



Keeping Children Safe Together

Peterborough Threshold Document 2016

Foreword

I am very pleased to be introducing this new version of guidance to the application of thresholds in Peterborough.

This new guidance is the result of the work of 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 from Peterborough City Council.

There are a number of differences between this new version of thresholds and the previous one. These include:

- There is much more information about **Early Help** and **Prevention** services;
- There are now **three levels of need** as opposed to four. We hope that this helps to make decisions about whether children or young people should be referred to Children's Social Care clearer;
- We have removed the lengthy lists of descriptors of levels of need, replacing these with broader descriptions describing the impact of risks and protective factors on the child or young person;
- The **'What If?'** line has been replaced by a variety of sources of support for practitioners worried about whether or not to make a referral. This is because 'What if' discussions that do not involve the name of the child concerned have been implicated in Serious Case Reviews as a contributing factor to children suffering serious harm;
- We have included more guidance on the issue of **consent**. Consent is always required when making a referral to early help services. It is also usually in the best long term interests of children and young people to discuss concerns and issues with parents or carers and/or the young person before making a referral to Children's Social Care - except where to do so might place the child or young person or any other person at risk of significant harm.

Working with vulnerable children, young people and their families is uniquely rewarding but occasionally very challenging. This work requires skill and considerable levels of knowledge and expertise. It also requires the willingness to accept that decisions we make about how best to support families will often carry with them a degree of risk.

I hope that this revised guidance on the application of thresholds in Peterborough 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 Peterborough Safeguarding Children Board continues to host a wide range of information and support for practitioners on our 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 our website.

Dr Russell Wate QPM

Independent Chair, Peterborough Safeguarding Children Board

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Introduction

This document sets out how we approach the difficult task of keeping children and young people in Peterborough 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 best will be in the best place to support families to change, or to access the support that they need and so to improve the likely 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 risk.

In Peterborough, we want to ensure that all those professionals working with children and families are able to identify the early help that is needed by a particular child and 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 intended to assist practitioners in identifying a child's level of need and what type of service/resource may meet those needs.

Principles

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

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

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

The principles below, together with those contained within Working Together 2015, are intended to underpin good practice and to increase the likelihood of support being offered to families being successful in securing improved outcomes for children:

[‘I have the right to be involved in plans that are being made about me...’](#)

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

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

Gillick competency essentially says that a child or young person of sufficient age and understanding is able to decide about what happens to them, and the right of a parent ‘yields to the child’s right to make his/her own decisions when he/she reaches sufficient understanding and intelligence to be capable of making up their own mind on the matter requiring decision’.¹

The implications of this judgement include that a Gillick competent young person:

- Should be consulted about and asked to give their views about any proposal to make a referral to any support service;
- Can decline such support [except where to do so would result in they or another person suffering significant harm or a serious offence being committed];
- May refuse consent for information they have shared with a practitioner to be shared with their parent or carer [again, expect where to do so would result in they or another person suffering significant harm or a serious offence being committed];

[‘I have the right to be treated as an individual and not on the basis of assumptions about my religion or cultural background...’](#)

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

Many newly arrived families and individuals will be struggling to understand systems and processes in the UK, for example, they may have heard a number of stories about how children’s services take

¹ Lord Scarman comments in his judgement of the Gillick case [Gillick v West Norfolk, 1985] in the House of Lords

children away from their families. Practitioners need to be sensitive to these issues and take time to offer additional explanation and reassurance.

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

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

'I do not usually have to have the services you offer me...'

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

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

Saying no to prevention or early help services does not mean that specialist safeguarding services will become involved except where there is a risk of significant harm to the child concerned or where they may present a significant risk to others. These risks usually need to be immediate, or be present within a short timeframe.

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

Specialist services will always inform those referred to them which professional has made the referral and why.² Referring professionals should therefore be open and transparent about their concerns with parents and why they are so worried about their child, except where to do so would place the child or young person at risk of immediate harm.

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

Except where not sharing information about an individual would lead to them or another person suffering significant harm or might lead to an offence being committed or the destruction of evidence that may hinder a criminal investigation, people must give their consent to information being shared about them.

This includes most concerns about children unless there is an investigation taking place under child protection processes [as defined by s.47 of the Children Act 1989].

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

² Except where a member of the public has asked to remain anonymous. Professionals cannot make anonymous referrals.

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

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

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

Mental health issues, substance misuse within the extended family, or other caring responsibilities can all increase stress or reduce availability to address other issues. It is therefore important for practitioners to consider the wider context before deciding what form of support may be most appropriate.

Early Help: Early Intervention and Prevention

Early Help is about ensuring that children and families receive the support they need at the right time. We aim to provide help for children and families when problems start to emerge or when there is a strong likelihood that problems will emerge in the future. This means providing support early in life or early in the identification and development of a problem. Services in Peterborough also recognise that some families will require additional help at various times of their lives and may need to access targeted services periodically to help re-build their resilience and capacity to manage. Support is also provided within the arena of Early Help when families have received specialist support and need a reduced level of support to sustain and continue the progress made.

Early Help Assessments

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

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

In Peterborough, Early Help Assessments are completed by any professional or partner agency who comes into direct contact with families, and who has identified more than one unmet need that would benefit from a multi-agency support approach. Early Help Assessments are initiated on an electronic case management system known as eCAF or the Early Help Module. Training is provided for all professionals who might need to complete an Early Help Assessment with a family or contribute to one that another professional has started. To access training professionals should email eCAF@peterborough.gov.uk requesting a place on the next available training course. Professionals are advised not to delay starting an Early Help Assessment with a family whilst they await training, and should speak to a member of the Early Help Team for advice on how to proceed by emailing helpwithcaf@peterborough.gov.uk or telephoning 01733 863649

1. A child / young person with more than one unmet need is identified by a professional including teacher, school nurse, housing officer, fire officer, health visitor, nursery manager, family support worker, learning mentor, GP, community paediatrician, child minder, youth worker etc.;
2. The professional talks to the family to start a dialogue about their concerns and encourages them to engage with the Early Help Process;
3. The child / young person and/or the parent/carer gives consent to engage in the process;
4. An Early Help Assessment is completed on the Local Authority web-based eCAF / Early Help Module;
5. The Early Help Assessment comes through the Local Authority Gateway via the eCAF / Early Help Module system where it is checked by the Early Help Team – primarily for Safeguarding and Quality. It is also at this point that an Early Help Co-ordinator might make suggestions as to possible avenues of support based on the information within the assessment;
6. Following approval through the gateway, the Lead Professional will choose with the family the best way to take the assessment forward, which might include:
 - a. A Team around the Child / Family (TAC) meeting involving the family, Lead Professional and a range of other professionals;
 - b. A professionals meeting;
 - c. Referral to a single service;
 - d. Manage with internal resources
 - e. Close the episode;
 - f. Refer to one of the Early Help Panels (see below);
 - g. Refer to Children’s Social Care;
7. Families needing support at a targeted level will be encouraged to engage with and contribute to a SMART family action plan to monitor outcomes and measure progress.

A flow chart summarising the above can be found at **Appendix 1**.

The Early Help Team

The Early Help Team is there to support professionals throughout the entire process from the point of identification of a problem, to the closure of the episode.

Help, information, advice, support and training is provided for practitioners from Early Help Co-ordinators in the Local Authority Early Help Team who can be accessed by email at helpwithcaf@peterborough.gov.uk or telephoning 01733 863649.

The range of support can include:

- Telephone advice on individual cases, helping professionals talk through some of their concerns and worries with clear actions to help move the case forward;
- Up-to-date information on local services and their current capacity levels;
- Name and contact details of relevant partner organisations;
- Briefing sessions to staff in schools and other settings;
- Direct support to a practitioner in completing an Early Help Assessment for the first time with a family;
- Attendance at and modelling the chairing of Team around the Child or family meetings;
- Assistance in creating SMART action plans with professionals and families to set realistic and achievable targets to make positive progress.

Assessment Tools

In addition to the Early Help Assessment, Peterborough recognises and encourages the use of a variety of other tools to both assist with the assessment process and also as alternative ways of engaging with families and encouraging their participation in the Early Help Process. This includes, for example, the

use of Outcome Star (training and further details available through contacting helpwithcaf@peterborough.gov.uk) and where neglect is identified as the main presenting issue, The Graded Care Profile. Training can be accessed via the Peterborough Safeguarding Children Board please click [here](#) for further details.

Neglect

Information about the needs of children and young people in Peterborough suggests that neglect is a significant issue affecting relatively large numbers of children and young people.

Neglect can have significant long term adverse impact on outcomes for children and young people. The Local Safeguarding Children Board has developed a strategic response to identifying and supporting children affected by neglect, which is available separately. Please click [here](#) for information on the LSCB Neglect Strategy

Neglect is an issue that needs to be identified early and support offered to families to address the issues before they become entrenched. The Graded Care Profile is an evidence based assessment and planning tool that is designed to be used to identify the key issues affecting the family. The tool also enables progress to be tracked by being used at the beginning of an intervention, at points during the support programme being offered to families where this is seen as helpful, and at the end of the intervention.

Universal health services, early year's settings and children's centres are all key agencies in helping to identify where neglect may be an emerging issue affecting a child, and in helping families to address the issues before they become entrenched.

Where practitioners are concerned about the impact of neglect on the long term outcomes for a child or young person, they should discuss their worries with the safeguarding lead within their organisation. Practitioners are also able to consult the Peterborough Safeguarding Children Board Neglect Strategy for further information and support.

Child Exploitation & Sexual Exploitation

Child sexual exploitation (CSE) is a type of sexual abuse in which children are sexually exploited for money, power or status.

Sexual exploitation can involve swapping sexual favours for drugs, alcohol, cigarettes and other presents, or it may include having sex for money with several adults. Young people may feel they must have sex because an adult gives them something in return, or because they feel threatened or frightened.

Some young people may want to have sex because they think the adult is their boyfriend or girlfriend. In reality they are being used for sex, and the 'boyfriend' or 'girlfriend' may pass them on to other people too. (Remember sexual abusers can be women, as well as men.)

Sexual exploitation can also occur without any physical contact with children being groomed to post sexual images of themselves online or take part in sexual activities via webcam or smartphone.

Abusers and groomers are very manipulative and often a young person will not recognise that they are being sexually exploited.

Sexual exploitation can happen to **boys** and **young men** as well as girls and young women. It can happen to a person of any background, race, ability, sexuality, and age.

There are occasions when the person who is exploiting a young person is another young person. Young people may also be groomed by an exploitative adult to help them to 'recruit' other children and young people with the aim of exploiting them.

Practitioners can access a wide range of information, practice guides and information about what to do if they suspect that a child or young person is at risk of CSE through the [Peterborough Safeguarding Children Board Website](#).

Peterborough and Cambridgeshire LSCB's have worked jointly on a strategy and action plan on CSE. This can be found [here](#).

Preventing Extremism: Young people may also be at risk of developing extremist views, including radicalisation. Some young people are more vulnerable to developing these views than other, and may do so as a result of the actions of an adult or adults in their lives. Information from the internet is often involved in reinforcing the development of extremist views.

Schools have a clear role in helping to prevent the likelihood of the development of extremist views through promoting the open discussion of social and political issues. Further information on **Prevent** and the **Channel Panel**, including how to make a referral about any young person about whom you have concerns in relation to vulnerability to developing extremist views can be found [here](#).

Early Help Support Panels

There will be some families who need greater support than that available from within the community and require universal and targeted services. Additional resources can be accessed via a range of Early Help panels including the Multi-agency Support Group (MASG) panels; Primary Behaviour Panel; Secondary Behaviour Panel; and 0-5 Early Support Pathway.

Multi Agency Support Group (MASG) panels

There are three locality-based MASG panels operating across the city in South Locality, Central & East Locality and North West & Rural Locality. Each panel meets every two weeks and consists of a multi-agency group of professionals that use their skills, knowledge and experience to consider multi-agency interventions that will best meet the assessed needs of a child/family. The panels are designed to provide additional targeted support through a co-ordinated approach. Cases to be considered are usually where:

- The needs are either unclear or such that additional resources are needed;
- The family have been supported in the Community through an Early Help Assessment and Team around the Child (TAC) meetings but little progress has been made;
- Practitioners have identified the need for more specific, targeted and sometimes, funded pieces of work to more appropriately address the needs of a family. Examples include Sleep Solutions, access to Local Authority commissioned Evidenced Based Parenting Programmes, access to a Family Group Conference or place on a 'Stop the Hurt' programme for perpetrators of domestic violence, and commissioned Family Support from a variety of agencies including, Children's Centres, Third Sector partners and private providers;
- There have been difficulties in developing an effective multi-agency support plan;
- A transition package of support may be required for a family who have recently been open to Children's Social Care who need a range of co-ordinated targeted support to maintain and sustain progress.

Cases heard at the MASG panels are kept open to the panel for a minimum period of 12 weeks and some for much longer, during which time the case will be reviewed as considered appropriate by the panel to ensure sufficient progress is being made and sufficient resource is being allocated. Further information can be obtained by emailing the MASG co-ordinator at MASG@peterborough.gov.uk or contacting the early Help Team on 01733 863649. Access to the panel is via an up-to-date Early Help Assessment or Children's Social Care Assessment which is being stepped down for support at a targeted level.

Early Support

Early Support is a national program established to improve the way that services for children with disabilities work with families and together. The service is a pre-school age service for families with a child who has a disability. Children will have significant and profound learning, sensory impairment, physical impairment, social and communication difficulties, autism, and other disabilities and conditions that will impact on their life long development and learning.

Professional referrals are received through an Early Help assessment to ensure a robust assessment of the child and family's needs. An Early Support Multi-agency meeting happens every two weeks to look at the referrals and to suggest recommendations to support the child and family. A wide range of services could be involved to help support the family including Barnardos, Spurgeons, Sleep Solutions, Portage, Early Support Inclusion Officer, a Paediatrician and wider Child Development Team.

The family will have a lead professional initially identified to help support them through the process and the choice to change the lead professional should they wish. The coordinator will generate a six month review to ensure that the right level of support is in place for each family, and identify possible future needs to allow for planning. Further information is available by contacting the Early Support Coordinator: Sue Ishmael, 01733 317411, email susan.ishmael@peterborough.gov.uk

Behaviour Panels

There are two Behaviour Panels, one for Primary aged children, and one for Secondary. Each panel meets every two weeks. They have been set up specifically to support children and young people at risk of permanent exclusion; children/young people who have received fixed term exclusions in school; and children and young people whose behaviour in school is not improving even though support mechanisms have been put in place. The focus of the work is about improving behaviour in school to enable the child or young person to engage fully in education and achieve their full potential. Both of the multi-agency panels are overseen by the Peterborough Pupil Referral Service. Examples of support available include: Educational Psychology service advice; Short term alternative placements for suitable children/young people; Family support; Advice to school staff regarding strategies to support children/young people to remain in mainstream education. Access to the panel is via an up-to-date Early Help Assessment or Children's Social Care Assessment.

Connecting Families

The National Troubled Families agenda, known locally in Peterborough as Connecting Families. This is the programme through which families are supported to improve outcomes. The operating ethos of the programme is:

- One Lead Professional / Key worker;
- One holistic family assessment;
- One family action plan aligned to the needs identified through the programme and the success criteria.

Connecting Families Early Help Delivery model

All families on whom an Early Help Assessment (previously known as CAF) is opened are screened for eligibility for the Connecting Families programme. By using the Early Help Assessment as the route into the programme, Peterborough is confident that each family has a named Lead Professional, one holistic family assessment and one family action plan.

Funding from the Connecting Families Programme

Funding in Peterborough is being utilised to:

- Build capacity with partner organisations delivering Early Help Services with easy access for all Lead Professionals
- Increase the multi-agency presence in the Peterborough MASH (multi-agency safeguarding hub) to ensure families with identified needs can be picked up and supported as early as possible
- Provide additional targeted resource for families with the greatest need through one of several Early Help panels
- Pilot a number of small projects aligned to the programme that will achieve specific outcomes on specific elements of the plan and/or contribute to our model of building community capacity

Further information can be accessed by emailing connectingfamilies@peterborough.gov.uk

Information Sources and Sources of Help.

- **The Early Help Team** can be contacted on 01733 863649 or via email at helpwithcaf@peterborough.gov.uk
- **The Peterborough Local Offer** includes a wide range of information about support services for children and young people who have special educational needs and/or disabilities. This can be accessed via the council website at www.peterborough.gov.uk/residents/special-educational-needs/local-offer/
- **The Family Information Service** has knowledge of services able to offer support to children and their families including information about Children's Centres, activities for children and young people, information on local voluntary sector services as well as details of childcare support available in the City. They can be contacted on 01733 864446 or via the website by clicking [here](#)
- **Peterborough Council for Voluntary Services** can provide details of the very wide range of small and large community sector organisations across the city. They can be contacted on 01733 311016

Parental Consent

The clear expectation is that all professionals will discuss their concerns openly and honestly with the child, where appropriate, and their parents or carers, except where to do so might place the child or another person at immediate risk of harm, prejudice the prevention or detection of crime. Where this is the case, consent is not required and contact should be made with Children's Social Care as soon as possible. In emergency situations, contact should be made with the Police.

Consent: The Inspectors View:

The following is taken from a recent Joint Targeted Area Inspection, which are undertaken by OFSTED, the CQC, the Her Majesty's Inspectorate of Constabulary and HMI Probation. The report identified that the gathering of and recording of parental consent for a referral to be made was an area requiring improvement:

'It is not clearly and consistently recorded that, where parental consent is required for a referral to children's social care, it has been sought by the agencies making the referral, such as health, schools and voluntary agencies.... Parental consent, where this is required, needs to be more clearly identified at the point of initial contact by the referring agency...

South Tyneside Joint Targeted Area Inspection: April 2016

Consent will always be needed where a practitioner is requesting support of services on behalf of a child or family - this is regardless of whether they are seeking support from early help services or from Children's Social Care for child in need [Children Act 1989, Section 17] services.

If a family refuse prevention or early help services this does not mean that specialist safeguarding services will become involved. Children's Social Care will only become involved if there is a risk of significant harm to the child or where the information provided indicates that significant harm is likely to happen if statutory intervention does not take place.

Where families are refusing to engage with early help services and where practitioners can see that there is the likelihood of a long term impact on outcomes for the child or young person, they should continue to engage with the family and seek to persuade them of the benefit of accessing additional support.

Where practitioners are concerned about the long term impacts of neglect on outcomes for a child or young person, they should consult with their safeguarding lead and can find more information from the Peterborough Safeguarding Children Board Neglect Strategy. The strategy can be found by clicking [here](#).

Information Sharing

Information sharing is essential to enable early intervention and preventative work, for safeguarding and promoting welfare and for wider public protection. Information sharing is a vital element in improving outcomes for all.

It is important that practitioners can share information appropriately as part of their day-to-day practice and do so confidently.

It is important to remember there can be significant consequences in not sharing information as there can be in sharing information. You must use your professional judgement to decide whether to share or not and what information is appropriate to share.

Data protection law reinforces common sense rules of information handling. The law is there to ensure personal information is managed in a sensible way.

It helps agencies and organisations to strike a balance between the many benefits of public organisations sharing information and maintaining and strengthening safeguards and privacy of the individual.

It also helps agencies and organisations to balance the need to preserve a trusted relationship between practitioner and child and their family with the need to share information to benefit and improve the life chances of the child.

The Government has published guidance on information sharing professionals, including the 'seven golden rules for information sharing:

Seven Golden Rules of Information Sharing.

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
2. Be open and honest with the person (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 if you are in any doubt, without disclosing the identity of the person where possible.

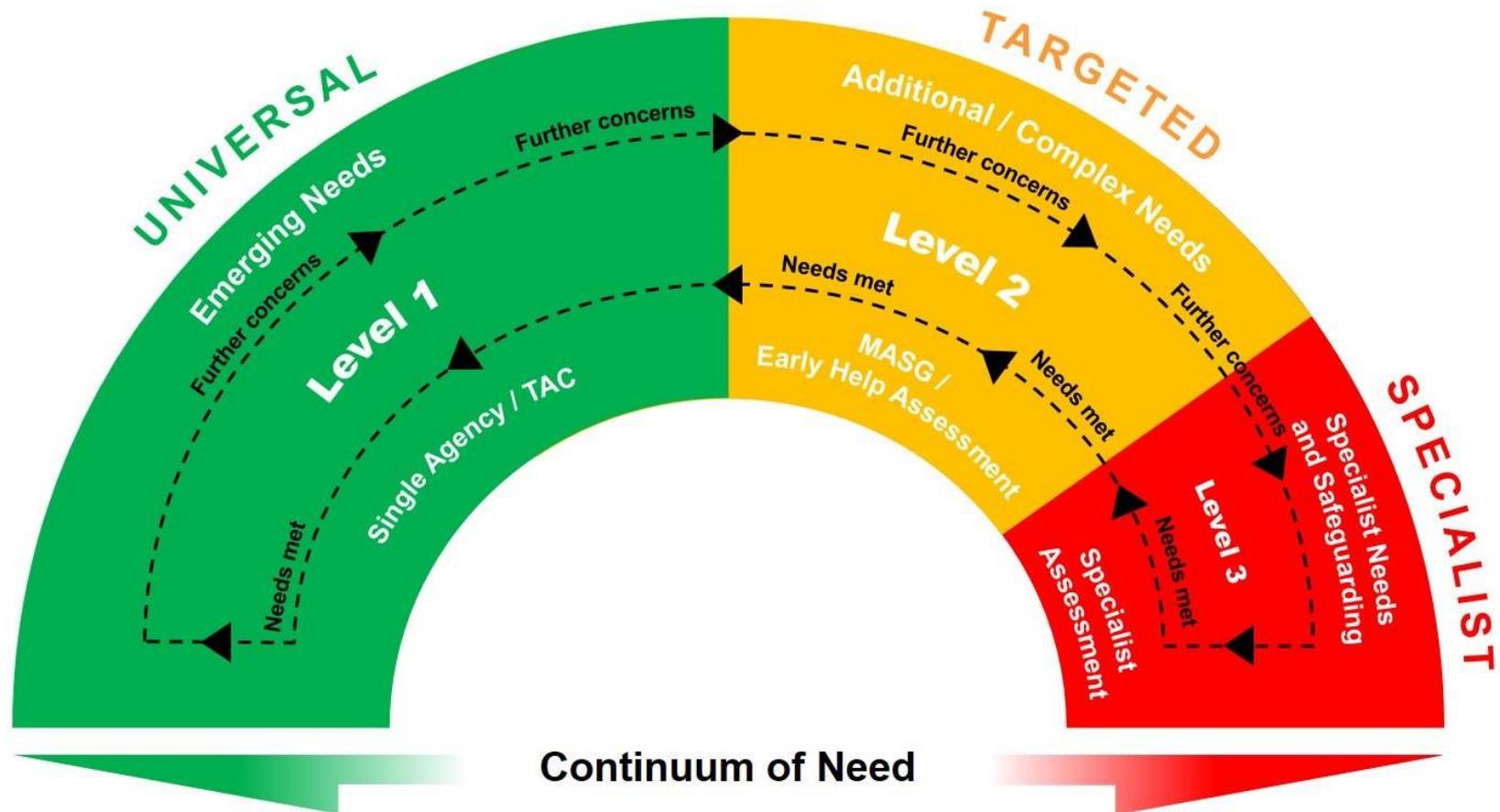
4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. Necessary, proportionate, relevant, 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 people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

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

- **Working Together to Safeguard Children 2015, please click [here](#)**
- **Information Sharing 2015, (Advice for practitioners providing safeguarding services to children, young people, parent and carer) please click [here](#)**

Continuum of Need

Peterborough has adopted a common approach to describing the levels of need and the intervention that may be required by children, young people and their families. These form a continuum as follows:



This is never a static process, situations change and as a result so does the level of need and risk. Practitioners need to understand this and to understand that children and young people may “step up” and need more specialist intervention and “step down” as interventions have impact and their needs and risk changes as a consequence.

Level 1 Universal /Emerging Needs

Description	What would we see?	Response
<ul style="list-style-type: none"> ▪ Children and young people are achieving expected outcomes, they have no additional needs, there are no concerns and they have their needs met within universal provision. ▪ Children and families with some emerging needs which can be met within universal services. The emerging needs may require the support of another service, or worker, to prevent the escalation of needs. ▪ An Early Help Assessment may be appropriate for children at the very top end of this Level. 	<ul style="list-style-type: none"> ▪ Secure and warm parenting ▪ Guidance and boundaries in place ▪ Network of support, adequate home environment, good school attendance, accessing health provision as needed ▪ Age appropriate development and responses ▪ Positive sense of self and developing age appropriate independence skills. ▪ Parents may be struggling with a specific issue and require a low level of support. ▪ Basic care may sometimes be inconsistent. 	<ul style="list-style-type: none"> ▪ Typically these children live in resilient and protective environments where their needs are met. ▪ Children, young people, parents and carers can access universal services directly. ▪ A child may require specific support in school; additional Health Visitor support may be required; or Children’s Centre group may be beneficial.

Level 2 Targeted Needs

Description	What would we see?	Response
<ul style="list-style-type: none"> ▪ Children and young people at this level have more significant emerging or complex needs and are in need of additional support without which they would not meet their expected potential. ▪ Their identified needs may relate to health, education, or social development and if unaddressed, they may develop into more worrying concerns. These children and young people will live in greater adversity and have a greater degree of vulnerability. ▪ Targeted services, working alongside universal services, will be required. 	<ul style="list-style-type: none"> ▪ Parenting is inconsistent and parental issues may be getting in the way of meeting the child’s needs (mental health, learning disability, substance misuse). ▪ There is a lack of parental guidance and age appropriate boundaries are not in place. Parents may be struggling to manage behaviour within the home and there may be some evidence of domestic abuse. ▪ The home environment may not always be adequate and the family may not have positive relationships within the community. ▪ There may be issues with poor school attendance and behaviour when in class, health needs may not be met as appointments are often missed, there may be issues with anti- social behaviour, substance misuse, risk taking behaviour including early onset of sexual activity. 	<ul style="list-style-type: none"> ▪ An Early Help assessment will need to be completed. ▪ If the outcome indicates a need for a multi-agency response. This will be offered with the consent of the child/young person and family. ▪ A Team around the Child (TAC) is also likely to be appropriate. Working with parents/carers and children will be essential to achieve the desired outcomes, and will require open discussion to progress targeted support. ▪ As with Level 1, there will be children and families at the very top of Level 2 who may reach the threshold for assessment by Children’s Social Care. ▪ Unless there is immediate risk of significant harm there is a clear expectation that Early Intervention will have been provided and a detailed review of what has been done/achieved/is outstanding will be provided in the written referral to Childrens Social Care.

Level 3 Specialist Needs and Safeguarding

Description	What would we see?	Response
<ul style="list-style-type: none"> ● Children and young people at this level are in need of specialist assessment and services. ● These are children and young people with high complex needs or where safeguarding can only be achieved by the involvement of specialist services. ● They will require specialist assessment or immediate intervention, including accommodation. Examples of this include: <ul style="list-style-type: none"> ➢ all Section 47 referrals ➢ children at risk of imminent family breakdown or where the breakdown has already occurred ➢ young people remanded in LA care ➢ a disabled child requiring specialist services to prevent immediate impairment or to prevent the need for long-term accommodation. 	<ul style="list-style-type: none"> ● Child may have been abused or neglected; adults caring for the child are known or suspected of being a risk to children. ● Parents have significant personal issues such as mental health, substance misuse or learning difficulties which present a significant risk to their child. ● Family relationships are significantly conflictual and domestic abuse is assessed as high risk (MARAC) and the child is at risk of significant harm. ● The child's medical needs have been significantly compromised due to parental neglect. ● There is concern regarding a child under 13 being engaged in sexual activity. ● Child may pose a significant risk of harm to others. ● The home environment presents an immediate and serious environmental and health risk to the child. 	<ul style="list-style-type: none"> ● At level 3 children and young people's needs and care are significantly compromised. They are highly vulnerable and are experiencing high levels of adversity. ● They have or are suspected to have acute/complex needs, and a comprehensive statutory assessment is required under Section 17 of the Children Act. ● These children and young people may also be children in need of protection as they are experiencing significant harm and are in immediate need of statutory intervention under Section 47 of the Children Act. ● They may require legal action and may need to be accommodated.

The above can only be a guide to support decision making. The final decision about whether or not to refer a child to Children's Social Care will almost always require a degree of professional judgement. When considering the above, practitioners are asked to consider what the impact of family difficulties or other circumstances is on the child or young person concerned. Children and families are unique and strengths, risks and resilience factors vary from situation to situation. Where practitioners are in any doubt about whether or not to make a referral, they should discuss the situation with their safeguarding lead, or consult the 'further sources of support' section below.

Further information about identifying and addressing domestic abuse can be found at:

[Statutory guidance on Controlling and Coercive Behaviour in an intimate of family relationship.](#)

Partners in Peterborough have developed a pre-birth assessment protocol that sets out actions to take where there are significant concerns about the wellbeing of an unborn baby. Further information can be found at:

[PSCB Pre-birth Assessment Guidance and flow chart](#)

Childrens Social Care

We believe that all children, young people and their families have the right to be healthy, happy and safe, to be loved, valued and respected and to have high aspirations for their future.

We recognise that some children, young people and their families will require professional support and intervention at times to achieve this and that in the majority of situations Early Help and Targeted provision will be appropriate and sufficient.

We accept that there will be a relatively small number of children, young people and their families who will require specialist intervention to ensure that they are safeguarded and that their wellbeing is promoted. In these situations Childrens' Social Care involvement will be necessary.

Within Peterborough we have a MASH Hub which acts as a mechanism for receiving referrals, undertaking information gathering, analysis and decision making about whether the threshold for statutory intervention is met and if not what might be the appropriate intervention for the child, young person and their family. The MASH Hub does not provide direct services, this work is initially completed by the First Response Teams and then by the Family Support Teams, 0-25 service or the Children Looked After Teams should ongoing intervention be needed.

Making a referral

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

If a child is at risk of significant harm or actual harm you should telephone the Multi Agency Safeguarding Hub (MASH) on 01733 864170 or 864180 and your call will be answered by one of our MASH Contact Centre Workers. The MASH Contact Centre Workers will ask for the child's name and address, this enables them to check if the child or children already have an allocated social worker. If there is an allocated social worker you will be directed to the relevant social worker or team manager.

If the child does not have a social worker, the MASH Contact Centre Worker will ask for:

- All the details known to your agency about the child
- Family composition including siblings
- The nature of the concern and your view of immediate risks of significant harm
- They will also need to know where the child is now and whether you have informed parents/carers of your concerns.

The referral will then be passed to the MASH team and an Advanced Practitioner or Team Manager will review the information to consider the threshold for appropriate and proportionate intervention.

Where the concerns for a child or children are immediate or serious, the MASH information gathering process runs parallel to the child protection procedures between social care, the police, health and education.

The referring professional will be contacted and told the outcome of the referral and what actions to take and/or what actions will be taken. They will be asked to join the multi-agency strategy discussion if this is needed.

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

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

If you believe that threshold is met for statutory intervention, you should speak with your line manager or safeguarding lead and consider the following points:

- All children, young people and their families should have had an opportunity to engage with Early Help support, before a referral is made to Children's Social Care, and it is the expectation that an Early Help Assessment will have been completed and services put in place prior to a referral being made to Children's Social Care where there are no immediate safeguarding concerns. You can contact the Early Help Team on 01733 863649 to discuss your concerns and explore what support can be offered;
- Have you gained consent or have you informed the parents that you are making a referral? If not you will need to do this, as Children's Social Care will be unable to progress your referral without this. Remember that refusal to engage in Early Help support is not a reason for a referral to Children's Social Care except where this would result in a child suffering significant harm.

When making a referral it is important that:

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

Once you have completed the referral form it will need to be sent to:

PDCSC@peterborough.gcsx.gov.uk

Once the MASH Hub team receive your referral the Advanced Practitioner or Team Manager will decide if threshold is met. The referral will then be passed to a MASH Worker who will undertake further information gathering about the child and their family from relevant agencies and their own social care records, and from this collation of information will make a decision in regards to appropriate and proportionate intervention.

The MASH will always inform referrers of the decision that has been taken, the usual outcomes are:

- 1) A single agency referral to an identified organisation (Level 1);
- 2) A referral to Early Help (Level 2 – Targeted Services);
- 3) A Child and Family Assessment under Section 17 of the Children Act 1989 (Level 3 – Specialist Services);
- 4) There will be a smaller group of children that will need intensive help and support under Section 47 of the Children Act 1989 (Level 3 - Specialist Services).

For more information about the above definitions, please refer to **Appendix 2: Children Act 1989 – statutory duties**

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

In the majority of cases most decisions are reached by consensus due to the multi-agency working within the MASH Hub. However, there may be occasions when professionals disagree. If this is the case the Problem Resolution Procedure outline below should be followed.

Problem Resolution Procedure

Key Principle: It is every professional's responsibility to "problem solve". The aim must be to resolve a professional disagreement at the earliest opportunity as swiftly as possible, always keeping in mind that the child and young person's safety and welfare is the paramount consideration. The Peterborough Safeguarding Board is clear that there must be respectful challenge whenever a professional or agency has concern about the **action or inaction** of another.

If a professional disagreement arises and the issue cannot be resolved between practitioners, the matter must be referred to the line manager who will discuss with their opposite number in the other agency, in the hope that the issue can be resolved.

Failure to resolve problems between line managers must be further escalated to Senior Managers within the respective organisations. If there continues to be no resolution then the matter should be escalated to the Independent Chair of the Safeguarding Board via the Board Manager.

A clear record of all discussions, agreements and actions must be kept by all parties. Should the matter, due to the level of severity, be escalated to the Board there is a template available for recording. A serious escalation could be defined as a situation where the effectiveness of the response of one agency is likely to have a significant impact on the confidence of the other agency leading to possible longer term impact on the ability of the agencies to work together for the benefit of vulnerable children and their families.

For further details on Problem Resolution please click [here](#) to visit the full Peterborough Safeguarding Children Board policy.

Sources of Support

Making decisions about how to safeguard and protect the welfare of children and young people can be challenging and all professionals will need support, advice and guidance at times.

Previously, Peterborough operated a "WHAT IF" line for professionals which enabled them to ring up and speak to Children's Services for advice without providing any details of the child or their family. This prevented any record of the call being kept or of the advice provided. This type of arrangement meant that it was not possible to collate calls of concern made by different practitioners about the same child or young person. Information that when taken together might indicate a risk of significant harm. This type of arrangement has been implicated as a feature in a number of Serious Case Reviews. **This service will therefore no longer be available and practitioners should instead seek support as detailed below.**

In most cases, there will be sufficient support available within the professional's school or agency through line management arrangements, or from dedicated safeguarding leads within the school or agency. Practitioners should always begin by discussing their concerns with their safeguarding lead.

Where a safeguarding lead wishes to discuss a situation further, there are a number of sources of support available. These include:

- Talk to your Line Manager or Safeguarding Lead.
- **Schools:** Designated safeguarding leads within schools can contact Gaynor Mansell, Education Safeguarding Lead, on 01733 863699 or by email at educationsafeguarding@peterborough.gov.uk
- **The Early Help Team:** can be contacted on 01733 863649 or via email at helpwithcaf@peterborough.gov.uk and are able to provide advice and support in respect of working with children and families who may be unwilling to engage with early help services. **Please be aware this is not a replacement of the ‘what if’ line.**
- **With Children’s Social Care:** Safeguarding leads are also able to discuss concerns with Children’s Social Care, where these relate to the need to seek advice about whether a specific child or young person is at risk of significant harm. **This source of support is, however, only open to designated safeguarding leads within the school or agency** and other practitioners should discuss concerns they have with their line managers or safeguarding leads. This is because in usual circumstances, consent would be required from the parent, carer or young person before such a discussion could be held. Full details of the child or young person, including their address, date of birth and details of parents or carers will be needed because any discussions of this nature must be recorded by Children’s Social Care, together with why the information has been shared without consent. Those accessing this form of support need to be prepared for the family concerned to be informed that they have shared information in this way. This might happen in circumstances where another referral is received by Children’s Social Care which, when considered with the information provided under this arrangement, leads to the conclusion that a child or young person may be at risk of significant harm. The telephone number is the same as for the MASH above - 01733 864170 or 01733 864180. The Emergency Duty Team number is 01733 234723.

Other useful links;

[Statutory guidance on Controlling and Coercive Behaviour in an intimate of family relationship.](#)

[PSCB Pre-birth Assessment Guidance and flow chart](#)

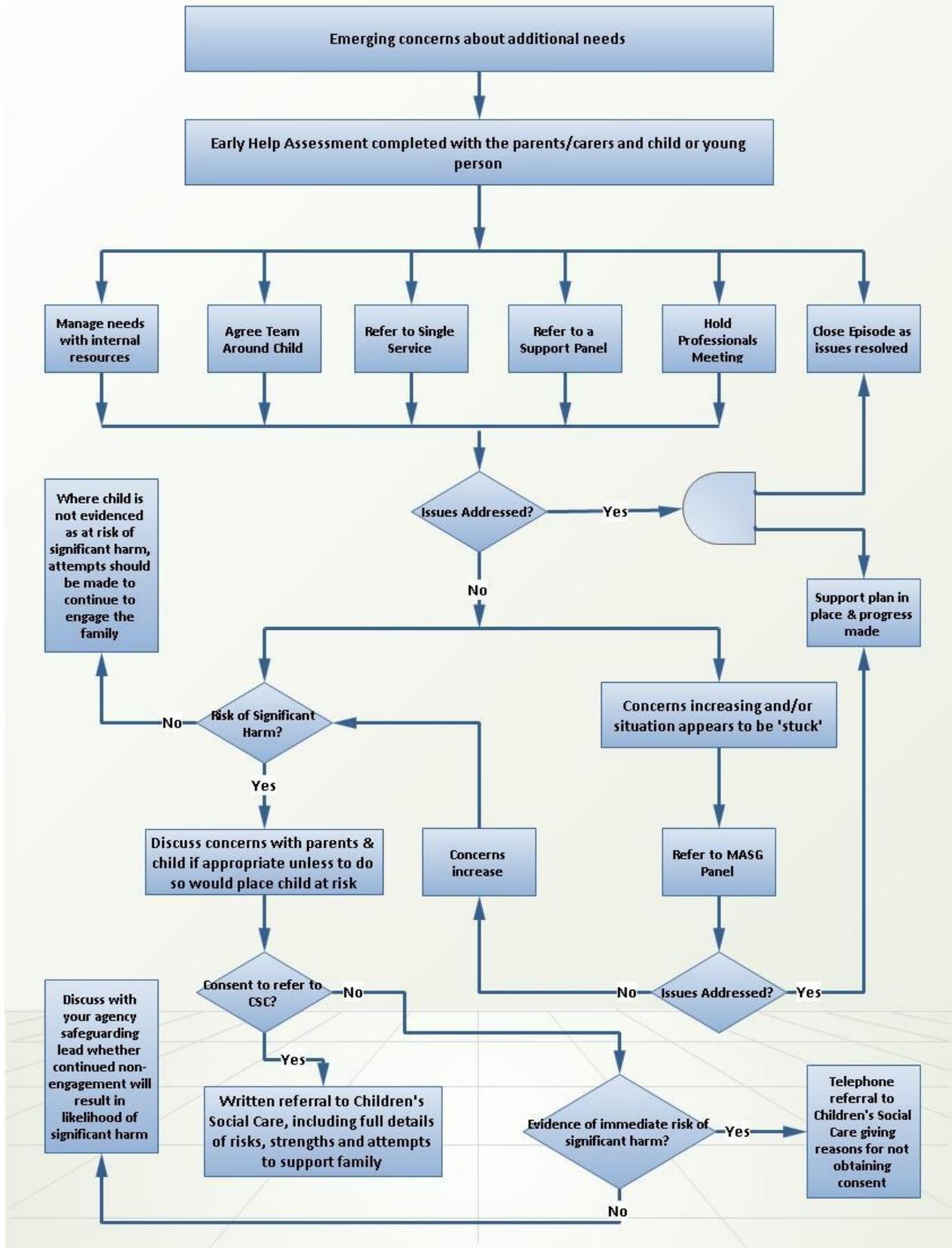
[Prevent & Safeguarding Guidance; Supporting individuals vulnerable to violent extremism](#)

[Revised Prevent Duty Guidance for England and Wales](#)

[Protecting Children from Radicalisation, the Prevent duty](#)

Appendix 1: Flow Chart of Process

Appendix 1: Flowchart of Intervention



Appendix 2: The Children Act 1989: Key Sections

The legislative framework for much of the way in which Children's Social Care services engage with children and their families and take action to safeguard children and young people at risk of significant harm is enshrined within the Children Act 1989. A definition of significant harm can be found [here](#).

Key sections of the Act include:

SECTION 17

A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled.

In these situations, assessments by a social worker are carried out under section 17 of the Children Act 1989, with the consent of the parents or carers and of the young person where they are Gillick or Fraser competent.

SECTION 47

Section 47 of the Children Act 1989 places a duty on LAs to investigate and make inquiries into the circumstances of children considered to be at risk of '[significant harm](#)' and, where these inquiries indicate the need, to decide what action, if any, it may need to take to safeguard and promote the child's welfare.

Consent should also be obtained from parents and carers, or the child or young person where they are Gillick or Fraser competent, except where the act of seeking consent would place the child or young person concerned, or another person, at immediate risk of significant harm, or prevent or obstruct the investigation of a serious crime.

SECTION 20

Under Section 20 of the Children Act 1989 children and young people can be "accommodated" with the consent of those with parental responsibility. If the young person is 16 or 17 years old, they do not need the consent of those with parental responsibility in order to be accommodated by the local authority. Any person who has parental responsibility for a child may at any time remove the child from accommodation provided by or on behalf of the local authority. If the young person is 16 or 17 years old, they can leave the accommodation without parental consent.

Section 20 is based on co-operative working between the local authority, the young person and his or her parents because the court is not forcing the child or young person to be looked after. The Local Authority does not share or gain Parental Responsibility in this situation.

Section 31 of the Children Act 1989 (Care Order)

Under Section 31 of the Children Act 1989 the local authority can apply to the court for a child or young person to become the subject of a care order, where there is concern that the child concerned is suffering or is likely to suffer [significant](#) harm attributable to the care being given to the child, or likely to be given if an Order were not made, not being what it would be reasonable to expect a parent to give, or the child is beyond parental control.

The court will only make a care order if it believes that it is better for the child or young person than not making an order.

Once a care order is made, the local authority obtains parental responsibility in addition to the other parental responsibility holders.

A care order can only be discharged by the court on the application of any person who has parental responsibility for the child the child or the local authority designated by the order.