



# Thresholds of Need and Support in Wolverhampton



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# 1. Introduction

Welcome to Wolverhampton's Thresholds to Support Guidance that refreshes the Thresholds document of 2014. This document is the responsibility of Wolverhampton Safeguarding Children Board as outlined in Working Together to Safeguard Children 2015.

Wolverhampton has formulated a Multi-Agency Safeguarding Hub (MASH) that includes Early Intervention Services and Social Care services. This is supported by partner representation of agencies including Probation, Royal Wolverhampton NHS Trust, Black Country Partnership Foundation Trust, Wolverhampton Clinical Commissioning Group, West Midlands Police and Recovery Near You.

Its purpose is to assist everyone involved in making decisions about the most appropriate support to provide to children, young people and their families in relation to different levels of need. It also clarifies how various levels of support can be accessed as a new threshold of need is reached.

This guidance contains the framework in which all agencies and organisations provide support to vulnerable children, young people and their families. It recognises that many agencies and organisations as well as parents / carers and other family members provide support to children and young people.

This document includes a number of tables (sections 5,6,7) that identify various issues that impact on children; these serve as a guide to understanding what level of support may be required. Remember the tables serve as guidance only and other protective factors and risk and vulnerability factors will inform the level of support required.

A collective understanding and use of the principles and processes contained in this guidance will result in:

- more effective support to all children, young people and their families across the entire range of need at the earliest opportunity
- equitable and consistent delivery of appropriate support
- compliance with statutory requirements

This document must be read alongside Wolverhampton Safeguarding Children's Board (WSCB) procedures that reflect the legal framework underpinning work with children to promote their welfare and prevent abuse. These procedures are available at: [www.wolverhamptonsafeguarding.org.uk](http://www.wolverhamptonsafeguarding.org.uk)

## 2. The Wolverhampton Vision

In Wolverhampton, we believe that every child should have the opportunity to reach their full potential and that children are best supported to grow and achieve within their own families where it is safe to do so.

By working together, we will develop flexible services that are responsive to children's and families' needs, and provide the right level of intervention at the right time. This will support a shift of focus away from managing short-term crises towards effective intervention and support for children, young people and their families at an earlier stage.

We are committed to the following principles that inform the way we work with children and families:

- As soon as any professional is aware that a child has any additional needs he/she will talk to that child and their family and offer advice and support to meet that need
- Practitioners will work together and with the family to meet additional needs
- Families will be empowered to identify their own problems, needs and solutions. In most cases, outcomes for children will only be improved by supporting and assisting parents/ carers to make changes
- We will offer support and services to help families find their own sustainable solutions. Once improvement is made, support will reduce or end so as not to create dependence
- Our aim is always to build resilience in children and families and the capacity to overcome their own difficulties for the remainder of their lives

There are several factors that are essential to delivering effective early help and support:

- An open, honest and transparent approach to supporting children and their families
- Parents are usually the best people to understand their child's needs, however parenting can be challenging. Parents themselves deserve support when they request it. Asking for help should be a sign of parents taking responsibility for their family rather than as a sign of failure.
- In the majority of cases it should be the decision of the parents when to ask for help or advice, but there are occasions when practitioners may need to engage parents actively to help them to prevent problems from becoming more serious; and to prevent impairment to a child's health and development
- All practitioners need to work honestly and openly with families, discuss any concerns with them and ensure that they are involved in decision making. It is important that they acknowledge and respect the contribution of parents and other family members
- In every case, we are committed to gaining the informed consent of children and/or parents when we wish to share confidential/personal information unless in doing so it places a child at risk of significant harm or further risk of significant harm
- We will respect the wishes of those who do not give consent, except where safety may be at risk or when it is inappropriate to seek their agreement

- In each case of information sharing, we will record the: necessity; proportionality; and relevance of the information shared. We will take reasonable steps to obtain consent, and if it is not given, we will record why we believe safety may be at risk, or why it was inappropriate to seek their agreement. Shared information will not be kept for longer than is necessary See Appendix 1
- Earlier, solution-focused and evidence-based interventions
  - It is important that any problems are identified early so that the child and their family receive appropriate support in a timely way to prevent the problem from escalating
  - We will all work with families and each other as soon as any difficulties become apparent to help them to identify the things they want to change and the support they need
  - The most effective support is tailored to the family's needs and provided at the minimum level necessary to ensure the desirable outcomes are achieved, with as little disruption to family life as possible
- A multi-agency / multi-disciplinary approach to assessment, support and intervention
  - Safeguarding and promoting the welfare of children is the responsibility of everyone in Wolverhampton who works or has contact with children and their families
  - The multi-agency/disciplinary approach ensures that children and families are understood and responded to effectively so they receive the right support and practical help in a co-ordinated way when they need it
- Practitioners who work with children and their families should consult with each other, share information and work together to ensure that the child and their family get the most appropriate and effective support
  - Appropriate, effective and timely support for children and families could not be achieved without the professional judgement and expertise that all practitioners working with children bring to their role
  - The Wolverhampton Safeguarding Children Board will support individuals and organisations in the City to develop confident practitioners who can work in an open, non-judgemental way with families to enable them to make choices and changes
  - Strengthening Families Hub locality surgeries are in place to offer support and guidance to anyone working with families in the city. To attend a surgery, contact your local Strengthening Families Hub

### 3. Identifying Need and Providing Support to Children, Young People and Families in Wolverhampton

Wolverhampton's approach to working with children and young people with additional needs recognises that better outcomes are secured by practitioners working together. Our approach emphasises a commitment to integrated and multi-agency working at all levels.

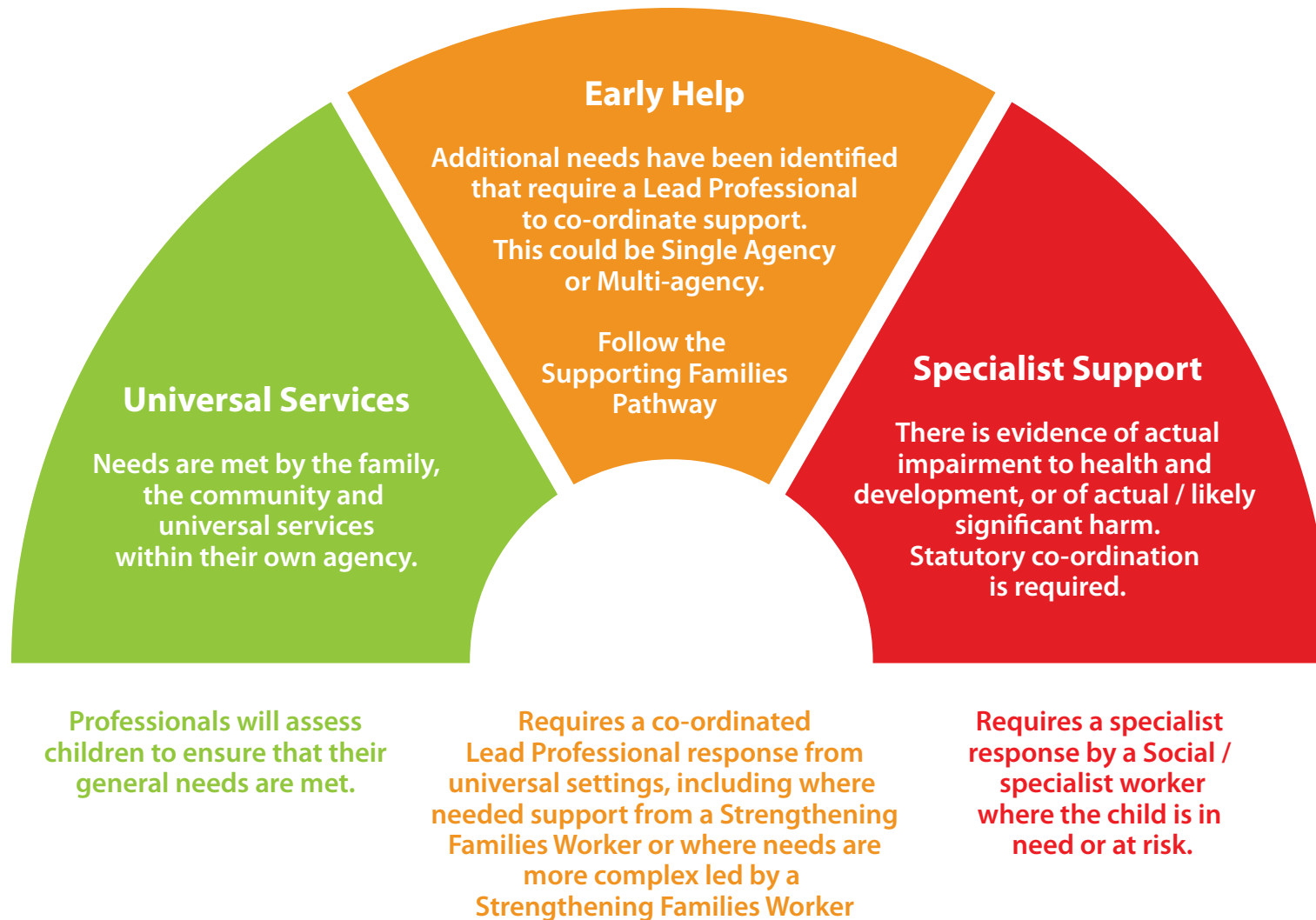
In summary, Wolverhampton's model reflects our partnership commitment to:

- A multi-agency, coordinated approach to delivery of services
- Embedding the use of the Early Help Assessment in all agencies
- Providing help and support at the lowest level to prevent the escalation of need and prevent impairment to a child's health and development
- Improving information sharing between practitioners
- Ensuring access to specialist services for children and young people: where there is evidence of impairment to health and development; where there is reasonable cause to suspect that a child or young person is at risk of significant harm; and/or there is evidence of significant harm

There is a wealth of family support services in Wolverhampton. Information can be found through the Wolverhampton Information Network, known as WIN. <http://www.wolverhampton.gov.uk/article/6575/Wolverhampton-Information-Network>



## 4. Wolverhampton Thresholds of Need and Support Framework

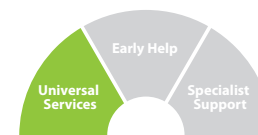


## 5. All children and young people – Universal Support



All children, young people and families have direct access to universal services and in many cases, will have their needs met and achieve their expected outcomes through the provision of universal services.

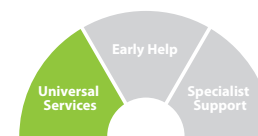




## 1. Development Needs of Infant, Child or Young Person

<b>Health</b>	<ul style="list-style-type: none"> <li>• Access to health services</li> <li>• Development milestones met including Speech &amp; Language</li> <li>• Appropriate height &amp; weight</li> <li>• Healthy lifestyle</li> <li>• Sexual activity appropriate for age</li> <li>• Good state of mental health</li> <li>• No substance misuse (including alcohol)</li> <li>• Sexual activity/behaviour is appropriate to age</li> </ul>
<b>Identity</b>	<ul style="list-style-type: none"> <li>• Positive sense of self &amp; abilities</li> <li>• Demonstrates feelings of belonging &amp; acceptance</li> <li>• An ability to express needs</li> </ul>
<b>Education and Learning</b>	<ul style="list-style-type: none"> <li>• Good attendance at school / college / training</li> <li>• No barriers to learning</li> <li>• Achieving key stages</li> <li>• Planned progression beyond statutory school age</li> </ul>
<b>Family and Social Relationships</b>	<ul style="list-style-type: none"> <li>• Stable and affectionate relationships with care givers</li> <li>• Good relationships with siblings</li> <li>• Positive relationships with peers</li> <li>• If Barnardo's Screening Tool is used—scores 1</li> </ul>
<b>Emotional and Behavioural Development</b>	<ul style="list-style-type: none"> <li>• Growing level of competencies in practical and emotional skills</li> <li>• Good quality early attachments</li> </ul>

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<b>Social Presentation</b>	<ul style="list-style-type: none"> <li>• Appropriate dress for different settings</li> <li>• Good levels of personal hygiene</li> </ul>
<b>Emotional Warmth and Stability</b>	<ul style="list-style-type: none"> <li>• Carers able to provide warmth, praise and encouragement</li> </ul>
<b>Self Care Skills</b>	<ul style="list-style-type: none"> <li>• Age-appropriate independent living skills</li> </ul>
<b>2. Parents and Carers</b>	
<b>Basic Care, Safety and Protection</b>	<ul style="list-style-type: none"> <li>• Carers able to provide for child's needs and protect from danger and harm</li> </ul>
<b>Housing, Employment and Finance</b>	<ul style="list-style-type: none"> <li>• Housing has basic amenities and appropriate facilities</li> <li>• Not living in poverty Appropriate levels of cleanliness/ hygiene are maintained</li> <li>• Not living in poverty</li> </ul>
<b>3. Family and Social Relationships</b>	
<b>Family History and Functioning</b>	<ul style="list-style-type: none"> <li>• Supportive family relationships, including when parents are separated</li> </ul>
<b>Guidance, Boundaries and Stimulation</b>	<ul style="list-style-type: none"> <li>• Carers provide appropriate guidance and boundaries</li> <li>• Supports development through interaction and play</li> </ul>
<b>Family's Social Integration</b>	<ul style="list-style-type: none"> <li>• Good social and friendship networks exist which meet family's needs to belong</li> </ul>

## 6a. Children and young people with additional needs – Additional Support (single agency). Early Help.



Some additional support to meet the needs of children, young people and families is required. This will be delivered in a co-ordinated way by the agency who has identified the needs. These needs will be reviewed at least every six weeks to decide if this level of support is sufficient or whether a multi-agency approach is required.

The Eclipse System provides a way of recording the assessment of needs and support offered. Starting the Early Help Assessment will ensure effective information sharing and will help to evidence the progress made. It will also save duplication and time in the future if you need to invite other practitioners to be involved in your Team Around the Family.

For advice and information about how your agency or service can engage with Early Help and get access to use Eclipse, contact your Strengthening Families Hub Development Officer – see Useful Telephone Numbers – See Appendix 2.

For more information on Early Help and the Early Help Assessment go to: <https://www.wolverhamptonsafeguarding.org.uk/safeguarding-children-and-young-people/i-work-with-children-young-people-families/early-help>





## 1. Development Needs of Infant, Child or Young Person

<b>Health</b>	<ul style="list-style-type: none"> <li>• Slow in reaching development milestones</li> <li>• Missing immunisations or health assessments</li> <li>• Susceptible to minor health problems</li> <li>• Minor concerns ref: diet, hygiene, clothing, alcohol consumption (but not immediately hazardous)</li> <li>• Special Educational Needs / Disability requiring support</li> <li>• Evidence of some Inappropriate sexual activity to age</li> <li>• Previous pregnancy under 18 years</li> </ul>
<b>Family and Social Relationships</b>	<ul style="list-style-type: none"> <li>• Some support from family and friends</li> <li>• Has some difficulties sustaining relationships</li> <li>• Engaging in gang related activities</li> <li>• Undertaking occasional caring</li> <li>• Peers involved in challenging behaviours</li> <li>• Potentially vulnerable to extremism, radicalisation and gang involvement</li> </ul>
<b>Educational and Learning</b>	<ul style="list-style-type: none"> <li>• SEN support</li> <li>• Few opportunities for play/socialisation</li> <li>• Not in education, employment or training</li> <li>• Identified language and communication difficulties</li> <li>• Not reaching educational potential</li> </ul>
<b>Social presentation</b>	<ul style="list-style-type: none"> <li>• Can be over friendly or withdrawn with strangers</li> <li>• Personal hygiene starting to be a problem</li> </ul>

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<b>Identity</b>	<ul style="list-style-type: none"> <li>• Some insecurities around identity</li> <li>• May experience bullying around 'difference'</li> </ul>
<b>Self-Care Skills</b>	<ul style="list-style-type: none"> <li>• Poor self care for age</li> <li>• Slow to develop age appropriate self-care skills</li> <li>• Overprotected / unable to develop independence</li> </ul>
<b>Emotional &amp; Behavioural Development</b>	<ul style="list-style-type: none"> <li>• Low level mental health or emotional issues requiring intervention</li> <li>• Substance misuse that is not immediately hazardous including alcohol</li> <li>• Involved in behaviour seen as anti-social</li> <li>• Difficulty coping with anger, frustration and upset</li> </ul>
<b>2. Parents and Carers</b>	
<b>Basic Care, Safety and Protection</b>	<ul style="list-style-type: none"> <li>• Parental engagement with services is poor</li> <li>• Parent requires advice on parenting issues</li> <li>• Practitioners are beginning to have some concerns around child's physical needs being met</li> <li>• Practitioners are beginning to have some concerns about substance misuse (including alcohol) by adults within the home</li> <li>• Some exposure to dangerous situations in home/ community</li> <li>• Teenage parent(s)</li> </ul>
<b>Emotional Warmth and Stability</b>	<ul style="list-style-type: none"> <li>• Inconsistent parenting, but development not significantly impaired</li> <li>• Post natal depression</li> <li>• Receives inconsistent care</li> <li>• Perceived to be a problem by parent</li> </ul>

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<b>Guidance, Boundaries and Stimulation</b>	<ul style="list-style-type: none"> <li>• May have different carers</li> <li>• Inconsistent boundaries offered</li> <li>• Few age appropriate toys in the house</li> <li>• Can behave in an anti-social way</li> <li>• Spends much time alone (TV, etc.)</li> <li>• Child not exposed to new experiences</li> </ul>
<b>3. Family and Social Relationships</b>	
<b>Family History and Functioning</b>	<ul style="list-style-type: none"> <li>• Parents have relationship difficulties which may affect the child, such as domestic violence</li> <li>• Experienced loss of significant adult</li> <li>• If Barnardos Screening Tool is used— scores 2</li> <li>• Children Affected by Parental Imprisonment (CAPI)</li> <li>• Acrimonious divorce / separation</li> </ul>
<b>Housing, Employment and Finance</b>	<ul style="list-style-type: none"> <li>• Appropriate levels of cleanliness/ hygiene are not always maintained</li> <li>• Living in poverty</li> </ul>
<b>Family's Social Integration</b>	<ul style="list-style-type: none"> <li>• Some social exclusion or conflict experiences</li> <li>• Community characterised by negativity towards children / young people</li> <li>• Difficulty accessing community facilities</li> </ul>

## 6b. Children and young people with additional needs – Additional Support (multi-agency). Early Help.



Children, young people and families who have multiple needs that cannot be met by a single agency response. Support for these children and families should be co-ordinated through implementing the Supporting Families Pathway.

This is to ensure that information is shared between all relevant practitioners and the family; co-ordinated support is offered; and the impact and progress is monitored effectively.



## 1. Development Needs of Infant, Child or Young Person

<b>Health</b>	<ul style="list-style-type: none"> <li>• Continues to miss immunisations or health assessments</li> <li>• Special Educational Needs / Disability requiring support</li> <li>• Unsafe sexual activity/ Sexual behaviour that is potentially harmful to self or others</li> <li>• 2 or more previous pregnancies while under 17 years of age</li> <li>• Self harming behaviours</li> </ul>
<b>Family and Social Relationships</b>	<ul style="list-style-type: none"> <li>• Peers also involved in challenging behaviours</li> <li>• Regularly needed to care for another family member</li> <li>• Involved in on-going conflict with peers and siblings</li> <li>• Engaging in gang-related activities which places self or others at risk</li> <li>• Cultural practices that may be detrimental to health and development</li> <li>• Vulnerable to extremism, radicalisation and gang involvement</li> </ul>
<b>Educational and Learning</b>	<ul style="list-style-type: none"> <li>• Short-term exclusion, persistent truanting</li> <li>• Previous permanent exclusion</li> <li>• Persistently Not in Education, Employment or Training</li> <li>• Education Health and Care Plan</li> </ul>
<b>Social Presentation</b>	<ul style="list-style-type: none"> <li>• Clothing regularly unwashed</li> <li>• Hygiene problems evident</li> <li>• Overly sexualised behaviour or appearance</li> </ul>
<b>Identity</b>	<ul style="list-style-type: none"> <li>• Subject to discrimination which impacts negatively on identity</li> <li>• Has extremist views</li> </ul>

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	<ul style="list-style-type: none"> <li>• Physical and emotional development raising significant concerns</li> <li>• Early onset of sexual activity (13-14yrs)</li> <li>• Ongoing mental health needs which are not being supported due to lack of appropriate support offer or non-engagement</li> <li>• Hazardous substance misuse (including alcohol)</li> <li>• Inappropriate sexual behaviour with older peers</li> <li>• Low level offending or regular anti-social behaviour</li> </ul>
<b>2. Parents and Carers</b>	
<b>Basic Care, Safety and Protection</b>	<ul style="list-style-type: none"> <li>• Parent are struggling to provide adequate emotional and physical care</li> <li>• Parent's learning disability, substance misuse (including alcohol), or physical and mental health impacts on their ability to meet the needs of the child.</li> <li>• Previously subject of a Child Protection Plan</li> <li>• Teenage parent(s) either or both previously Looked After</li> </ul>
<b>Emotional Warmth and Stability</b>	<ul style="list-style-type: none"> <li>• Child treated as a scapegoat by the family</li> <li>• Child is rarely comforted when distressed</li> <li>• Receives inconsistent care</li> <li>• Child has no positive relationships</li> <li>• Parent struggling to have their own emotional needs met</li> </ul>
<b>Guidance, Boundaries and Stimulation</b>	<ul style="list-style-type: none"> <li>• No evidence that a child / children lives in the household</li> <li>• Inconsistent parenting affects emotional or behavioural development</li> <li>• Parents rarely referee disputed between children</li> <li>• Children from families experiencing a crisis which is likely to result in a breakdown of the families care arrangements for the children</li> </ul>

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### 3. Family and Social Relationships

<b>Family History and Functioning</b>	<ul style="list-style-type: none"> <li>• Evidence of domestic violence / Honour-Based Violence / Forced Marriage</li> <li>• Evidence of problematic substance misuse (inc. alcohol)</li> <li>• Poor physical health and / or mental health affects relationships in the family</li> <li>• Parental involvement in crime / Children Affected by Parental Imprisonment (CAPI)</li> <li>• Barnardos Screening Tool – scores 3</li> </ul>
<b>Housing, Employment and Finance</b>	<ul style="list-style-type: none"> <li>• Long term unemployment</li> <li>• Over-crowding temporary accommodation</li> <li>• Homelessness</li> <li>• Serious debts / poverty impacting on ability to care for the child</li> </ul>
<b>Family's Social Integration</b>	<ul style="list-style-type: none"> <li>• Parents socially excluded with access difficulties to local facilities and targeted services</li> <li>• Family socially excluded</li> <li>• Family experiencing escalating victimisation</li> </ul>

## 7. Specialist Support



There are some children, young people and families who require specialist help and support to meet their needs where there is increasing evidence of impairment to health and development or reasonable cause to suspect significant harm. Examples of Specialist Services are:

- Children's Social Care
- Child & Adolescent Mental Health Services (CAMHS) Tier 3 or Tier 4
- Youth Offending Team
- Statutory Support for School Attendance and Exclusions

It is expected that an Early Help Assessment will accompany and inform any referral for Specialist support unless there is reasonable cause to suspect that a child is at imminent risk of significant harm that requires an immediate response; in these circumstances contact the police or the MASH.

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

The Lead Professional role will be taken on by one of the workers responsible for a statutory or specialist assessment.



## 1. Development Needs of Infant, Child or Young Person

### Health

- Has severe/chronic health problems
- Persistent substance misuse
- Non-organic failure to thrive
- Fabricated illness
- Physical neglect
- Early teenage pregnancy
- Complex mental health issues requiring specialist intervention
- Physical and learning disability requiring the highest levels of support
- Dental decay and no access to treatment
- Sexual exploitation or abuse
- Sexual activity under the age of 13 yrs
- Seriously obese
- Sexual behaviour that is harmful to self or others

*Continued...*



<p><b>Family and Social Relationships</b></p>	<ul style="list-style-type: none"> <li>• Experiences persistent discrimination</li> <li>• Is socially isolated and lacks appropriate role models</li> <li>• Alienates self from others</li> <li>• Looked after child</li> <li>• Care Leaver</li> <li>• Family breakdown related in some way to child's behavioural difficulties</li> <li>• Engaged in gang activity that has caused harm to self or others</li> <li>• Subject to physical, emotional or sexual abuse / neglect</li> <li>• Is main carer for a family member</li> <li>• Adoption breakdown</li> <li>• Forced marriage of a minor</li> <li>• Evidence of gang involvement, including gang violence, CSE and other criminal activities linked to gang involvement</li> </ul>
<p><b>Educational and Learning</b></p>	<ul style="list-style-type: none"> <li>• No education provision</li> <li>• Permanently excluded from school or at risk of permanent exclusion</li> <li>• Significant developmental delay due to neglect / poor parenting</li> <li>• Has an Education, Health and Care Plan</li> </ul>
<p><b>Social Presentation</b></p>	<ul style="list-style-type: none"> <li>• Clothing regularly unwashed</li> <li>• Hygiene problems evident</li> <li>• Overly sexualised behaviour for appearance well beyond their age</li> </ul>

*Continued...*



<b>Emotional &amp; Behavioural Development</b>	<ul style="list-style-type: none"> <li>• Failure to, or rejection of need to, address offending behaviour</li> <li>• Child who abuses others</li> <li>• Endangers own life through self-harm (including alcohol/substance misuse/eating disorder, suicide attempts)</li> <li>• In sexually exploitative relationship</li> <li>• Frequently goes missing from home for long periods</li> <li>• Persistent neglect or emotional need</li> </ul>
<b>2. Parents and Carers</b>	
<b>Basic Care, Safety and Protection</b>	<ul style="list-style-type: none"> <li>• Parents unable to provide adequate parenting that keeps children safe</li> <li>• Parents mental health problems or substance misuse significantly affect the care of the child.</li> <li>• Parents unable to care for previous children</li> <li>• There is instability and violence in the home continually</li> <li>• Parents are unable to keep child safe</li> <li>• Victim of crime</li> <li>• Child subject to public law proceedings in the family court</li> <li>• Young carers</li> </ul>
<b>Emotional Warmth and Stability</b>	<ul style="list-style-type: none"> <li>• Parents are inconsistent, highly critical or apathetic towards the child</li> <li>• Child is rejected or abandoned</li> <li>• Child has multiple carers</li> <li>• Child has been 'Looked After' by the Local Authority</li> </ul>

Continued...



<p><b>Guidance, Boundaries and Stimulation</b></p>	<ul style="list-style-type: none"> <li>• No effective boundaries set by parent(s)</li> <li>• Child is beyond parental control</li> <li>• Regularly behaves in an anti-social way in the neighbourhood</li> <li>• Subject to a parenting order which may be related to their child/young person’s criminal behaviour, anti-social behaviour or persistent absence from home</li> </ul>
<p><b>3. Family and Social Relationships</b></p>	
<p><b>Family History and Functioning</b></p>	<ul style="list-style-type: none"> <li>• Significant parent discord and persistent domestic violence/honour based violence/forced marriage</li> <li>• Child looked after by a non-relative within scope of private fostering arrangement</li> <li>• Destructive relationships with extended family</li> <li>• Parents are deceased and there are no family/ friends options</li> <li>• Parents are in prison and there are no family/ friends options</li> <li>• Chronic substance misuse</li> <li>• Cultural practices that are detrimental to health and wellbeing</li> </ul>
<p><b>Housing, Employment and Finance</b></p>	<ul style="list-style-type: none"> <li>• Physical accommodation places child in danger</li> <li>• No fixed abode or homeless</li> <li>• Extreme poverty or debts impacting on ability to care for the child</li> </ul>
<p><b>Family’s Social Integration</b></p>	<ul style="list-style-type: none"> <li>• Family chronically socially excluded</li> <li>• Poor quality services with long-term difficulties with accessing target populations</li> <li>• Restricting and refusing interventions from services</li> <li>• Children from families experiencing a crisis which is likely to result in a breakdown of the families care arrangements for the children</li> </ul>

## 8. Early Help

In Wolverhampton early help is delivered in two ways:

- 1. Early Help – single agency response** is the term used to describe where additional needs have been identified that require support; where support can be offered by a single agency co-ordinating a plan where they have control of the resources to fulfil that plan. All agencies and organisations are expected to complete an Early Help Assessment and record this within Eclipse.
- 2. Early Help – multi-agency response** is the term used to describe where additional needs have been identified that require support; where resources outside of a single agency's control are required to fulfil the plan. In these situations, the Supporting Families Pathway must be followed. The **Supporting Families Pathway** (see below) ensures a timely and co-ordinated response to support for families. It also ensures that support is provided to agencies and that the right lead professional is identified to take forward any multi-agency response that is required.

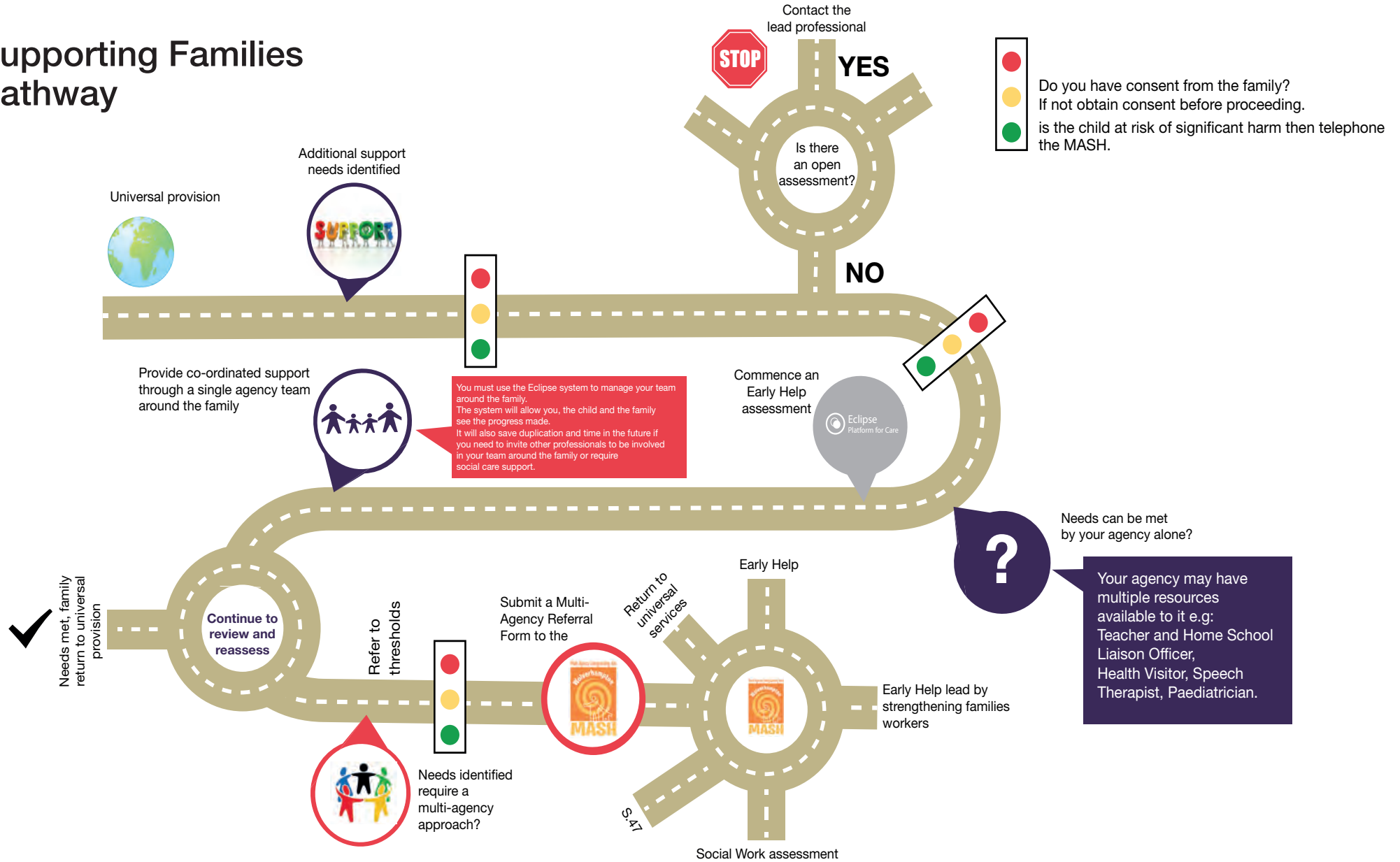
*The lead professional should submit a MARF to the MASH. A Strengthening Families worker will be allocated to attend the next Early Help meeting; where a meeting has not previously taken place the Strengthening Families Worker will undertake a family meeting and convene the first Team Around the Family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

\*\* Eclipse is an IT solution that supports effective identification of help and support required, outcome based planning and review of progress





# Supporting Families Pathway



**\* Significant Harm. If at any point along the Supporting Families Pathway you feel the child or young person is at risk of significant harm telephone the Mash on 01902 555392. If the child/YP is at immediate harm telephone the police on 999.**

## Strengthening Families Support

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

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

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

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

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

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

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

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

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

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

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

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

## 9. Child in Need / Section 17

Section 17 of the Children Act 1989 places a general duty on every Local Authority to safeguard and promote the welfare of children who are in need within their area.

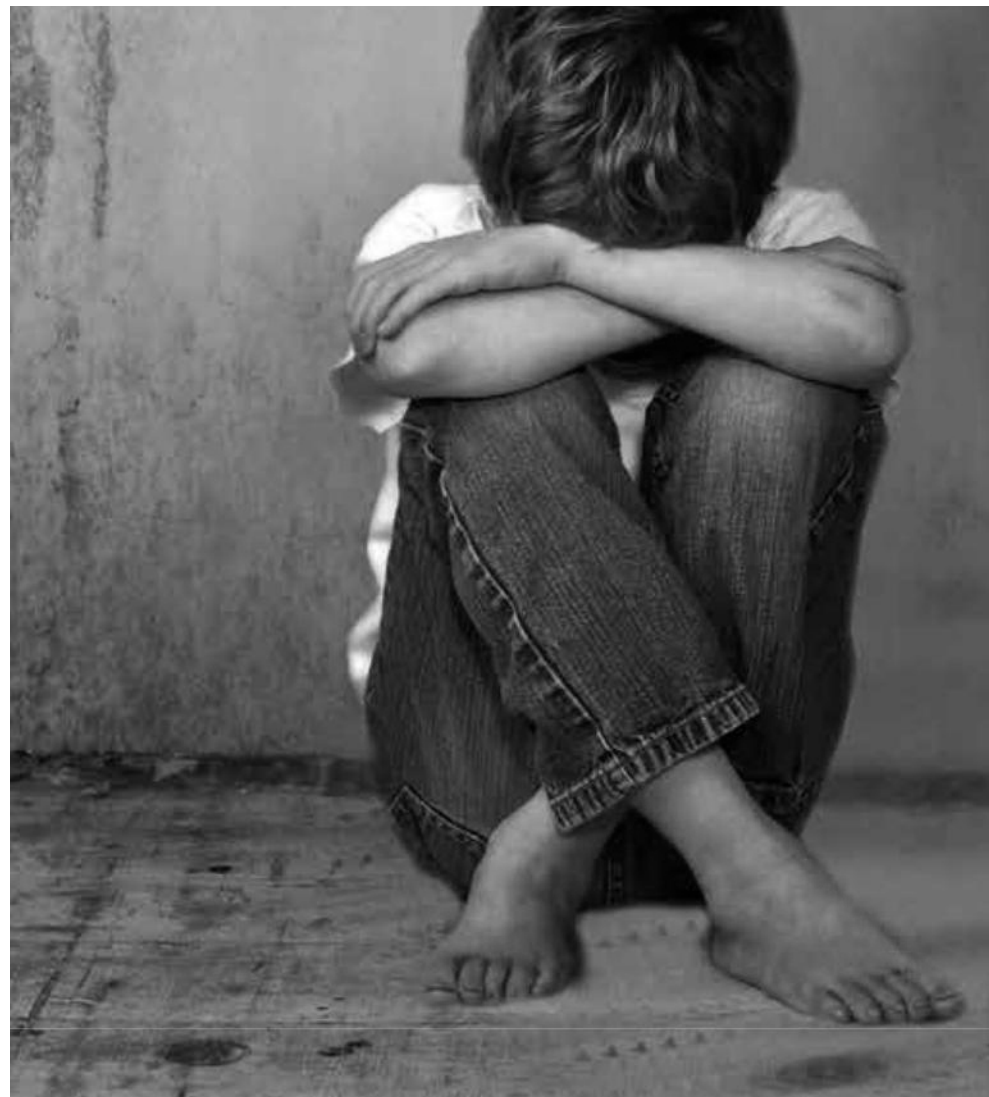
Children's Social Care must, so far as is consistent with this duty, promote the upbringing of children in need by their families, through provision of a range and varying level of services appropriate to the child's needs.

The Children Act 1989 states that a child shall be considered "in need" if:

- S/he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority;
- Their health or development is likely to be significantly impaired, or further impaired, without the provision of such services; and/or
- S/he is disabled

Children Social Care will undertake a Single Assessment to determine whether the child is in need of support and/or services and a multi-agency child in need plan should be developed.

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



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

Assessment Teams sit within the MASH and undertake all Section 47 enquiries on any new case referred to the service where there is reasonable cause to suspect that a child is at risk of significant harm.

Where a multi-agency Strategy Discussion (minimum participation of Children's Social Care, Police and Health representative) has taken a judgment that there is reasonable cause to suspect that a child is at risk of significant harm Section 47 of the Children Act 1989 requires the Local Authority to make enquiries to enable it to decide whether action is required to safeguard and promote the well-being of the child. This may be a joint enquiry with Police or a single agency enquiry. Children's Social Care will carry out a Single Assessment as a means of conducting the Section 47 enquiry.

The purpose of the Single Assessment is to determine whether the child is suffering, or likely to suffer, significant harm and to assess whether action is required to safeguard and promote the child's welfare. Police, health, education and other services have a statutory duty to assist children's social care to carry out the Section 47 enquiry.

There should be no delay in referring to MASH for any child where there is reasonable cause to suspect they are at risk of significant harm, some of which may include:

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

# 11. Looked After Children

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

The term 'Looked After Children' refers, under the 1989 Act, to all children and young people being looked after by a local authority, namely:

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

This criteria may include situations where:

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

## 12. The MASH

Before submitting a referral to the MASH:

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

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

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

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

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

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

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

In some cases, there may be disagreement with the decision made within the MASH. In this situation, the referrer should consult their line manager. This may result in a discussion between the managers in the referring agency and the MASH. Please see the WSCB Escalation Policy for further advice.

The provision of any service or intervention from the Local Authority's Children and Young People Service will be provided after either an Early Help or Social Work Assessment is completed (as described in Working Together to Safeguard Children 2015.)

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



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

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

# Appendix 1. Consent Guidance

## Safeguarding Children in Wolverhampton – Seeking and Recording Consent

Key principles for Consent and Information Sharing:

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

## 1.0 Purpose

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

## 2.0 Introduction

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



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

### 3.0 Definitions

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

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

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

#### **Informed Consent:**

Open and honest about:

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

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

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

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

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

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

It includes any complete or partial copy of the information.

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

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

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

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

### **Safety May be At Risk:**

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

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

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

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

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

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

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

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

### **Inappropriate to seek their agreement:**

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

For example, because:

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

## 5.0 Recording decisions and actions relating to Consent

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

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

## 6. Process for recording seeking and recording consent and progressing safeguarding referrals

### Single Agency Responsibilities

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

### Multi-Agency Safeguarding Hub

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

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

### **Recording Process within the MASH:**

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

#### Outcomes:

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

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

## Appendix 2. Useful Contacts

**Multi-Agency Safeguarding Hub (MASH)** ..... 01902 555392  
(8:30am—4:30pm Mon—Thurs, 8:30am—4:00pm Friday)

**Emergency Duty Team (EDT)** ..... 01902 552999  
(outside above hours)

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

### **Strengthening Families Hubs**

Serving East Park, Eastfield & Portobello ..... 01902 558331

Serving Bilston, Bradley & Ettingshall ..... 01902 556416

Serving Blakenhall, Springvale and All Saints ..... 01902 558128

Serving Penn, Merry Hill and Penn Fields ..... 01902 551979

Serving Tettenhall, Whitmore Reans and Dunstall ..... 01902 556585

Serving Bushbury, Oxley & Pendeford ..... 01902 550887

Serving Low Hill & The Scotlands ..... 01902 550960

Serving Wednesfield, Heath Town & Ashmore Park ..... 01902 553945

**Youth Offending Team** ..... 01902 553722

Safeguarding Adults and Children Service ..... 01902 550477

Wolverhampton Safeguarding Children Board (WSCB) ..... 01902 550645



## **Links to useful documents**

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

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

### **2. WSCB Escalation Policy**

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

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V4 for consultation	WSCB Threshold of Support	December 2016	December 2017	G Ming	Final consultation draft
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Working together to  
keep you safe from abuse  
and neglect, and promote  
your well-being



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