

# Multi-Agency Children Services Threshold Guidance: Continuum of Help & Support 2020

## Wolverhampton Safeguarding Together

Shared guidance to help practitioners working with children, young people, families and carers to identify needs early and assist in deciding how best to help and protect our children.

***VERSION 2.0 – January 2021***



## Introduction

The Children and Social Work Act 2017 sets out how agencies must work together by placing new duties on the Local Authority, police and clinical commissioning groups to work together and include other local partners to safeguard and promote the welfare of all children in their area.

This guidance is for everyone who works with children, young people, their families and carers in Wolverhampton. It is about the way we all work together, share information and make sure that children and families are always our main focus and concern when we are providing effective support to them. This advice is to help us to help families to become stronger and more resilient so that they can identify what is difficult and find solutions before their difficulties become complex that specialist statutory social work help is required.

This document must be read alongside Safeguarding Wolverhampton Together procedures that reflect the legal framework underpinning work with children to promote their welfare and prevent abuse. These procedures are available at: [www.wolverhamptionsafeguarding.org.uk](http://www.wolverhamptionsafeguarding.org.uk). These procedures are more detailed and provide practice guidance about expectations for safeguarding practice across the West Midlands.

This guidance offers a framework for us to work together so that we use our resources more effectively and bring about positive and sustained changes for children, young people, their families and carers. To do this we need to work collaboratively and honestly with the right children and their families/carers to identify strengths and needs, to find practical and achievable solutions, and to provide the right amount of information, advice and support at the right time.

## Having the Right Conversations

In Wolverhampton, all our services are responsible for promoting conversations, which are essential to identifying and providing an appropriate response to concerns. Having the right conversation with the family/child can help identify concerns and needs at an early stage and enable professionals and agencies to provide appropriate early support.

At any time when a family is being offered support and help from any agency, it is important that practitioners feel they can ask for help and advice and draw on the expertise of others. All practitioners, services, schools and other settings who work with families should feel able to consult with one another, within the remit of information sharing at any time before deciding on a course of action or way forward. Any professional and/or agency working with children, young people and their families is responsible for starting conversations and taking appropriate action. Agencies are encouraged to initiate the conversations with their own Designated Safeguarding Lead and in line with any internal agency safeguarding procedures as a first step.

Communication with members of the family and other professionals and agencies, enables early identification and response to the needs of children and young people and their family. Listening, thinking, challenging, connecting and discussing the resources and services that can support a family will promote a shared responsibility and collaborative working.

Some conversations may need to focus immediately upon what you are worried about, what's working well and what needs to change in order to build resilience or stabilise a situation. At the initial stage, professionals and agencies are expected to carry out an assessment of the concern and where appropriate, create a plan to support the child/young person and their family.

Conversations can be challenging and the complexity of the needs of each individual child and their family is unique. Clear communication methods are essential to identify needs and risks to ensure the health and wellbeing of the child, while proactively building relationships, capacity, and resilience within families. The principle here is that we want more conversations to help us to offer the right response at the right level at the right time.

All conversations should be accurately recorded to show that they took place, what actions were agreed and how it is progressed or tracked.

If any professional or member of the public has concerns about a child and want an opportunity to talk these through with Children's Services before deciding the best course of action, they must contact the Multi Agency Safeguarding Hub (MASH) on 01902 555392. All partners are encouraged to have a discussion with their own Designated Safeguarding Lead in the first instance.

All professionals contacting the MASH must record the consultation within their agency records. If, following a discussion with the MASH, a professional wishes to make a formal referral, they should do this separately by completing the electronic Multi-Agency Referral Forum ([eMARF](#)).

## Escalating Concerns

Safeguarding is everyone's responsibility and effective, collaborative working is essential. Professionals need confidence in talking with each other about decisions that have been made, discussing concerns about those decisions and, when there isn't agreement, escalating those concerns if appropriate. The need for staff to feel confident in their understanding of when and how to raise effective challenges about practice is essential in achieving the best outcomes for children.

Equally important is the culture of how we work, and it is vital professionals are encouraged to be professionally curious and raise issues when they feel their concerns for children and young people are not being effectively addressed.

If you do not agree with any decision regarding the welfare of a child at any point, you must challenge it with clear rationale and reference to the thresholds by contacting the relevant practitioner. To ensure that children are not left at risk, escalations will need to be undertaken as soon as the concern is identified. If there is still disagreement you must escalate the case to your manager within your agency and, if necessary, the Safeguarding Lead within your agency. Please refer to your own agency's safeguarding policy for further details.

We encourage that all escalations are recorded as they are often key decision points in the life of a child/young person and their family. For more information on escalation and how to resolve professional differences, refer to the [Wolverhampton Safeguarding Together Escalation Policy](#).

## Thresholds

Thresholds describe entry points across the range and scale of children's need. This will lead to a response or intervention that will meet that need, appropriate to the level within this guidance document.

The purpose of thresholds is not to 'label' a child, young person or family but to identify the right services to wrap around the child and family to improve the situation.

It is essential that during delivery of services to children, young people and their families, any additional needs are identified as early as possible and intervention is put in place with a focus on providing early help and preventing the need for specialist services.

Professionals will need to use their judgement when considering both the range and scale of needs in the threshold document as well as the resilience and protective factors that surround the child's life.

The guidance is designed not to be prescriptive, exhaustive or as a document for automatically opening or closing access to a particular service(s). It is there as an aide for practitioners in making decisions as to what types of support can provide the right help at the right time.

The thresholds guidance is colour coded and divided into four categories to enable a person to use as a quick-reference guide when thinking about any concerns they may have.

## Universal / Prevention

Children, young people and families whose needs are being met through mainstream universal services. This includes early support from agencies, where a child begins to show signs of additional needs which can be met through a single universal service.

The majority of children living in Wolverhampton require support from universal services alone. Practitioners can complete an Early Help Assessment to help them better understand the family's needs. The term used is **single agency** response which is used to describe where additional needs have been identified that require support; where support can be offered by a single agency co-ordinating a plan where they have control of the resources to fulfil that plan. All agencies and organisations are expected to complete an Early Help Assessment and record this within Eclipse. The assessment should be undertaken with the family to ensure their early engagement in the process.

**No referral is required.**

## Targeted Early Help Services

Children, young people and families at this level are in need of co-ordinated early help intervention with targeted services. This requires an Early Help Multi-Agency Response.

These are children with additional needs, who may be vulnerable and showing early signs of need e.g. abuse and/or neglect, their needs are not clear, not known or not being met. (Please use the [WeCan, Wolverhampton's Child Assessment of Neglect tool to identify neglect](#)).

**Early Help Multi-Agency Response** is the term used to describe where additional needs have been identified that require support; where resources outside of a single agency's control are required to fulfil the plan. In these situations, the Supporting Families Pathway must be followed. The Supporting Families Pathway ensures timely and co-ordinated response to support for families. It also ensures that support is provided to agencies and that the right lead professional is identified to take forward any multi-agency response that is required.

The lead professional should submit a MARF to the MASH. A Strengthening Families worker will be allocated to attend the next Early Help Meeting; where a meeting has not previously taken place the Strengthening Families Worker will undertake a family meeting and convene the first Team Around the Family (TAF) meeting.

This is the threshold for an early help assessment to begin. Support will be provided within universal or targeted provisions and does not include services from Children's Social Care.

An early help assessment should be completed with the child and family to identify their strengths and needs, and to gain targeted support from multi-agency Early Help services. Follow the **Supporting Families Pathway**

If you are unable to gain parental consent and you believe that the family requires further help, please undertake a discussion with the Safeguarding Lead within your agency regarding the next steps.

Key early help services that may provide support at this level include

- Early help services (includes parenting, education welfare, education psychology, family support, SEN support, CAMHS early intervention)
- Team around the family interventions led by other agencies
- A range of commissioned services
- Targeted Youth work
- Housing support
- Additional learning support

Please visit the Wolverhampton Information Network webpages on the council website for further information regarding available services.

## Specialist Support

### Child in Need and Child Protection

There are some children, young people and families who require specialist help and support to meet their needs where there is increasing evidence of impairment to health and development or reasonable cause to suspect significant harm. Children and young people at this level are likely to have suffered or have suffered significant harm as a result of abuse or neglect.

Deciding if a child is neglected can be very hard - to support practitioners we have designed the WeCan Tool, Wolverhampton's Child Assessment of Neglect, to help identify neglect at the earliest opportunity and respond effectively to improve the outcomes for those children and families affected. The tool can be downloaded [here](#). This should be completed and submitted alongside the [eMARE](#). For more information about neglect, go to [www.wolverhampton.gov.uk/wecan](http://www.wolverhampton.gov.uk/wecan).

If an agency identifies a child thought to have suffered or be at risk of significant harm, a referral to MASH should be made immediately. In an emergency, the agency should call 999 and ask for a Police response.

Risks can come from within or outside of the home and consideration should be given to extra familial risks that may exist ie. peer groups, key locations where risk is present, etc. To help practitioners make a decision about the nature and seriousness of a concern there are a number of screening tools available to support their decision about what to do next (see [Key Screening Tools Guidance](#)). The appropriate screening tool should be completed and submitted alongside the [eMARE](#).

- Child Sexual Exploitation- <http://www.wolverhamptonsafeguarding.org.uk/images/safeguardingchildren/NEW-Regional-CSE-screeningtool2vAug-17.pdf>
- [Wolverhampton Gang Screening Guidance Tool](#)- also available on the Policy Portal
- Domestic Violence DASH Risk Checklist: [www.safelives.org.uk/practice-support/resources-identifying-risk-victims-face](http://www.safelives.org.uk/practice-support/resources-identifying-risk-victims-face)
- Drug use Screening DUST: <https://www.bcpft.nhs.uk/documents/services/children-and-young-people/subs/301-sub-new-dust-feb-11/file>
- Sexual Behaviours Traffic Light tool: [Brook Traffic Light Tool](#). For more information go to: <https://www.brook.org.uk/our-work/category/sexual-behaviours-traffic-light-tool>

#### How to contact the MASH

- Contact the MASH on (01902) 555392 during working hours. For any out of hours child protection emergencies contact the Emergency Duty Service on 01902 552999.
- Complete the [eMARE](#) form on the council website. This is an electronic form.

**What happens to the referral?**

Upon receipt of the referral form, the MASH will review it within 24 hours and determine whether to proceed to information sharing within the MASH. It is expected that an early help assessment will accompany and inform any referral for specialist support unless there is reasonable cause to suspect that a child is at imminent risk of significant harm that requires an immediate response.

Where an exploitation screening tool has been completed alongside the MARF, the information sharing process will be automatically triggered and where these referrals are not deemed to meet social care threshold, they will be referred for an Early Help Assessment or directly to YOT Prevention.

All referrals that meet the threshold for information sharing will result in either a Child Protection Enquiry (Section 47) which will be initiated alongside a single assessment; Child in Need social work assessment; or if the referral does not reach the CP or CiN threshold for a social work assessment, it will be referred to the Early Help lead in the MASH for consideration of further action.

The MASH will inform you of the outcome of your referral and where a Social Worker has been allocated, they will inform you of the outcome of the child protection investigation/social work assessment.

While a Tier 4 / Child Protection investigation is led by a named Allocated Social Worker, other services, including universal and Early Help Services may remain fully involved in the case, including through membership of the core group of professionals and/or of the Child Protection Conference.

Different aspects of the case may be led by different agencies – for example the police will lead on criminal investigation.

The members of the Team Around The Family from any previous Early Help Assessment are expected to continue being involved in supporting the family.

Whenever appropriate, the referral form should be completed with the child and family to identify their strengths and needs and to gain their engagement and consent early on.

Once the referral has been progressed through the MASH, the Lead Professional role changes to the Social Worker. Until that point, the lead professional responsibility remains within Tier 1 / 2 services.

**Supporting Families Pathway – Insert Diagram**

# Making an Effective Referral

Before making a referral, the risk indicators outlined below, should be used as a tool to support the thinking process behind the concern and determine next steps.

The list of indicators is not exhaustive but serves as providing examples of children's needs and circumstances that correspond to a certain level of vulnerability. It is likely that the level of worry or concern will be dependent on a number of factors and indicators and not reliant on just one indicator. Consideration should be made on whether the needs of the child can be met by services or professionals already involved or through a single agency referral.

Our MASH aims to ensure that we identify and assess need early and take action as quickly as possible by working closely with our partners. When making a referral to MASH it is essential that all information about the child is shared. **Any information available on risks that exist outside of the family and the household are also important to include, ie. information regarding peers, school, neighbourhoods, key locations, which may be exposing the young person to additional risks.** This will enable better decision making and allocation of support and intervention. We are dependent on the information in the referral in order to make safe decisions about the need to offer immediate protection from harm. **If you think the young person may be vulnerable to or experiencing exploitation, please follow the Criminal Exploitation Guidance and complete the Exploitation Screening Tool.**

All referrals should be discussed with the parent or carer, unless doing so would place the child at immediate risk of harm. It is important to work together with families and be open and transparent about the concerns for their child. If a person is unsure or unclear about when it is safe to inform parents or carers, they should contact the MASH, so we can advise.

We will inform referrers of the outcome of a referral; however, we would always encourage partner agencies to make contact where there are any delays.

## Contextual Safeguarding

Contextual safeguarding is an approach to understanding and responding to young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts and young people's experiences of extra-familial abuse can undermine parent-child relationships.

Professionals need to work together to engage with relevant services and sectors who do have influence over/within extra-familial contexts and recognise that assessment of and intervention with these spaces are a critical part of safeguarding practices. Contextual safeguarding expands the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of social contexts.

As individuals move from early childhood and into adolescence they spend increasing amounts of time socialising independently of their families. During this time the nature of young people's schools and neighbourhoods and the relationships that they form in these settings inform the extent to which they encounter protection or abuse. Evidence shows that, for example: from robbery on public transport, sexual violence in parks and gang-related violence on streets, through to online bullying and harassment from school-based peers and abuse within their intimate relationships, young people encounter significant harm in a range of settings beyond their families.

Peer relationships are increasingly influential during adolescence, setting social norms which inform their experiences, behaviours and choices and determine peer status. These relationships are, in turn, shaped by and shape the school, neighbourhood and online contexts in which they develop. If young people socialise in safe and protective schools and community settings they will be supported to form safe and protective peer relationships. However, if they form friendships in contexts characterised by violence and/or harmful attitudes, these relationships too may be anti-social, unsafe or promote problematic social norms as a means of navigating or surviving in those spaces.

Professionals should always consider risks and protective factors inside and outside of the family/home and ensure that support, intervention and disruption strategies/actions are developed in response.

## Indicators of Possible Need

The indicators of possible need listed under each heading are an indication of the likely level of need. Only by talking to children and their family in more detail to explore the context and the factors behind the need, will the practitioner be able to form a judgement as to the level of support needed. They should be used to guide professional discussions and not to support fixed and inflexible positions as there will be some situations where a single indicator, in the absence of any other indicator(s), is so significant that it will demand support at a particular level. I.e. if the young person is at risk of or experiencing exploitation then a referral should automatically be made to the MASH using the MARF and including the completed screening tool.

It is therefore important that full consideration is given to assess accumulative indicators and impact on children that may interplay and escalate or de-escalate through the levels.

The core purpose is to help practitioners and managers make a next steps decision about whether and how a family and its associated network are able to protect and promote the welfare of a child or children

Universal / Prevention	
<b>Health</b> <ul style="list-style-type: none"> <li>• Physically well</li> <li>• Nutritious diet</li> <li>• Adequate hygiene and dress</li> <li>• Developmental and health checks immunisations up to date</li> <li>• Developmental milestones and motor skills appropriate</li> <li>• Sexual activity age-appropriate</li> <li>• Good mental health</li> </ul>	<b>Basic Care, Ensuring Safety and Protection</b> <ul style="list-style-type: none"> <li>• Provide for child's physical needs, e.g. food, drink, appropriate clothing, medical and dental care</li> <li>• Protection from danger or significant harm.</li> <li>• Family feels part of the community.</li> </ul>
<b>Behavioural Development</b> <ul style="list-style-type: none"> <li>• Takes responsibility for behaviour</li> <li>• Responds appropriately to boundaries and constructive guidance</li> </ul>	<b>Emotional Warmth and Stability</b> <ul style="list-style-type: none"> <li>• Shows warm regard, praise and encouragement</li> <li>• Ensures stable relationships</li> </ul>
<b>Identity and Self-Esteem</b> <ul style="list-style-type: none"> <li>• Can discriminate between safe and unsafe contacts.</li> </ul>	<b>Guidance, Boundaries and Stimulation</b> <ul style="list-style-type: none"> <li>• Ensure the child can develop a sense of right and wrong</li> <li>• Child/young person accesses leisure facilities as appropriate to age and interests</li> </ul>
<b>Family and Social Relationships</b> <ul style="list-style-type: none"> <li>• Stable and affectionate relationships with family</li> <li>• Is able to make and maintain friendships.</li> </ul>	<b>Family Functioning and Wellbeing</b> <ul style="list-style-type: none"> <li>• Good relationships within family, including when parents are separated.</li> </ul>
<b>Learning</b> <ul style="list-style-type: none"> <li>• Access to books and toys</li> <li>• Enjoys and participates in learning activities</li> <li>• Has experiences of success and achievement</li> <li>• Sound links between home and school</li> <li>• Planning for career and adult life</li> </ul>	<b>Housing, Work and Income</b> <ul style="list-style-type: none"> <li>• Accommodation has basic amenities and appropriate facilities, and can meet family needs</li> <li>• Managing budget to meet individual needs.</li> </ul>
<b>Emotional Development</b> <ul style="list-style-type: none"> <li>• Good quality early attachments</li> <li>• Able to adapt to change</li> <li>• Able to understand others' feelings.</li> </ul>	<b>Social and Community Including Education</b> <ul style="list-style-type: none"> <li>• Has friendships and is able to access local services and amenities</li> </ul>

## Targeted Early Help Services

<p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Missing immunisations/checks</li> <li>• Ambivalence to ante-natal and post-natal care with irregular attendance and missed appointments</li> <li>• Child is slow in reaching developmental milestones</li> <li>• Disability requiring support to be maintained in mainstream settings</li> <li>• Minor concerns re diet, hygiene, clothing</li> <li>• Dental difficulties untreated/some decay</li> <li>• Missing some routine and non-routine health appointments</li> <li>• Self-harming behaviours</li> <li>• Limited or restricted diet e.g. no breakfast, no lunch money</li> <li>• Concerns about developmental progress: e.g. overweight / underweight / bedwetting/soiling</li> <li>• Vulnerable to emotional difficulties, perhaps in e.g. child seems unduly anxious, angry or defiant for their age</li> <li>• Experimenting with tobacco, alcohol or illegal drugs</li> <li>• Frequent accidents</li> <li>• Mental health issues emerging e.g. conduct disorder; ADHD; anxiety; depression and eating disorder</li> <li>• Physical/learning disability requiring constant supervision</li> </ul>	<p><b>Identity and Self-Esteem</b></p> <ul style="list-style-type: none"> <li>• Some insecurities around identity expressed e.g. low self- esteem, sexuality, gender identity</li> <li>• May experience bullying</li> <li>• May be exhibiting bullying behaviour</li> <li>• Lack of confidence is incapacitating</li> <li>• Child/young person provocative in behaviour/ appearance e.g. inappropriately dressed for school</li> <li>• Child subject to persistent discrimination, e.g. racial, sexual or due to disabilities</li> <li>• Victim of crime or bullying.</li> </ul>
<p><b>Emotional Development</b></p> <ul style="list-style-type: none"> <li>• Some difficulties with family relationships</li> <li>• Some difficulties with peer group relationships and with adults, e.g. 'clingy', anxious or withdrawn</li> <li>• Some evidence of inappropriate responses and actions</li> <li>• Limited engagement in play with others/has few or no friends.</li> </ul>	<p><b>Learning</b></p> <ul style="list-style-type: none"> <li>• Has some identified specific learning needs with targeted support and/or statement of SEN</li> <li>• Language and communication difficulties</li> <li>• Regular underachievement or not reaching education potential</li> <li>• Poor punctuality/pattern of regular school absences</li> <li>• Not always engaged in play/learning, e.g. poor concentration</li> <li>• No access to books/toys</li> <li>• Some fixed term exclusions.</li> <li>• Short term exclusions or at risk of permanent exclusion, persistent truanting</li> <li>• The young person is not in education, employment or training (NEET) or their attendance is sporadic, and they are not likely to reach their potential</li> </ul> <p><b>Family and Social Relationships</b></p> <ul style="list-style-type: none"> <li>• Lack of positive role models</li> <li>• Child has some difficulties sustaining relationships</li> <li>• Unresolved issues arising from parents' separation, step parenting or bereavement.</li> <li>• Domestic abuse within the home</li> <li>• Relationships with family experienced as negative ('low warmth, high criticism')</li> <li>• Family breakdown related to child's behavioural difficulties</li> <li>• Social isolation</li> </ul> <p>Child has few positive relationships</p>

<p><b>Behavioural Development</b></p> <ul style="list-style-type: none"> <li>• Not always able to understand how own actions impact on others</li> <li>• Finds accepting responsibility for own actions difficult</li> <li>• Responds inappropriately to boundaries/constructive guidance</li> <li>• Finds positive interaction difficult with peers in unstructured contexts</li> <li>• Additional needs from CAMHS</li> <li>• Challenging at school, possible threat of exclusion and school have been providing support for some time</li> </ul>	<p><b>Self-care Skills and Independence</b></p> <ul style="list-style-type: none"> <li>• Disability limits amount of self-care possible</li> <li>• Periods of inadequate self-care, e.g. poor hygiene</li> <li>• Child is continually slow to develop age-appropriate self-care skills.</li> <li>• Young person is main carer for family member.</li> </ul>
<p><b>Basic Care, Ensuring Safety and Protection</b></p> <ul style="list-style-type: none"> <li>• Basic care is not provided consistently</li> <li>• Parent/carer requires advice on parenting issues</li> <li>• Parent/carer physically chastises their child within legal limits but there is concern that this is having a negative impact on the child's emotional wellbeing (e.g child appears fearful of the parent)</li> <li>• There is concern that it may escalate in frequency and/or severity. Parents / carers willing to access professional support to help them manage their child's behaviour</li> <li>• Young, inexperienced parents</li> <li>• Inappropriate child care arrangements and/or too many carers</li> <li>• Some exposure to dangerous situations in the home or community</li> <li>• Unnecessary or frequent visits to doctor/casualty</li> <li>• Parent/carer stresses starting to affect ability to ensure child's safety.</li> <li>• The parent/carer is struggling to adjust to the role of parenthood</li> </ul>	<p><b>Guidance, Boundaries and Stimulation</b></p> <ul style="list-style-type: none"> <li>• Parent/carer offers inconsistent boundaries</li> <li>• Lack of routine in the home</li> <li>• Child/young person spends considerable time alone e.g. watching television</li> <li>• Child/young person can behave in an anti- social way in the neighbourhood, e.g. petty crime.</li> <li>• No effective boundaries set by parents/carers impacting on child's wellbeing</li> </ul>
<p><b>Family Functioning and Wellbeing</b></p> <ul style="list-style-type: none"> <li>• A child/young person is taking on a caring role in relation to their parent/carer, or is looking after younger siblings</li> <li>• No effective support from extended family</li> <li>• Concern that the child is in a culture where harmful practices are known to have been performed however parents are opposed to the practices in respect of their children.</li> </ul>	<p><b>Emotional Warmth and Stability</b></p> <ul style="list-style-type: none"> <li>• Inconsistent responses to child/young person by parent/carer</li> <li>• Parents struggling to have their own emotional needs met</li> <li>• Child/young person not able to develop other positive relationships</li> <li>• Starting to show difficulties with attachments.</li> <li>• Child appears regularly anxious, angry or phobic and demonstrates a mental health condition</li> </ul> <p><b>Housing, Work and Income</b></p> <ul style="list-style-type: none"> <li>• Family seeking asylum or refugees</li> <li>• Periods of unemployment of parent/carer</li> <li>• Parents/carers have limited formal education</li> <li>• Low income</li> <li>• Financial/debt difficulties</li> </ul>

<p><b>Social and Community Including Education</b></p> <ul style="list-style-type: none"><li>• Some social exclusion or conflict experiences;</li><li>• low tolerance</li><li>• Community characterised by negativity towards children/young people</li><li>• Difficulty accessing community facilities.</li><li>• Community are hostile to family</li></ul>	<ul style="list-style-type: none"><li>• Poor state of repair, temporary or overcrowded, or unsafe housing</li><li>• Intentionally homeless</li><li>• Serious debt/poverty impact on ability to have basic needs met</li><li>• Rent arrears put family at risk of eviction or proceedings initiated</li><li>• Not in education employment or training post-16.</li><li>• Families with No Recourse to Public Funds</li></ul>
<p><b>Extra-Familial Factors</b></p> <ul style="list-style-type: none"><li>• Whereabouts unclear or unknown – day and/or night</li><li>• Isolated from or reduced contact with normal peers/social networks</li><li>• Unexplained amounts of money, expensive clothes, or other items</li><li>• Drug and/or alcohol misuse</li><li>• Harmful behaviour and/or oppressive attitudes that exist within the individual's peer network</li><li>• Part of a peer group where concerns about exploitation have been identified</li><li>• Absences/exclusion from/or not engaged in school/college/training/work – NEET</li><li>• Deterioration in school work</li></ul>	

## Specialist Support - Child in Need

<p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Child has some chronic/recurring health difficulties that are not treated or being poorly managed by the family</li> <li>• Child has been admitted into hospital for a period exceeding 12 weeks</li> <li>• In spite of support provided developmental milestones are not being met attributable to parental care</li> <li>• Unsafe sexual activity</li> <li>• Self-harming behaviours assessed as medium / high risk by medical / psychiatric professionals</li> <li>• Pregnancies where children have been removed from the care of either or both carers</li> <li>• Failure to access any antenatal care</li> <li>• Positive toxicology results in pregnancy</li> <li>• Seriously obese/seriously underweight</li> <li>• Significant dental decay through persistent lack of dental care</li> <li>• Persistent and high-risk parental substance misuse</li> <li>• Acute mental health difficulties e.g. severe depression</li> <li>• Children assessed as being at risk of FGM e.g. generalised /non-specific intention to travel to a country where FGM is prevalent</li> <li>• Persistent lack of food</li> </ul>	<p><b>Self-care Skills and Independence</b></p> <ul style="list-style-type: none"> <li>• Disability prevents self-care in a significant range of tasks</li> <li>• Child lacks a sense of safety and behaviours predispose them or others to significant dangers</li> </ul>
	<p><b>Learning</b></p> <ul style="list-style-type: none"> <li>• No school placement due to parental neglect</li> <li>• Child/young person is out of school due to parental neglect.</li> <li>• Parent/carer actively discourages or prevents the child from learning or engaging with the school.</li> </ul>
	<p><b>Emotional Development</b></p> <ul style="list-style-type: none"> <li>• Sexualised behaviour placing the child and others at significant risk</li> <li>• Young carer whose development is being compromised by virtue of having those responsibilities.</li> <li>• Starting to commit serious offences/re-offend</li> <li>• Severe emotional/behavioural challenges</li> <li>• Puts self or others at risk through behaviour</li> <li>• Severe emotional/behavioural challenges.</li> </ul>
<p><b>Behavioural Development</b></p> <ul style="list-style-type: none"> <li>• Changed behaviour and reference to radicalised thoughts and threats to act</li> <li>• Prosecution of offences resulting in court orders, custodial sentences or ASBOs or youth offending early intervention</li> <li>• Deliberately harming animals / pets</li> </ul>	<p><b>Other Indicators</b></p> <ul style="list-style-type: none"> <li>• Regular missing episodes</li> <li>• Professional concerns – but difficulty accessing child/young person</li> <li>• Evidence or suspicion of young person connecting others to gangs/ unsafe adults / illegal activities</li> <li>• Unaccompanied refugee/asylum seeker</li> </ul>

### **Family and Social Relationships**

- Misses school consistently.
- History of domestic abuse
- Privately fostered children
- Family have physical and mental health difficulties impacting on their child
- Significant parental/carer discord and persistent domestic violence and discord between family members
- Concern that the child may be subject to harmful traditional practices e.g witchcraft
- Parents lack ability to control risks associated with young people outside of the family/home

### **Extra-Familial Factors**

- Whereabouts unclear or unknown – day and/or night
- Isolated from or reduced contact with normal peers/social networks
- Unexplained amounts of money, expensive clothes, or other items
- Drug and/or alcohol misuse
- Contact of concern with adult or young person which might involve physical and/or emotional abuse/sexual abuse or activity
- Regular/multiple contacts from unknown adults/young people of concern at educational provision/work/home or placement
- Harmful behaviour and/or attitudes that exist within the individual's peer network
- Part of a peer group where concerns about exploitation have been identified
- Harmful or oppressive attitudes towards young women in the peer group
- Absences/exclusion from/or not engaged in school/college/training/work – NEET
- Deterioration in school work
- Unexplained contact with hotels, residential properties, taxi companies, fast food outlets or other businesses/organisations which cause concern
- Found at an address with a number of unrelated children/young people/adults
- Located/recovered from a place of exploitation ie. area with exploitation concerns, cuckooed premises, etc
- Hotel keys/keys to houses, flats or other premises/keys to cars

## Specialist Support - Child Protection

### Health

- Pregnancy in any child under the age of 13
- Sexual exploitation or trafficking
- Sexual abuse
- Non-accidental injury and/or unexplained injuries
- Allegation of abuse or suspicious injury to non-mobile child
- Two or more minor injuries in pre-mobile or non-verbal babies or young children (including disabled children)
- Disclosure of abuse from child/young person
- Disclosure of abuse/physical injury caused by a professional / parent / carer
- Children at risk of FGM, honour-based violence or forced marriages
- Failure to access ante natal care where there are complicating obstetric factors that may pose a risk to the unborn child or new born child.
- Suspicion that child has suffered or is at risk of significant harm due to fabricated or induced illness.
- Suspicious injury or allegation involving a child subject of a current child protection plan or looked after by a local authority
- Child/young person has severe/chronic health difficulties that pose a danger to their wellbeing and attributable to parental care
- Failure to thrive
- Refusing medical care endangering life/development

### Family and Social Relationships

- Rejection by a parent/carer, family no longer want to care for - or have abandoned a young child
- Significant injuries caused to a child by a parent carer or household member e.g during a domestic abuse incident or as result of chastisement
- Evidence that the child has been be subject to harmful traditional practices e.g witchcraft & exorcism

### Emotional Warmth and Stability

- Children subject to parental delusions
- Parents / carer requesting that a young child be accommodated

### Learning

- Causing / suffering serious harm / injuries to / from other children
- School exclusion

### Emotional Development

- Continually places self and or others in danger e.g. regularly missing from home / care setting
- Disclosing suicidal thoughts

### Identity And Self-esteem

- Failed education supervision order – 3 prosecutions for non-attendance, family refusing to engage
- Evidence of radicalisation
- Lack of self worth

<p><b>Other Indicators</b></p> <ul style="list-style-type: none"> <li>• Abusing other children</li> <li>• Young person suspected / known for committing sexual offences</li> <li>• Serious offending behaviour likely to lead to custody/remand in secure unit/prison.</li> <li>• Known / suspected criminal exploitation, drug dealing and gang affiliation</li> <li>• Child and/or their parents/carers are making plans to travel to a conflict zone and there is evidence to suggest that they are doing so to support or participate in extremist activities.</li> <li>• Regular missing episodes</li> </ul>	<p><b>Guidance, Boundaries and Stimulation</b></p> <ul style="list-style-type: none"> <li>• Child causing harm or committing a serious crime at the instruction of a parent / carer</li> </ul>
<p><b>Basic Care, Ensuring Safety and Protection</b></p> <ul style="list-style-type: none"> <li>• Newborn babies withdrawing from substances</li> <li>• Parents/carers unable to care for previous children</li> <li>• The parent/ carer significantly physically harms child</li> <li>• Parents/carers involved in violent or serious crime, or crime against children</li> <li>• Chronic and serious domestic violence involving child/ young person</li> <li>• Disclosure from parent of abuse to child/young person</li> <li>• Suspected/evidence of fabricated or induced illness.</li> <li>• Child has been made subject to Police Powers of Protection</li> <li>• Slavery</li> <li>• Evident problematic parental drug/alcohol misuse e.g. blackouts, confusion, severe mood swings, drug paraphernalia not stored or disposed of, involving the child in procuring illegal substances, and substance overdoses</li> </ul>	<p><b>Housing, Work and Income</b></p> <ul style="list-style-type: none"> <li>• Physical accommodation places child in imminent danger</li> <li>• Child labour</li> </ul> <p><b>Family Functioning and Wellbeing</b></p> <ul style="list-style-type: none"> <li>• Child/young person in need where there are child protection concerns</li> <li>• Individual posing a risk to children in or has contact with household</li> <li>• Family home used for drug taking, prostitution, illegal activities.</li> </ul> <p><b>Extra-Familial Factors</b></p> <ul style="list-style-type: none"> <li>• Whereabouts unclear or unknown – day and/or night</li> <li>• Isolated from or reduced contact with normal peers/social networks</li> <li>• Unexplained amounts of money, expensive clothes, or other items</li> <li>• Drug and/or alcohol misuse</li> <li>• Contact of concern with adult or young person which might involve physical and/or emotional abuse/sexual abuse or activity</li> <li>• Regular/multiple contacts from unknown adults/young people of concern at educational provision/work/home or placement</li> <li>• Harmful behaviour and/or attitudes that exist within the individual's peer network</li> <li>• Part of a peer group where concerns about exploitation have been identified</li> <li>• Harmful or oppressive attitudes towards young women in the peer group</li> <li>• Absences/exclusion from/or not engaged in</li> </ul>

school/college/training/work – NEET

- Deterioration in school work
- Unexplained contact with hotels, residential properties, taxi companies, fast food outlets or other businesses/organisations which cause concern
- Found at an address with a number of unrelated children/young people/adults
- Located/recovered from a place of exploitation ie. area with exploitation concerns, cuckooed premises, etc
- Hotel keys/keys to houses, flats or other premises/keys to cars

## Strengthening Families Support

Strengthening Families Hubs will lead on the multi-agency Supporting Families Pathway until completion of the first Team Around the Family (TAF) meeting. This will include convening a family meeting<sup>2</sup>.

At the first TAF meeting it will be decided who will lead the TAF going forward. In the majority of cases one of the agencies already involved will lead but in certain circumstances, the Strengthening Families Hub will take on this role. This may include situations where:

- Domestic violence is a feature of the case at Barnardo's scale 2<sup>3</sup> or MARAC<sup>4</sup>
- The family meet two or more of the troubled families' criteria<sup>5</sup>
- The toxic trio (domestic violence, substance mis-use and mental health) are a feature of the case
- The case is stepping down from Specialist support
- Where criminal exploitation and youth violence are a feature of the case

This is not an exhaustive list and each case will be assessed individually.

Where cases are led by another agency, a Strengthening Families worker may remain as part of the TAF to deliver a specific piece of work as part of the plan e.g. boundaries and behaviour.

In some circumstances the TAF, as part of the reviewing process, may feel that the Strengthening Families Hub should take on the lead role for the TAF. This may be the case where:

- There is a significant change in circumstances
- Three reviews have taken place and no progress has been made with the plan

One of the key functions of the Strengthening Families Hub is to provide guidance and support to agencies in supporting families. Monthly surgeries are held in each locality where practitioners can seek advice, particularly where step-up or a change of lead professional is being considered.

<sup>2</sup> The family meeting is an opportunity for the Strengthening families worker to assess the family's perception of their circumstances and ensure the plan uses the resources from within the family and therefore only engaging with support for the issues the family cannot resolve themselves

<sup>3</sup> Barnardos screening tool – This is used to inform the level of support required to children who are living in households where domestic abuse is present.

<sup>4</sup> MARAC – Multi-Agency Risk Assessment Conference. This meeting considers high risk victims of domestic abuse and the actions required by multi-agency partners to minimise those risks.

<sup>5</sup> Trouble Families criteria – This includes worklessness, anti-social behaviour, crime, school attendance and domestic violence, mental health, substance or alcohol misuse, non-engagement with pre-school provision, child at risk of entering care, gang involvement, at risk of sexual exploitation, and criteria for preventing youth crime.

## 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.

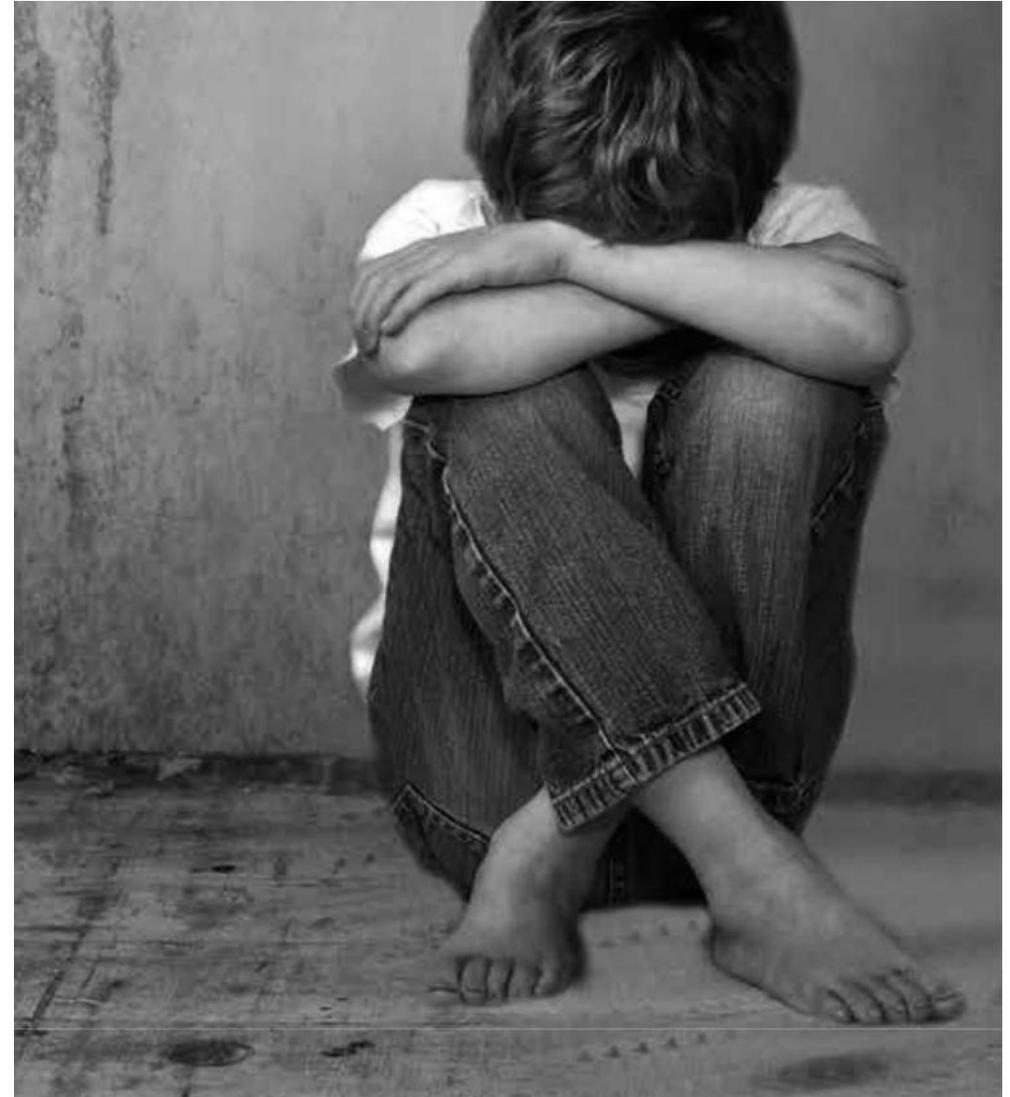
Children's Social Care must, so far as is consistent with this duty, promote the upbringing of children in need by their families, through provision of a range and varying level of services appropriate to the child's needs.

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.

*REMEMBER: Consent needs to be obtained from families being supported as a Child in Need unless the request for assistance comes from the family.*



## Child Protection Referrals/Section 47 Children Act 1989 Investigations

The MASH will instigate 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.

Where a multi-agency Strategy Discussion (minimum participation of Children's Social Care, Police and Health representative) 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 or a single agency enquiry. Children's Social Care will carry out a Single Assessment as a means of conducting the Section 47 enquiry.

The purpose of the Single Assessment 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.

**All referrals where a child is deemed to be at serious or significant risk of criminal exploitation will automatically be subject to a Strategy Discussion which will include extended representation from agencies including appropriate leads within the Police, the Youth Offending Team.**

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, some of which may include:

- Children who have been sexually abused or are being groomed for sexual purpose
- Children who are being criminally exploited including county lines, sexual exploitation, trafficking/slavery, groomed, peer on peer abuse
- Fabricated or induced illness
- Forced marriage of a minor
- Where parent/s are involved in serious criminal acts that may impact on the child, e.g. abusive images of children, drug dealing, any adult assessed as posing an ongoing risk to children (PPRC) is having contact with or living with a child in the same household
- The child witnesses' domestic violence or other violent or sexually harmful acts
- Children being physically abused
- Children being emotionally abused
- Children being neglected

## Children and Young People in Care

Children's Social Care also has a statutory responsibility for Children in Care and care leavers.

The term Children and Young in Care refers to children and young people being looked after by the local authority, namely:

- those subject to care orders or interim care orders (under sections 31 and 38 of the 1989 Act);
- those children who have been placed, or are authorised to be placed, with prospective adopters by a local authority (section 18(3) of the 2002 Act);
- those who are voluntarily accommodated under section 20 of the 1989 Act;
- those who are subject to court orders with residence requirements in accordance with section 21 of the 1989 Act

This criteria may include situations where:

- A child has been abandoned and there are no family options
- Parents are in prison and there are no family or friends' options
- A child whose welfare can only be safeguarded by the provision of accommodation outside the family home
- A child is beyond parental control placing themselves and/ or others at serious risk
- Meets criteria for secure accommodation
- Child remanded to Local Authority care by the court
- Unaccompanied asylum seekers who require accommodation
- Disabled children in receipt of Short Breaks in more than one establishment and for significant periods of time, or where it is judged that their needs are best served by receiving such breaks as a child in care of the local authority
- Eligible & Relevant Care leavers

## The MASH

Before submitting a referral to the MASH:

- Seek support from your Designated Safeguarding Lead
- Discuss your concerns with the parent/carer/young person unless you feel to do so would place the child in increased risk of significant harm or would risk your own personal safety

It is expected that where there is an existing Early Help Assessment this will accompany any referral for support from specialist services unless there is immediate risk to a child that requires an urgent response.

If you deem that the child is at risk of or experiencing exploitation, complete the Exploitation Screening Tool and attach this to the MARF.

On receipt of a referral for support utilising the MARF (Multi-Agency Referral Form) this may result in one of the following outcomes:

- An Early Help assessment is required and referrer is requested to initiate this assessment.
- A Strengthening Families Worker will become involved to support or lead the plan; unless, the MASH determine that further work is required at the Early Help – single agency response
- A specialist assessment to be undertaken by Social Care
- Where a child is deemed at significant risk they will be subject to a Strategy Discussion

A decision will be taken within 24 hours as to the most appropriate response. The referrer will receive written notification of the decision taken within 3 working days.

For young people referred to the MASH where there are exploitation concerns, these cases will always have an outcome of a strengthening families worker being allocated OR a specialist assessment by social care being initiated. This decision will be based upon risk levels and may also include a strategy discussion.

**NB:** Consent must be sought prior to a referral unless to do so would place the child at risk of harm. Where consent has not been provided and the concerns do not meet the threshold for significant harm the referral will be sent back to the referrer to gain consent. Please see Appendix 1.

In the event that an agency decides not to take the advice offered or decides not to complete an Early Help Assessment, they must be aware that they remain accountable for that decision, and are responsible for ensuring that the additional needs for that child, young person or family are addressed adequately by their agency alone.

## Stepping Up and Stepping Down — providing support at the appropriate level



Unless there are immediate concerns for the welfare of a child, decisions for 'Step Up or Step-Down' must be decided and agreed by a multi-agency meeting (e.g. TAF/CIN/CP conference/Core Group).

It is expected that the Team Around the Family that provided support alongside the specialist assessment will maintain its membership with only the Lead Professional changing as the plan steps up or down.

## Exploitation

The West Midlands definition of exploitation: ***an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child, young person (under the age of 18) or adult and exploits them a) through violence or threat of violence and/or b) for the financial or other advantage of the perpetrator or facilitator and/or c) in exchange for something the victim needs or wants. The victim may have been exploited even if the activity appears consensual. Exploitation does not always involve physical contact, it can also occur through the use of technology.***

## Criminal Exploitation

In cases of criminal exploitation, we know that powerful, adult gang members recruit and arrange or facilitate the travel of children (and vulnerable adults) for the purpose of the selling drugs, firearms or sex on their behalf. Children often are missing from home/care or school as a result and child sexual exploitation and peer on peer abuse often takes place in the context of criminal exploitation. Criminal exploitation often occurs without the child's immediate recognition, with the child believing that they are in control of the situation. Criminal exploitation of children includes for instance children forced to work on cannabis farms or to commit theft.

## Human Trafficking

Human trafficking has been traditionally understood as the movement of children and adults across hard borders for the purposes of forced labour/domestic servitude and into the sex market. There have been high profile cases where young people smuggled into the country are working on cannabis farms and nail bars. Whilst this occurs, particularly in the context of modern slavery, trafficking also occurs internally and young people are moved across soft borders, between families and non-related adults. It is important to remember that young people being exploited through criminal exploitation are also victims of trafficking; as they are having their travel arranged or facilitated for the purposes of them being exploited. Child trafficking is defined as the 'recruitment, transportation, transfer, harbouring or receipt' of a child for the purpose of exploitation.

## Sexual Exploitation and Harmful Sexual Behaviour

Young people can be exploited by people of a similar age as well as adults. Research is increasingly demonstrating that a significant number of sexually exploited young people have been abused by their peers. Young people may be at risk of sexual violence: sexual assault, rape, indecent images being taken and shared as part of initiation revenge or punishment. Sexual exploitation also occurs within and between street gangs, where sex is used in exchange for safety, protection, drugs or simply a sense of belonging. Harmful sexual behaviour is developmentally inappropriate sexual behaviour which is displayed by children and young people and which may be harmful or abusive (Hackett, 2014). Young people who sexually abuse others may also be involved in other crimes (Seto and Lalumiere, 2010). Many children and young people who display harmful sexual behaviour have experienced abuse or trauma (Hackett et al, 2013). Children who have been sexually abused may not know what has happened to them is wrong. This can lead to normalisation of harmful sexual behaviour towards others.

## County Lines

Adolescents, especially those who are experiencing criminal exploitation, may not want to share information about their friends, associates or places they have been because it would put them at risk to do so. They will therefore need time to build trust with you to share such details.

## Gangs

Gangs specifically target vulnerable children and those who do not have support networks. Children with special educational needs, mental health problems or disabilities are known to be purposely targeted. Gangs also look for emotional vulnerability, such as children experiencing problems at home, absent/busy parents or bereavement. The gangs seek to fill that emotional gap for the child and seek to become 'their family'. More recently, gangs are increasingly looking to recruit 'clean skins' ie. young people with no previous criminal record who are unlikely to be stopped by the police. Potentially a child involved with a gang or with serious violence could be both a victim and a perpetrator. This requires professionals to assess and support his/her welfare, safety and wellbeing needs first and foremost whilst where necessary, needing to assess and respond at the same time in a criminal justice capacity.

# Appendix 1. Consent Guidance

## Safeguarding Children in Wolverhampton – Seeking and Recording Consent

Key principles for Consent and Information Sharing:

- In every case, we are committed to gaining the informed consent of children and/or parents when we wish to share confidential/personal information unless in doing so it places a child at risk of significant harm or further risk of significant harm.
- We will respect the wishes of those who do not give consent, except where safety may be at risk or when it is inappropriate to seek their agreement.
- In each case of information sharing, we will record the: necessity; proportionality; and relevance of the information shared. We will take reasonable steps to obtain consent, and if it is not given, we will record why we believe safety may be at risk, or why it was inappropriate to seek their agreement. Shared information will not be kept for longer than is necessary.

## 1.0 Purpose

- 1.1** This guidance has been written to support Wolverhampton's partnership working to safeguard and promote the welfare of children. It specifically relates to the expectations for gaining consent and aims to provide clarity on issues relating to gaining the consent of children and families when we need to seek and share information. It also details the consent process within the Multi-Agency Safeguarding Hub.

## 2.0 Introduction

- 2.1** Anyone who believes a child or family requires help, has a responsibility for identifying concerns, sharing information and taking prompt action.
- 2.2** Decisions about how much information to share, with whom and when, has a profound impact on outcomes for individuals. It ensures that an individual receives the right type/level of service at the right time and may prevent their needs from escalating.
- 2.3** Poor information sharing is repeatedly highlighted in Serious Case Reviews carried out following the death of, or serious injury to, a child. Concerns about sharing information should never stand in the way of the need to safeguard and promote the welfare of children at risk of abuse or neglect i.e. where there is reasonable cause to suspect that a child is at risk of significant harm it is defensible to seek and share information without consent. However, it is good practice to seek consent in all cases unless doing so would place a child at further potential risk of harm.

**2.4** Children and families have a right to privacy unless there is reasonable cause to suspect that a child is at risk of significant harm. Consent should always be sought when we want to share their information, complete assessments, or work with them. By taking reasonable steps to secure consent, practitioners can maintain the trust of children and families, and ensure the best prospect of effective assessments and interventions.

### **3.0 Definitions**

#### **Children and Parents:**

A child is generally defined as anyone who has not yet reached their 18<sup>th</sup> Birthday.

'Parents' mean people with parental responsibility and other people who care for or look after children or young people. This might include other family members or adults who live in the same household.

#### **Informed Consent:**

Open and honest about:

- i) why we want to share information;
- ii) the type of information we wish to share;
- iii) how we would share it; and
- iv) who we intend sharing it with.

#### **Confidential/Personal Information**

Confidential Information means information in whatever form relating to a Partner Agency or to a person (whether living or deceased), which:

- Is not in the public domain;
- Has the necessary quality of confidence; and
- Was imparted in circumstances giving rise to a duty of confidence.

It includes, without limitation, information in written, oral, visual or electronic form or on any magnetic disc or memory wherever located.

It includes in particular (by way of illustration only and without limitation) information relating to the physical or mental health of an individual, whether or not such information (if in anything other than oral form) is marked confidential.

It includes any complete or partial copy of the information.

**Personal Data** – is data which relate to a living individual who can be identified:

- From those data; or
- From those data and other information which is in the possession of, or is likely to come into the possession of, the data controller.

**Sensitive Personal Data** – The Data Protection Act defines sensitive Personal Data as information about:

- The racial or ethnic origin of the data subject;
- Their political opinions;
- Their religious beliefs or other beliefs of a similar nature;
- Whether they are a member of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992);
- Their physical or mental health or condition;
- Their sexual life;
- Their commission or alleged commission by them of any offence; or
- Any proceedings for any offence committed or alleged to have been committed by them, the disposal of such proceedings or the sentence of any court in such proceedings.

**Safety May be At Risk:**

Base your decisions on considerations of safety and well-being of the child.

Relevant considerations of development, care and family circumstances are contained within the *Additional Support* and *Intensive Support* sections of *Thresholds of Support to Children and Families in Wolverhampton*

*Serious risks to their health or welfare (s17 Childrens Act 1989):*

Base your decisions on considerations of safety and well-being of the child.

Relevant considerations of development, care and family circumstances are contained within *Intensive Support* section of the *Thresholds of Support to Children and Families in Wolverhampton*

**Risk of Significant Harm (s47 Children’s Act 1989):**

Base your decisions on considerations of safety and well-being of the child.

Relevant considerations of development, care and family circumstances are contained within the *Specialist Support* section of *Thresholds of Support to Children and Families in Wolverhampton*

**Inappropriate to seek their agreement:**

You should ask for consent before sharing confidential, personal and sensitive information unless there is a compelling reason for not doing so.

For example, because:

- delay in sharing relevant information with an appropriate person or authority would increase the risk of harm to the child or young person;
- asking for consent may increase the risk of harm to the child, young person, you or anyone else.

#### 4.0 Recording decisions and actions relating to Consent

- 4.1 Section 6 provides guidance re. single agency recording of consent and the process within the MASH when a referral is received.

For more advice and guidance on information sharing please refer to: Government Guidance on information sharing for practitioners

#### 5.0 Process for recording seeking and recording consent and progressing safeguarding referrals

##### Single Agency Responsibilities

- The practitioners working with the family should make them aware of their intention to make a referral to Children's Services and seek their consent.
- If consent has not been given, record this in your own agency case notes and record why information is being shared without consent, include this on the Multi-Agency Referral Form (MARF).
- If consent has been given, record in your own agency case notes that consent has been given and include this on the MARF.
- Record in your own agency case notes the Information level you have shared and with whom.
- Record on your own agency case notes that the *Multi-Agency Safeguarding Hub* (MASH) has been contacted for advice or to make a referral and the outcomes or actions resulting from this contact.
- Record in your own agency case notes the MASH outcome and advice, how they will be completed and who is responsible.

##### Multi-Agency Safeguarding Hub

- Following receipt of a MARF, the screening officers will check to ascertain if consent is required for any further action.
- Where consent has not been provided and the referral is clearly for Early Help or Child in Need, then the referring agency will be contacted to obtain consent.
- Where consent has not been provided but there is enough information recorded on the MARF to make an indicative assessment that there is reasonable cause to suspect that a child is at risk of significant harm then consent is not required to carry out the further checks and to progress the referral. The reason for dispensing with consent should be clearly recorded, by a manager, or Guardian.
- Once a MARF has been received, the following process applies:
- **No Consent** - If consent has not been provided and the nature of the request is non-urgent, the Screening Officer will contact the referring agency and provide advice and information regarding obtaining consent. The Administrator will send a standard letter to the referrer within two hours stating that the MARF has been rejected and advise that the agency will need to re-submit the MARF once consent has been obtained.
- Within 48 hours, the administrative team will chase up progress on outstanding MARFs. This will involve contacting the referrer to enquire why a MARF with consent has not been resubmitted and to provide information, advice and guidance if required.

- **Consent provided** - If consent has been provided, the Administrative team will send the standard confirmation letter to the parent and referrer informing them of receipt of the MARF form.

**Recording Process within the MASH:**

- Record all contacts, including if consent has been given by the family to share information.
- Record the outcome/advice of the contact.

Outcomes:

- Record and forward the contact details as part of a service referral.
- Record and forward the contact details to Early Help, consent from the family is required for action to progress.
- Record and forward the contact details to MASH, consent from the family is advised for MASH unless it is inappropriate to do so and this must be recorded.

- Undertake Level 1 Information Sharing, when appropriate, record why this is undertaken and what information has been shared & with whom.
- Undertake Level 2 Information Sharing, when appropriate, record why this is undertaken and what information has been shared & with whom.
- MASH will hold a professional or strategy discussion and record the outcome and actions to be undertaken as a result.
- MASH will process the case on the system to the appropriate agency or team.

## Appendix 2. Screening Tools and Useful Documents

### Links to Screening Tools

To help practitioners make a decision about the nature and seriousness of a concern there are a number of screening tools available to support their decision about what to do next (see [Key Screening Tools Guidance](#)). The appropriate screening tool should be completed and submitted alongside the [eMARF](#).

- Child Sexual Exploitation- [www.wolverhamptonsafeguarding.org.uk/images/safeguardingchildren/NEW-Regional-CSE-screeningtool2vAug-17.pdf](http://www.wolverhamptonsafeguarding.org.uk/images/safeguardingchildren/NEW-Regional-CSE-screeningtool2vAug-17.pdf)
- [Wolverhampton Gang Screening Guidance Tool](#)- also available on the Policy Portal
- Domestic Violence DASH Risk Checklist: [www.safelives.org.uk/practice-support/resources-identifying-risk-victims-face](http://www.safelives.org.uk/practice-support/resources-identifying-risk-victims-face)
- Drug use Screening DUST: <https://www.bcpft.nhs.uk/documents/services/children-and-young-people/subs/301-sub-ns-new-dust-feb-11/file>
- Sexual Behaviours Traffic Light tool: [Brook Traffic Light Tool](https://www.brook.org.uk/our-work/category/sexual-behaviours-traffic-light-tool). For more information go to: <https://www.brook.org.uk/our-work/category/sexual-behaviours-traffic-light-tool>
- Child Neglect- to support practitioners we have designed the WeCan Tool, Wolverhampton's Child Assessment of Neglect to help identify neglect at the earliest opportunity and respond effectively to improve the outcomes for those children and families affected. The tool can be downloaded [here](#). For more information about neglect, go to [www.wolverhampton.gov.uk/wecan](http://www.wolverhampton.gov.uk/wecan).

### Links to useful documents

#### 1. Multi-Agency Referral Form (MARF)

<https://www.wolverhamptonsafeguarding.org.uk/images/safeguarding-children/children-documents/MARF.doc>

#### 2. WST Escalation Policy

<https://www.wolverhamptonsafeguarding.org.uk/safeguarding-children-and-young-people/i-work-with-children-young-people-families/escalation>

## Appendix 3. Useful Contacts

<b>Multi-Agency Safeguarding Hub (MASH)</b> .....	01902 555392
(8:30am—4:30pm Mon—Thurs, 8:30am—4:00pm Friday)	
<b>Emergency Duty Team (EDT)</b> .....	01902 552999
(outside above hours)	

Practitioners can obtain information about the range of support available from Locality Teams as follows:

### Strengthening Families Hubs

Serving East Park, Eastfield & Portobello .....	01902 558331
Serving Bilston, Bradley & Ettingshall.....	01902 556416
Serving Blakenhall, Springvale and All Saints .....	01902 558128
Serving Penn, Merry Hill and Penn Fields .....	01902 551979
Serving Tettenhall, Whitmore Reans and Dunstall.....	01902 556585
Serving Bushbury, Oxley & Pendeford.....	01902 550887
Serving Low Hill & The Scotlands .....	01902 550960
Serving Wednesfield, Heath Town & Ashmore Park.....	01902 553945
<b>Youth Offending Team</b> .....	01902 553722
Safeguarding Adults and Children Service .....	01902 550477
Wolverhampton Safeguarding Together .....	01902 550645



This information was produced by  
Wolverhampton Safeguarding  
Together

Priory Green  
Buildings  
Whitburn Close  
Pendeford  
Wolverhampton  
WV9 5NJ

Tel: 01902 550645 | Fax: 01902 553048  
[www.wolverhamptonsafeguarding.org.uk](http://www.wolverhamptonsafeguarding.org.uk)