Sandwell Safeguarding Children Board

Multi Agency Thresholds Document

Document Control

Organisation	Sandwell Safeguarding Children Board (SSCB)
Title	Multi-agency Thresholds Document
Author	SSCB
Owner	SSCB
Revision Date	March 2016
Date of Review	March 2017
Protective Marking	IL0 – Unclassified

Contents

1 Introduction

1.1 All children, young people and families have basic needs that are provided through universal services. These include education, early years, health, youth services, leisure facilities, and the many services provided by voluntary organisations. Some children, young people and their families, however, have needs which will require the additional support provided by Targeted and Statutory Social Work Services.

1.2 Working Together to Safeguard Children 2015 (Department for Education) makes it clear that safeguarding children and promoting their welfare is the responsibility of all professionals working with children and that they should understand the criteria for taking action across a continuum of need if required.

1.3 This will include protecting children from maltreatment; ensuring that children grow up in circumstances consistent with safe and effective care; taking action to prevent impairment of children's health and development ; taking action to ensure children achieve best outcomes

1.4 This Threshold Document sets out **four levels of need** and provides guidance to individuals, agencies and staff to help them to identify a child's level of need and whether additional services are required. It is not a rigid set of procedures: Every child is unique and their needs will change over time. Professionals should seek advice from their agency safeguarding lead. If required they can seek guidance through their local Community Operating Group(COG) or the Multi Agency Safeguarding Hub (MASH).

1.5 Where an alleged perpetrator of abuse either works with or volunteers with children a referral should also be made to the Local Authority Designated Officer (LADO) (*A Partnership Referral form can be accessed from the SSCB website online or the LADO can be contacted on 0121 569 4770)*

1.6 If a child is at imminent and significant risk of harm/immediate danger (and reporting concerns cannot wait an hour while a multi-agency referral form (MARF) is completed), a professional should consider calling 999 in the first instance (for Police or an Ambulance) and also contact children's social care by telephoning Sandwell's Contact Centre on 0121 569 3100 (24 hours). The referrer will also be expected to complete a MARF without delay.

1.7 These and other key contact details are repeated in Appendix 1.

2 Principles and Definitions

2.1 Appendix 3 of this document - the Thresholds Matrix - provides illustrative examples about how need might present itself, rather than an exhaustive list of fixed criteria that must be met. The level of need will be increased where there is a multiplicity of factors and professional judgement will always be required.

2.2 The following principles should be considered in applying the framework:

- A child is anyone who has not reached their 18th birthday including unborn children (Children Act (1989))
- All children have the right to grow up safe from harm and to reach their potential.
- Children are best supported and protected when additional needs are identified early and the support is provided in a timely manner and commensurate to these needs.
- The 2004 Children Act encourages agencies, where ever possible, to work in partnership with families and to make onward referrals with their consent. All work undertaken by the Community Operating Groups and with Children in Need must be undertaken with consent. If the practitioner believes that the child may be at risk of significant harm and that consent may place the child at further risk they should take advice from their Safeguarding Lead, if time, and clearly state at the point of referral why consent has not been sought.
- Support should be delivered at the lowest appropriate level to meet the child's needs thus preventing the need for escalation to more specialist services.
- Support should be based on assessment and intervention delivered through a clear plan of work which is regularly reviewed. This may include the completion of an Early Help Assessment and the creation of a team around the Child/Family.
- Work must be child focussed and care taken to ensure that children/parents/ carers/agencies understand the plan, how this will delivered and their role in it.
- Children with disabilities may have additional vulnerabilities related to their communication, mobility and dependence on others for basic care.

2.3 The term **Lead Professional** is used within the Framework to mean someone who takes the lead to co-ordinate provision and be a single point of contact for a child and their family, when a range of services are involved with the child or family and an integrated response is required.

2.4 **Early Help** is an approach to working with, children and families who are below the threshold of social care intervention, but require a multi-agency approach that stops problems emerging and supports families to improve their situation.

2.5 **Signs of Safety (SoS)** is Sandwell's chosen Children's Services approach our intervention with children, young people and their families. SoS is a solution focussed approach which seeks to put the family at the centre of their plan.

3 Levels of intervention and need

3.1 Children and families are supported most effectively and efficiently when services and information sharing are planned and delivered in a coordinated way.

3.2 By working together agencies can significantly improve outcomes for children and families. Evidence shows that a multi-agency approach is needed to identify vulnerable families early and effectively. Many of the risk factors that are typically seen as the business of one agency can also be supported by other service providers. Often the majority of our work is undertaken with the same families, whether at the same or different times of their lives.

3.3 Sandwell Safeguarding Children Board 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 detailed in Figure 1 below

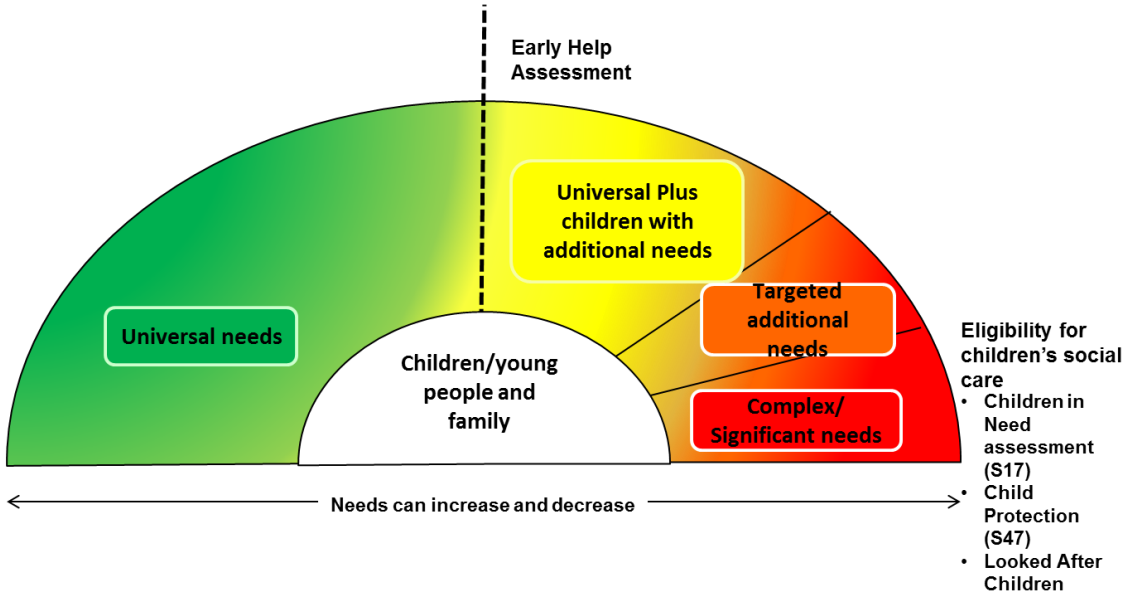


Fig 1

3.4 These four levels of intervention - **Universal; Universal Plus; Targeted Additional Needs; Complex/Significant Needs** - have been developed into a matrix of indicators of needs and risks to help describe the circumstances in which an Early Help Assessment (formerly known as CAF) should be considered and when a referral to Children's Social Care may be necessary alongside a range of universal services.

3.5 The indicators of need for each level of intervention are split into three sections (see Appendix 2):

1. **Child or Young Person's Developmental Needs** - including health, education and learning, and emotional and behavioural development.
2. **Parent or Carers Capacity** - including basic care, safety and emotional warmth.
3. **Family and Environmental Factors** - including family history, housing and employment.

3.6 **How to use the matrix**

- Capture the concerns you have for the child or young person, using the three headings as a guide.
- Review the tables in **Appendix 3 – Thresholds Matrix** to establish the level of need for the child or young person.
- Refer to the process map in **Appendix 4** to establish the process for accessing support for the child, young person and their family.

3.7 **Which level of need?**

The list of indicators contained in this document is not exhaustive and is guidance. In assessing need and risk that require specialist services, multiple factors are likely to be present and decisions as to whether the criteria are met remain a professional judgement. It is also important to remember that the signs that a child or young person has particular needs are often not found in a single piece of evidence but in a combination of factors of indicators.

3.8 The model is intended to ensure the early identification of children and families who require additional help and the provision of services. It aims to prevent children moving towards higher levels of need and to reduce the level of need wherever possible. The boundaries between the levels are not hard and fast and children may present with needs at different levels. Inter-disciplinary discussion and coordination will ensure appropriate services are arranged.

3.9 It is acknowledged that children may move up and down from one level to another and that agencies (including universal services) will offer support at more than one level. Although a professional may refer a family for a more targeted service, it is expected that the professional will still engage with the

family during assessment and are likely to continue to have a role as part of Team Around the Family (TAF).

3.10 Support is available with the decision making process. All agencies will have a safeguarding lead that will usually be part of the threshold discussion. Professionals should not delay referral of urgent matters due to the unavailability of their safeguarding lead.

3.11 Advice is also available from your local Community Operating Group (COG) who all hold a weekly meeting in each locality. They provide an opportunity to discuss the co-ordination of support to families where the Team Around the family (TAF) process is not securing the right outcomes and where there is a chronic and escalating need. Professionals from any agency can seek further advice and support. Where appropriate a decision can be made in the meeting to escalate the case to Children's Social Care. ***Parental consent for a case to be discussed must be obtained wherever possible in line with established information sharing protocols*** *(Information Sharing: Advice for practitioners providing safeguarding services (March 2015, Department for Education) and Sandwell's Information Sharing Protocol and MASH/MAET Guidance on Making a Referral, Information Sharing and Seeking Parental Consent can be found on the SSCB website).*

3.12 Where children have an identified lead professional or allocated social worker it will be appropriate to discuss any concerns with them/ their manager in the first instance. Where a child already has an allocated social worker no Multi Agency Referral Form (MARF) will be required.

3.13 If, following guidance from designated Safeguarding Leads within their agency it is agreed that there a child protection concern and a referral to Children's Social Care should be made, a professional will complete a multi-agency referral form (MARF). A MARF must be completed and submitted within 1 hour.

4 Accessing support for children and families

4.1 Once the practitioner has used the Threshold matrix (Appendix 3) they should determine the best course of action be that:

- Continue provision through universal services (level 1)
- Record and monitor Early Help Notes (formerly known as pre CAF) (level 2)
- Complete an Early Help Assessment (formerly known as CAF)(level 3)
- Refer to children's social care by completing a Multi-Agency Referral Form (MARF) (level 4)

4.2 Levels 1 and 2 indicate the circumstances in which partner agencies are expected to intervene and provide support to a child and family in order to prevent the need for a specialist service. Levels three and four identify the point at Sandwell MBC Targeted Services and Children's Social Care will become involved. In all cases consent from the person with parental responsibility should be sought unless this places the child at further risk of immediate harm.

4.3 If a professional is unclear about whether to complete an Early Help Assessment or MARF they should, in the first instance consult their designated Safeguarding Lead within their agency. If the designated lead is not available then advice from a qualified social worker can be obtained as follows:

4.4 **Non–urgent advice** is currently available from the Social Worker within the local Community Operating Group (see Appendix 1)

4.5 When an Early Help Assessment identifies that multi-agency support is required to meet the needs of the child and family then this team becomes the Team Around the Family (TAF) and is responsible for developing and implementing the plan for the child. The parent/carer and TAF agree who is best placed to become the Lead Professional. The person will coordinate the plan and ensure that regular TAF meeting are held.

4.6 **Urgent advice** - Where children are not known to Children's Social Care, referral for these services can be made via the MARF which should be sent to the MASH via the GCSX secure email, access_team@sandwell.gcsx.gov.uk. For queries on the progress of these referrals contact the MASH by telephoning 0121 569 3100.

4.7 All children receiving a service from Children's Social Care will have a plan in place, which will be a Child Protection Plan, Child in Need Plan, Looked After Children (LAC) Care Plan or Pathway Plan.

4.8 Children who have been confirmed as a Child in Need will also require a Team around the Family (TAF) to be formed by the social worker. This will enable development of a formal multi-agency plan of action to meet the child's needs.

4.9 Where a child is in need of protection the social worker will be the lead professional, the core group takes the place of the team around the family (TAF) and the Child Protection conference reviews the plan.

4.10 Where the child is Looked After or has left care the social worker will be the lead professional, and the plan for children Looked After is reviewed at Looked After Child Reviews led by an Independent Reviewing Officer.

Appendix 1: Key contact details

Early Help Assessment

Contact MASH Early Help Desk on **0121 569 3100** for support or a locality Early Help Social Worker. Further information on how to complete the Early Help Assessment is available at: www.sandwell.gov.uk/families

Community Operating Groups (COGS)

Community Operating Groups (COGS) can be accessed in office hours on the numbers below:

- Tipton COG Team, (Located in Tipton Local), High Street, Tipton, DY4 9JB (Email: tipton_cog@sandwell.gov.uk and Tel: 0121 569 7291)

- Wednesbury COG Team (located in Wednesbury Town Hall), Holyhead Road, Wednesbury, WS10 7DF (Email: wednesbury_cog@sandwell.gov.uk and Tel: 0121 569 7294)

- West Bromwich COG Team, Court House, High street, West Bromwich B70 8LU (Email: westbromwichcentral_cog@sandwell.gov.uk and Tel: 0121 569 7293

- Oldbury COG Team, (located in Brandhall Library), Tame Road, Oldbury, B68 0JT (Email: oldbury_cog@sandwell.gov.uk and Tel: 0121 569 7295)

- Rowley COG Team, Payne Street, Blackheath, B65 0DH (Email: rowley_cog@sandwell.gov.uk and Tel: 0121 569 7296)

- Smethwick COG Team, Hollies Family Centre, Smethwick, B67 7DW (Email: Smethwick_cog@sandwell.gov.uk and Tel: 0121 569 7297)

Child Protection Referral

Emergency

If a child is at **imminent significant risk of harm/immediate danger** (and reporting concerns cannot wait an hour while a MARF is completed), a professional should consider calling **999** in the first instance (for Police or an Ambulance) and contacting Children's Social Care by telephoning Sandwell's Contact Centre on **0121 569 3100** (out of office hours is the same number). They will also be expected to complete a MARF without delay.

The out of hours Emergency Duty Team is available outside office hours and can be contacted on 0121 569 2359

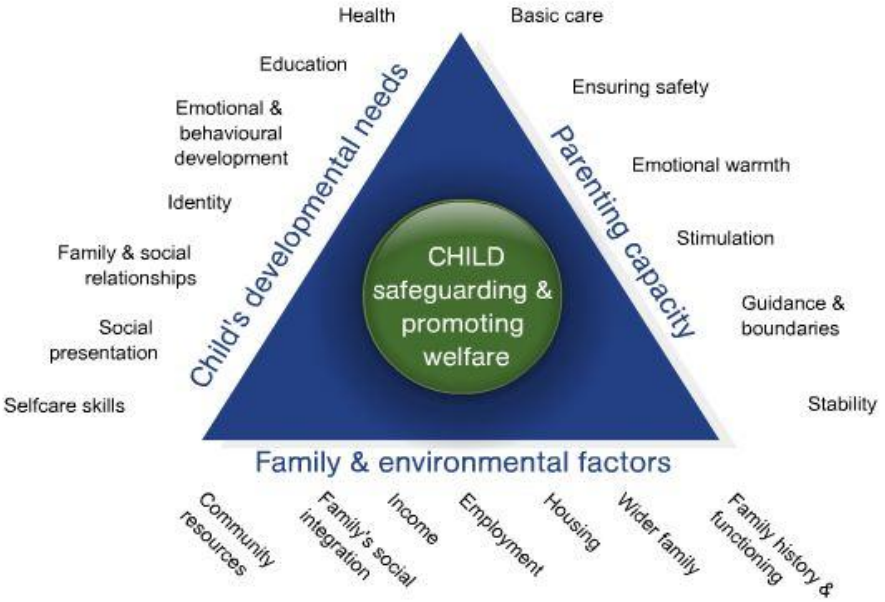
Non-Emergency

If there is no immediate danger but the child has met the threshold for children's social care, the professional should complete and submit a MARF within 1 hour. **They will not be required to telephone Children's Social Care to inform them of the referral but it is vital that the referrer is available to discuss the referral.** .

The MARF and guidance on completing a MARF can be found at www.sandwelllscb.org.uk

MARFs should be sent by secure email to **access_team@sandwell.gcsx.gov.uk** with the subject title MARF. For those agencies who do not have secure email, password protect the MARF before sending, and advise Sandwell's Contact Centre of the password.

Appendix 2: The Framework for the Assessment of Children in Need and their Families



The Framework for the Assessment of Children in Need and their Families (assessment triangle) is a visual tool to assist in the assessment of three domains - *Child's developmental needs; Parenting capacity; Family & environmental fac*tors. Each of these domains are represented by a side of the assessment triangle and correspond to the three domains used in the Threshold Matrix (**Appendix 3**). Assessments should take account of all three domains and how these impact on the child and their development.

The Framework provides a systematic basis for collecting and analysing information to support professional judgements about how to help children and families in the best interests of the child. Practitioners should use the framework to gain an understanding of a child's developmental needs; the capacity of parents or caregivers to respond appropriately to those needs, including their capacity to keep the child safe from harm; and the impact of wider family and environmental factors on the parents and child. The complex interplay of factors across all three domains should be carefully understood and analysed. Its purpose is to identify the child's and other family members' needs and agree on the desired outcome of any involvement.

Appendix 3: Thresholds Matrix

Universal	Universal Plus	Targeted Additional Needs	Complex / Significant Needs
Children with no additional needs and where there are no concerns. Typically these children are likely to live in a resilient and protective environment where their needs are met. These children will require no additional support beyond that which is universally available. These indicators need to be kept in mind when assessing the significance of indicators from Universal Plus; Targeted Additional Needs; Complex/Significant Needs.	These children can be defined as needing some additional support without which they would be at risk of not meeting their full potential. Their identified needs may relate to their health, educational, or social development, and are likely to be short term needs. If ignored these issues may develop into more worrying concerns for the child or young person. These children will be living in greater adversity than most other children or have a greater degree of vulnerability than most if their needs are not clear, not known or not being met and multi-agency intervention is required, a **lead professional** will be identified to coordinate a plan around the child.	This Level applies to those children identified as requiring specialist support. It is likely that for these children their needs and care are compromised. Only a small fraction of children will fall within this band. These children will be those who vulnerable or experiencing the greatest level of adversity. **Children with additional needs:** These children may be eligible for services from The Local COG Team / Children's Social Care and are potentially at risk of developing acute/ complex needs if they do not receive early statutory intervention. If a social worker is allocated they will usually act as the lead professionals and coordinate services.	These are children whose needs and care at the present time are likely to be significantly compromised thereby requiring assessment under Section 47 or Section 17 of the Children Act 1989. These children may become subject to a child protection plan and need to be accommodated (taken into care) by Children's Social Care either on a voluntary basis or by way of Court Order. Section 17-1989 Children Act states a child shall be taken to be in need if: (a) He is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part; (b) His health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or (c) He is disabled.
Parent or Carers Capacity	**Parent or Carers Capacity**	**Parent or Carers Capacity**	**Parent or Carers Capacity**
Basic Care, Safety and Protection • Parents/carers provide for child's physical needs: food, drink, appropriate clothing, medical and dental care. • Parents/carers protect from danger or significant harm, in the home and elsewhere.	**Basic Care, Safety and Protection** • Requiring support to provide consistent care e.g. safe and appropriate childcare arrangements; safe and hygienic home conditions; adequate diet. • The following parental factors impact on the health or development of the child unless appropriate support provided: health; mental health; learning difficulties; disability; and substance misuse. • Poor engagement with universal services likely to impact on child's health or development. • Parents/carers have had additional support to care for previous child/young person. • Parent requires advice on parenting issues. • Professionals are beginning to have some concerns around child's physical needs being met. • Some exposure to dangerous situations in home/community where risk is accepted by parent and managed.	**Basic Care, Safety and Protection** • Parent/Carer is able to meet child's needs with support but is not providing adequate care. • Concern that an unborn child (of at least 16 weeks gestation) may be risk of harm. • The following parental factors have a direct impact on child's health or development: mental health difficulties; substance misuse; and learning difficulties. • Child has indirect contact with individuals who pose a risk of physical or sexual harm to children. • History of previous child protection concerns. • Professionals have escalating concerns. • Child experiencing unsafe situations. • Elements of neglect are present where food, warmth and other basics not available that with support would improve	**Basic Care, Safety and Protection** • Parents/carers are unable to care for the child. • Parents/carers have or may have abused/neglected the child/young person. • Pre-birth assessment indicates unborn child is at risk of significant harm. • Chronic or acute neglect where food, warmth and other basics often not available. • Parents' own needs mean they cannot keep child/young person safe. • Parent unable to restrict access to home by adults known to be a risk to children and other adults. • Child/young person left in the care of an adult known or suspected to be a risk to children, or lives in the same house as the child. • Low warmth, high criticism is an enduring feature of the parenting style. • Parent's own emotional needs/experiences persistently impact on their ability to meet the child/young person's needs. • The following parental factors present a risk of significant harm to the child: mental health issues; substance misuse; learning difficulties; health/disability. • Concerns about sexual exploitation (refer to Appendix 3 for potential indicators). • Previous child/young person(s) have been removed from parent's care. • There is an instability and violence in the home continually.
Emotional Warmth and Stability • Parents/carers show warm regard, praise and encouragement. • Parents/carers ensure that secure attachments are not disrupted. • Parents/carers provide consistency of emotional warmth over time.	**Emotional Warmth and Stability** • Difficulties with attachment. • Inconsistent responses to child by parents e.g. discipline and praise. • Lack of response to concerns raised about child's welfare. • Able to develop positive relationships with others (not the child).	**Emotional Warmth and Stability** • Parent is emotionally unavailable. • Succession/multiple carers or multiple carers, but no significant relationships with any of them or others. • Inappropriate child care arrangement. • Receives erratic/inconsistent care/parenting. • Parental instability affects capacity to nurture.	**Emotional Warmth and Stability** • Deliberate cruelty or emotional ill treatment of a child resulting in significant harm. • Child is continually the subject of negative comments and criticism, or is used as a scapegoat by a parent/carer, resulting in feelings of low worth and self-esteem and seriously impacting on the child's emotional and psychological development. • Previous child/young person(s) have been removed from parent's care. • Beyond parental-control. • Has no-one to care for him/her.
Guidance Boundaries and Stimulation • Parents/carers provide guidance so	**Guidance Boundaries and Stimulation** • Inconsistent parenting in respect to routine and	**Guidance, Boundaries and Stimulation** • Child/young person receives little positive stimulation – lack	**Guidance Boundaries and Stimulation** • Lack of appropriate supervision resulting in significant harm to child.

that child can develop an appropriate internal model of values and conscience. • Parents/carers facilitate cognitive development through interaction and play. • Parents/carers enable child to experience success.	boundary setting for child's stage of development and maturity. • Parent has age inappropriate expectations that child or young person should be self-reliant. • Lack of response to concerns raised about child. • Child not exposed to new experiences and spends much time alone. • Can behave in an anti-social way.	of new experiences or activities. • Parents/carers provide inconsistent boundaries or present a negative role model. • Erratic/inadequate guidance provided.	• Child is given responsibilities that are inappropriate for their age/level of maturity resulting in significant harm to the child. • No constructive leisure time or guided play. • No effective boundaries set by parents (who) regularly behave in an anti-social way.
Family and Environmental Factors	**Family and Environmental Factors**	**Family and Environmental Factors**	**Family and Environmental Factors**
Family and Social Relationships and Family Well-Being • Good relationships within family, including when parents are separated. • Few significant changes in family composition. • Sense of larger family network and good friendships outside of the family unit.	**Family and Social Relationships and Family Well-Being** • Parents/Carers have relationship difficulties which may affect the child. • Low level concerns about domestic abuse. • Parents/Carers request advice to manage their child's behaviour. • Child is a teenage parent. • Child is a young carer (may look after younger siblings). • Parent was a Looked After Child (LAC). • Large family with multiple young children. • Experienced loss of significant adult. • Some support from family/ friends.	**Family and Social Relationships and Family Well-Being** • Domestic abuse where the risk to the victim is assessed as standard/medium risk and the child is present within the home during the incident. • An initial domestic abuse incident is reported but the victim discloses details of historic abuse with children resident/normally resident. • Pre-birth assessment where a history of past child protection concerns. • Risk of family relationship breakdown leading to child becoming looked after outside of family network. • Child is a young carer requiring assessment of additional needs. • Child requires assessment for respite care service due to family circumstances and has no appropriate friend/relative/carer available to support. • Parents/carers are unable or unwilling to continue to care for the child. • Parent was a LAC child. • Acrimonious divorce/separation. • Family has poor relationship with extended family/little communication. • Family is socially isolated.	**Family and Social Relationships and Family Well-Being** • Assessment identifies risk of physical, emotional, sexual abuse or neglect. • History of previous significant harm to children, including any concerns of previous child deaths. • Family characterised by conflict and serious, chronic relationship difficulties. • Child is privately fostered. • Unaccompanied asylum seeking children. • Parent/carer has unresolved mental health difficulties which affect the wellbeing of the child. • Adult victim of Domestic Abuse is assessed as high level risk and the child (including unborn) is at risk of significant harm. • Child or young person is at risk of or exposed to Honour Based Violence (HBV) • Child or young person is at risk of Forced Marriage (FM) • Child's carer referred to MARAC. • Members of the wider family are known to be, or suspected of being, a risk to children. • Child needs to be looked after outside of their immediate family or parents/carers due to abuse/neglect. • Significant parental discord and persistent domestic violence. • No effective support from extended family. • Destructive/unhelpful involvement from extended family
Housing, Employment and Finance • Housing has basic amenities and appropriate facilities. • Parents able to manage the working or unemployment arrangements and do not perceive them as unduly stressful. • Reasonable income over time, with resources used appropriately to meet individual needs.	**Housing, Employment and Finance** • Overcrowding (as per local housing guidelines) that has a potential impact on child's health or development • Families affected by low income/living with poverty affecting access to appropriate services to meet child's additional needs. • Wage earner has periods of no work/low income plus adverse additional factors which affect the child's development. • Parents have limited formal education which is affecting ability to find employment. • Family seeking asylum or refugees.	**Housing, Employment and Finance** • Extreme financial difficulties impacting on ability to have basic needs met. • Family at risk of eviction having already received support from Housing services. • Housing is in poor state of repair, temporary or overcrowded. • Parents stressed due to "overworking" or unemployment/parents may find it difficult to obtain employment due to poor basic skills.	**Housing, Employment and Finance** • Homeless child in need of accommodation including 16-17 year olds. • Hygiene conditions within the home present a serious and immediate environmental/health risk to children. • Physical accommodation places child in danger. • Family unable to gain employment due to lack of basic skills or long-term difficulties e.g. substance misuse. • Extreme poverty/debt impacting on ability to care for Child.
Social and Community Resources • Family feels integrated into the community and have good social and friendship networks exist. • Access to regular and positive activities within universal services.	**Social and Community Resources** • Family require advice regarding social exclusion e.g. hate crimes, harassment, and disputes in the community. • Family/child demonstrating low level anti-social behaviour towards others. • Limited access to contraceptive and sexual	**Social and Community Resources** • Significant levels of targeted hostility towards the child and their family, and conflict/volatility within neighbourhood. • Parents socially excluded and have lack of a support network. • Poor quality universal resources and access problems to these and targeted services.	**Social and Community Resources** • Child or family need immediate support and protection due to harassment/discrimination and have no local support. • Chronic social exclusion/no supportive network. • Poor quality services long-term access problems.

	health advice, information and services. • Parents/carers are socially excluded, have no access to local facilities and require support services. • Family may be new to the area. • Adequate universal resources but family may have access issues.		
Child or Young Person's Developmental Needs	**Child or Young Person's Developmental Needs**	**Child or Young Person's Developmental Needs**	**Child or Young Person's Developmental Needs**
Learning/Education • Acquired a range of skills/interests. • Experiences of success/achievement. • No concerns around cognitive development. • Access to books/toys, play. • Good attendance at school (90% or more)/college/training.	**Learning/Education** • Occasional truanting, punctuality issues, attendance below 90%. • Not always engaged in learning, e.g. poor concentration, low motivation and interest. • The child's current rate of progress is inadequate despite receiving appropriate support and are not thought to be reaching educational potential. • Have some identified learning needs that place him/her on "School Action" or "School Action Plus" • Lack of adequate parent/carer support for child's learning e.g. appropriate stimulation (books/toys) and opportunities to learn. • Child/young person under undue parental pressure to achieve/aspire or parent/carer lacks aspirations for child/young person. • Few or no qualifications leading to NEET (not in education, employment or training). • Not educated at school (or at home by Parents/Carers).	**Learning/Education** • Child not in education, in conjunction with concerns for child's safety. • Chronic non-attendance / truanting / authorised absences/fixed term exclusions/punctuality issues. • Identified learning needs and may have Statement of Special Educational Needs. • Not achieving key stage benchmarks. • No interests/skills displayed.	**Learning/Education** • Is out of school. • Permanently excluded from school or at risk of permanent exclusion. • Has no access to leisure activities.
Health • Physically well/healthy, developmental checks/immunisations up to date and health appointments are kept. • Good state of mental health. • Developmental milestones appropriate and appropriate height and weight/growth. • Speech and language development met. • Adequate hygiene/clothing and nutritious diet. • Regular dental and optical care. • Sexual activity appropriate for age.	**Health** • Slow in reaching developmental milestones. • Not attending routine appointments e.g. immunisations and developmental checks. • Missing set appointments across health including antenatal, hospital and GP appointments. • Is susceptible to minor health problems. • Minor concerns re growth and weight (above or below what would be expected). • Low level mental health or emotional issues. • Evidence of risk taking behaviour i.e. drug/alcohol use, unprotected sex. • Minor concerns re diet/hygiene/clothing.	**Health** • Chronic/recurring health problems with missed appointments, routine and non-routine. • Delay in achieving physical and other developmental milestones, raising concerns. • Frequent accidental injuries to child requiring hospital treatment. • Some concerns around mental health, including self-harm and suicidal thoughts. • Poor or restricted diet despite intervention/dental decay/poor hygiene. • Child has chronic health problems or high level disability which with extra support may/may not be maintained in a mainstream setting. • Learning significantly affected by health problems. • Overweight/underweight/enuresis/faltering growth.	**Health** • Parents/carers refusal to recognise or address high level disability, serious physical and/or emotional health. • Child not accessing appropriate medical care which puts them at direct risk of significant harm. • Child with a disability in need of assessment and support to access appropriate specialist services. • Concerns that a child is suffering or likely to suffer harm as a result of fabricated or induced illness. • Child who is suspected to having suffered non-accidental, or serious unexplained, injuries. • Persistent substance misuse. • Developmental milestones unlikely to be met. • Early teenage pregnancy. • Serious mental health issues. • Dental decay and no access to treatment. • Sexual exploitation/abuse. • Non organic faltering growth/failure of parent or carer to respond to faltering growth. • Female Genital Mutilation (known or suspected), including any suspicion that a young girl is being taken abroad for this purpose.
Social, Emotional, Behavioural, Identity • Demonstrates age appropriate responses in feelings and actions.	**Social, Emotional, Behavioural, Identity** • Emerging anti-social behaviour and attitudes and/or low level offending.	**Social, Emotional, Behavioural, Identity** • Child with serious level of unexplained and inappropriate sexualised behaviour.	**Social, Emotional, Behavioural, Identity** • Challenging behaviour resulting in serious risk to the child and others. • Child/young person beyond parental control – regularly absconds

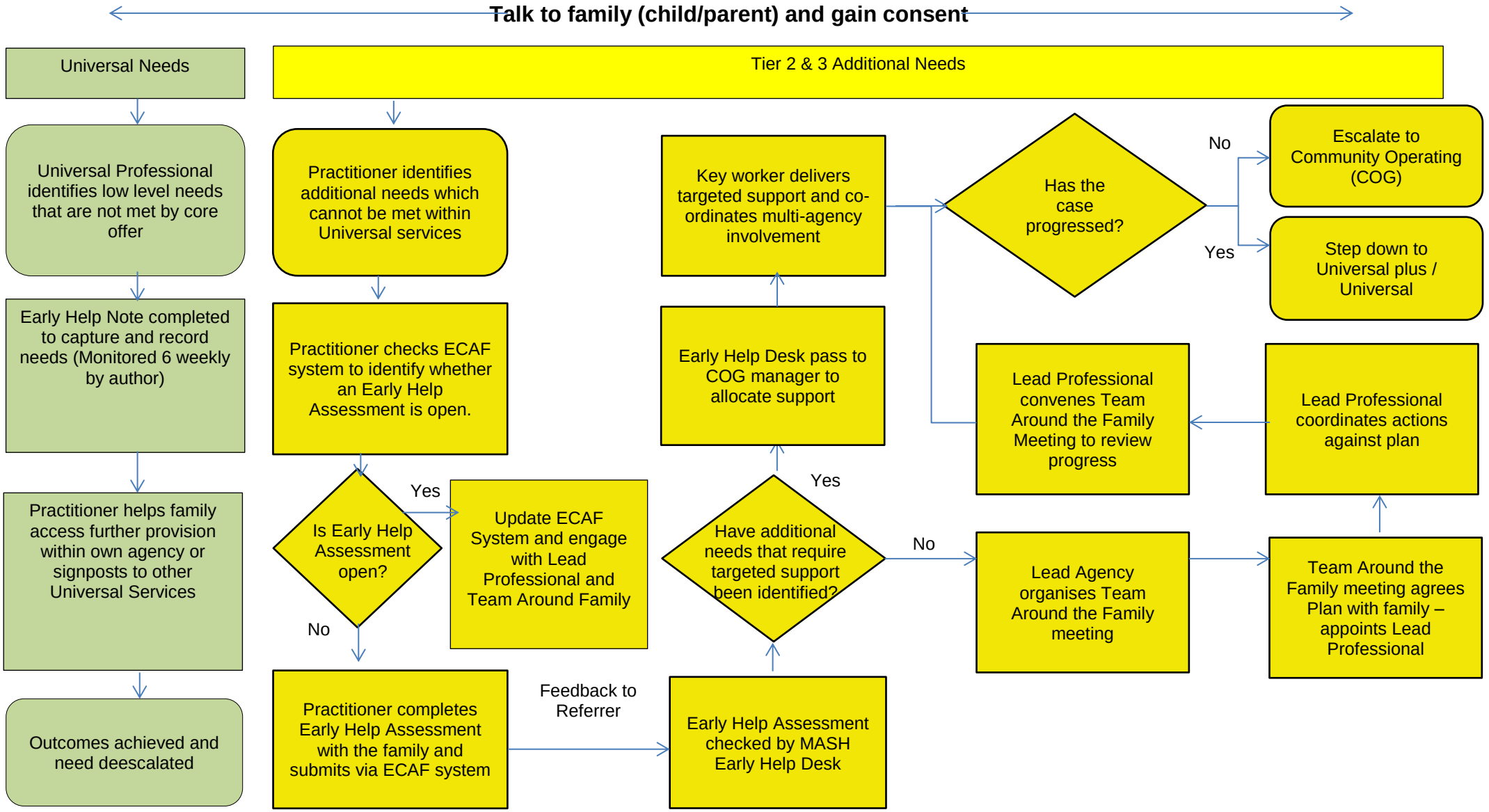
• Good quality early attachments, child is appropriately comfortable in social situations. • Able to adapt to change and demonstrate empathy and express needs. • Demonstrates feelings of belonging and acceptance. • Positive sense of self and abilities. • Knowledgeable about the effects of crime and antisocial behaviour (age appropriate).	• Child is victim of bullying or bullies others. • Expressing wish to become pregnant at young age. • Low level substance misuse (current or historical). • Low self-esteem. • Limited peer relationships/social isolation. • Expressing thoughts of running away. • Disruptive/challenging behaviour at school/neighbourhood/household. • Behavioural difficulties requiring further investigation/diagnosis. • Some difficulties with peer group relationships and with some adults. • Can find managing change difficult. • Starting to show difficulties expressing empathy. • Can be over-friendly or withdrawn with strangers. • Can be provocative in appearance and behaviour.	• Child is at risk of sexual exploitation (refer to Appendix 3 for potential indicators). Parents engaged and supportive. • Child currently/frequently missing from home and concerns raised about their physical and emotional safety and welfare. Parents engaged and supportive. • Child whose behaviour is putting them at risk, including substance and alcohol misuse. • Evidence of regular/frequent substance misuse which may combine with other risk factors. • Continuous breeches of curfew order with other risk-taking behaviours. • Failure or inability to address serious (re)offending behaviour leading to risk of serious harm to self or others. • Child/young person beyond parental control - regularly absconds from home and places self at risk of significant harm. • Child/young person out of control in the community. • Difficulty coping with anger, frustration and upset. • Disruptive/challenging behaviour and unable to demonstrate empathy. • Regularly involved in anti-social/criminal activities. • Subject to discrimination – racial, sexual or due to disabilities. • Demonstrates significantly low self-esteem in a range of situation. • Is provocative in behaviour/appearance.	from home and places self at risk of significant harm. • Failure or inability to address complex mental health issues requiring specialist interventions e.g. self-harm / suicidal attempts. • Young people with complicated substance misuse problems requiring specific interventions and/or child protection and who can't be managed in the community. • Puts self or others in danger – missing/at risk of sexual exploitation. • Experiences persistent discrimination, e.g. on the basis of ethnicity, sexual orientation or disability. • Is socially isolated and lacks appropriate role models. • Alienates self from others.
Family and Social Relationships • Stable and affectionate relationships with caregivers. • Good core relationships with siblings. • Positive relationships with peers.	**Family and Social Relationships** • Some support from family and friends. • Has some difficulties sustaining relationships.	**Family and Social Relationships** • Has lack of positive role models. • Misses after school clubs or leisure activities. • Peers also involved in challenging behaviour. • Involved in conflicts with peers/siblings. • Regularly needed to care for another family member.	**Family and Social Relationships** • Periods of being accommodated by Local Authority. • Family breakdown related in some way to child's behavioural difficulties subject to physical, emotional or sexual abuse/neglect. • Social presentation.
Self-Care and Independence • Growing level of competencies in practical and emotional skills, such as feeding, dressing and independent living skills. • Able to discriminate between 'safe' and 'unsafe' contacts. • Knowledgeable about sex and relationships and consistent use of contraception if sexually active (age appropriate).	**Self-Care and Independence** • Slow to develop age appropriate self-care skills. • Early onset of sexual activity (13-14); sexually active young person (15+) with risk taking behaviours e.g. inconsistent use of contraception. • Low level alcohol/substance misuse (current or historical). • Some evidence of risky use of technology leading to E-safety concerns. • Not always adequate self-care – poor hygiene.	**Self-Care and Independence** • Child suffers accidental injury as a result of inadequate supervision. • Child found wandering without adequate supervision. • Child expected to be self-reliant for their own basic needs or those of their siblings beyond their capabilities. • Severe lack of age appropriate behaviour. • Poor self-care for age – hygiene.	**Self-Care and Independence** • Child is left "home alone" without adequate adult supervision or support and at risk of significant harm. • Distorted self-image and lack of independent living skills likely to result in significant harm. • Poor and inappropriate self-presentation. • Neglects to use self-care skills due to alternative priorities, e.g. substance misuse.
Response	**Response**	**Response**	**Response**
These children require **no additional support beyond that which is universally available**. An Early Help Assessment is not needed for these children. If a child's needs have been identified & can be met by the agency with the concern an Early Help Note should be used to capture & record needs. These should be logged on the Early Help System & be regularly reviewed, at least 6 weekly, by the agency completing them.	In these circumstances an Early Help Note should be completed to capture and record needs. If at any time the outcome indicates a need for multi-agency services, an Early Help Assessment should be completed with consent and in collaboration with family/child/young person. Complete assessment on the Early Help System to request a Team Around Family (TAF) Meeting/Forward EH1 form to MASH Early Help Desk. • A Lead Professional will be responsible for coordination of the episode. Reviews to take place at least 3 monthly. If you require support to complete an Early Help assessment or convene a TAF meeting you should contact your local COG team for advice (see page 8)	An **Early Help Assessment** should have been completed. If not to progress to assessment with consent of family/child/young person and complete on Early Help System (formerly known as eCAF) to request a TAF Meeting/Forward EH1 to Early Help Desk in MASH. If additional services are required then these will be coordinated through the Team Around the Family meeting and chaired by the Lead Professional. A bespoke package of support may be required a request can be made to the COG Manager for consideration re locality commissioning. In some cases a single assessment will be completed and a child in need plan developed	If following guidance from designated child protection leads within their agency or from an Integrated Services for Families and Young People social worker, it is agreed that there is a child protection concern and a referral to children's social care should be made, a professional will complete a multi-agency referral form (MARF). A MARF must be completed and submitted within one hour. If a child is at imminent significant risk of harm/immediate danger (and reporting concerns cannot wait an hour while a MARF is completed) the referrer should consider telephoning 999 and children's social care. The referrer will also need to complete a MARF without delay. All MARFs will be screened by a qualified children's social care social worker who will assess whether the referral reaches thresholds to be considered by the multi-agency safeguarding hub (MASH). They will decide what course of action needs to be taken whether that be: strategy discussion; section 47 enquiry; single

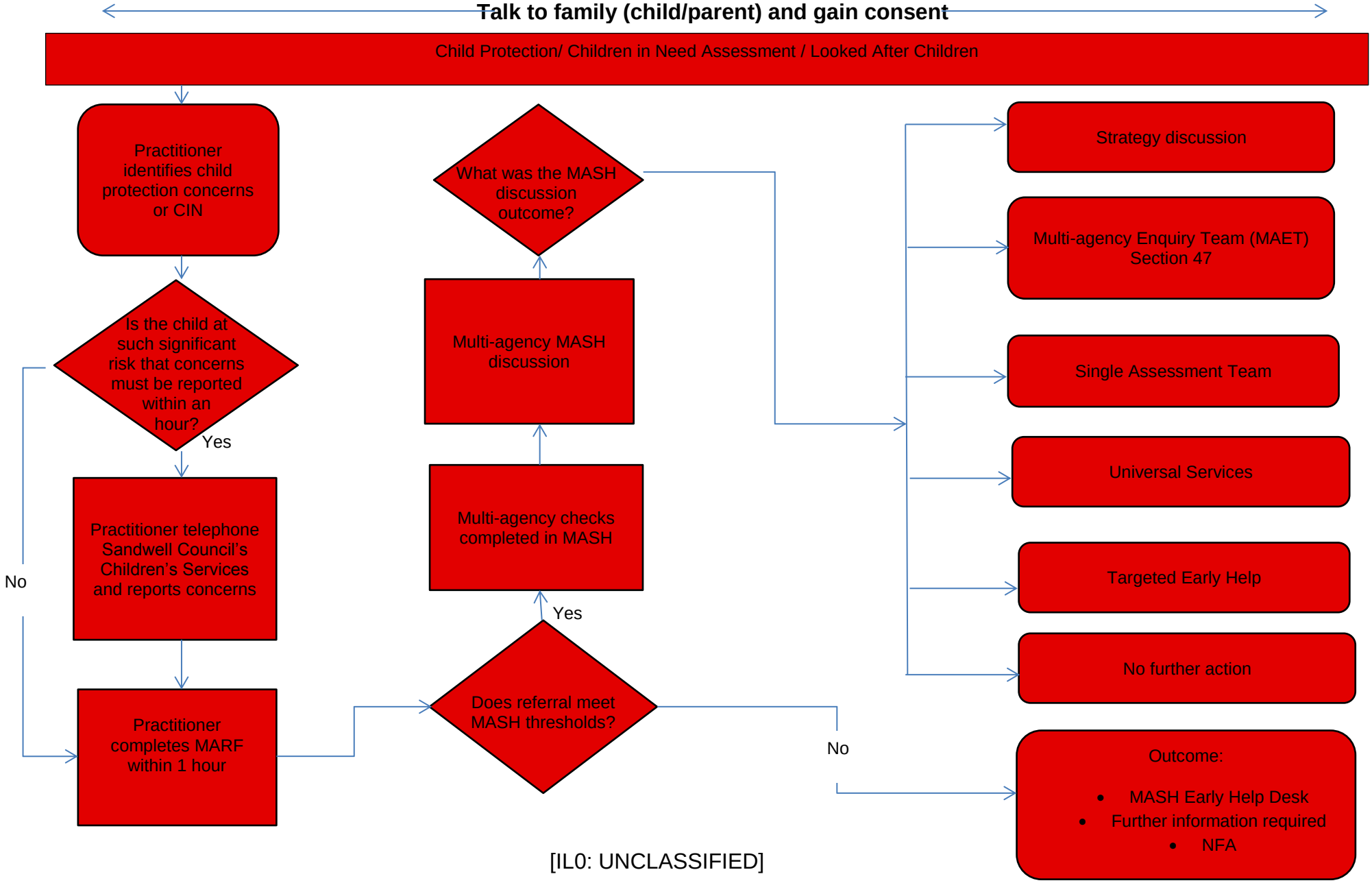
						assessment; step down to early help or no further action.	
***Examples of Key agencies:**		***Examples of Key agencies:**		***Examples of Key agencies:**		***Examples of Key agencies:**	
Education Children's Centres Nurseries Police	Play Schemes Health services Voluntary and Community Services Housing	Integrated Services for Families and Young People Police Children's Centres Education	Health Services CAMHS Voluntary and Community services Housing	COG Team Other statutory services e.g. SEN Services Specialist health or disability services (e.g. CAMHS) Police	Targeted Integration Services for Families and Young People Voluntary and Community services Services at Universal Level Homelessness Services	Children's social care Other statutory services e.g SEN Services Specialist health or disability services (e.g. CAMHS) Police	Integrated Services for Families and Young People Voluntary and Community services Services at Universal Level Homelessness Services

* Services may work across all levels of need

SSCB would like to acknowledge Great Bridge Primary School for the format of the Threshold Matrix

Appendix 4: Process map




Talk to family (child/parent) and gain consent
Child Protection/ Children in Need Assessment / Looked After Children
Practitioner identifies child protection concerns or CIN
Is the child at such significant risk that concerns must be reported within an hour?
Yes
No
Practitioner telephone Sandwell Council's Children's Services and reports concerns
Practitioner completes MARF within 1 hour
Does referral meet MASH thresholds?
Yes
No
Multi-agency checks completed in MASH
Multi-agency MASH discussion
What was the MASH discussion outcome?
Strategy discussion
Multi-agency Enquiry Team (MAET) Section 47
Single Assessment Team
Universal Services
Targeted Early Help
No further action
Outcome:
MASH Early Help Desk
Further information required
NFA

Appendix 5: What makes a good referral – a guide for professionals

Whether making a referral for targeted services or completing the multi- agency referral form (MARF) the details of the referral make a difference to the timeliness of our intervention and the quality of our work with children, young people and their families. Guidance is also available on the Sandwell Safeguarding Children Board website (www.sandwelllscb.org.uk)

When you have completed your referral it may help for you to ask yourself the following questions:

1. **Does the person with parental responsibility know that I am concerned about their child and that I am making a referral? Have they consented to the referral being made?**

   Why? The 2004 Children Act and the 2008 Information Sharing Protocols are clear that consent should be sought wherever possible. In some cases you will have concerns that a child is at risk of significant harm and parental consent is not forthcoming. In these cases you should state on the referral what action you have taken to try to gain consent. In some rare cases your professional view will be that seeking consent will increase the risk to the child. This may include the risk of forced marriage or female genital mutilation. In these cases state clearly on the referral form why you have not sought consent.

2. **Have I included all the personal details I have about the child/ young person and their family?**

   Why? Including these details including DOB/ethnicity/ telephone numbers/ up to date address/ language and a family composition mean that the child ‘s records can be accessed quickly and that any intervention can be provided in a timely way. Phone numbers in particular mean that families can be contacted quickly. Where English is not a first language details will allow the provision of an interpreter.

3. **Have I included details about any other professionals working with the family?**

   Why? Knowing these details, especially if there has been a Team around the Family, will ensure that their knowledge and skills be part of our assessment and intervention.

4. **Have I made it as clear as possible what I am concerned about?**

   Why? Making it clear what you are concerned about helps Sandwell Children's Services in their decision making. Sometimes you may not be absolutely certain about what is happening for the child/ young person. In these cases provide as much detail as possible. Remember that you have professional expertise and will be up to date with research and practise in your field of work. Try to reduce the use of jargon and provide some analysis. For example: as a health professional you may be concerned about failed appointments or concealed pregnancy; as teacher you may be concerned that a child's changed behaviour and demeanour that is effecting their learning. Setting out what this means for the child and the impact on their development will ensure that the assessing social worker or targeted practitioner (who will not have the same level of expertise in your area) understands your perspective and can include this analysis in their assessment.

5. **Have I made it clear what I have done already and what worked or didn't work?**

   Why? Research tells us that we sometimes 'start again' with families. This is especially the case where there is chronic neglect or with families who appear compliant with plans but fail to either follow through with work or fail to sustain change. Knowing what has been worked well enables targeted and social work services to build on success; knowing what has failed to sustain change ensures that this can be explored and other solutions sought.

6. **Have I made sure that I will be available for further discussion about the referral and how I can be contacted?**

   Why? As the referrer you are the person with the most up to date knowledge of the child/ young person and we want you to be involved in our decision making and intervention. We aim to make a decision on every referral within 24 hours. If you cannot be available please proved the name and contact details of someone familiar with the child and your concerns who can act for you.