



Redbridge Safeguarding Children Partnership

# 'Are you worried about a child?' - Understanding Thresholds in Safeguarding

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&

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## ***TRAINING TRANSFER MATERIALS***

*Thank you for attending thank you for attending our course. This PDF is for you for reference and to help you pass on your learning to your teams. Remember there is lots more on the [RSCP website](#), including our full training programme.*

# Learning Objectives

Participants will be able to:

- Describe and understand the ‘levels of need’ which will be applied to determine whether the child and family can be appropriately and safely helped by early intervention and family support services
- Discuss indicators of different kinds of risk within these levels
- Know how to access services for children with different levels of need effectively, and what kind of response can be expected.

# Rationale

*“Differences in perceived thresholds can lead to frustration or breakdown in effective working, resulting in children falling through the gaps or their needs not being met”.*

Research by the Department for Education (DfE)  
of 293 Serious Case Reviews (SCRs)



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## **Thresholds for intervention can sometimes be a cause of disagreement between agencies.**

An Ofsted report on thresholds concluded that, in well-performing authorities, thresholds were understood and “held in common” between agencies.

In contrast, the HMCI’s Annual Report 2010–11 noted that, in poorly performing local authorities, “seven out of nine inadequate authorities lacked clear thresholds for referrals that were understood by partner agencies, leading to inappropriate referrals and additional pressure and work for social care professionals”

# Working Practices: Multi-agency working

- It is recommended that staff in Universal Services, take on a greater share of the responsibility of protecting Children (children/young people who are experiencing neglectful or abusive home environments may not stand out at school or to other professionals)
- At the time of the death or harm, in 2011-14, 36 (12%) of the children were the subject of a child protection plan (Table 13). A further 36 children (12%) had been the subject of a plan in the past.

NSPCC : Serious Case Reviews all in one place

[http://www.nspcc.org.uk/Inform/resourcesforprofessionals/scrs/serious\\_case\\_reviews\\_2013\\_wda94557.html](http://www.nspcc.org.uk/Inform/resourcesforprofessionals/scrs/serious_case_reviews_2013_wda94557.html)

# Triennial Review of Serious Case Reviews

- 293 notifications : 63 in 2011-12, 95 in 2012-13, and 135 in 2013-14
- 41% were aged under one year at the time of their death, or incident of serious harm
- half of these babies (43%) were under 3 months old
- 22% were aged between 1 and 5 years
- 10% aged between 6 and 10 years.
- 28% young people aged 11 years and over; of whom 41 were aged 11-15 years, and 40 aged 16-18 years



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# Working in Partnership

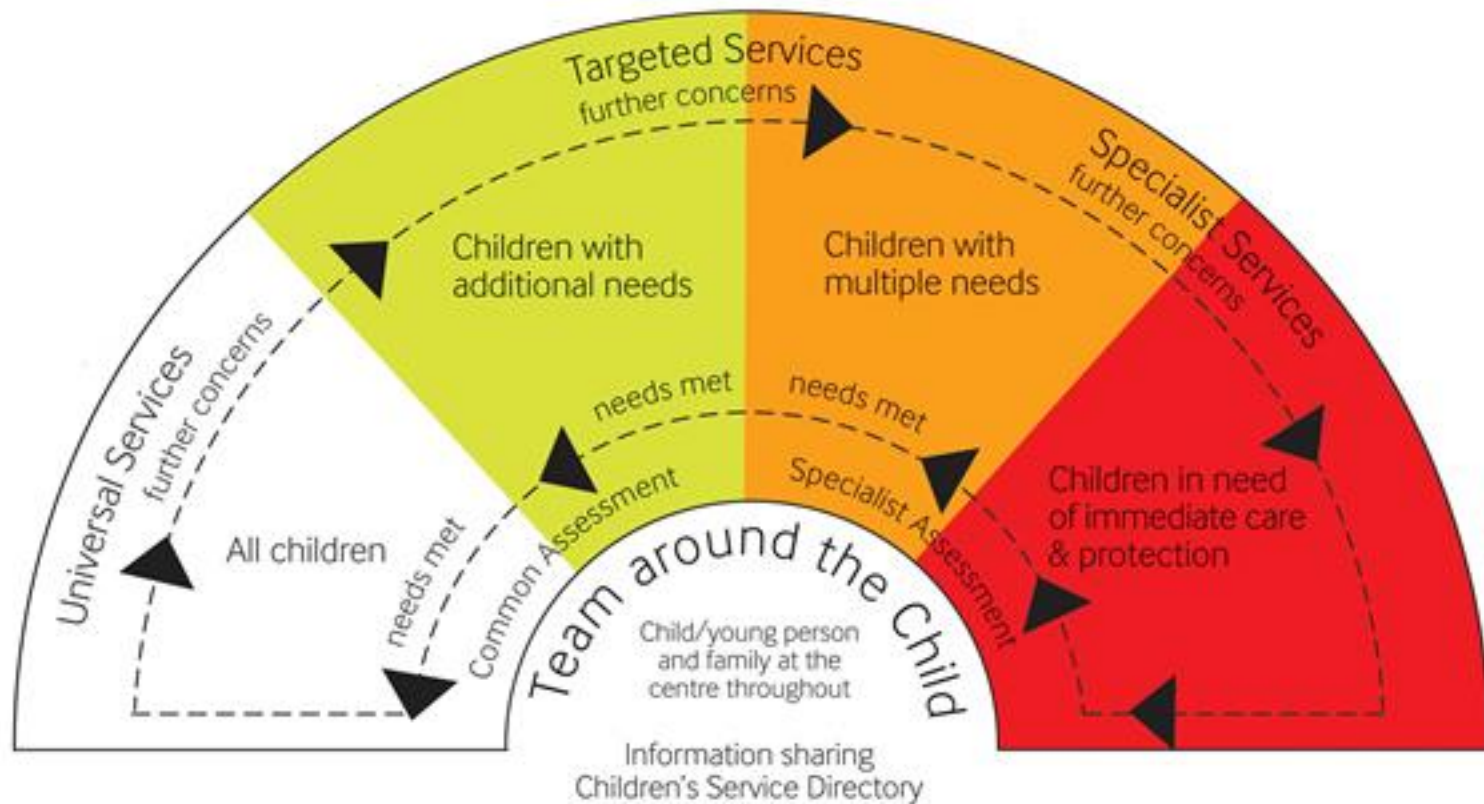
<http://www.scie.org.uk/socialcaredtv/video-player.asp?v=partnership-working-in-child-protection>

# The Redbridge Picture

- The contact and referral rates in Redbridge are on an upward trajectory. The MASH receives between 300-480 contacts per week and between 70-150 referrals per week.
- The highest reasons for contacts and referrals are; Domestic Abuse, Physical Abuse and Neglect, Challenging youth behaviour and housing. However, areas such as criminal exploitation, gangs activity and parenting concerns have shown significant increases in the last year.
- The levels of need in Redbridge are on trend to increase with the on-going government agenda on welfare reform and impact of changes to universal credit.



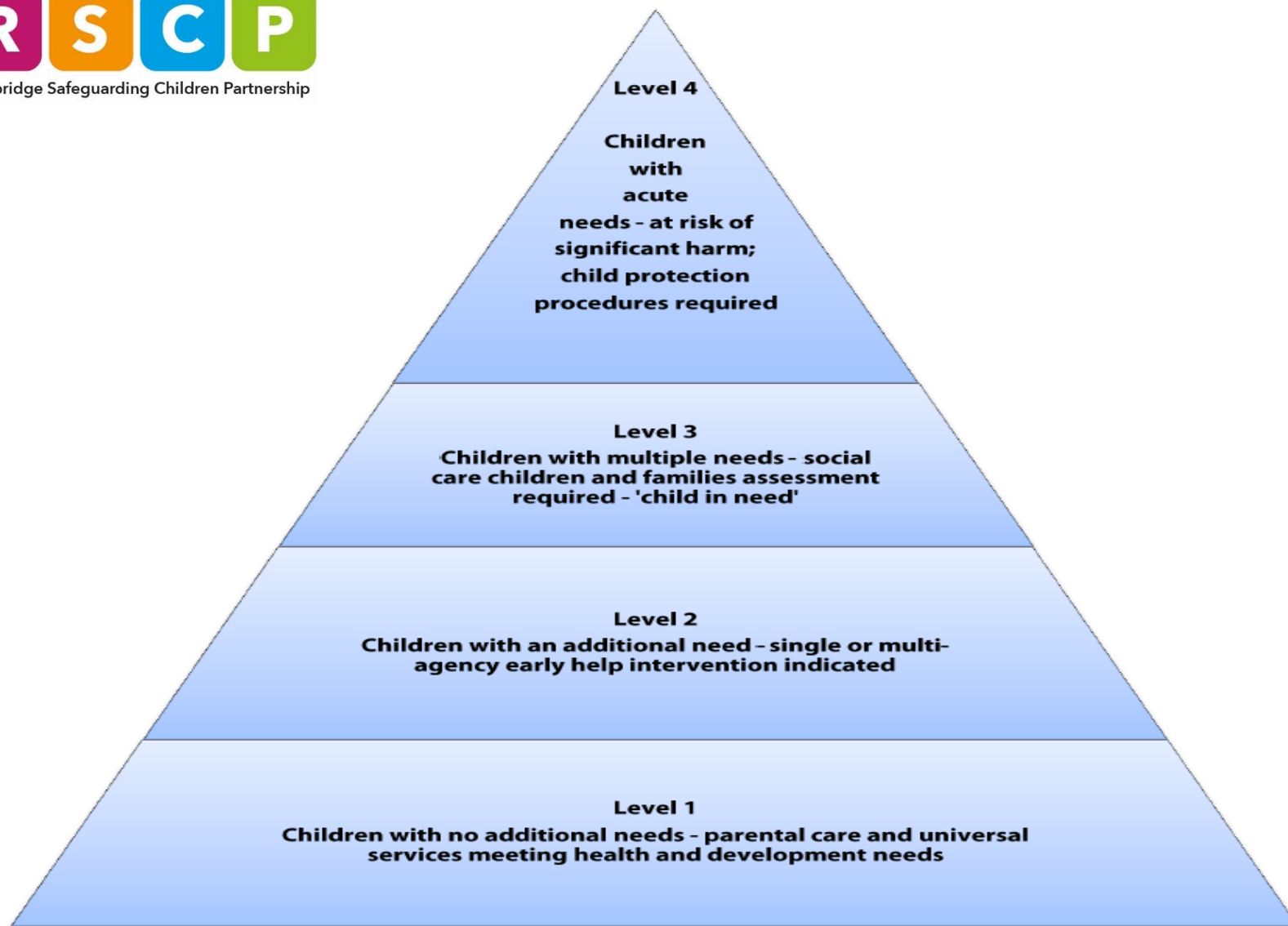
# Work Practices to minimise abuse: Clear Thresholds



**Continuum of Needs  
(commonly known as The Windscreen)**



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## Level 2 – Children with additional needs

- The need for support can be met by your agency: discuss with child and family and put agreed support in place.
- The need for support can be met by another single agency: discuss with child/young person and/or parents or carers. Having obtained consent to do so, discuss with and refer to that agency
- A multi-agency package of support is required: discuss your concerns with the child/young person and/or parents or carers and seek their consent to share information with other agencies.

## Level 2 – Children with additional needs / 2

- Consent obtained: Complete an assessment using the **Common Assessment Framework (CAF)**. The CAF is an assessment that is completed with a child, young person and their family to decide what help is needed.
- CAF Coordinator arranges a Team Around the Child (TAC) Meeting where a professional will be identified to lead on organising support.



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Early Help from the  
**Families Together Hub**



# Introduction



London Borough of  
**Redbridge**

Department  
for Work &  
Pensions



Streamline and align the services we already provide to deliver a systemic '**Whole family approach**'.



Help families be **independent** and **build resilience**



Ensure partners **work together** to prevent unnecessary assessments and repeat interventions



The hub offers a whole family approach **beyond support for children**



Focus on **partnership work**





## The Families Together Hub will increase this offer to include:

**Employment Support** 'Think Work'- Internal support through DWP Employment Advisors and Local Authority Work Redbridge team. This will include a range of interventions to overcome barriers, enabling them to identify new skills, build confidence and access sustainable employment opportunities.

**Problematic debt** - Family Support Workers identify what risks debt has on children and support with intervention, referrals, ensuring the family receive the right support at the right time, building resilience and sustainable improvement.

**Parental conflict** - The *Families Together Hub* will have a 'Think Couple' approach within its offer, which is focused on improving the quality of inter-parental relationships (IPR). Commissioning evidence-based interventions to parental conflict;

**Support to families at risk of homelessness** – through partnership work with housing





# 1

## One Lead Professional







# 1

## One thorough family assessment

...which considers the needs of the **whole family**, how the issues inter-relate and the wider context and relationships which surround presenting issues, but places children's safety as paramount.





# One family plan



.....which prioritises **children's safety**, is managed by the Lead Professional and reviewed through regular meetings with the family and services involved. The plan will always be **co-produced** with the family; their preferences for intervention will be considered and outcomes negotiated.





# A team around the family

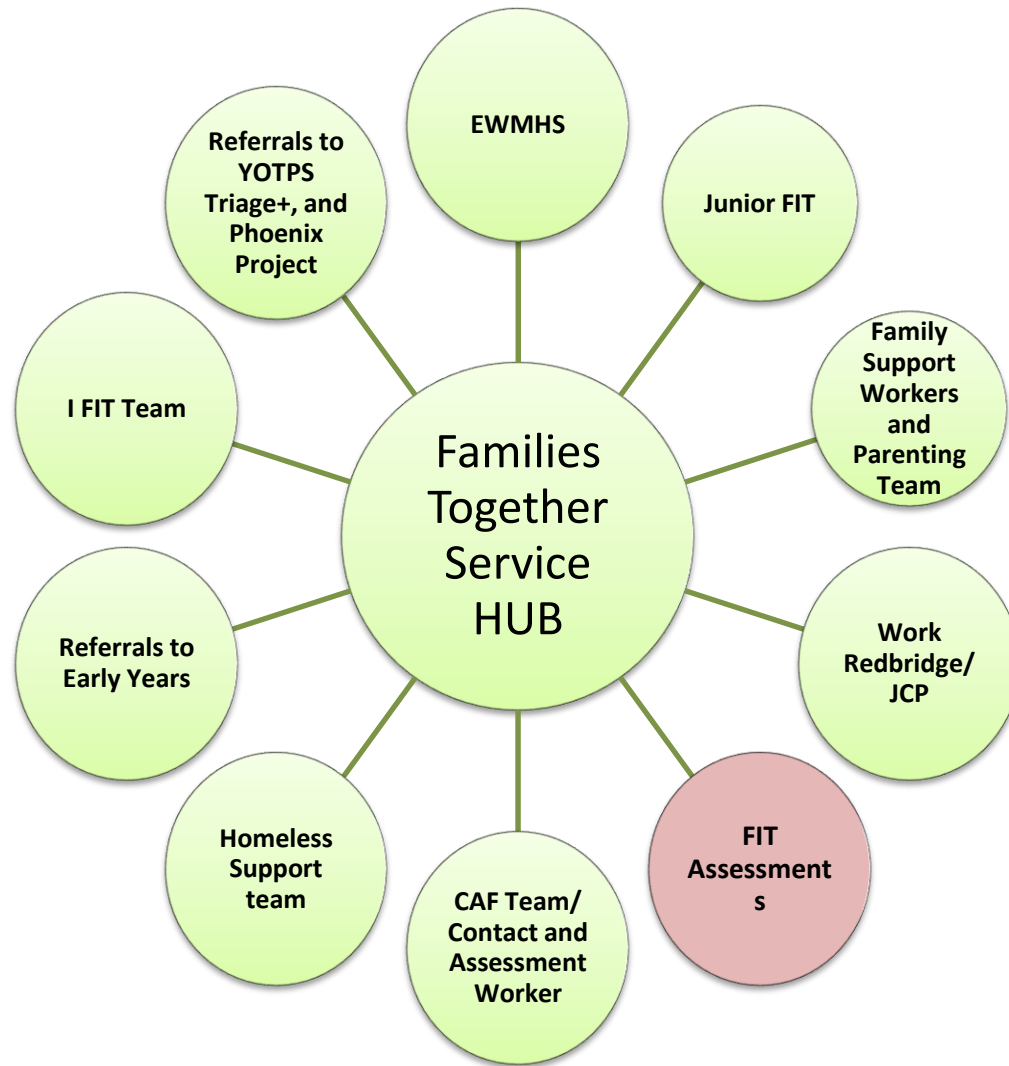


All professionals who are involved with any member of the family **working together** to the family plan with agreed goals. The team will ensure they **understand each other's roles** and speak well of each other. By having **one Family Plan**, all professionals are clear about the outcomes they are aiming to achieve and how their work complements each other.





# The Families Together HUB:





## Contact Details:

**All Queries/referrals can be sent to -**  
EI Admin - [EIAdmin@redbridge.gov.uk](mailto:EIAdmin@redbridge.gov.uk)  
02087082610/82611/82612/83150

Gita Hargun (Service Manager – FTH) 0208708223

### Team Managers:

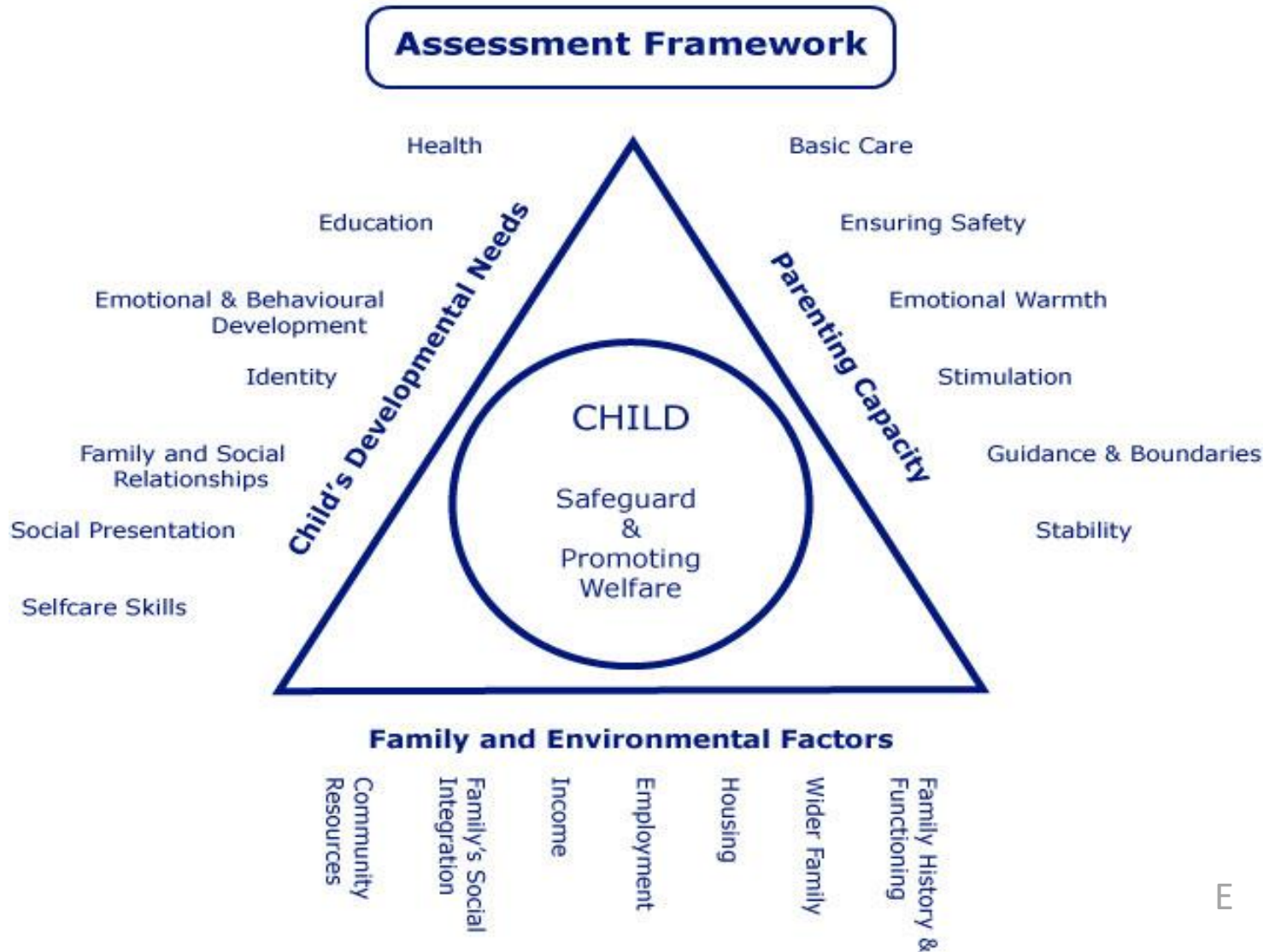
Carrie Langston – 02087088672

Hema Maisuria - 02087082666

Juliette Prasad - 02087087830



# Safeguarding Assessment Framework





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## Level 3: Children with complex multiple needs

- Discuss concerns with the child or young person's parents or carers and seek their consent to share information, **unless** you have reasonable cause to believe that do would place the child at risk of significant harm
- If you believe that a child has needs which must be met if the child is to achieve or maintain a satisfactory level of health or development / or to prevent significant impairment of their health and development you should refer to children's social care

## Other Level 3 complex needs

You may also consider a referral to MARAC (Multi Agency Risk Assessment Conference) which is a forum in which information about high risk domestic abuse victims is shared between agencies and a risk focused, co-ordinated safety plan is drawn up to support the victim.

<http://www.safelives.org.uk/practice-support/resources-marac-meetings/marac-videos>



# In Redbridge....

- Services to meet this level are:
  - Child and Family Assessments
  - Child in Need work and reviews
- These cases can move up to child protection or down to early intervention during the process of assessment or Children In Need (CIN) work.
- London CP Procedures:  
[http://www.londoncp.co.uk/chapters/referral\\_assess.html#assess](http://www.londoncp.co.uk/chapters/referral_assess.html#assess)

## Level 4: Children with acute needs

- If the child is at immediate risk, contact the police by calling 999
- If a child is at risk of significant harm, information can be shared even if the parent refuses consent.
- You should make a referral without delay to children's social care
- If following consideration of all the information available, including multi-agency information obtained via the MASH, the referral is judged to meet the Level 4 threshold, a multi-agency strategy meeting will be held to plan an inquiry under **Section 47 of the Children Act 1989**. Emergency action will be taken if necessary to protect the child.

### London Procedures:

[http://www.londoncp.co.uk/chapters/chi\\_prot\\_enq.html#section](http://www.londoncp.co.uk/chapters/chi_prot_enq.html#section)

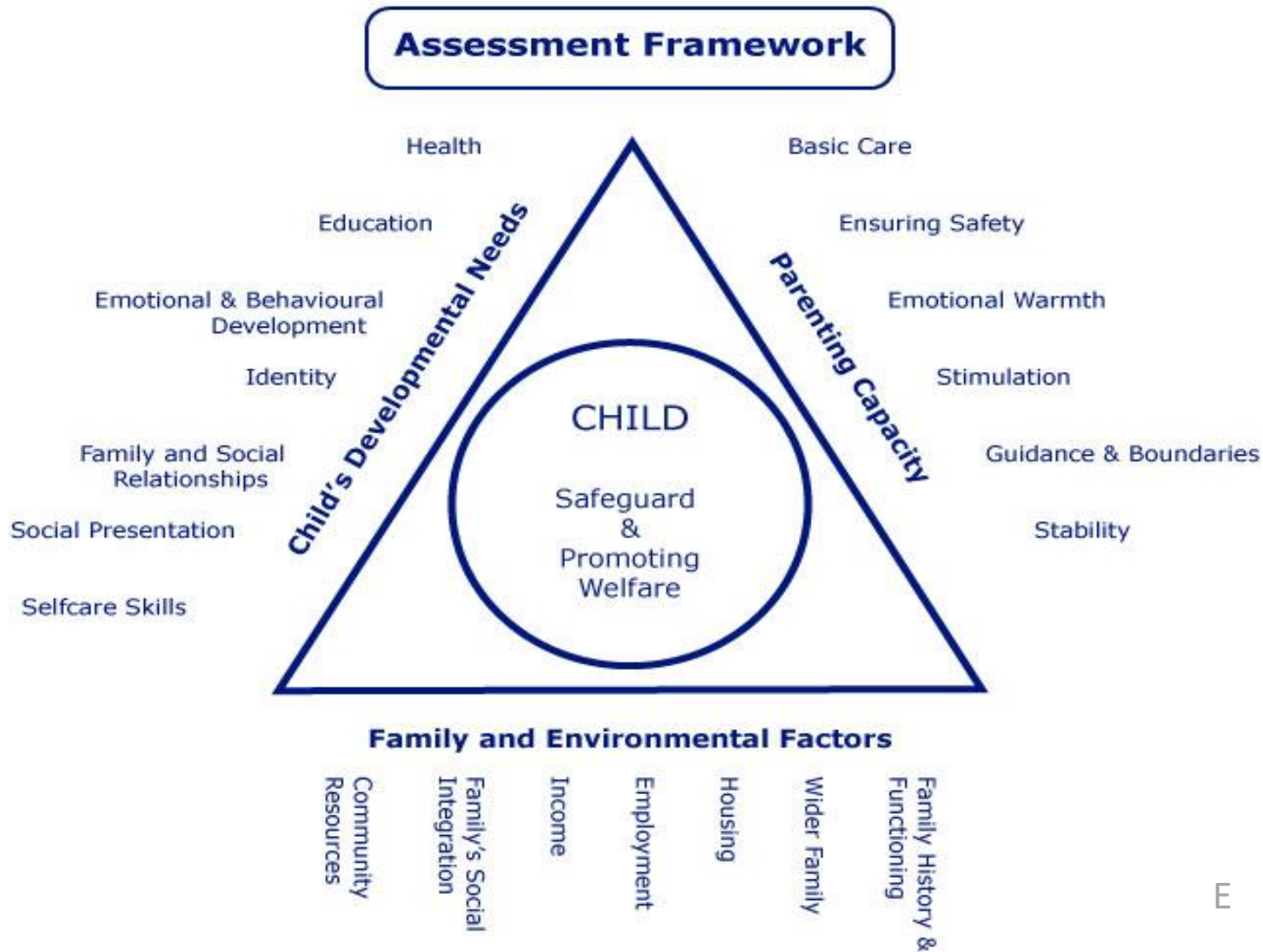


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## In Redbridge....

- Services to meet this level are:
  - Strategy discussions / meetings
  - Section 47 enquiries
  - Child Protection Conferences / Core Groups
  - Public Law Outline (PLO) / Care Proceedings
- Cases at level 4 can step down to child in need or progress into court proceedings where children may be subject to interim or full care orders.

# Safeguarding Assessment Framework





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# Are you worried about a child?

## How to access early help and thresholds for referral to children's social care

<http://www.redbridgescb.org.uk/wp-content/uploads/2015/09/Redbridge-LSCB-Multi-Agency-Thresholds-Document-March-2018.pdf>



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## Case studies – Apply threshold

Police referral received regarding a 16 year old girl who reported that she was assaulted by her father last week. She is worried about her safety as the family is returning to Afghanistan soon for four months. She is worried she will be forced to marry in Afghanistan and not be returned to the UK.



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## Case studies – Apply threshold

Referral received from a secondary school reporting 17 year old Asian boy came to the attention of the safeguarding lead after he flagged up on the schools safeguarding security system for typing into google “How to join ISIS”.



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## Case studies – Apply threshold

Referral received from the police regarding domestic abuse. Father and mother had a domestic argument. The history shows an argument in which police were called 2 years ago which resulted in mother screaming at father and spitting in his face. Father pushed mother away resulting in mother scratching him, leaving a small cut in his ear. Father said he was concerned mother would make false allegations and she may have mental ill health.

The couple have a 7 week old baby.

E





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## Case studies – Apply threshold

School referral regarding a disclosure during a PSHCE lesson. Mohammed, aged 11, said his dad was “very strict” and had beaten him with a belt. He then said he was joking and only said this to make the class laugh and that he had not been beaten with a belt but rather that his dad “just smacks me”. When explored this was with an open hand and Mohammed said it did not hurt. His dad will show him the belt as if to threaten him but does not use it. Mohammed said his younger sister, aged 8 does not get hit.

E

# Accessing Services

- Threshold is pivotal to accessing services at the identified levels of need and risk.
- Referrals are often complex and therefore the threshold is blurred - this is what MASH is for!
- MASH enables confidential screening and research on vulnerable children which is collated and analysed by a social worker.

# MASH process: non-MERLINS

**MERLIN**  
(See separate process)

- Multi-agency referral
- Self referral
- Anonymous referral
- Other local authority referral

Check protocol ICS  
Check eCAF

Open **social care** case:  
details sent to case worker

New case created on protocol

Initial screening on whether to MASH

Inform parent of legal basis for mash

RAG rate & pass to social worker

MASH	MASH	MASH
4 hour target	24 hour target	24 hour target

Review and summary of collated information

Review of collated information and **decision making**

- FTH
- CPAT
- CWD
- CSW
- LAC
- Advice and info
- Single agency response
- NFA

Step 1

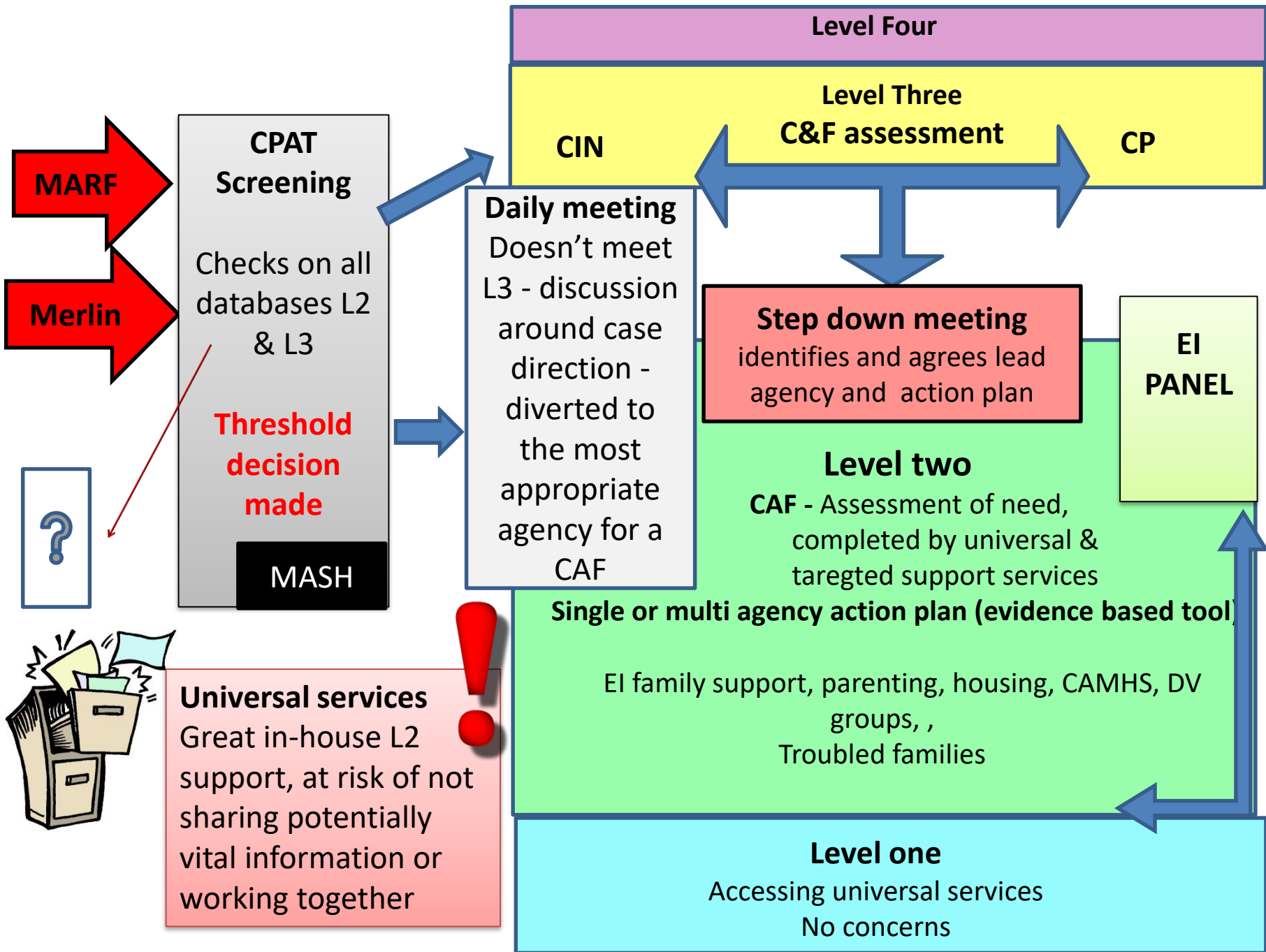
Step 2

Step 3

Step 4

Step 5

Step 6



# Redbridge MASH criteria

- All NSPCC/ anonymous referrals
- All children whose identity is unknown
- Children/ YP who may have been trafficked
- Children/ YP at risk of sexual or other exploitation
- Transient families
- All referrals where DV is an issue (where there are children in the family under 5 years old or unborn) and additional information is needed to determine the threshold
- Repeat missing persons
- Adults who pose a risk to children
- Cases being placed in the hospital maternity tray
- All referrals where there has been a previous MARAC discussion
- Referrals about a child found begging whereby additional information is needed to determine the threshold
- Minor concerns about a child on a repeat basis
- Children involved in gangs
- Female genital mutilation
- Channel referrals
- Modern Day Slavery

# LBR Children's Services

## Risk Assessment Tool for Children at Risk of Radicalisation

RISK CATEGORY	INDICATORS OF RISK	OUTCOMES
Critical / High	<ul style="list-style-type: none"> <li>• Encourages, justifies or glorifies terrorist violence to further particular beliefs.</li> <li>• Seeks to provoke others to undertake terrorist acts.</li> <li>• Encourages other serious criminal activity or seeks to provoke others to serious criminal acts.</li> <li>• Fosters hate which might lead to inter-community violence in the UK.</li> <li>• Possessing / accessing violent extremist literature.</li> </ul>	<p>Deemed Level 4 on the Redbridge Threshold Table. Joint Section 47 enquiry police and social services visit to child or young person. Police investigation required under 'Pursue' agenda. Immediate discussion with Prevent co-ordinator.</p>
High	<ul style="list-style-type: none"> <li>• Being in contact with extremist recruiters.</li> <li>• Accessing violent extremist websites, especially those with a social networking element.</li> <li>• Using extremist narratives and a global ideology to explain personal disadvantage.</li> <li>• Justifying the use of violence to solve societal issues.</li> <li>• Joining /seeking to join extremist organisations.</li> <li>• Lives with or is in direct contact with known terrorists.</li> </ul>	<p>Deemed Level 4 on the Redbridge Threshold Table. Joint Section 47 enquiry police and social services visit to child or young person. Immediate discussion with Prevent co-ordinator. Case to be presented at the Channel Panel. Police to consider if MAPPA processes apply.</p>
Medium	<ul style="list-style-type: none"> <li>• Criminality: involvement with criminal groups, imprisonment and poor resettlement and reintegration.</li> <li>• Personal crisis: the young person is experiencing family tensions, isolation, and low self-esteem. They may have dissociated from their existing friendship group and become involved with a new and different group of friends. They may be searching for answers to questions about identity, faith and belonging.</li> </ul>	<p>Deemed Level 3 on the Redbridge Threshold Table. Child and Family Assessment required. Early discussion with Prevent Co-ordinator. Case to be presented at the Channel Panel.</p>
Low	<ul style="list-style-type: none"> <li>• Identity crisis: the young person is distanced from their cultural / religious heritage and experiences discomfort about their place in society.</li> <li>• Personal circumstances: migration, local community tensions. May feel aggrieved by a personal experience of their country of origin, racism or discrimination or Government policy.</li> <li>• Unmet aspirations: the young person may have perceptions of injustice, feelings of failure and rejection of civic life.</li> <li>• Special Educational Need (SEN): the young person may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.</li> <li>• Significant changes to appearance and/or behaviour.</li> </ul>	<p>Deemed Level 2 on the Redbridge Threshold Table. Targeted intervention via School CAF or support from the Early Intervention Service. Early discussion with Prevent co-ordinator. Consideration for case to be heard at the Case Management Panel. Explore mentoring for young person.</p>



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## Brook Traffic Light Tool

(age appropriate and harmful sexual behaviours)

<https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool>

**Redbridge**

**Local Safeguarding Children Board (LSCB)**

# **Resolution and Escalation Policy**



# Sometimes we don't agree..

## [LSCB Resolution and Escalation Policy](#)

Disagreements between practitioners and agencies can arise at any stage in the safeguarding process and between any of the agencies involved. Some examples of potential areas of disagreement may include:

- Levels of need/threshold
- Concerns in relation to an agency's response to safeguarding concerns
- Roles and responsibilities
- Intra/inter agency communication
- Disagreement on lead agency or professional (this can be at step down or step up to/from children's social care intervention)
- Practice/case management issues



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## What makes a 'good' referral? Introduction

- Referrals into Children's Social Care are made on a [Multi-Agency Referral Form \(MARF\)](#).
- The purpose of a MARF is to make sure that Children's Social Care fully understands your concerns and takes appropriate and proportionate action to safeguard the child or young person.
- The form has been designed to capture all the necessary information which will allow for further enquiries and enable the service to make an informed judgement about needs and risks and act accordingly.
- Without a good quality referral, decision-making is impaired which can lead to additional risk or overly intrusive interventions which are disruptive to the child and/or family.

## What makes a 'good' referral?

- Appropriate and proportionate - use of ['Are you worried about a child? How to access early help, and thresholds for referral to children's social care, September 2018'](#) – call and discuss if not sure – 0208 708 3885 (Child Protection & Assessment Team – CPAT);
- If the child is already known to Children's Social Care i.e. Child in Need (CiN); on a Child Protection (CP) Plan; or Looked After Child (LAC) go direct to Social Worker or in the case of a CAF – Families Together Hub;
- Not shared with parents/carers if this will put the child at additional risk;
- Timely – do not delay or leave until the end of school day;
- On the correct form – all referrals should be on the [Multi-Agency Referral Form \(MARF\)](#);
- Accurate – ensure that names are spelt correctly, dates of birth not transposed etc.
- Informative – is the information provided helpful and paints a picture of concerns and risk? Include what you have witnessed and what you have been told.
- Context – refer to any historical concerns if relevant, and if this situation is a 'one-off' or part of a series.
- Specific – include detail, date and times as appropriate.

## What makes a 'good' referral? cont ...

- Concise – avoid long narratives – keep reason for referral to approximately 200 words (1/4 A4 page) with main cause clearly stated – don't let the important point get buried!
- Legible – typed or neatly written;
- Ensure that you clearly state what is fact and what is your opinion. Do not make assumptions.
- Include direct quotes from the child which will support understanding of the experience of that child
- Complete – all sections of the MARF complete wherever possible – DOB, address and parental information important;
- Followed up if necessary – confirmation of receipt and feedback within 24 hours – if not follow up!

# Voice of the Child

## If a Child Tells....

### Do:

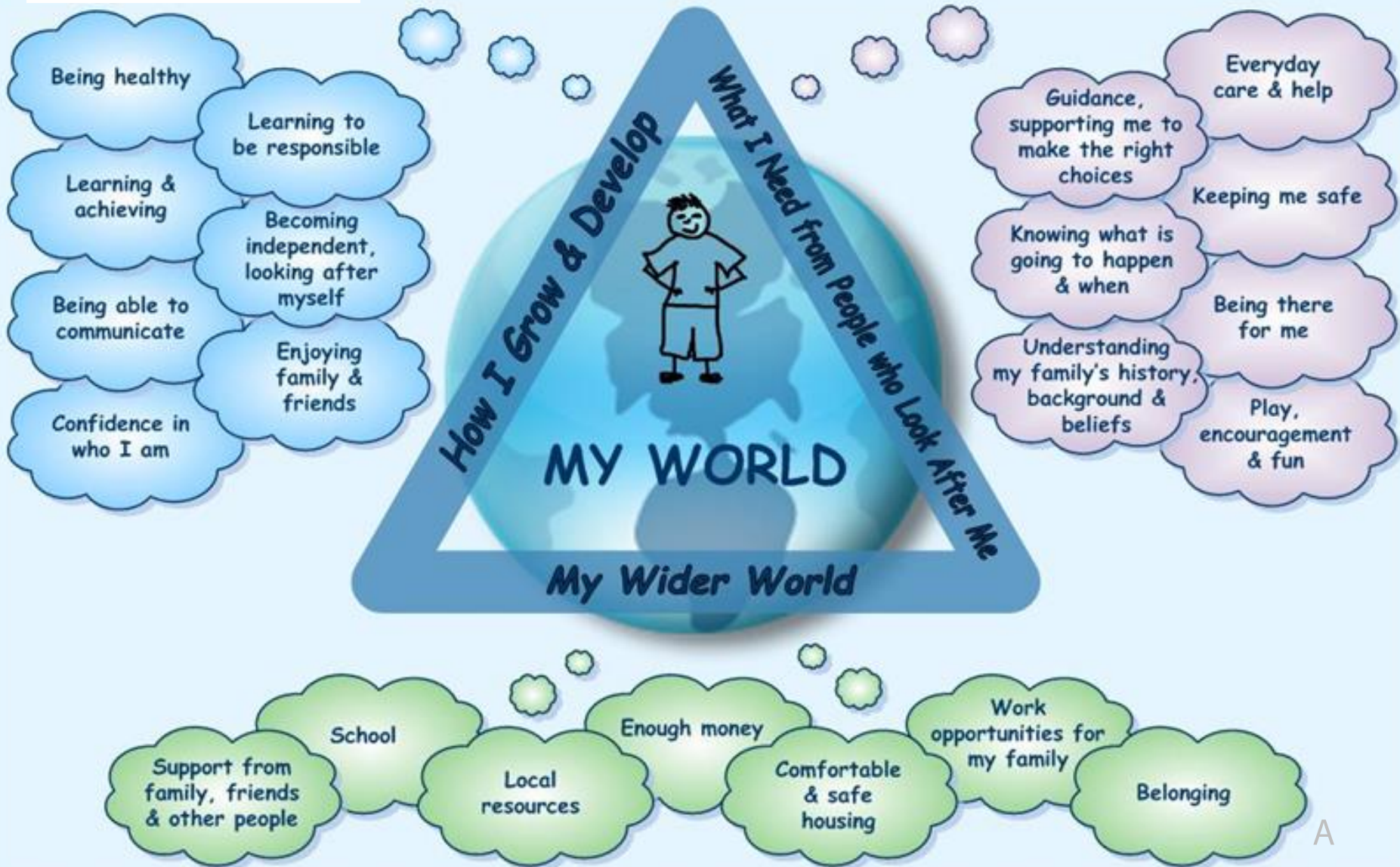
- Listen carefully
- Take it seriously
- Reassure the child that they are right to tell
- Explain what will happen next
- Record the child's words, the time and date

### Don't:

- Ask leading questions
- Make promises you cannot keep
- Jump to conclusions
- Speculate or accuse anybody

Voice of the child:

[http://www.ncb.org.uk/media/756988/research\\_summary\\_7.pdf](http://www.ncb.org.uk/media/756988/research_summary_7.pdf)



# Training Transfer

- Feedback to your manager and teams
- Distribute [LSCB Thresholds document](#)
- Understanding Mash: [Shadow opportunities](#) available
- CPPD: CAF workshops and other LSCB Training Programme opportunities

<http://www.redbridgescp.org.uk/>