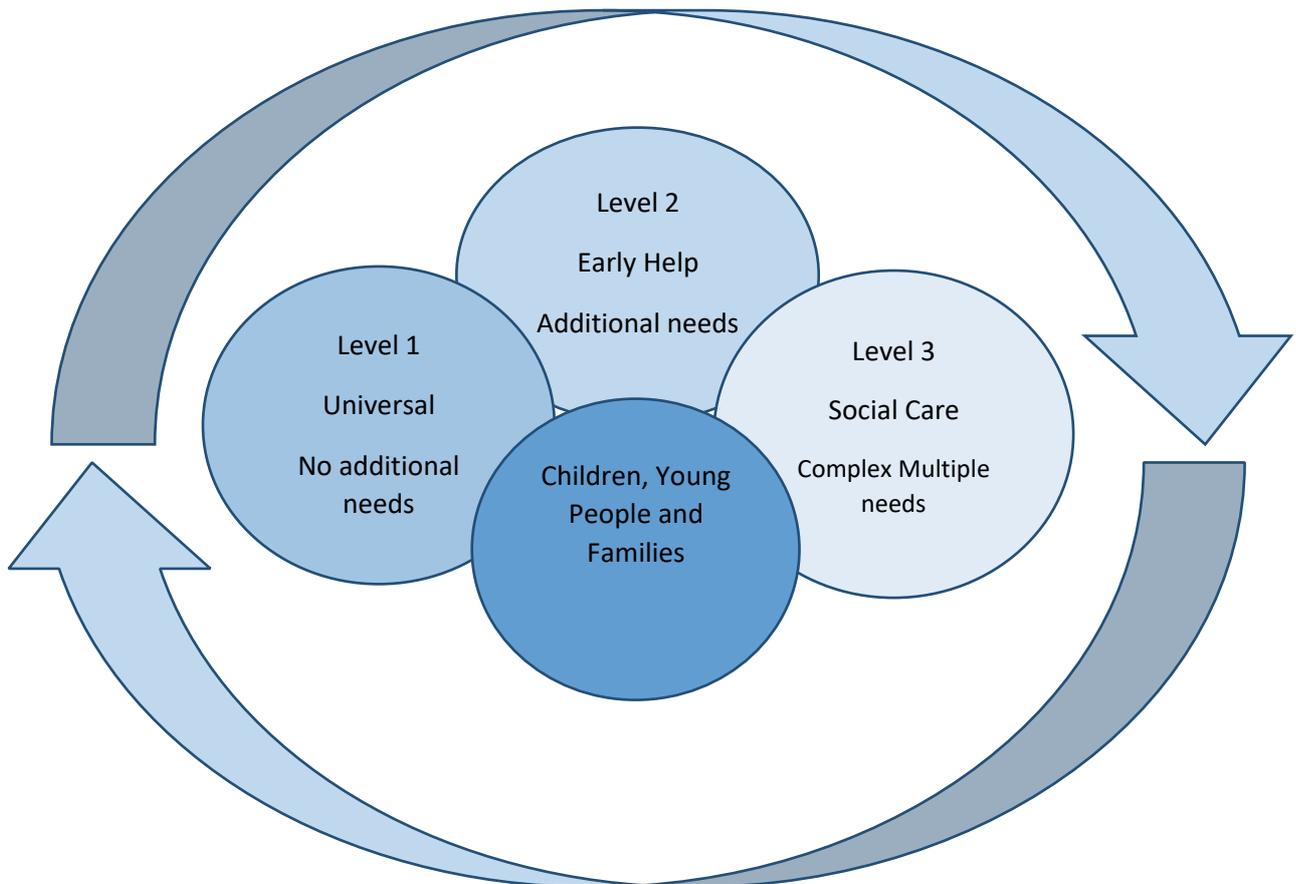
(ii)is in police protection;

(b)have 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

Continuum of Need

The level of support can change in line with the level of need.



Level 1: Children with no additional needs

Children with no additional needs are children whose health and developmental needs will be met by good parental care and the universal services that are available to all children.

Universal services are available to all Medway children and families whatever the level of concern and most children will be kept safe from harm and able to reach their full potential with support from services such as schools, nurseries, childminders, youth projects, police, midwives, health visitors, GP’s, Job Centres, Libraries, housing, voluntary and community groups and organisations.

Level 2: Children with additional needs

Children with additional needs are children who require support above that provided by universal services to ensure that their education, health, social and developmental needs are met. They may

be vulnerable and showing early signs of abuse and/or neglect, but often their needs are not clear, not known or not being met.

Additional support may be provided by a single agency, or by a number of different agencies working together, with a lead professional co-ordinating the work.

This kind of support is described as “early help” or “early intervention”, as it seeks to provide help and support to children, young people and their families in the early stages when concerns are identified, and to avoid those concerns escalating. However, the level of need or risk is not such that involvement by statutory children’s social care service is required. Targeted support for SEN is called SEN support and requires that a child or young person has been identified as requiring more than quality first teaching in order to make good levels of progress, and will be on the school SEN register (or equivalent in further education).

Level 3: Children with complex/multiple needs or in need of protection

Children with complex multiple needs require specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled.

In addition for some children where there is reasonable cause to suspect that they are suffering or are likely to suffer significant harm then a children and families assessment led by a qualified social worker will be undertaken.

If the conclusion of the assessment by the social worker is that continued social care involvement is required to prevent impairment of the child’s health or development suffering, a “child in need” (CIN) (S.17) plan setting out the contribution of all agencies to meeting the child’s needs will be prepared and implemented with contributions and agreement from the relevant agencies.

If the suspicion of significant harm is substantiated, and is assessed as likely to continue, a multiagency “Initial Child Protection Conference” (ICPC) (S.47) will consider what further action is required to protect the child.

This level also includes children in specialised services in residential, day patient or outpatient settings for children and adolescents with severe and/or complex health problems, and children who are remanded into custody.

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 Level 1, may need to receive a more coordinated response within Level 2. Similarly, a child in Level 2 whose circumstances and situation do not improve sufficiently may need to receive the specialist assessment and support provided at Level 3.

It is acknowledged that children may move from one level of need to another and that agencies (including universal services) may offer support at more than one level

Medway Levels of Need and Support

Threshold	1. Universal – Children with no additional needs Has needs met within universal provision. May need limited intervention to avoid needs arising.	2. Early Help – Children with additional needs Has additional needs identified that can be met within identified resources through a single agency response and robust partnership working	3. Statutory Social Care – Children with complex multiple needs Statutory service to address complex/ multiple needs or is in need of protection (include CIN)
Child Developmental Needs	<ul style="list-style-type: none"> - Good education attendance (over 90%) - Meeting developmental & learning milestones - Has emotional well-being - Ability to protect self and be protected - Resilient and able to adapt to change - Physically healthy - Age-appropriate self care & independence skills - Positive sense of self and abilities - Ability to express needs 	<ul style="list-style-type: none"> - Concerns about impact of absence/ truancy, exclusion from school - Concerns about isolated children not accessing services - Persistent poor behaviour in school and risk of persistent social exclusion - Mental health issues affecting developmental needs, incl. concerns about self-harm - Children frequently missing from home - Disability or additional special educational needs - Not reaching potential as is not in education, employment or training - Concerns about difficulty in achieving in education - Concerns about meeting developmental milestones - Missing health appointments/ delayed response in ensuring child's health needs met - Early signs of offending/ anti-social behaviour - Concerns about being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups - Concerns about underage sexual activity/ inappropriate age related sexualised behaviours and consideration of vulnerabilities such as learning disability and SEN. - Concerns about early signs of drug/ alcohol misuse - Low level emotional & behavioural issues that may be linked to attachment and/or emotional development delay - Concerns about children who were previously in care, children who do not live with their birth parents i.e. adopted children, Special Guardianship Orders, Kinship Care. 	<ul style="list-style-type: none"> - Serious concerns about impact of significant and complex learning/ physical disability on child's welfare - Regular missed health appointments with evidence of acute negative impact on child's development - Chronic drug/ alcohol misuse impacting negatively on child's welfare/ development - Peer on peer abuse with significant negative impact - Significant harmful sexual behaviour including persistent evidence of inappropriate sexual knowledge and behaviour for age - Significant evidence of exploitation (e.g. sexual, criminal, gang affiliation and drug exploitation) - Severe and complex mental health issues affective development needs, including significant self harm - Non organic failure to thrive as to cause threat to life - Child/ young parent/ pregnancy under the age of 13/ or having sex (Statutory rape) - Child victims of modern slavery, human trafficking, involved in terrorist activity - Chronic risk of harm from consistently missing from home - Unaccompanied minors - Unexplained, non accidental, suspicious injury - Non mobile child with suspicious or unexplained bruising - Evidence of physical, emotional or sexual abuse or neglect

<p>Family & Environment</p>	<ul style="list-style-type: none"> - Stable relationships with caregivers - Housed, good diet and kept healthy - Supportive networks - Access to positive activities - Positive relationships with peers - Attending health appointments, including those for pregnant mothers 	<ul style="list-style-type: none"> - Dental decay due to poor hygiene - Chronic/ recurring health problems - Concerns about emotional/ mental health issues - Concerns about impact upon children who are young carers - Poor or unstable parent/ child relationships - Concerns about being bullied or bullying behaviour - Poor housing & home environment impacting on child - Concerns about impact of community harassment/ discrimination - Risk of relationship breakdown/ inter-parental conflict - Concerns about domestic abuse and coercive control - Family bereavement - Concerns about pregnant mother with no safeguarding concerns - Concerns regarding internet safety - Concerns about teenage pregnancy - Housing tenancy at risk - Concerns about transient ad avoidant families - Concerns of potential vulnerabilities to radicalisation 	<ul style="list-style-type: none"> - Person posing a risk to a child - No recourse to public funds - Unborn child placed at risk, previous children or siblings removed - Severe and chronic dental decay - Imminent risk of family homelessness - 16/17year old presenting as homeless - Domestic abuse where all unborn children and those under one are automatically at significant risk of harm and all children of other ages who are at risk of significant harm - Forced marriage, honour based violence, female genital mutilation - Allegation of harm by a person in a position of trust - Private Fostering
<p>Parents & Carers</p>	<ul style="list-style-type: none"> - Protected by carers - Secure and caring home - Receive and act on information, advice and guidance - Age appropriate boundaries maintained 	<ul style="list-style-type: none"> - Inconsistent care arrangements - Poor relationships impacting upon child's development - Low income/ poverty impacting upon child's welfare - Poor supervision by parent/ carer - Concerns about parent's own health needs impacting on child - Poor response to child's physical, emotional or health needs - Historic context of parents/ carers own childhood, ie. adverse childhood experiences - Controlled or stable substance misuse - Parents/carers are at risk of entering the Criminal Justice System due to offending/anti-social behaviours 	<ul style="list-style-type: none"> - Parental learning or physical disability impacting upon child's welfare and safety - Significant concerns about substance misuse or mental health impacting on parenting - Fabricated or induced illness (Parent or carer fabricates symptoms or deliberately causes symptoms of illness in child) - Parent/Carer exhibiting disguised compliance - Persistent failure to meet a child's basic, physical and/or psychological needs - Imminent risk of significant harm due to poor supervision - Developmental milestones not being consistently met due to persistent failure of parenting - Persistent evidence of negative impact of parental/ carers relationship breakdown on the child - Parents/carers offending behaviour having a direct negative impact on parenting and risk to a child

Accessing Support

If the child is at risk of immediate harm call the police – 999

Everyone who works with children, young people and families **must** know how and when to refer children for statutory services, and have a duty to refer under both s.17 (children in need) and s.47 (children in need of protection) their concerns to Children’s Social Care. [Working Together to Safeguard Children 2018](#) and [Keeping Children Safe in Education](#)

In Medway we have “one front door” to access support for children, young people and families in levels 2 and 3 of the threshold documents.

All contacts (and referrals), including contacts requesting Early Help, must be made by professionals via the online portal into First Response Service within Children’s Services, using a Multi-Agency Contact & Referral Form.

The Contact and Referral form can be found [Here](#) Or at the following address;

https://www.medway.gov.uk/info/200170/children_and_families/600/worried_about_a_child/1

If however you consider the child to be at significant risk or harm please contact the Children’s Services First Response Service on 01634 334466.

For concerns out of hours the contact number is 03000419191

Contact by Members of the Public –

Any member of the public, including children and young people, can call the First Response telephone number when they have concerns about a child or like professionals use the online portal.

Contact from members of the public will be responded to by a suitably trained Referral Information Officer within the single point of access in the first instance. The officer will collect factual information and pass to a Team Manager for a decision about level of need/risk. Where thresholds for statutory intervention are not met, cases will be diverted to the Early Help Support Pathway and services.

Information Sharing and Consent:

The General Data Protection Regulation (GDPR) and the Data Protection Act 2018 introduce new elements to the data protection regime, superseding the Data Protection Act 1998. Practitioners must have due regard to the relevant data protection principles which allow them to share personal information,

The GDPR and Data Protection Act 2018 place greater significance on organisations being transparent and accountable in relation to their use of data. All organisations handling personal data need to have comprehensive and proportionate arrangements for collecting, storing, and sharing information.

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.

The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children and young people safe.

To effectively share information:

- all practitioners should be confident of the processing conditions, which allow them to store, and share, the information that they need to carry out their safeguarding role. Information which is relevant to safeguarding will often be data which is considered 'special category personal data' meaning it is sensitive and personal.
- where practitioners need to share special category personal data, they should be aware that the Data Protection Act 2018 includes 'safeguarding of children and individuals at risk' as a condition that allows practitioners to share information without consent.
- information can be shared legally without consent, if a practitioner is unable to, cannot be reasonably expected to gain consent from the individual, or if to gain consent could place a child at risk.
- relevant personal information can be shared lawfully if it is to keep a child or individual at risk safe from neglect or physical, emotional or mental harm, or if it is protecting their physical, mental, or emotional well-being.

Parents **must consent** to accept support at Early Help and Child in Need (S.17) levels.

You should discuss your concerns with the child or young person's parents or carers and seek their consent to make a contact and referral, **unless** you have reasonable cause to believe that to do so would place the child at risk of significant harm.

If SPA/MASH consider the referral:

Level 3 – Statutory S.17 and S.47 concerns

Complex and requiring information from other key partners - the referral will be the subject of MASH information requests from key partners for example, police, health, education, probation. Child protection and where there is reasonable cause to suspect that a child/ren are suffering or are likely to suffer significant harm. MASH will request the relevant team carry out a strategy discussion which may lead to a child protection social work assessment or an Initial Child Protection Conference (ICPC) convened. Children in Need require specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled. MASH will ask the relevant team to undertake a s.17 child in need

assessment. If the family have had social worker involvement within the past 12 weeks the social worker involved will be asked to re-engage with the family and undertake the appropriate assessment.

Level 2 – Children with additional needs

Early Help – child, young person and their family are in need of early intervention and support, they will pass to the Early Help Hub in the Single Point of Access.

Level 1 - Universal

Information, Advice and Guidance – they will provide information, advice or guidance and will close the contact at MASH without referring to any other services. The family's needs can be met by accessing universal provision.

Information about other resources available to families can be found at: [Medway FSD](#)

MEDWAY – FIRST RESPONSE

All contacts and referrals for statutory intervention, safeguarding concerns and Early Help must be made through First Response into the Single Point of Access via the online portal.

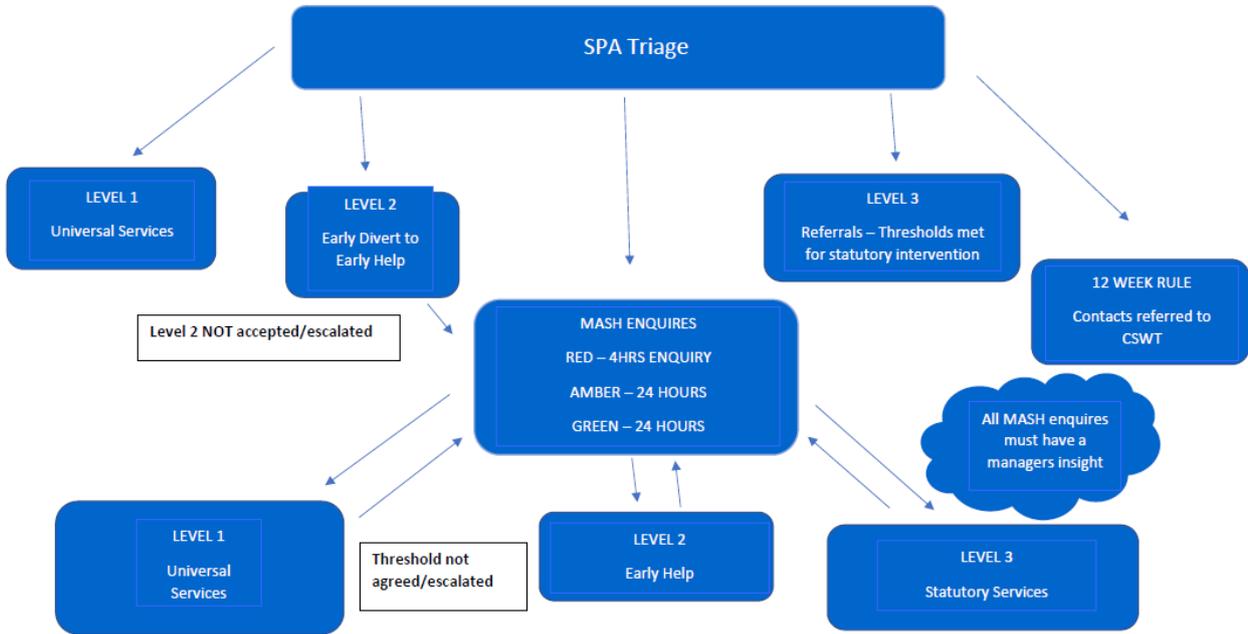
The form should be used to make a written referral for all concerns that fall within the partnership threshold document as:

- **Level 3 Statutory Intervention, safeguarding concerns**
- **Level 2 Early Help response** on all single or multi-agency coordination needs. (Please tick the EH box on the contact and referral form to indicate this is an Early Help Request)

Using this form will help make sure the response to contact and referrals are effective as possible.

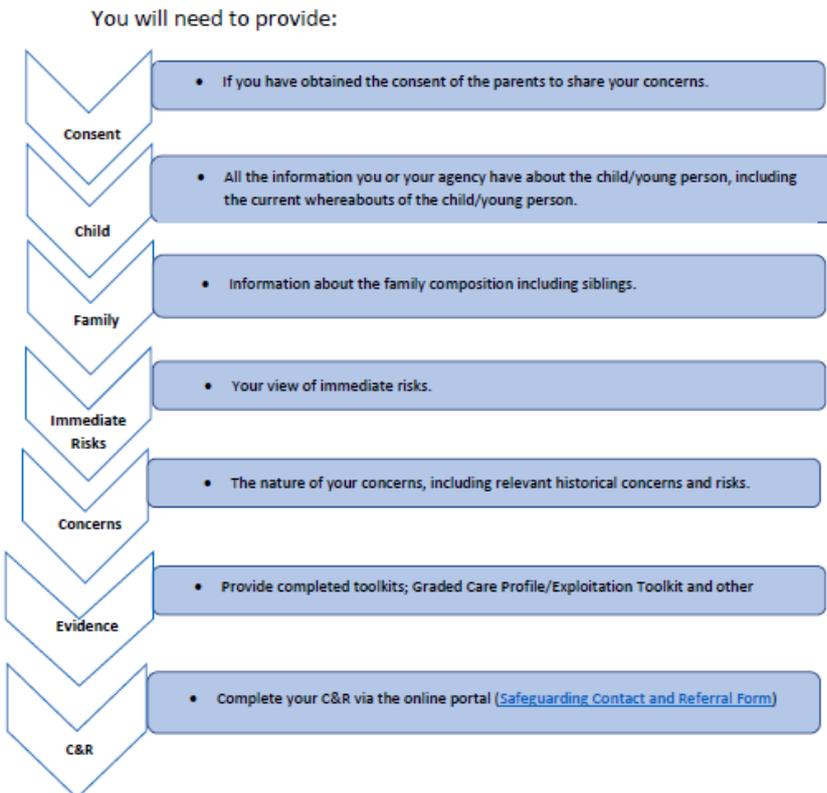
Immediate safeguarding concerns should **always** be made by telephone to 01634 334466.

MASH Process Map



Multi Agency Safeguarding Hub (MASH)

You will need to provide:



Once you have contacted the Single Point of Access, they will gather further information to enable them to make an informed threshold decision or progress the contact to the Multi Agency Safeguarding Hub. MASH does not provide direct services to children and families. Within one working day of a contact and referral being received, First Response will acknowledge receipt of the contact and referral to the referrer and will inform referrers of their decision.

Making a Contact and referral

When making a contact and referral to First Response the amount and quality of information you are able to provide makes a difference to the timeliness and nature of the response. When making a referral you should ask yourself:

1. **Does the person with parental responsibility know that I am concerned about their child and that I am making a referral? Have they parents/ carers been made aware/ consented to the referral being made?**

The 2004 Children Act and the 2008 Information Sharing Protocols [Information Sharing Protocols 2018](#) are clear that consent should be sought wherever possible. In some cases, you will have concerns that a child is at risk of significant harm and parental consent is not forthcoming. In these cases, you should state on the contact and referral what action you have taken to try to gain consent. In some rare cases your professional view will be that seeing consent will increase the risk to the child. This may include the risk of forced marriage or female genital mutilation. In these cases, state clearly on the contact and referral form why you have not sought consent. In all other cases you must seek consent before making a referral.

2. **Have I included all the personal details I have about the child/young person and their family?**

These details should include DOB/Ethnicity/Telephone Numbers/Up to date address/language and a family composition mean that the child's records can be accessed quickly and that any intervention can be provided in a timely way. Phone numbers in particular mean that families can be contacted quickly. Where English is not a first language, details will allow the provision of an interpreter.

3. **Have I included details about any other professionals working with the family?**

Knowing these details, especially if there has been early help intervention, will ensure that their knowledge and skills be part of our assessment.

4. **Have I made it as clear as possible what I am concerned about?**

Making it clear what you are concerned about will help in determining the most appropriate response. Sometimes you may not be absolutely certain about what is happening for the child/young person. In these cases provide as much details as possible. Remember that you have professional expertise and will be up to date with research and practise in your field of work. Try to reduce the use of jargon and provide some analysis. For example: as a health professional you may be concerned about failed appointment of concealed pregnancy; as teacher you may be concerned with a child's changed behaviour and demeanour that is affecting their learning. Setting out what this means for the child and the impact on their development will ensure that the worker assessing the referral (who might not have the same level of knowledge as you) understands your perspective and can include this analysis in their assessment. It is important that you refer to the threshold document

to evidence at what level you consider the risk/harm. The referrer needs to evidence how the child meets Level 3 of the threshold document if the referral is for Children's Social Care.

5. Have I made it clear what I have done already and what worked or didn't work?

Research tells us that we sometimes 'start again' with families. This is especially the case where there is chronic neglect with families who appear compliant with plans but fail to either follow through with work or fail to sustain change. Knowing what has been worked well enables targeted and social work services build on success; know what has failed to sustain change ensures that this can be explored and other solutions sought.

6. Have I made sure that I will be available for further discussion about the referral and how I can be contacted?

As the referrer you are usually the person with the most up to date knowledge of the child/young person and we want you to be involved in our decision making and intervention. We aim to make a decision on every contact and referral within 24 hours. If you cannot be available, please provide the name and contact details of someone familiar with the child and your concerns who can act for you.

MASH will inform referrers of the outcome of their referral in writing within 5 working days.

You should discuss your concerns with the child or young person's parents or carers and seek their consent to share information, **unless** you have reasonable cause to believe that to do so would place the child at risk of significant harm.

Guidance in relation to information sharing is available in the Government publication:

[Information sharing advice for safeguarding practitioners](#)

Other referral areas for consideration:

Multi-Agency Risk Assessment Conference (MARAC)

Information about high risk domestic abuse victims is shared between agencies and a risk focused, coordinated safety plan is drawn up to support the victim. Referral forms can be downloaded from [here](#).

Multi-Agency Public Protection Arrangements (MAPPA)

Information about high risk perpetrators can be shared between agencies and a risk focused, coordinated plan drawn up. [Referral information](#).

Safeguarding from Radicalisation and Extremism

It is crucial that consideration is given to the need to protect children and young people from the risk posed by radicalisation and extremism. Local Authorities have a statutory duty under the Prevent Agenda to have due regard to the risks posed by all forms of extremism. Radicalisation may take many forms and it is important to consider the harm posed by all forms of extremist ideologies.

Prevent is part of contextual safeguarding and should be considered in the same way as safeguarding from other harms. Young people may be at risk of radicalisation online, face to face or from self-radicalisation. It is imperative that these risks are not overlooked, and that advice and guidance is sought if any concerns are present.

Prevent is about safeguarding our communities from the threat of terrorism by stopping people from supporting terrorism or becoming terrorists themselves. Anyone can make a Prevent referral if they have concerns about someone becoming engaged in with an ideology, moral, political cause or grievance that condones violent or otherwise harmful behaviour towards others.

There are several ways you can seek advice:

- Speak to your designated safeguarding lead (if applicable)
- Call 101 and state you would like some advice or make a Prevent referral
 - If you see or hear something that could be terrorist related call the anti-terrorist hotline on 0800 789 321
- If you require urgent police assistance dial 999
- Speak to a member of the Kent & Medway Prevent team
- Further information and a copy of the Channel Referral Form is available [here](#)
- Email: Prevent.referrals@kent.pnn.police.uk

A Prevent referral is not an immediate safeguarding action, nor does it replace social care support. If there are concerns about a young person being vulnerable to radicalisation, then completion of a Multi Agency Contact & Referral Form should be considered in accordance with the Medway levels of need and support.

Complaints and challenge and escalation

Any disagreements about the assessment will be recorded and the family should be given a copy of the leaflet *If you Wish to Complain*. In the first instance all complaints should go through line management channels.

Full details of how to complain about Medway Council Children's services can be found here: [Complain about child services](#)

Where a professional disagrees with a decision or response from any agency regarding a safeguarding or welfare concern they must firstly consult with their line manager to clarify thinking and the desired outcome. Initial attempts should be made to resolve the matter professional to professional.

If the professionals are unable to resolve differences through discussion and/or meeting within a timescale, which is acceptable to both of them, their disagreement must be escalated using the MSCP '[Resolving Professional Difference – Escalation Policy](#)'.

Stage 1 – Escalate to Line/ Team Manager (A response is required within 5 working days)

Stage 2 – Escalate to Designated Safeguarding Leads/ Service Managers (A response is required within 5 working days)

Stage 3 – Escalate to Assistant/ Deputy Directors (A response is required within 5 working days)

Stage 4 – Involving the Medway Safeguarding Children Partnership