



**Dudley Safeguarding
People Partnership**

Threshold Guidance and Framework for Support 2019



September 2019

Contents

Introduction	Page 03
The Dudley Threshold Guidance	Page 07
Dudley Threshold of Needs and Support Framework	Page 08
Level 1 - Universal Support.	Page 09
Level 2 - Additional Support, Single Agency	Page 12
Level 3 - Children with Multiple Needs, Multi Agency	Page 15
Level 4 - Children with Acute Needs, Statutory/Specialist Intervention	Page 19
Threshold Framework - Accessing Services for Children in Dudley	Page 27
What should be included in a Referral to Children's Services?	Page 28
Additional Information – Constructive Conversations/Professional Judgement/Escalation . .	Page 30
Additional Information - Consent.	Page 30
Additional Information – Moving between Threshold Levels	Page 31

1. Introduction

Welcome to the DSPPB Threshold Guidance and Framework for Support 2018.

This publication is the responsibility of the Dudley Safeguarding Children Board as outlined in Working Together to Safeguard Children 2015. However, this document will be replenished under the remit of new safeguarding arrangements as required by the Children and Social Work Act (2017) and the publication of the statutory guidance Working Together to Safeguard Children; July (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' sees the duties and functions of Local Safeguarding Children Board's being replaced by key safeguarding partners. These 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 type and level of early help services to be provided the criteria, including the 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

The newly established Dudley Safeguarding People Partnership (DSPPB), recognises that the required threshold guidance for intervention is a vital tool that underpins the local vision to provide targeted support services at the earliest opportunity – right through to specialist and statutory interventions when it is needed to promote the welfare and safety of vulnerable children and young people.

We want to ensure that DSPPB 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.

Until the launch of a new threshold due in September 2019, the contents in this DSCB version addresses the above criteria, however on behalf of the DSPPB the areas noted below have been emphasised ahead of further work planned between June – September 2019 and the revised Safeguarding Partnership Threshold Guidance being published.

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 consider undertaking an assessment using the locally agreed Graded Care Profile (GCP2). To find out more please see the DSPPB 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) have highlighted that missed opportunities to record, understand the significance of and share information in a timely manner 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 DSPPB, DSCB have amended this document as within the transformation stage and asks all partner 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: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf
- Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers, please click https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf
- Data Protection Act 2018, please click <http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>

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 Information Network](#).



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	• Access to health services • Development milestones met including Speech & Language • Appropriate height and weight • Healthy lifestyle • Good state of mental health • Sexual activity/behaviour is appropriate to age
Identity	• Positive sense of self & abilities • Demonstrates feelings of belonging & acceptance • An ability to express needs
Education and learning	• Good attendance at school / college / training • No barriers to learning • Achieving key stages • Planned progression beyond statutory school age
Family and social relationships	• Stable and affectionate relationships with care givers • Good relationships with siblings • Positive relationships with peers
Emotional and behavioural development	• Growing level of competencies in practical and emotional skills • Good quality early attachments
Social presentation	• Appropriate dress for different settings • Good levels of personal hygiene
Emotional warmth and stability	• Carers able to provide warmth, praise and encouragement
Self care skills	• Age-appropriate independent living skills

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

Basic care, safety and protection	• Carers able to provide for child's needs and protect from danger and harm
Housing employment and finance	• Housing has basic amenities and appropriate facilities • Not living in poverty appropriate levels of cleanliness/ hygiene are maintained

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

Family history and functioning	• Supportive family relationships, including when parents are separated
Guidance, boundaries and stimulation	• Carers provide appropriate guidance and boundaries • Supports development through interaction and play
Family's social integration	• The family feels part of a community and are able to access local services and amenities

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)

Health	• Slow in reaching development milestones • Missing immunisations or health assessments • Susceptible to minor health problems • Minor concerns ref: diet, hygiene, clothing, alcohol consumption (but not immediately hazardous) • Special Educational Needs (SEN) / Disability requiring support • Evidence of some Inappropriate sexual activity to age • Previous pregnancy under 18 years
Family and social relationships	• Some support from family and friends • Has some difficulties sustaining relationships • Undertaking occasional caring • Peers involved in challenging behaviours
Education and learning	• SEN support • Few opportunities for play/socialisation • Not in education, employment or training • Identified language and communication difficulties • Not reaching educational potential
Social presentation	• Can be over friendly or withdrawn with strangers • Personal hygiene starting to be a problem
Identity	• Some insecurities around identity • May experience bullying around 'difference'

Self care skills	• Poor self care for age • Slow to develop age appropriate self-care skills • Overprotected / unable to develop independence
Emotional and behavioural development	• Low level mental health or emotional issues requiring intervention • Experimenting with drugs and alcohol • Involved in behaviour seen as anti-social • Difficulty coping with anger, frustration and upset
2. Parents and carers (this is not an exhaustive list)	
Basic care, safety and protection	• Parental engagement with services is poor • Parent requires advice on parenting issues • Practitioners are beginning to have some concerns around child's physical needs being met • Practitioners are beginning to have some concerns about substance misuse (including alcohol) by adults within the home • Some exposure to dangerous situations in home/ community • Teenage parent(s) • Low level Domestic Abuse
Emotional warmth and stability	• Inconsistent parenting, but development not significantly impaired • Post natal depression • Receives inconsistent care • Perceived to be a problem by parent

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 aids 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 EH, other tools for assessing need are: the GCP2 (for neglect) CSE 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)

Health	• Continues to miss immunisations or health assessments • Special Educational Needs / Disability requiring support • Sexual activity / sexual behaviour that is potentially harmful to self or others and at risk of sexual exploitation • Teenage pregnancy • Self harming behaviours
Family and social relationships	• Peers also involved in challenging behaviours • Regularly needed to care for another family member • Involved in ongoing conflict with peers and siblings • Engaging in gang-related activities which places self or others at risk • Cultural practices that may be detrimental to health and development • Vulnerable to extremism, radicalisation and gang involvement
Educational and learning	• Short-term exclusion or persistent truanting • Previous permanent exclusion • Persistently Not in Education, Employment or Training • Education Health and Care Plan
Social presentation	• Persistent presentation in unwashed/ unsuitable clothing despite advice and support being offered • Hygiene problems evident • Overly sexualised behaviour or appearance

Identity	• Subject to discrimination which impacts negatively on identity • Has extremist views that places self or others at risk • Physical and emotional development raising significant concerns • Ongoing mental health needs which are not being supported due to lack of appropriate support offer or non-engagement • Problematic substance misuse • Inappropriate sexual behaviour • Low level offending or regular anti-social behaviour
2. Parents and carers (this is not an exhaustive list)	
Basic care, safety and protection	• Parents are struggling to provide adequate emotional and physical care • Parent's learning disability, substance misuse (including alcohol), or physical and mental health impacts on their ability to meet the needs of the child • Previously subject of a Child Protection Plan • Teenage parent(s) either or both previously Looked After
Emotional warmth and stability	• Child treated as a scapegoat by the family • Child is rarely comforted when distressed • Receives inconsistent care • Child has no positive relationships • Parent struggling to have their own emotional needs met

Guidance, boundaries and stimulation	• Inconsistent parenting affects emotional or behavioural development • Parents rarely resolve disputes between children • Children from families experiencing a crisis which is likely to result in a breakdown of the families care arrangements for the children
3. Family and social relationships (this is not an exhaustive list)	
Family history and functioning	• Evidence of domestic violence • Evidence of problematic substance misuse (including, alcohol) • Poor physical health and / or mental health affects relationships in the family • Parental involvement in crime / Children Affected by Parental Imprisonment (CAPI)
Housing, employment and finance	• Long term unemployment • Overcrowding temporary accommodation • Homelessness including, young person over 16 in need of accommodation or housing • Serious debts / poverty impacting on ability to care for the child
Family's social integration	• Parents socially excluded with access difficulties to local facilities and targeted services • Family socially excluded • Family experiencing escalating victimisation

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 joint enquiry with Police of a single agency enquiry.
- 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 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 • Sexual exploitation or abuse • Sexual activity under the age of 13 years • Obese • Sexual behaviour that is harmful to self or other • 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) • Allegation of harm and/or disclosure of harm (physical, sexual, emotional harm or neglect)
--------	--

Family and social relationships	• Experiences persistent discrimination • Honour based violence / Forced marriage / Female genital mutilation • Is socially isolated and lacks appropriate role models • Alienates self from others • Looked after child • Radicalisation • Care leaver • Family breakdown related in some way to child's behavioural difficulties • Engaged in gang activity that has caused harm to self or others including concerns around county lines • Subject to physical, emotional or sexual abuse / neglect • Main carer for a family member • Adoption breakdown • Forced marriage of a minor • Evidence of gang involvement, including gang violence, child sexual exploitation (CSE) and other criminal activities linked to gang involvement • Persistently missing from home • Abandoned child • Abuse linked to faith or belief
Educational and learning	• No education provision • Permanently excluded from school either formally/informally or at risk of permanent exclusion • Persistently missing from education • Significant developmental delay due to neglect / poor parenting • Has an education, Health and Care Plan

Social presentation	• Persistent presentation in unwashed/unsuitable clothing despite advice and support being offered • Hygiene problems evident
Emotional & behavioural development	• Failure to, or rejection of need to, address offending behaviour • Child who abuses others • Endangers own life through self-harm (including alcohol/substance misuse/eating disorder, suicide attempts) • In sexually exploitative relationship • Frequently goes missing from home for long periods • Persistent neglect or emotional need
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 • Parents mental health problems or substance misuse significantly affect the care of the child. • Parents unable to care for previous children • There is instability and violence in the home continually • Parents are unable to keep child safe • 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

Emotional warmth and stability	• Parents are inconsistent, highly critical or apathetic towards the child • Child is rejected or abandoned • Child has multiple carers • Child has been 'Looked After 'by the Local Authority
Guidance, boundaries and stimulation	• No effective boundaries set by parent(s) • Child is beyond parental control • Regularly behaves in an anti-social way in the neighbourhood • 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
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 • Chronic substance misuse • Cultural practices that are detrimental to health and wellbeing

Housing, employment and finance	• Physical accommodation places child in danger • No fixed abode or homeless • Extreme poverty or debts impacting on ability to care for the child
Family's social integration	• Family chronically socially excluded • The lack of access to quality services for local communities with identified need • Restricting and refusing interventions from services • Children from families experiencing a crisis which is likely to result in a breakdown of the families care arrangements for the children



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
Universal Provision E.g. Services Such as schools and youth clubs.	Early help requires either a single or multi agency response to avoid social care intervention		Child In Need requiring intervention under Section 17 CA 1989 Section 47 Child Protection Child at risk of significant harm, Section 47 CA1989
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.	Level 2 – The single agency will use their internal assessment tools/framework. Level 3 - If multi agency Early Help intervention is required an Early Help Assessment form, 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. Family Centre Email address: Telephone No. Fs.brierleyhill@dudley.gov.uk 01384 813322 Fs.dudleycentral@dudley.gov.uk 01384 812440 Fs.dudleynorth@dudley.gov.uk 01384 813096 Fs.halesowen@dudley.gov.uk 01384 813954 Fs.stourbridge@dudley.gov.uk 01384 818780		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. If you are worried that a child needs a statutory social care assessment. Complete a Multi Agency Referral Form (MARE) and email children's services at : MASH_Referrals@dudley.gov.uk In circumstances where a child has committed an offence the Police/Courts will refer the child to Youth Offending Services. If the concern involves anyone working with children contact the LADO Officer: allegations@dudley.gov.uk Tel: 01384 813110 If the referral is concerning a relinquished baby, contact is to be made with the MASH team as above. If the concerns relate to CSE refer to the CSE Pathway

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 27)



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

Child in need referral	Significant harm referral
What support services you have already offered to the child or family to address the needs you have identified • Why you think the time is right to refer the matter to Children's Social Care Services; • What information you can give about: the child's development needs; parenting capacity; social and environmental factors • 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 • Whether the parents know that you are making the referral and whether they were in agreement to you making the referral • 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 • Confirm any significant/important recent or historical events/incidents in the child or family's life • Clarify what information that the referrer is reporting directly and what information has been obtained from a third party • Discuss any known or suggested information relating to the child or family being in contact with a person posing a risk to children • Confirm what you think Children's Social Care Services might do as a response to your referral • When you last saw the child/young person • Significant harm maybe as a result as a consequence of cumulative issues/events	The cause for concern including details of any allegations, sources, timing and location • The child's account and the parents' response to the concerns if known • The identity and current whereabouts of any suspected/alleged perpetrator and or degree of contact with the child • The child's current location and emotional and physical condition • 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) • The parents' current location • The referrer's relationship and knowledge of the child and parents/carers • Known current or previous involvement of other agencies/professionals • When you last saw the child/young person • Note any unusual or significant marks or injuries • Significant harm maybe as a result as a consequence of cumulative issues/events

Additional Information

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. In particular, 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 DSPPB 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 [West Midlands escalation resolution](#)

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.



