

Multi- Agency Threshold Document:

**Guidance for all practitioners in Doncaster
working together with children, young people and their families
to provide early help, targeted and specialist support**

Foreword

We are very pleased to be introducing this updated guidance for the application of thresholds in Doncaster.

This new guidance is the result of consultation with practitioners from a wide range of partners who work with children, young people and their families, including schools, health colleagues from a range of different organisations, early years' settings, the police and a number of representatives from the voluntary sector, as well as practitioners and managers in Doncaster.

Working Together to Safeguard Children 2018 'A guide to inter-agency working to safeguard and promote the welfare of children' states 'the safeguarding partners should publish a threshold document, which sets out the local criteria for action in a way that is transparent, accessible and easily understood. This 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
- clear procedures and processes for cases

In this updated guidance the issue of consent is addressed as we know it is an area that may provide some challenges for partnership working. Consent is always required when making a referral to early help services or for a Child in Need assessment under S17 Children Act 1989. It is therefore usually in the best long term interests of children and young people to discuss concerns and issues with parents or carers and/or the young person before making a referral to Children's Social Care - except where to do so might place the child or young person or any other person at risk of significant harm. Working with vulnerable children, young people and their families is uniquely rewarding but occasionally very challenging. This work requires skill and considerable levels of knowledge and expertise. It also requires the willingness to accept that decisions we make about how best to support families will often carry with them a degree of risk. We hope that this revised guidance on the application of thresholds in Doncaster strikes the right balance between supporting practitioners from all settings to identify situations where children and young people might be at risk of significant harm and recognising the vital role of professional judgement in assessing the impact of risk and protective factors on long term outcomes for individual children and young people.

The Doncaster Safeguarding Children Partnership continues to host a wide range of information and support for practitioners on the website.

There is also a wide range of courses for practitioners working with children, young people and their families, full details of which are published on the website.

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Introduction

This document is for everyone who works with children and young people and their families in Doncaster. It is about the way we can work together, share information, and put the child, young person and their family at the centre of our practice, providing effective support to help them solve problems and find solutions at an early stage to prevent problems escalating. It sets out how we approach the difficult task of keeping children and young people safe and protected from harm.

The guidance for threshold of need and 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. It aims to 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.

Protecting children and young people involves professionals in the difficult task of analysing complex information about human behaviour and risk. It is rarely straightforward, and responses should be based on robust assessment, sound professional judgement and where appropriate statutory guidance.

All of us who work with children and their families will encounter situations where we can see that outcomes for children may be being affected by the actions or inactions of parents or carers. In most situations, this will mean that we should try to engage with the family and offer support to enable them to change their approach to parenting. It is almost always the case that those who know the child (and family) well will be in the best place to offer support families to change, or to access the support that they needed and so to improve the outcomes for their children. This means that all of us working with children and young people will be working with and holding varying degrees of need, harm and risk.

Some young people experience significant harm beyond their families which requires a more contextual response to safeguarding. Traditional approaches to protecting children/young people from harm have focussed on the risk of violence and abuse from inside the home, usually from a parent/carer or other trusted adult and don't always address the time that children/young people spend outside the home and the influence of peers on young people's development and safety.

In Doncaster, we want to ensure that all those professionals working with children and families can identify the help that is needed by a child and their family as early as possible.

Using their professional judgement along with this guide, practitioners will feel better equipped to direct families to appropriate resources at the appropriate time.

This document is therefore intended to assist practitioners in identifying a child's level of need (whether intra or extra familial) and what type of service/resource may best meet those needs.

Principles

If we are to promote the best outcomes for children and young people, we should work to a set of common principles.

Children and young people almost always do best when they grow up within their own families. Even where risks of significant harm have been identified, it will usually be better for the child or young person to remain with their families and for their parents or carers to be supported to make the changes that they need to make in order that they are able to promote and safeguard the wellbeing of their children.

Parents may feel undermined or threatened whenever it is suggested that they may need additional help and support; especially where risk of harm may be extra familial. Research also indicates that the way in which services engage with families can be a significant factor in how well support is accepted.

The principles below, together with those contained within Working Together 2018, are intended to underpin good practice and to increase the likelihood of support being offered to families being successful in securing improved outcomes for children:

'I have the right to be involved in plans that are being made about me...'

In almost all circumstances, practitioners should discuss their worries about a child or young person with their parents or carers, before referring them on to another service. The only exceptions to this are circumstances where to do so would place anyone at additional risk of significant harm and may lead to an offence being committed or make it more difficult for evidence to be gathered that may support a conviction.

Where a child is **Gillick Competent** concerns about their wellbeing should also be discussed directly with them before any referral is made.

Gillick competency essentially says that a child or young person of sufficient age and understanding is able to decide about what happens to them, and the right of a parent 'yields to the child's right to make his/her own decisions when he/she reaches sufficient understanding and intelligence to be capable of making up their own mind on the matter requiring decision'.

'I have the right to be treated as an individual and not based on assumptions about my religion or cultural background...'

If practitioners are in any doubt about the reasons why a family or individual is saying or appears to be behaving in a way, the best way to find out more is to ask the person concerned.

For example, newly arrived families and individuals will be struggling to understand systems and processes in the UK, for example, they may have heard several stories about how children's services take children away from their families. Practitioners need to be sensitive to these issues and take time to offer additional explanation and reassurance.

'I have the right to be able to talk about complicated things in my first language...'

Ideally, practitioners should be able to speak directly in the first language of the individual.

Working through interpreters is a lengthier process and often affects the richness of the information being provided. However, many of our services do not have a workforce that matches the community being served in terms of diversity. This means that interpreters will be needed on occasion. Family members must not be used to interpret sensitive or complex matters.

'I can usually choose whether to accept the services you offer me ...'

People can refuse to accept support. In rare situations, a refusal to accept services may result in legal or other action being taken in order to ensure that very vulnerable children are safeguarded or protected, but these situations are limited to those where children are at risk of significant harm or injury. It is often the skill of people who are working with the individual or family and a recognition of why they may not want to accept support that will make the difference about whether they decide to engage with support services.

Families can sometimes refuse offers of support because they are worried that this might eventually lead to their child being 'taken into care'. Practitioners working in this situation can only do their best to persuade people to accept support. One approach can be to seek agreement with the individual or the family where support may be helpful and seek agreement to address this specific issue and use this as a way of gaining trust.

Saying **NO** to prevention or early help services **DOES NOT MEAN** that specialist safeguarding services will become involved except where there is a risk of significant harm to the child concerned or where they may present a significant risk to others. These risks usually need to be immediate or be present within a short timeframe.

Where a family has declined to engage with prevention or early help services, practitioners must discuss their intention to refer to specialist services such as Children's Social Care with the parent [or young person if Gillick competent] before making the referral. This means that the parents or carers understand the possible consequences of not engaging with support services.

Specialist services will always inform those referred to them which professional has made the referral and why¹. Referring professionals should therefore be open and transparent about their concerns with parents and why they are so worried about their child, except where to do so would place the child or young person at risk of immediate harm.

'I do not want other people to know about me or my family unless I say that this is OK...'

Unless it would put anyone at risk of harm, we will always let people referred to us know, who we intend to talk to, about them. We always need talk to other professionals as well as people who know the person referred well, in order to make the right decision about what services to offer. We make a professional decision as to who it is necessary to share information with, on a case by case basis, making sure that this is legal, necessary and safe, particularly when we know information has been given in confidence.

It may not be possible to help people effectively if they do not want us to talk to others about them.

The records we make about people who are referred for services will be accessed only by staff

¹ Except where a member of the public has asked to remain anonymous.

who need to see them in order to do their jobs.

‘Before you decide that I need help or support, you should ask me about what I think and who I know who may be able to help me....’

It is important that children and their families feel in control of and have a say in the types of support they access. Support that is available from family and friends should also be explored because it is much more sustainable in the longer term than anything that an outside agency can provide.

‘I may have other pressures in my life as well as the ones that you say you are worried about’

Just as family and friends can be a real source of support, it is also important to consider where these relationships may place an additional pressure on the family or child or lead to there being increased risks to a child’s wellbeing.

Mental health issues, substance misuse within the extended family, or other caring responsibilities can all increase stress or reduce availability to address other issues. It is therefore important for practitioners to consider the wider context before deciding what form of support may be most appropriate. In addition, it is important to acknowledge that Children and young people can have differing levels of safety in different contexts, which needs to be understood and considered when safety planning and we are asking practitioners to consider contexts beyond individual children and their families such as those related to schools, peer groups and neighbourhoods. To support this work the [Contextual Safeguarding Network](#) have developed tools to support schools, peers and neighbourhoods and further information is also in [Working Together to Safeguard Children 2018](#)

The use of Levels of Need in the partnership

Needs analysis delivers partnership informed decision making to all need, harm and risk as opposed to focusing solely on thresholds and the identification of statutory social work case allocation.

It is a need driven journey to support, intervention, or diversion. The driver becomes the early identification of opportunities to intervene at the appropriate level and to divert from statutory service provision. It will identify the cases for diversion and intervention earlier and more effectively. This will provide greater opportunities for services to succeed. Cases will be signposted (stepped down) appropriately and way before approaching a crisis point.

It will deliver a seamless pathway for the child and recognises the need to hear and see children with an understanding of their lived experience.

It delivers:

- Partnership analysis for early identification, prevention and eventually harm reduction – need to predict future harm and need
- Movement of need, harm, and risk to an appropriate service swiftly and safely (identification of...at earliest opportunity)
- Outcomes for children and families are improved because of need being recognised earlier as opposed to cases being risk driven.

We recognise that each child and family member is an individual, and each family is unique in their make-up, so reaching decisions about levels of needs and the best intervention requires discussion, reflection and professional judgement.

This guidance seeks to give clear advice to all professionals and the public on the levels of need and thresholds for different services and responses in Doncaster.

In this guidance we have identified four levels of need descriptors:

Universal, Emerging Needs, Complex Needs and Specialist and Safeguarding Needs - **See Appendix 1.**

Universal needs (Level 1)

Children and young people at this level are achieving expected outcomes. There are no unmet needs or need is low level and can be met by the universal services or with some limited additional advice or guidance.

Emerging needs (Level 2)

Children and families with some emerging needs may require support of another service alongside universal provision to prevent an escalation of needs. An **Early Help Assessment** may be appropriate for some children at this level.

Complex Needs (Level 3)

Children and families with more significant complex need and who need targeted support without which they would not meet their expected potential. These children live in families where there is greater adversity and a greater degree of vulnerability. An **Early Help Assessment** and a **Team around the Child (TAC)** will be required or a targeted coordinated response from multi-agency professionals.

Safeguarding/Specialist Needs (Level 4)

Specialist services are required where the needs of the child have been significantly compromised, they are suffering or likely to suffer significant harm or impairment and statutory and/or specialist intervention is required to keep them safe.

A comprehensive statutory assessment under Section 17 of the Children Act 1989 will be required/ intervention under Section 47 of the Children Act 1989 may be required for those children who are at immediate risk of significant harm and legal action may need to be taken or the Local Authority may need to accommodate the child in order to ensure their protection.

The levels of need descriptors are a way of developing a shared understanding and explaining the Doncaster approach across all our services and partnerships, ensuring a consistent response is applied by all.

The windscreen and descriptors illustrate how we will respond to the requirements of children and families across the four levels of need. All services and interventions seek to work openly with the family (or with young people on their own where it is appropriate) in order to support

them to address identified needs at the right level of intervention.

We recognise that this is never a static process, situations change and as a result so does the level of need and risk. We understand that children and young people may “**step up**” and need more specialist intervention and “**step down**” as interventions have impact and the need, harm and risk factors change consequently.

The Levels of Need descriptors (**See Appendix 1**) illustrate how support in Doncaster is delivered and clarifies the threshold between each level.

The Front door (MASH)

The MASH provides a single point of access to the services in Doncaster that help keep children safe. It is a multi-agency team made up of representatives from a range of services that provide advice, support and protection as needed. Professionals within the MASH use the partnership’s collective knowledge to risk assess any concerns that have been reported by professional in relation to the child and their family and make decisions concerning the level of intervention that may be appropriate using the continuum of need and professional judgement.

A MASH takes place in the real world, not virtual where a range of safeguarding partners are co-located in a secure office space. They work to accepted processes agreed by the partnership and in harmony with all current relevant legislation. The partnership MASH creates an environment where professionals have the trust and confidence to share information and to enable social work managers to make the most appropriate and timely decisions for children

The MASH is a consent-based model where consent can be overridden in certain circumstances as described on page 11.

The MASH can be contacted on **01302 - 737777** or by email on ChildrenAssessmentService@dcstrust.co.uk

The out of hours service (ESST) can be contacted on 01302 – 796000.

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. Services in Doncaster also recognise 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. Support is also provided within the arena of Early Help when families have received specialist support and need a reduced level of support to sustain and continue the progress made.

Notwithstanding the changes in definition concerning safeguarding partners and partnership arrangements within the Children Act 2004, as amended by the Social Work Act 2017, it is essential that all partners are viewed as central to safeguarding provision across the city.

Statutory guidance, Keeping Children Safe in Education 2019 specifically reinforces this in terms

of schools and education who have an important role to play, given the contact time they have with children, in identifying those requiring of early help. The guidance provides the following useful advice:

If early help is appropriate, the designated safeguarding lead (or deputy) will generally lead on liaising with other agencies and setting up an inter-agency assessment as appropriate.

Staff may be required to support other agencies and professionals in an early help assessment, in some cases acting as the lead practitioner. Any such cases should be kept under constant review and consideration given to a referral to children's social care for assessment for statutory services, if the child's situation does not appear to be improving or is getting worse.

Keeping Children Safe in Education 2019

Early Help Assessments:

We promote the use of the Early Help Assessment as the tool for recording the family's unmet needs. The document should be a holistic assessment that captures the family's strengths and needs. It should ask what is going really well? What is not going so well and causing some concern or worry? What do the family and those working with them think needs to happen, and what are the next steps to help that happen?

The Early Help Assessment is created with the family. It should reflect their views, wishes and feelings and what they want to change. It is shared when appropriate [and where there is consent] with other professionals who are working in a co-ordinated or targeted way to support the family.

Early Help Assessments are completed by any professional or partner agency who comes into direct contact with families, and who has identified more than one unmet need that would benefit from a multi-agency support approach.

Training is provided for all professionals who might need to complete an Early Help Assessment or contribute to one that another professional has started.

Doncaster 's local offer includes a wide range of information about support services for children and young people who have special educational needs and /or disabilities.

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/ those with parental responsibility, 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 with the MASH and with a Social Worker 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 on outcomes for a child or young person, they should consult with their safeguarding lead or seek advice and support from the **Multi Agency Safeguarding Hub (MASH) on 01302 - 737777 or by email on ChildrenAssessmentService@dcstrust.co.uk**

The out of hours service (ESST) can be contacted on 01302 – 796000

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 also important to remember there can be significant consequences in not sharing information as there can be in sharing information. You must use your professional judgement to decide whether to share or not and what information is appropriate to share. If you are unsure seek expert advice from the safeguarding advisors within your organisation.

Data protection law reinforces common sense rules of information handling. The law is there to ensure personal information is managed in an appropriate 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 government, with additional consideration of the Data Protection Act 2018 and the updated Working Together 2018:

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.

Necessity, proportionality and relevance

Once a professional has considered the legality of sharing a person's personal information and decided about the matter of consent, they need to consider three further tests before they share any personal information with another professional or organisation. Some professionals find it useful to remember this as the NP&R test. It is vital all three tests are considered, not either or.

N – The amount and type of information shared should only be that **necessary** to achieve the lawful aim.

P – Information is always to be considered in terms of its **proportionality** in each set of circumstances, but it must always be remembered that the right to life is paramount.

R – Only **relevant** information should be shared. This should be decided on a case-by-case basis.

Finally, it is also useful to consider two very simple questions before sharing information with another professional or organisation: does the person or organisation ‘need-to-know’ the information, or is it really a case of it being nice for them to know?

For further guidance on Information Sharing and Working Together please visit the documents below;

- [Working Together to Safeguard Children 2018](#)
- [Information sharing advice for practitioners providing safeguarding services to children, young people and carers](#)
- [Data Protection Act 2018](#)

If you are concerned that a child is at immediate risk of harm:

Within Doncaster all enquiries about children come through the MASH (unless the child has an allocated social worker). Any enquiries received where it is not clear whether there are safeguarding issues/risks will be responded to by the MASH who will undertake information gathering, analysis and decision making about whether there is a need for statutory intervention and if not what the appropriate intervention for the child, young person and their family might be.

If a child is at immediate risk of significant or actual harm you should telephone the following number

- South Yorkshire Police 999
- **Multi Agency Safeguarding Hub (MASH) on 01302 - 737777 or by email on ChildrenAssessmentService@dcstrust.co.uk**
- The out of hours service (ESST) can be contacted on 01302 – 796000

Professionals and members of the public will always be asked for the child’s name and address, this enables them to check if the child or children already have an allocated social worker. If there is an allocated social worker, you will be directed to the relevant social worker or team manager.

If the child does not have a social worker, they will ask for:

- All the details known to your agency about the child including ethnicity, language spoken whether the child has any specific learning needs/disabilities
- Family composition including siblings including their names/dates of birth/schools attended
- The nature of the concern and your view of the immediate risks of significant harm, what the impact is on the child and the evidence to support this

- They will also need to know where the child is now and whether you have informed parents/carers of your concerns.

Based on the information provided they will consider the action to be taken for appropriate and proportionate intervention.

All telephone referrals will need to be followed up in writing within **24 hours** by the referring professional.

The referring professional will be contacted and updated as to the outcome of their referral and what actions if any will be taken within one working day.

If a child is not at risk of immediate harm but you have ongoing concerns about a child:

If you believe that the child requires Children's Social Care intervention, you should follow your organisation's internal safeguarding policy, speak with your line manager or safeguarding lead and consider the following points:

- All children, young people and their families should have had an opportunity to engage with Early Help support, before a referral is made to Children's Social Care, and it is the expectation that an Early Help Assessment will have been considered/ completed and services put in place prior to a referral being made to the MASH where there are no immediate safeguarding concerns.
- You can contact MASH on **01302 737777** to discuss your concerns and explore what support from Early Help Services may be available and appropriate to meet a family's needs.
- Have you gained consent, or have you informed the parents that you are making a referral? If not, you will need to do this, as the MASH will be unable to progress your referral without this. Remember that refusal to engage in Early Help support is not a reason for a referral to MASH / Children Social Care involvement except where this would result in a child suffering significant harm.

When making a referral it is important that:

- All basic details are completed on the referral form (correct names and spellings, siblings' details, date of birth, addresses, ethnicity, first language, disabilities etc)
- The referral must clearly identify the concerns and the impact on the child as well as what support has been provided previously to help families address these concerns and what strengths/resilience is within the family.
- Referrals should set out what the referrer wants to see happen as a result of the referral, and should include the views of the family and, where appropriate, the child or young person.
- The more information that is provided, the easier it is for the MASH to decide about the best course of action to take in respect of the child or young person.

Use the online referral form to report concerns about the child – Available by clicking on the link below:

[Raise a concern about a child.](#)

What to do if you do not agree with the MASH decision:

Key Principle: It is every professional's responsibility to "problem solve".

The aim must be to resolve a professional disagreement at the earliest opportunity as swiftly as possible, always keeping in mind that the child and young person's safety and welfare is the paramount consideration. There must be respectful challenge whenever a professional or agency has concern about the **action or inaction** of another.

In many cases most decisions are reached by consensus due to the multi-agency working within the MASH. However, there may be occasions when professionals disagree. If this is the case the partnership escalation policy should be followed.