



# 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**

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## 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. It is best practice to seek consent from the parent/ carer who hold parental responsibility unless information is available that suggest in doing so, this will place the child/ young person at risk. 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.



## 2 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.

## 3 THE USE OF LEVELS OF NEED AND RISKS 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 change in levels of needs and risks 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.

## 4 MULTI-AGENCY SAFEGUARDING HUB (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 5.

### Level 1: Universal – Addressing the needs of children, young people and families via universal services

Children, young people and families whose needs are being met through mainstream universal services. 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.

### Level 2: Children, young people and families with additional needs

Children, young people and families at this level have low level additional needs that are likely to be met via a short term intervention. The need may not be met by a universal service/setting alone but can be met by additional single agency service or a group of additional single services. A Lead Practitioner will support the family by completing a whole family assessment (this could be an Early Help Assessment) and supporting the family via a family plan.

### Level 3: Children with complex multiple needs

Children requiring Level 3 services are children with high level additional unmet needs and those with complex needs likely to require longer term targeted intervention from statutory and/or specialist services

At Level 3, there is likely to be a combination of factors which will require careful information gathering and sound assessment and analysis to ensure that the services offered to children and families meet need and prevent further escalation of risk in their circumstances.

A Lead Practitioner will complete a whole family assessment (Early Help Assessment), a family plan and chair a multi-agency Team Around the Family Meeting ensuring the needs of the family are met.

Some children/young people, depending on level of risk and vulnerability, may be eligible for a service from children's social care to prevent moving into a high level of risk. They will require an assessment to determine whether or not they are children in need as defined by **section 17 of the Children Act 1989**. Under these circumstances, a social worker will act as Lead Practitioner.

### Section 17 CA 1989 - Provision of services for children in need, their families and others.

(1) It shall be the general duty of every local

authority (in addition to the other duties imposed on them by this Part) —

(a) to safeguard and promote the welfare of children within their area who are in need; and  
(b) so far as is consistent with that duty, to promote the upbringing of such children by their families

*The consent of the parents/carers is required to undertake an assessment and accept any services under section 17. Whilst they should be encouraged to do so to avoid escalation to level 4, a refusal to give consent is not sufficient alone to escalate and the local authority must have reasonable cause to justify compulsory intervention.*

### Level 4: Safeguarding / Specialist Needs

Children with acute needs due to the complexity or urgency of those needs or degree of risk. The local authority has a duty to make enquiries where it has reasonable cause to suspect a child is suffering or likely to suffer significant harm as defined by **section 47 of the Children Act 1989**. This intervention (under sec47) in family life is compulsory and justified by the need to act in the best interest of the child to determine whether or not action is required to protect the child.

### Section 47 CA 1989 - Local Authority's duty to investigate.

(1) Where a local authority—

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

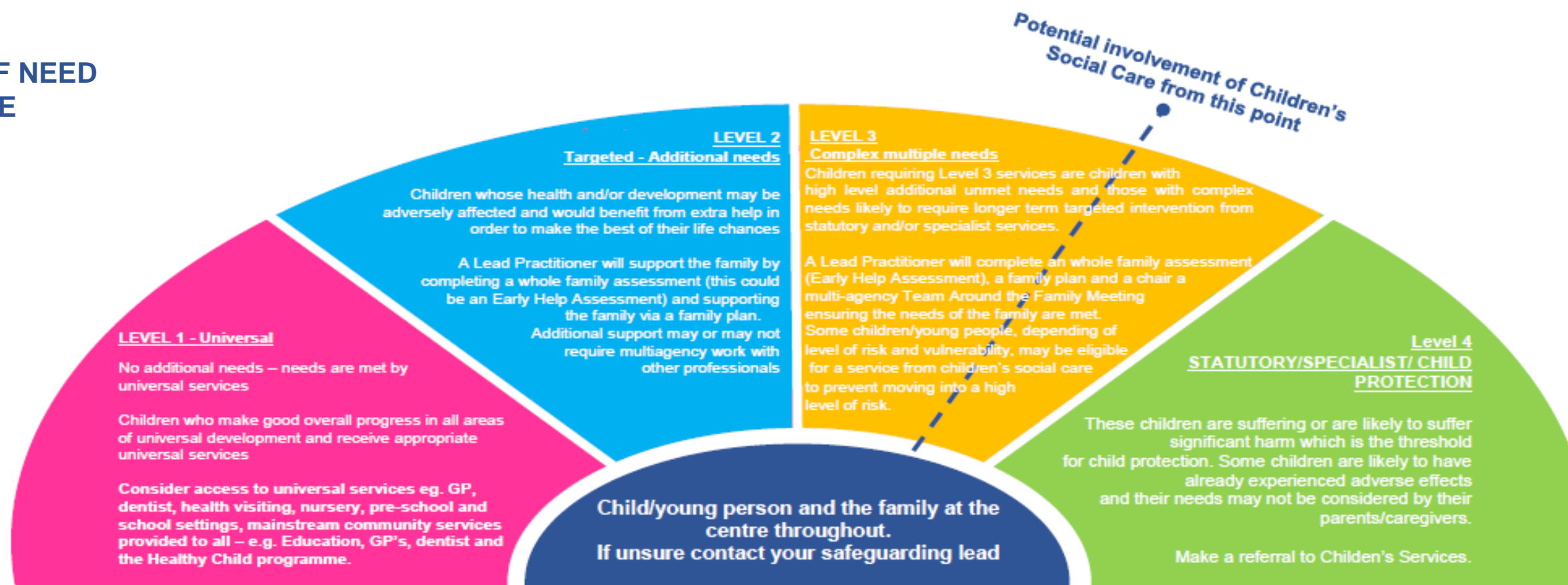
(i) is the subject of an emergency protection order; or

(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.

Children at this level include those who require child protection plans, those subject to care proceedings and those who become looked after by the local authority. It also includes those children in receipt of specialist services other than children's social care, for example those subject to youth offending orders, and those in need of acute mental health services and in-patient care.

## CONTINUUM OF NEED AND RESPONSE





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.

## 6 EARLY HELP

The prevention and early intervention system in Doncaster is pluralistic; a multitude of partners and services work together to deliver various preventative services and interventions to young and families across the partner. Early Help is our approach to providing support to potentially vulnerable children, young people and families as soon as problems start to emerge, or when there is a strong likelihood that problems will emerge in the future. Early Help may occur at any point in a child or young person’s life, from childhood to adolescence, and includes both interventions early in life as well as interventions early in the development of a problem. It is about the way we can all work together, share information, and put the child and their family at the centre providing effective support to help them solve problems and find solutions at an early stage, so we avoid needs becoming so great that specialist statutory interventions are required. Information and guidance regarding the completion of an Early Help Assessment.

**Guidance on how to complete an Early Help Assessment is available within the Early Help Section of the Doncaster Children’s Safeguarding Partnership (DSCP) website:**  
<https://dscp.org.uk/professionals/early-help>

**The Early Help Handbook and Lead Practitioners toolkit provide information about the early help process, how to engage families and tools and resources to facilitate this. The Early help Coordinator team delivery a suite of training to develop the skills and knowledge of practitioners, whatever their level of experience, this can be accessed via BuyDoncaster website:**  
<https://buy.doncaster.gov.uk/Training>

## 7 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 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 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 or 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 impact 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](mailto:ChildrenAssessmentService@dcstrust.co.uk).**

### LEVEL ONE – Requiring Universal Services – Children with no additional need

The majority of children and families locally and nationally will have their needs met by accessing their local universal services. In general, children who only require universal provision are those with 'no identified additional need'.

Early support may be given from agencies, providing information, advice and guidance, signposting to self-help support to ensure children, young people's health and developmental needs will be met by good parental care.

Information about other resources available to families can be through the [Families Information Service website](#):

Families' needs change and there may be times when very quick low level practical help is needed from another service. The Local Solution Groups can provide this type of response in the local area.

[LocalSolutionCentral@doncaster.gov.uk](mailto:LocalSolutionCentral@doncaster.gov.uk)  
[LocalSolutionEast@doncaster.gov.uk](mailto:LocalSolutionEast@doncaster.gov.uk)  
[LocalSolutionNorth@doncaster.gov.uk](mailto:LocalSolutionNorth@doncaster.gov.uk)  
[LocalSolutionSouth@doncaster.gov.uk](mailto:LocalSolutionSouth@doncaster.gov.uk)

### LEVEL 2: Requiring early intervention – children with some additional needs

This should be done in partnership with the child or young person's parents or carers and you **must** seek their consent to share information, *unless you have reasonable cause to believe that to do so would place the child or another person at risk of significant harm*.

- If it appears that the need for support can be met by your agency, discuss this with the child and family and put agreed support and plan in place.
- If it appears that the need for support can be met by another single agency and is a short term, quick piece of work, again discuss this with the child/young person and/or parents or carers and complete the conversation form in partnership and submit to your Local Solutions Group via:

[LocalSolutionCentral@doncaster.gov.uk](mailto:LocalSolutionCentral@doncaster.gov.uk)  
[LocalSolutionEast@doncaster.gov.uk](mailto:LocalSolutionEast@doncaster.gov.uk)  
[LocalSolutionNorth@doncaster.gov.uk](mailto:LocalSolutionNorth@doncaster.gov.uk)  
[LocalSolutionSouth@doncaster.gov.uk](mailto:LocalSolutionSouth@doncaster.gov.uk)

- If the needs are such that a longer piece of work is needed, or the family have significant history, then Local Solutions Group may ask practitioners to make an enquiry to MASH to enable appropriate screening, via the [online form](#). Following screening, MASH will make a decision regarding the level of need. If this is deemed to be Level 2, a Lead Practitioner will be identified and advised to follow the Early Help process (whole family assessment, family plan, do and review cycle) in partnership with the child/young person and family. The Lead Practitioner will complete the agency assessment, create a Family Plan and support the child/young person to address any unmet need to ensure improved outcomes for the child/young person and the family.

The Early help Coordinator Team can assist throughout the process and support your agency/Lead Practitioner in the early help process, provide case oversight, case mapping and support with threshold guidance and step up if required.

You will receive a confirmation of receipt of your referral and then within 24 working hours, feedback on the outcome of your referral. If you do not receive this, it is the referrer's responsibility to follow up the referral to ensure it has been received and that appropriate action is being taken. If as a referrer you have concerns about the response to a referral, please refer to the [DSCP Multi-Agency Resolving Professional Difference Protocol](#).

### LEVEL 3: Requiring targeted and enhanced support, children with additional/complex needs

This should be done in partnership with the child or young person's parents or carers and you **must** seek their consent to share information, *unless you have reasonable cause to believe that to do so would place the child or another person at risk of significant harm*.

Once consent is obtained, an enquiry should be made to the MASH via the [online form](#).

Following screening, MASH will make a decision regarding the level of need. If this is deemed to be Level 3, multi-agency package of support, a Lead Practitioner will be identified and advised to follow the Early Help process (Early Help Assessment, Family Plan, 'do' and 'review' cycle) in partnership with the child/young person and family. The Lead Practitioner is responsible for gathering the partnership information and coordinating the multi-agency response, chairing Team Around the Family meetings ensuring timely progression of interventions.

This process ensures there is no duplication of work and all agencies involved work together to provide a clearly defined package of support for the child and family.

If the Level of need and risk identified requires social work intervention then the child/young person will be allocated a Social Worker who will complete a Children and Families Assessment.

You will receive confirmation of receipt of your referral and then within 24 working hours, feedback on the outcome of your referral. If you do not receive this, it is the referrer's responsibility to follow up the referral to ensure it has been received and that appropriate action is being taken. If as a referrer you have concerns about the response to a referral, please refer to the [DSCP Multi-Agency Resolving Professional Difference Protocol](#).

### LEVEL 4: Requiring statutory intervention – Children in need of safeguarding/special services

Within Doncaster all enquiries about children come through the MASH (unless the child has an allocated social worker). All enquiries received 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 – office hours

Emergency Social Services Team – (ESST) can be contacted on 01302 – 796000 – outside office hours

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 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.

Use the online referral form to report concerns about the child via the [online form](#).

## 9 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.

In most cases information will only be shared with consent, but there are circumstances in which there will be a need to override this.

The following are guidelines to help practitioners decide whether they should share information or not:

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 families 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. 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 about them 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 might 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.

## 10 NECESSITY, PROPORTIONALITY & 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 private life is paramount.

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

## 11 KEY DOCUMENTS

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



DONCASTER  
SAFEGUARDING  
CHILDREN  
PARTNERSHIP