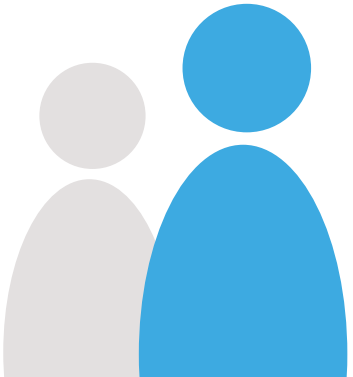
Tower Hamlets Safeguarding Children Board

TOWER HAMLETS

Multi-Agency Safeguarding Thresholds Guidance

Contents

A copy of the Thresholds Guidance and Appendices are available to download on the Tower hamlets Safeguarding Children Partnership website: **http://childrenandfamiliestrust.co.uk/the-lscb/guidance-publications/**

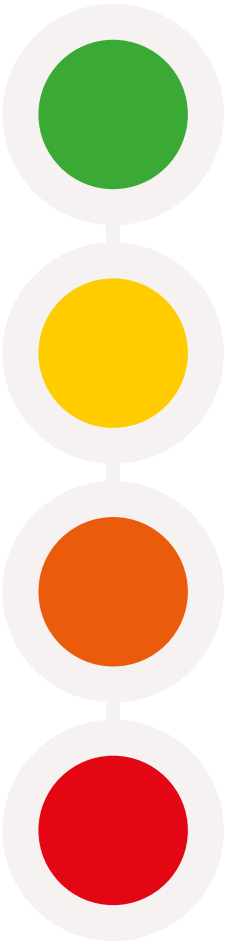


Introduction

In January and February 2017, London Borough of Tower Hamlets Children's Social Care was the subject of an Ofsted Inspection. This inspection found that thresholds were not consistently understood or applied in the borough. An improvement plan is being delivered in response to this inspection; one of the strategic objectives of the plan is to ensure that the right help is provided for children, young people and families, at the right time.

This guide has been produced to encourage professionals to identify, assess, understand and meet needs as soon as they occur; responding to needs at the lowest level. The overriding aim is for fewer cases at the highest levels of need, as help is successfully provided at levels 1 and 2.

The guide replaces the Family Wellbeing Model. It is underpinned by the continuum of need outlined by the London Safeguarding Children Board, providing an outline of thresholds for response:



LEVEL 1

Should be met within universal settings; including low level additional needs.

LEVEL 2

Which meet the criteria for more formal targeted services delivered as part of the early help offer; multi-agency intervention, a lead professional and a team around the family approach in addition to support in universal services

LEVEL 3

Which meet the threshold for social work assessment and support under S.17 Children Act 1989 (child in need)

LEVEL 4

Which meet the threshold for statutory child protection by social work teams delivered under S.47 Children Act 1989, in addition to provision in universal settings and by targeted services. This may also include children subject to a Care Order or children looked after under S.20 (duty to accommodate) of the Children Act 1989.

Purpose of this guide

- To support and promote effective, early and consistent identification of needs.
- To assist professionals in deciding how best to help safeguard/protect children, young people and families.
- To ensure a timely and proportionate response to the needs of children, young people and families.

Related documents

- The London Safeguarding Board Threshold Guidance: Continuum of Help & Support
  http://www.londoncp.co.uk/files/revised_guidance_thresholds.pdf
- Information Sharing Advice for practitioners providing safeguarding services to children, young people, adults, parents and carers
  https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf
- Working Together to Safeguard Children
  https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Together_to_Safeguard_Children_20170213.pdf
- Children's Social Care Local Protocol (Appendix A)
- Step down arrangements, learning from Jamila and other serious case reviews (Appendix B)

Assessment and referral

LEVEL 1 NEEDS UNIVERSAL SERVICES

No referral is required. Needs are met within single agencies. Children, young people and families should access universal services as required.

Universal services should also recognise that those children, young people and families that require low-level additional support that can be provided within the community to prevent needs from escalating. An Early Help Assessment (EHA) may be completed to develop an understanding of the family's needs. This guided conversation with a family should help to ensure early engagement.

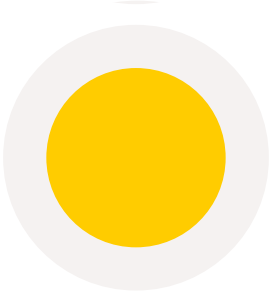
Multi-Agency conversations should take place during agency planning meetings.

Key universal services that may provide support at this level include:

- Schools and nurseries
- Children's centres
- Early years providers
- Health visiting service
- School nursing
- GP and community health
- Play services
- Youth Services
- Police
- Housing
- Voluntary and Community Services
- Secondary and further education
- Training

Other services may be found by accessing our Family Services Directory/Local Offer **http://www.localoffertowerhamlets.co.uk/**

Assessment and referral



LEVEL 2 NEEDS
TARGETED EARLY HELP SERVICES

An Early Help Assessment should be completed with the child/young person and their family to identify their strengths and needs.

Key Early Help Services that may provide support at this level include:

- Early Help services (parenting, education welfare, education psychology, family support, SEN support, CAMHS early intervention)
- Family Intervention Service
- Team around the family interventions
- Commissioned services
- Children's Centres
- Voluntary and Community Services
- Children's Therapy Services
- Children's Community Nursing Team
- Health Visiting & School Health

Other services may be found by accessing our Family Services Directory/Local Offer **http://www.localoffertowerhamlets.co.uk/**

Following completion of the EHA, further professional assessments may be undertaken in response to the specific needs identified. The EHA provides the basis of an action plan for intervention. Professionals may wish to contact the Early Help Hub for advice and/or support to make a referral to the Early Help Panel (formerly the SIP) to prevent escalation to level 3 needs.

Assessment and referral

LEVEL 3 NEEDS CHILD IN NEED

An Early Help Assessment (EHA) referral to MASH is required, with social care indicated as the preferred response. If in doubt, please contact the Early Help Hub for a discussion (020 7364 5006)

The EHA will be completed with the child or young person to identify their strengths and needs and to gain specialist support from Children's Social Care (CSC).

Where concerns about Child Sexual Exploitation are identified, the CSE screening tool should be completed. Where concerns about involvement in serious youth violence and/ or gangs are identified, the Co-offending Groups (COG) screening tool should be completed.

Upon receipt of the referral, the duty team in MASH will review the EHA and will send a response to the referring agency within one working day. If it is agreed that level 3 needs are met, it will proceed to an assessment led by a social worker.

What happens to the referral and how can a professional escalate should they disagree with the outcome?

The MASH will notify the referrer of the outcome of the referral within 24 hours. Should the referring professional disagree with the decision they must provide a clear rationale with reference to levels of need. If the disagreement is not resolved, the referring professional must escalate to their manager and, if necessary, the safeguarding lead in their agency. Please refer to the escalation flowchart at Appendix D.

The lead professional only changes to the social worker once the referral has been accepted by CSC. Until then, the lead professional responsibility remains within level 1 or level 2 services.

Where the assessment identifies the requirement for a child in need plan, a network of professionals will be formed around the child that will meet regularly for the duration of the plan. Universal and early help services will be core members of this network.

Assessment and referral

LEVEL 4 NEEDS CHILD PROTECTION

If an agency identifies a child or young person thought to have suffered or be at risk of significant harm, a referral to MASH should be made immediately by:

- Early Help Hub (020 7364 5006)
- MASH (020 7364 5601/5606)
- **MASH@towerhamlets.gov.uk**
- **MASH@towerhamlets.gcsx.gov.uk** (secure email)

Where concerns about Child Sexual Exploitation are identified, the CSE screening tool should be completed. Where concerns about involvement in serious youth violence and/ or gangs are identified, the Co-offending Groups (COG) screening tool should be completed.

What happens to the referral and how can a professional escalate should they disagree with the outcome?

Upon receipt of the referral, within one working day, where MASH identify that the case meets the level 4 needs, a child protection S.47 Enquiry will be initiated alongside a single assessment, supported by information sharing between agencies in the MASH.

The MASH will notify the referring professional of the outcome of the referral within 24 hours. Where the MASH identify that the case does not demonstrate level 4 need, the referring professional will be notified of the appropriate level and required action. Should the referring professional disagree with the decision they must provide a clear rationale with reference to levels of need. If the disagreement is not resolved, the referring professional must escalate to their manager and, if necessary, the safeguarding lead in their agency. Please refer to the escalation flowchart at Appendix D.

While a level 4 child protection case is led by a named allocated social worker, other services, including universal and early help will remain fully involved in the case. This includes through membership of the core group of professionals and/ or of the Child Protection Conference, which is independently chaired. Different aspects of the case may be led by different agencies – e.g. the police will lead on criminal investigation.

Thresholds of Need Decision Tree

I am working with a family and I think they (the baby/child/young person, the parent/carer or both) may need a universal, targeted or specialist service.

Is the baby/child/young person at immediate risk or are there clear child protection concerns?

YES

IMMEDIATE RISK

- Seek advice from your organisation's child protection/ safeguarding lead, following your organisation's policy/procedure
- Phone the **MASH 7364 5601/5606**
- Seek agreement to discuss personal information with the MASH, unless it would place the child at risk
- Or outside office hours phone the **Out of Hours Service on 020 7364 4079**
- In an emergency phone the **Police on 999**
- Refer to the London Child Protection Procedures for further guidance

Note: MASH can help or advise you about Child Protection Concerns at any point, or where you are unsure about to proceed.

NO

Consult the Levels of need descriptor in the Multi-Agency Safeguarding thresholds document, which level of need fits best? If in doubt, call the Early Help Hub on 020 7364 5006

LEVEL 1

Use the Family Services Directory/ local offer at **www.localoffertowerhamlets.co.uk** or Family Information Service **020 7364 6495** to help the family find universal services (including your own), that can offer support. This should include adult services where parent/ carer needs are identified.

LEVEL 2

- Check whether an Early Help Assessment has been completed and if other services are involved. You can do this by searching the electronic EHA system eEHA (or using Single View of the Child if you work in the council.)
- If there is an EHA, contact the lead professional about what additional actions may be necessary.
- If there is no EHA, complete one with the family to get a clearer picture. You will need their agreement. Score the EHA to get a baseline to measure future outcomes.
- Use the EHA to determine the full range of needs and develop a clear intervention plan. Work with the young person, and where appropriate, their parents/carers, to understand what they believe will help them move forwards

If parents/carers needs are identified you may also need to:

- Call the Adult Social Care Team to check if a specialist assessment has already been completed and for advice: **020 7364 5005**
- If mental health needs of the parents/carers are identified, seek their agreement to discuss this with their GP
- If you suspect that the parents/carers may be misusing substances, contact the Drug and Alcohol Action Team on **020 7356 4594/5488**
- If child protection concerns emerge, discuss with your agency's child protection lead/nominated safeguarding children advisor and/or phone the MASH on **020 7364 5601/5606**

LEVEL 3

- Use the EHA to make a MASH referral
- Where the assessment identifies the requirement for a child in need plan, a network of professionals will be formed around the child that will meet regularly for the duration of the plan
- Where concerns about Child Sexual Exploitation are identified, the CSE screening tool should be completed
- If the needs are complex, use our Local Offer to consider other targeted services that may help with particular areas of the plan. You will need agreement to share with other services.
- Develop a clear intervention plan with the family, based on the EHA, with clear, specific actions.
- Review regularly, using the EHA Review Form and re-score to assist in evaluating progress.
- Use the Electronic EHA system (eEHA) to enable the safe sharing of information and so others are aware that there is an EHA and actions are underway.

LEVEL 4

- A referral to the MASH should be made immediately by telephone **020 7364 5601 /5606** (or out of Hours 020 7364 4079) or by email MASH@towerhamlets.gov.uk
- Where MASH identify that the case meets the level 4 needs, a child protection S.47 Enquiry will be initiated alongside a single assessment, supported by information sharing between agencies in the MASH

Are the concerns around the child/ young person/family decreasing?

NO

YES

CONCERNS DECREASING

- In any intervention remember to assess what has worked well, in addition to what worked less well.
- Think about the exit from the service: is the work helping the family to become more self-sufficient in future?
- Can they identify support networks within their family, friends and community that can replace your support?
- You should use the Tower Hamlets EHA scoring system with the child/young person/family to help them identify and celebrate their successes as you move towards closing the EHA when the objectives have been met and so you can evidence outcomes.

EARLY HELP HUB

- If, despite your best endeavours, the concerns remain or the situation deteriorates, refer to the Early Help Hub, providing the EHA and any reviews as evidence of actions to date.
- **EarlyHelp@towerhamlets.gov.uk 020 7364 5006**
- EHH may provide advice or direct the case to another or additional service or manage it through the Early Help Panel (formerly SIP) to prevent further escalation.
- If necessary the EHH will refer on to Level 3 or Level 4 services
- Note: the EARLY HELP HUB 020 7364 5006 can help or advise you about working with vulnerable children and families at any point, or where you are unsure about how to proceed.

Multi-Agency conversations and information sharing

Professionals should meet to discuss the needs of a child, young person or family at the earliest opportunity. Multi-Agency conversations allow a practitioner who has a concern that a child may need additional support to have a quality discussion:

- to clarify the nature of the concerns
- to explore the needs of the child, young person or family
- to identify the most appropriate ways to respond to these concerns and needs

The approach strengthens and improves decision making in relation to early help to ensure the right help at the right time.

This approach does not change the way in which concerns about significant harm are handled through MASH.

The advantages of this approach:

- based upon collaboration and dialogue
- promotes shared responsibility and flexibility
- recognises complexity and the unique needs of each individual child and family
- reduces bias of individual professional and agency decisions through debate

There are several opportunities for such multi-agency conversations; consultation with the Early Help Hub and MASH information gathering episodes, team around the family meetings etc.

There can be no justification for failing to share information that will allow action to be taken to protect children. The consistent theme throughout all information sharing guidance and legislation is that the duty to safeguard children must be paramount.

The seven golden rules for information sharing

1. **Remember that the Data Protection act is not a barrier** to sharing information but provides a framework to ensure that personal information is shared appropriately.

2. **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what how and with whom information will or could be shared, and seek their agreements, unless it is unsafe or inappropriate to do so.

3. **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.

4. **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.

5. **Consider safety and well-being:** base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.

6. **Necessary, proportionate, relevant, accurate, timely and secure:** ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.

7. **Keep a record** of your decision and reasons for it.

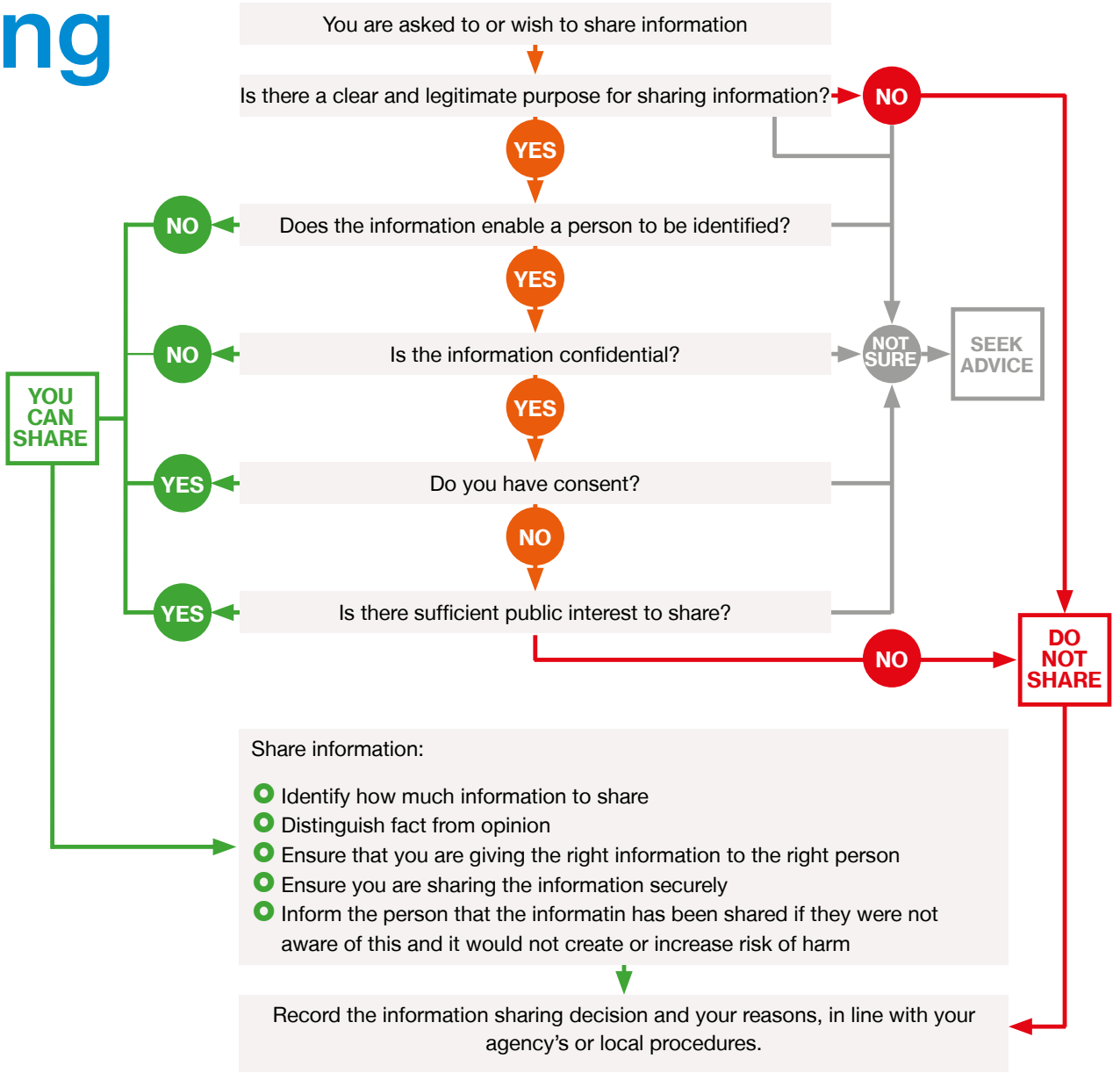
Flowchart of key questions for information sharing

If there are concerns that a child may be at risk of significant harm or an adult may be at risk of serious harm, then follow the relevant procedures without delay.

Seek advice if you are not sure what to do at any stage and ensure that the outcome of the discussion is recorded.

For more details about sharing information, please refer to information sharing advice for practitioners providing safeguarding services to children, young people, adults, parents and carers

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf



Indicators of need

The listed indicators are not exhaustive, but should be used as a guide to help professionals make an informed decision about levels of need and the appropriate response. Indicators of need should be considered in the wider context of a child's family life. Professional judgement should be used to determine the level of need and risk. If in doubt; please consult the Early Help Hub.

Health

LEVEL 1 NEEDS	LEVEL 2 NEEDS	LEVEL 3 NEEDS	LEVEL 4 NEEDS
• Health needs which can be met within GPs and other primary or universal care	• Complex needs requiring specialist support in both mainstream and specialist provision	• Disability requiring specialist support to be maintained in mainstream setting	• Complex disability that cannot be maintained in a mainstream setting or without additional support
• Is healthy and well, development is age appropriate and has had all appropriate immunisations • Developmental milestones including speech and language can be achieved with help provided within single agency setting as required	• Delayed in reaching developmental milestones	• Physical and emotional development raises significant concerns	• Significant developmental delays, disability or long term condition apparently caused or exacerbated by care given by parents

LEVEL 1 NEEDS	LEVEL 2 NEEDS	LEVEL 3 NEEDS	LEVEL 4 NEEDS
• Has a healthy diet, appears well nourished and undertakes regular physical activities	• Long term conditions or serious illness • Frequent illness/accidents • Child has significantly dropped in their placement along the 'centile' range for height/ weight without adequate explanation • Undertakes no physical activity and/or has an unhealthy diet which is impacting on their health	• Chronic/recurring health problems including concerns about weight • The child or young person shows signs of physical abuse e.g. bruising, scalds, burns and scratches, which are accounted for but are more frequent that would be expected for a child of a similar age • Undertakes no physical activity and has a diet which seriously impacts on their health despite intensive support from early help services	• Child in hospital setting continuously for 3 months • Disclosure of abuse from child/ young person • Serious concern regarding fabricated/induced illness • Despite support, the child undertakes no physical activity and has a diet which is adversely affecting their health and causing significant harm. • Child is suspected to have suffered or be at risk of Female Genital Mutilation (FGM)
			• Children consistently appear in dirty clothing/inappropriate clothing for climate • Child/young person with complex needs who is at risk of or experiencing harm through their use of substances • Young person has been victim of a knife or gun related injury
		• A young person over 13 but under 16 and in a sexual relationship and/or pregnant	• A young person is under 13 and is pregnant or engaged in sexual activity

LEVEL 1 NEEDS	LEVEL 2 NEEDS	LEVEL 3 NEEDS	LEVEL 4 NEEDS
• Is registered with a GP and basic services such as a dentist	• Not immunised- where this adds to a wider picture of safeguarding concerns • Pattern of missed appointments – routine and non-routine	• Unborn child vulnerable where there are risks of accumulative indicators e.g. substance misuse, learning difficulties, domestic abuse and/or mental health • Child is suffering as a result of inadequate access to primary/ secondary healthcare • Missed appointments –routine and non-routine which are impacting significantly on the child or young person's health.	• Unborn child vulnerable where there are risks of accumulative indicators e.g. substance misuse, learning difficulties, domestic abuse and/or mental health

Education

LEVEL 1 NEEDS	LEVEL 2 NEEDS	LEVEL 3 NEEDS	LEVEL 4 NEEDS
• Achieving key stages • Children whose additional needs can be met within their school or early years setting • Progression between phases of education is planned within standard procedures or with support of previous mainstream setting	• Development delay within early years foundation stage • Poor concentration • Low motivation	• Development delay despite learning support strategies over a period of time • Statement of Special Educational Needs/Education Health & Care Plan	• Developmental milestones are significantly delayed or impaired • Child's inability to understand and organise information and solve problems is adversely impacting on all areas of his/her development, creating significant risk of harm
• Good attendance at school/college/training • No barriers to learning	• Low attendance (below 90%) and persistent absence • Persistent short term exclusions and/or risk of permanent exclusion • At risk of NEET • Educated at home with engagement from family but child is not developing appropriately • Child consistently falls asleep during lessons	• Missing from education • Permanently excluded from school • NEET • Professional concerns about the safety or wellbeing of a child whose family has elected home education • No parental support for education	• Missing from education for long periods

Social and Neighbourhood

LEVEL 1 NEEDS	LEVEL 2 NEEDS	LEVEL 3 NEEDS	LEVEL 4 NEEDS
• Safe and secure environment • Access to consistent and positive activities	• Child/young person not exposed to new/stimulating experiences • Child is not appropriately supervised in the home or community	• Young people who pose a risk of harm to others • Child/ young person who is missing from home • Suspicion of sexual abuse or child sexual exploitation e.g. sexualised behaviour, medical concerns or referral by concerned relative, neighbour, carer • Young person being harmed through their substance misuse	• Child is begging/scavenging for food or money • Frequently missing from home for long periods • Evidence of sexual exploitation • Child/young person exploited for criminal purposes • Child/young person is subject to spiritual abuse • Child/young person is at risk of, or has been subjected to forced marriage • Child/young person groomed into violent extremism
• Good social and friendship networks exist or can be easily established	• Difficulties with peer relationships	• Child/young person is isolated and refuses to participate in social activities	• Child/young person is completely isolated, refusing to participate in any activities.

LEVEL 1 NEEDS	LEVEL 2 NEEDS	LEVEL 3 NEEDS	LEVEL 4 NEEDS
• Knowledgeable about the effects of crime and anti-social behaviour, with guidance as necessary	• Pro-offending behaviour and attitudes • Coming to the notice of the police • Evidence of low level substance/alcohol misuse • High levels of anti-social behaviour and criminality in the local environment • Being a victim of crime	• Coming to the notice of the police on a regular basis • Young people who have admitted a criminal offence and received a diversionary programme (triage) or a pre court disposal e.g. youth conditional caution	• Child is engaged in criminal activity, including gang activity that is placing them at serious risk of harm • Child in secure remand • Child in custody with no family support or involvement
• Age appropriate knowledge about sex and relationships	• Limited access to age appropriate advice including contraceptive and sexual health advice, information and services	• A young person over 13 but under 16 and in a sexual relationship and/or pregnant	• Under 13 engaged in sexual activity
• Age appropriate independent living skills	• Learning disability that places the young person in vulnerable situations	• Concerns that the child/young person is being exploited	• Evidence of exploitation linked to child/young person's vulnerability

Parents/Parenting

LEVEL 1 NEEDS	LEVEL 2 NEEDS	LEVEL 3 NEEDS	LEVEL 4 NEEDS
• Parents provide secure and caring parenting, with low level advice or support as required	• Children affected negatively by inconsistent care	• Parent is unable to meet child's needs without support • Physical care or supervision of a child is inadequate	• Parent causing significant harm to child/young person
• Parents provide appropriate guidance and boundaries to help child/young person develop appropriate values, with low level advice if required	• Parent/carer avoiding engagement with professionals where a concern has been raised • Colludes or condones failure to attend school • Substance and or alcohol misuse affecting parenting	• Failure to access pre/postnatal care • No available parent and the child is in need of accommodation	• Parent or carer denying professional staff access to the child/young person
	• Mental and/or physical health needs or learning difficulties that can affect care of the child/young person	• Parents living with mental illness express delusional beliefs involving their child and/or may harm their child as part of a suicide pact	• Child/young person's safety and emotional development is at risk due to parental substance misuse and/or mental health including parental delusions • Parent/carer who attempts suicide or self-harm

LEVEL 1 NEEDS	LEVEL 2 NEEDS	LEVEL 3 NEEDS	LEVEL 4 NEEDS
	• Lack of consistent boundaries, supervision and guidance • Parent/carer does not encourage development of child's independence • Criminal or anti-social behaviour	• Allegations concerning parents making verbal threats to children • Allegations of neglect including inadequate supervision, poor hygiene, clothing or nutrition	• Any allegation of abuse or neglect or any injury suspected to be non-accidental injury to a child • Repeated allegations or reasonable suspicion of non-accidental injury • Child/young person is suffering neglect
	• Parents/carers fail to understand the physical, social and spiritual needs of children at specific ages or stages	• Parental inability to judge dangerous situations • Failure to seek/attend treatment or appointments	• No available parent and child is at risk of significant harm (e.g. abandoned baby)
• There are no concerns about cultural child rearing practices	• There is concern that the child is in a culture where harmful practices are known to have been performed however parents are opposed to the practices in respect of their children.	• There is concern that the child may be subject to illegal cultural practices such as FGM or breast ironing and/or there is concern that the child may be exposed to harmful cultural practices such as black magic, djin, voodoo exorcism or unsafe male circumcision	• There is evidence that the child may be subject to illegal cultural practices such as FGM or breast ironing and/or there is evidence that the child may be exposed to harmful cultural practices such as black magic, djin, voodoo exorcism, evil eye, belief that a child is possessed by a spirit or is a witch or unsafe male circumcision

Family and Environment

LEVEL 1 NEEDS	LEVEL 2 NEEDS	LEVEL 3 NEEDS	LEVEL 4 NEEDS
Good quality stable housing	Inadequate/overcrowded housing Family homelessness, or in temporary accommodation	Severe overcrowding, temporary accommodation, homelessness, transience, which significantly impacts on the parent's ability to look after the child/ young person	Homeless and destitute There is insufficient/inadequate food for the child/young person to eat
Stable families where parents are able to meet the child or young person's needs	Family routine not conducive to child or young person's needs	Risk of relationship breakdown with parent or carer and the child which would lead to the child coming into care	Imminent family breakdown
Family feels accepted by the community	Socially or physically isolated Family experiencing harassment, discrimination or are victims of crime	The family is excluded and the child is seriously affected but the family resists all attempts to address this and isolates the child from sources of support	Child or family need immediate support and protection due to severe harassment/ discrimination within the community
Child adequately supported financially	Home environment is not suitable for children/there are visible health and safety risks	Children of those detained in prison Privately fostered children	Suspicion of physical, emotional or sexual abuse or neglect that may cause significant harm to the child/ young person

LEVEL 1 NEEDS	LEVEL 2 NEEDS	LEVEL 3 NEEDS	LEVEL 4 NEEDS
• Supportive family relationships are evident or can be secured with low level single agency intervention • Family members are physically well and mentally stable	• Children are negatively impacted by the significant relationship difficulties of parents/carers which could include domestic abuse (at levels 1 or 2)/substance or alcohol misuse or mental health needs • Children's behaviour results in parents /carers requesting support to manage behaviour	• Siblings or other members of the family have a disability or serious health condition, including mental health concerns which impact on the child • History of domestic abuse, current domestic abuse • Young carers where the child's outcomes are impacted by their caring responsibilities	• Substance misuse, prostitution and illegal activities significantly impact on child • Severe domestic abuse that leads to a child/young person being traumatised, injured or neglected • Registered sex offender or violent offender under Multi-Agency Public Protection Arrangements (MAPPA) living in household or having regular contact • Grooming of child/young person via social media or other process

Emotional health, wellbeing and behaviour

LEVEL 1 NEEDS	LEVEL 2 NEEDS	LEVEL 3 NEEDS	LEVEL 4 NEEDS
• Good mental health and psychological wellbeing	• Low self-esteem, withdrawn or show signs of depression	• Mental health issues requiring specialist intervention in the community	• Severe or life threatening mental health conditions (e.g. psychosis, risk of suicide, severe self- harm, anorexia nervosa)
	• Non-life threatening self-harm	• Self-harm	• Expression of suicidal thoughts
• Good quality attachments and relationships, confident in social situations	• Challenging behaviour that parents/carers find difficult to manage • Bullying or being bullied • Relationship difficulties with family, friends or teachers • Child is significantly delayed in speech/expressive communications • Children where there is an early onset of sexual activity and who may be vulnerable to sexual exploitation • Parental or family separation, illness or health problems	• Child persistently runs away from home	• Severe and/ or complex relationship difficulties leading to significant impairment of functioning and wellbeing • Child's/young person's behaviour/activities places self or others at imminent risk of serious harm
	• The child expresses sympathy for ideologies closely linked to violent extremism but is open to other views or loses interest quickly	• Risk of radicalisation or involvement in extremism	• Child/young person is suspected of engaging in radical or extremist activities

LEVEL 1 NEEDS	LEVEL 2 NEEDS	LEVEL 3 NEEDS	LEVEL 4 NEEDS
	• Evidence that the child or young person is being pressured to become gang involved	• Evidence of gang involvement	• There is evidence of gang involvement which is impacting significantly on the child and their family
	• Single instance of sexually inappropriate behaviour	• Evidence of concerning sexual behaviour	• Child is exhibiting harmful sexual behaviour • Child/young person appears to have been trafficked

Appendix A: Children's social care local protocol

1. Purpose of this Protocol

The aim of this protocol is to assist professionals working with children and families to understand the principles behind statutory assessments carried out in children's social care. It outlines the types of circumstances in which a statutory assessment might be undertaken, and the process and methods used in Tower Hamlets to ensure the assessment is as effective as possible. It must be understood that each case is unique; .Social workers will need to use the information available to them (including information from other professionals and agencies) and draw on their knowledge, training and expertise in order to make a series of decisions and judgements on each case.

The protocol has been drafted with reference to the government guidance Working Together 2013[1] and should be read in conjunction with the Tower Hamlets Multi-Agency Safeguarding Thresholds Guide.

This protocol outlines what happens when a child is referred to children's social care and that referral is accepted for further investigation and assessment.

2. Tower Hamlets Multi Agency Safeguarding Hub

Information, contact and referrals into children's social care in Tower Hamlets are dealt with by the Multi Agency Safeguarding Hub (MASH). MASH took over from IPST in October 2013. The MASH includes professionals from Children's Social Care, the Children with Disabilities Team, the Health Service, Education (Attendance and Welfare), , Housing, and Police Public Protection. These colleagues work together to provide a holistic approach to ensuring that vulnerable children and families are safeguarded. Further MASH partnerships are being developed with London Probation, the Community Safety Service in Tower Hamlets, and the Youth Justice & Family Intervention Service (YJFIS).

The MASH undertakes three key areas of work: screening, consultation and intervention to determine what response is required. Initial contacts may be signposted to other agencies, progressed to a referral and passed to the Assessment and Intervention Services or, where appropriate, the MASH will respond to cases by undertaking brief Children In Need (CIN) Assessments (on borderline cases), Early Intervention Domestic Violence Work and Intensive Parenting support. The MASH provides a flexible and multidisciplinary approach to contacts of concern referred into children's services, who will take a decision based on the evidence supplied and any further fact finding required as to whether or not a case should have a statutory assessment.

1 Working Together 2015: http://www.education.gov.uk/aboutdfe/statutory/g00213160/working-together-to-safeguard-children

3. Assessments

3.1 Assessments and Timescales

Where the MASH has decided to progress a contact to a referral and recommends a statutory assessment, the referral will be passed to one of the following teams: the Assessment and Intervention Team, the Royal London Social Work Team or the Children with Disabilities Team. A statutory assessment will then be undertaken using the LBTH Framework for Understanding Families.

3.2 Timescales

We aim to undertake assessments of children considered to be in need or at risk of harm within 45 working days from the point of contact with the MASH and the decision to pass to the relevant children's social care team. If a new or open case highlights child protection concerns then an initial conference needs to be held within 15 (working) days of the last strategy discussion, or with a case already open, from the point of time when the concerns were highlighted. These timescales have been set in accordance with Working Together 2013 and the Pan London Child Protection Procedures (revised 2013).

4. Statutory assessments under the Children Act 1989

The Children's Act 1989 provides a statutory framework for undertaking assessments of need. A shortened summary of the definitions under the relevant sections of the Act has been provided in this protocol but professionals are directed also to the full definitions in statute which are provided via hyperlinks in this document, and should familiarise themselves with these.

NOTE: Both sections 17 and 47 are provisions in which the level of need and risk of the child is assessed in order to determine the level of support the child and their family will require. Sections 20 and 31 are examples of the outcomes which might be put in place following a statutory assessment.

4.1 Section 17 (Children in Need)

A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled. In these cases, assessments by a social worker are carried out under Section 17 of the Children Act 1989. Children in need may be assessed under section 17 of the Children Act 1989, in relation to their special educational needs, disabilities, or as a carer, or because they have committed a crime. The process for assessment should also be used for children whose parents are in prison and for asylum seeking children. When assessing children in need and providing services, specialist assessments may be required and should be coordinated so that the child and family experience a coherent process and a single plan of action.

For more a more in-depth definition of section 17, please go to:
http://www.legislation.gov.uk/ukpga/1989/41/section/17

The Indicators of need table in the Multi-Agency Safeguarding Thresholds Guide gives examples of different levels of need. When a decision is made to assess a child under Section 17 they will often be in circumstances which includes multiple examples from level 3 or one or more example from level 4, or possibly indicators from level 3 and 4 combined.

4.2 Section 47 (Child Protection)

Concerns about maltreatment may be the reason for a referral to local authority children's social care or concerns may arise during the course of providing services to the child and family. In these circumstances, local authority children's social care must initiate enquiries to find out what is happening to the child and whether protective action is required. Local authorities, with the help of other organisations as appropriate, also have a duty to make enquiries under Section 47 of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, to enable them to decide whether they should take any action to safeguard and promote the child's welfare. There may be a need for immediate protection whilst the assessment is carried out.

For a more in-depth definition of section 47 please go to:
http://www.legislation.gov.uk/ukpga/1989/41/section/47

4.3 Section 20 (Children Accommodated)

Some children in need may require accommodation because there is no one who has parental responsibility for them, because they are lost or abandoned or because the person who has been caring for them is prevented from providing them with suitable accommodation or care. Under section 20 of the Children Act 1989, the local authority has a duty to accommodate such children in need in their area. Where a decision is taken to apply section 20, a relevant example or examples from level 4 of the Multi-Agency Safeguarding Thresholds Guide will be likely to be affecting the child or young person.

For a more in-depth definition of section 20 please refer to:
http://www.legislation.gov.uk/ukpga/1989/41/section/20

The local authority has a legal duty to place a child within the family/family network if possible (see s.22 of the Children's Act:
http://www.legislation.gov.uk/ukpga/1989/41/section/22

In addition to the statutory law laid out in the Children's Act, social workers undertaking assessments will also be making reference to the following statutory guidance:

- Family and Friends Carer Statutory Guidance
  http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/standard/AllPublications/Page1/DFE-00025-2011
- Statutory government guidance (April 2010) relating to the provision of accommodation for 16 and 17 year olds who may be homeless and or require accommodation.
  https://www.gov.uk/government/publications/provision-of-accommodation-for-16-and-17-year-olds-who-may-be-homeless-and-or-require-accommodation

4.4 Section 31 (Application to a Court for an order to remove a child from the care of their parents)

Following an application under section 31A, where a child is the subject of a care order, the local authority, as a corporate parent, must assess the child's needs and draw up a care plan which sets out the services which will be provided to meet the child's identified needs. A more in-depth definition can be found by going to:
http://www.legislation.gov.uk/ukpga/1989/41/section/31

The local authority will make an application to court when a number of indicators in both level 3 and 4 are present and where other support has failed or where there is immediate and significant risk of harm posed to the child which cannot be managed unless they are removed from their home immediately.

Where care orders are being sought, social workers will also have regard to the Public Law Outline section 31 Guidance on volume 1 court orders, both of which can be found here:
https://www.justice.gov.uk/courts/procedure-rules/family/practice_directions/pd_part_12a
http://webarchive.nationalarchives.gov.uk/20130401151715/
https://www.education.gov.uk/publications/eOrderingDownload/children%20act%20guidance-Vol1.pdf

Emergency action can be taken by the police (s.46 of the Children Act) or by an application for an Emergency Protection Order (s.44 of the Children Action). Other measures that may be considered would include Child Assessment Orders (s.46 of the Children Act), secure accommodation orders (s.25A of the Children Act) and Recovery orders (s.50 of the Children Act).

4.5 Private Fostering

It should be noted that people who are looking after a child or young person who is not a relation may be undertaking private fostering. Section 44 of the Children Act 2004 and The Children (Private Arrangements for Fostering) Regulations 2005 strengthen the duties set out in the Children's Act 1989. If there is any doubt around whether a child is being privately fostered, this should be reported to the local authority (add details of team). Further guidance around private fostering duties can be found here:
http://www.education.gov.uk/childrenandyoungpeople/safeguardingchildren/a0068804/private-fostering

5. The local protocol for assessment

This protocol sets out what happens once a referral has been accepted by children's social care in Tower Hamlets. Further guidance can be found in Tower Hamlets Social Work Principles and Guidance to using the Tower Hamlets Intervention Framework, and in A Practice Framework for Assessments at Tower Hamlets Children's Social Care: Building on the Munro Review (Tony Stanley, Paul McGee and Helen Lincoln).

5.1 Once a referral has been received

On receipt of a referral of a case from the MASH the social worker will discuss the need for an assessment with their manager. They will then collect information from other agencies and meet with the child and other family members. A plan will then be written and discussed with the allocated social worker's manager

5.2 Core Social Work Process in Undertaking an Assessment

When undertaking an assessment, CSC will:

- Ensure that the welfare of the child is of our paramount concern
- Work with children and families in a sensitive, respectful and timely manner
- Keep the child's family central to our assessment/understanding process
- Ensure that the assessment is not only about a process of change but part of our work to make a positive contribution towards change
- Understand the complexities of the child and family's situation and history from the child's perspective
- Understand the totality of the child's family life, through thinking and practising in a way which takes all the facts affecting the child's life into account
- Maintain a focused and unbiased approach to the child's family situation
- Use the experience and skill of our social workers and managers to provide the child with the best available practice
- We will form a view of the child and their family which the child or their family may not agree with
- We will keep confidential records of our work with the child and their family
- Should the child or their family be unhappy with our work with them, they can contact our social care complaints department on 0800 374 176.

6. Process for taking referrals forward

6.1 Planning our Social Work

We will ensure that assessments are timely, transparent and proportionate to the needs of individual children and their families;

Assessments will be carried out in partnership with the child and their family. An information pack on the social care process will be provided to the child and their family at the start of the assessment process to help them understand what will happen, when and why. The information pack also contains details and information relating to the complaints process, so that families are aware from the start that they have the right to challenge or complain if they feel they need to.

Assessments will be proportionate to the presenting needs and issues in each case when social work teams embark on statutory assessments. All assessments should be completed in 45 working days as per Working Together 2015.

6.2 Reason for undertaking work/ presenting issues

The social worker outlines the reason for social work involvement and is expected to articulate how the referral has met a statutory threshold for CSC involvement.

6.3 Social work planning and timeframe for the work

The social worker, in conjunction with their manager, outlines the planning needed for the case. A timeframe is agreed. While identifying the initial planning of the social work intervention the social worker should also identify where the information will come from or has come from. This will include reference to records and reports, dates of interviews, meetings attended and significant telephone/ email communication.

6.4 Child Protection

If there is reason to believe a child is suffering or likely to suffer significant harm, children's social care (CSC) has a duty to make enquiries to decide what action should be taken to safeguard the child, under s47 of the Children 1989 Act. Guidance should be sought from the All London Procedures, which as well as giving general guidance, offers advice for children in specific circumstances. child protection investigation needs to have an outcome that concludes whether or not a child is at risk of continuing significant harm.

6.5 Family Background and history and vulnerable groups

The child's profile and story –this may include background factors pertinent to their ongoing wellbeing and development. It would be relevant to outline any developmental and health conditions that impact on the child. With regards to the child's profile/story it is essential that the child's narrative or understanding of his/her situation and life is articulated in this section.

In the context of children suffering abuse the narrative will also explore both their experience and understanding of this. With younger children and pre-birth situations it is essential that the social worker considers the child's story/narrative by building a picture drawing on other sources of evidence in regard to their experience based upon presenting issues in the case.

6.6 Children involved in the Youth Justice System

The needs of children and young people in the Youth Justice Service are assessed by Youth Justice & Family Intervention Service (YJFIS) case managers (using the YJB Asset Plus framework) who draw up an intervention plan which will address their criminological needs, safety and wellbeing and risk to self and others. Children before the courts are considered children "in need" and as the YJFIS are only involved for the length of criminal court orders, will refer uncovered, unmet need to CSC.

The YJFIS service primarily focusses on the prevention and reduction of youth crime, and whilst welfare concerns can be central to that work, neglect, abuse and other safeguarding concerns will be referred to other CSC teams. The service may come into contact with other vulnerable children (mainly siblings) and will make appropriate referrals regarding them.

6.7 Children with Disabilities

In undertaking assessments of disabled children it is important for Social Workers and Practitioners to consider the additional needs of disabled children caused by barriers in society, impairments due to health and heightened vulnerability due to disability. Where a disabled child has communication impairments or learning disabilities, special attention should be paid to communication needs and to ascertain the child's perception of events, and his or her wishes and feelings. Professionals should not make assumptions about the inability of a disabled child to give credible evidence, or communicate their wishes and feelings. Each child should be assessed carefully, and helped to participate in the assessment process. Workers need to remain conscious that parents are often experts in their child's disability.

Disabled children are at an increased likelihood of being socially isolated than non-disabled children and are dependent on parents and carers for practical assistance in daily living, including intimate personal care. They are also at increased risk of exposure to abusive behaviour due to their impaired capacity to resist or avoid abuse. They may have speech, language and communication needs which may make it difficult to tell others what is happening; they are especially vulnerable to bullying and intimidation.

6.8 Looked After Children

A child who is looked after would previously have been subject to various assessments addressing the reason why she/he came in to care. The children's care plans will have been subject to ongoing reviews. The new assessment, however, could be beneficially used in the following areas where the child is: about to or has returned to the parental home; is subject to risks eg vulnerability arising from running away from the placement, or the case is subject to further care packages.

6.9 Young Carers

The definition of a 'young carer' includes children and young people under the age of 18 who provide regular and on-going care and emotional support to a family member who is physically or mentally ill, is disabled and/or misuse substances. A young carer becomes vulnerable when the level of care-giving and responsibility to the person in need of care, becomes excessive or inappropriate for that child, and risks impacting on his/her emotional or physical well-being or educational achievement and life chances.

Young Carers should be offered an assessment as 'a child in need' under the Children Act 1989. This assessment must include their rights under the Carers (Equal Opportunities) 2004, which says that an assessment must consider their work (if over 16), education and leisure needs. When undertaking an assessment of a child the social worker will seek to obtain, through conversations with the child, family and other professionals already involved, a holistic view of that child's life - including whether or not the child has been undertaking caring responsibilities (either sporadically or over a sustained period) and how these might be impacting on that child's outcomes and life chances. If a child is providing a substantial amount of care on a regular basis for a parent, the child will be entitled to an assessment of their ability to care under section 1 (1) of the Carers (Recognition and Services) Act 1995 and the local authority must take that assessment into account when deciding what community care services to provide for the parent. Carers are also entitled to a Carers Assessment (Carers and Disabled Children's Act 2000). The circumstances and needs are addressed within one assessment, undertaken using either the Early Help Assessment (EHA) or the LBTH Assessment Framework (Social care). Planning for emergencies should also be covered and carers have the option to sign up for the Emergency Card Scheme.

6.10 Family history and understanding of family relationship

This part of the assessment includes the narrative of each birth parent/carer explored both independently and together where possible. The social worker is expected to keep an open and enquiring mind with the family around key events/milestones in the parents' lives and events of significance for them.

It is particularly important that the perspective and engagement with the male carer is /father is pursued and undertaken.

6.11 Timeline/significant events

In this section the social worker will document pertinent components of the family chronology that will inform an understanding (and be relevant) to the nature of the referral and/or undertaking this assessment. It is important that only pertinent information is included here.

6.12 Professional background/views and involvement

It is expected that the social worker documents previous social care and other professional involvement with the family and clarifies how agencies and professionals undertaking assessments and providing services can make contributions; the social worker will outline the outcomes in relation to this involvement.

6.13 Input from other agencies

Where there are other plans around the child, these will need to be taken into account and contact made with professionals holding those plans to ensure that future work is informed and joined up.

It is clear that the harm that children can suffer from living in families with complex problems cannot be prevented by the social care system alone. There must also be a coordinated response from a range of services, including health, police and schools. In Tower Hamlets, social work teams work together with their partners to create an environment that supports and nurtures families and challenges and intervenes to prevent unacceptable behaviour

6.14 How the assessment will be informed by other specialist assessments

When children's social care undertake a statutory assessment as part of the assessment process, the assessment will take into account information from other assessments such as an Education Health and Care Plan Assessment, in order to form a final view.

6.15 Ensuring a joined up and co-ordinated experience for the child and their family

When undertaking assessments, social workers will take into account information or other assessments made available from partners, including schools, health and the police. Obtaining this information is essential to be able to obtain the fullest possible picture of the child's life and help facilitate the most effective outcomes to help that child[2].

2 See Ofsted 2012/13 Annual Social Care Report

6.16 Internal Review Points

Active management oversight is essential for good social work. A range of informal and formal mechanisms are in place to ensure that social work assessments are engaged with by the line manager. This starts in the planning phase of all cases, with the social worker's manager signing off the agreed plan of action for each case

6.17 Children returning from care

It is essential that there is effective planning and co-ordination if consideration is being given to the child being rehabilitated home. These plans need to be addressed in consultation with the family themselves and relevant partner agencies. In some instances it may be appropriate to undertake an LBTH assessment at this point in order to inform the process.

6.18 Challenge and Complaints

The child and their family are involved from the start of the assessment process. An information pack is given to each family and in this is a copy of the Complaints Process. The social worker will outline the contents of the information pack to the family.

6.19 Recording Decisions

The social work assessment will record details of interim and final decisions. If on-going social involvement is required in a case then this will be recorded in the child protection, child in need or looked after children framework. The statutory processes will review a child's progress holistically in the context of the concerns presented. Should social care involvement no longer be recommended, children's social care teams will work with the family and partner agencies as part of an exit strategy for each case. Networks such as the Tower Hamlets Team Around the Child play a major part in this part of the work.

6.20 Analysis and professional judgement

A formulated view about risk and protective factors should be outlined including any evidence that the child is suffering or likely to suffer significant harm. An explanation of how these judgements have been reached should be included. This process should result in a clear understanding of the child and family's situation while guiding you towards a professional social work judgement.

In marshalling the work there will be a range of perspectives including the professional views and family perspectives to be explored and taken into account. Any differences are important when developing and understanding of the child's needs within the family context and the focus on the needs of the child must be maintained throughout, with any indications of disguised compliance challenged. It is crucial that the social worker has an informed understanding that must be shared with family members. Being able to articulate practice in a transparent manner is ethical and a value principle embedded in the practice framework.

6.21 Intervention Plan

Should future social work involvement be required, a plan will be devised in partnership with the family.

Social work plans are a key vehicle through which families and children can understand what we are worried about, and what needs to be changed in order for the statutory services not to be involved ie the worry has been managed/mitigated sufficiently to ensure that the child is no longer in harm's way. The practice principle is that a social work plan is written for every child and reviewed in a timely manner according to the timeframes for Children in Need, Child Protection or Looked After Children processes.

6.22 Accessibility of Social Work Plans

Social work plans should be written clearly and in a family friendly language which is able to articulate what needs to change for the family. Plans should clearly address the key question of what is required and when will it be safe enough for statutory intervention to cease and the family to act independently with the child's safety in mind.

Whenever possible, families should be engaged in a family group conference or family meeting to allow them the best opportunity to contribute to the plan: plans incorporate family strengths and resources as method of harm mitigation. Plans need to:

- Have actions which are achievable
- Encourage things the family are already doing toward a safer family life
- Include the family's ideas for safety
- Draw on their family goals of what they want to achieve
- Draw on the key people who will take action if needed (extended family and friends)
- Be updated in light of family process towards what has been identified as needing to change
- Be reviewed and reflected upon within supervision and other review settings
- Record

6.23 Authorship of the assessment

The assessment must be signed and dated by the social worker and their manager.

7. Multi Agency Safeguarding Hub (MASH) Workflow

REFERRALS/ CONTACTS

- From Police, Health, Education, Extended Schools Social Work Team, Other professional, Families, Concerned Individuals etc.
- Received by email, fax and telephone.

REFERRALS/ CONTACTS

- Sent straight to Specialist Teams eg from Royal London Hospital straight to Hospital Social Work Team

MASH AND CHILDREN WITH DISABILITIES

- Contact/Referrals received
- Screening takes place and decisions made about the outcome. When a case falls within the borderline arena, it will be put through MASH processes, with information requested from appropriate agencies within agreed timescales and if necessary discussed at MASH meeting to discuss the outcome
- Some referrals transferred straight to appropriate team at pre-screening stage for specialist screening, for example pre-birth referrals with no other siblings straight to RLH Social Work Team

SPECIALIST TEAMS

- Royal London Hospital Social Work Team
- Private Fostering

OUTCOMES

- **Information or Notification Received**
  Notification logged for information purposes.
- **Information and Advice Given**
  Information and advice to referrers about support that can be provided through other agencies. Letters written to/ telephone calls made to families giving advice etc.
- **Referral to another agency**
  Referral does not meet statutory threshold and is referred to another agency such as a Children's Centre, Outreach Team, a Drug and Alcohol Service, Extended Schools Social Work Team etc, as appropriate. Some cases are managed by Multidisciplinary Specialists in MASH. Referral meets threshold for Early Intervention Domestic Violence or Intensive Parenting Work and is referred to Early Intervention Practitioner.
- **Progress to Referral**
  Borderline cases are allocated to a social worker for brief LBTH assessment. Complex Child in Need assessments and Child Protection cases are progressed to Assessment and Intervention Service, Royal London Social Work Team, Children with Disabilities or Private Fostering Team.

Appendix B: Step-down arrangements

Learning from Jamila and other serious case reviews

Context

This short document outlines a number of principles in managing cases where professional judgement has determined that step down arrangements can be put in place.

This guidance also draws upon learning and lessons from Jamila and other serious case reviews.

Within the context of Stepping Down it is significantly important that robust step down arrangements are put in place, a lead professional is identified and a Team Around the Child (TAC) meeting is convened.

Principle of Stepping Down

Within the context of Level 3 and 4 needs, professionals in conjunction with families work collaboratively to minimise the need for statutory involvement. The aim will be to step down families towards targeted support when and where appropriate. As plans develop and progress is achieved the aim will be to step down further for children and young people in their families to be supported through universal services.

When reviewing a case in terms of need and risk, it is vital that professionals hold the history in mind, even when there are no overt presenting issues from the parent(s), carer(s) or unaddressed needs for the child(ren).

In cases which necessitate the involvement of universal or targeted services it is a clear expectation that a TAC meeting is convened. This meeting will review the progress made in relation to addressing the identified needs and/or risks.

In deciding how often to review a case, the current needs and risks and the historical context of concerns should also be considered. Mitigating factors e.g. past trauma that may impact on how well progress can be sustained should also be given due consideration by professionals when reviewing a case.

Learning from Serious Case Reviews

It has been identified from the learning from serious case reviews both within Tower Hamlets and other authorities that risk or need in relation to children and families can be heightened due to the following factors:

- Where there has been “over optimism” on the part of professionals regarding parental capacity to cope/change
- Historical risks or need has not been kept in mind by professionals
- Intermittent cooperation/disguised compliance
- Failure to engage with male service users
- Short term change has not been sustained

Points of transition, unforeseen traumatic events or additional stress factors for children and families have also been identified as indicators heightening concern, risk or need and must be taken into account by professionals when evaluating the level of risk and need.

These are important judgements to make when considering if and when professionals should end their involvement and this guidance strongly advises professionals to convene at least one formal review or TAC meetings even if the need and risks have been addressed. It is recommended that an interval of 3-6 months should be considered in these circumstances for a review meeting to take place.

The history of a case should always be kept in mind especially when considering whether progress is likely to be sustained over time.

In cases where there has been a previous TAC and the case has been stepped down to a single agency, should emerging needs then arise, the TAC (that was in place formerly) must be reconvened.

Concerns of Non-engagement

Non-engagement with service users has also featured prevalently in serious case reviews.

In a context of non-co-operation, whether there is a single or several agencies involved and there are challenges evaluating the level of need or risk, a TAC meeting to evaluate the situation and to consider the best way in to promote engagement with professionals must be convened.

Where it has been necessary to convene a TAC without parental cooperation or engagement the parents or carer may need to be informed retrospectively.

Should professionals remain concerned that a child may be at risk or his/her needs not being met, then consideration should be given to consulting with the agency’s safeguarding lead and/or contact the MASH/ IPST Team for advice.

Appendix C: LSCB standards on effective inter-agency working

"No single professional can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action"
(Para 16, Working Together to Safeguard Children, March 2015)

"In order that organisations and practitioners collaborate effectively, it is vital that every individual working with children and families is aware of the role that they have to play and the role of other professionals. In addition, effective safeguarding requires clear local arrangements for collaboration between professionals and agencies."
(Para 17, Working Together to Safeguard Children, March 2015)

1. General Standards for all agencies working together

It is recommended that in addition to these general standards, each agency should have in place standards relevant to their own service.

The interests of the child:

a. The work that we do is focused first and foremost on the best interest of the child. The child's interests are best met when all professionals, working with the child and the family, do so in a coordinated and cooperative manner.

b. The responsibility for good outcomes for the child, and their family, is a shared responsibility. Each agency accepts their part of that overall rather than assume that one agency alone will carry the load.

Effective co-working:

c. Information shared by, or about, a young person with an agency should be retained by that agency except where that information might help other agencies in the support that they need to provide. When this needs to happen, the sharing of information should be actively and positively considered. In most cases information will need to be shared with the full and informed consent of the informant. (See Information Sharing Advice for practitioners providing safeguarding services to children, young people, adults, parents and carers: **https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf**

d. Effective inter-agency working only takes place when there is clear, regular and consistent communication between all agencies concerned. This communication should start from the beginning, should feed into the planning stages and must be maintained throughout, up to and including the point of closure.

Disagreements:

e. No one agency has the full picture of the child or their family. All professionals must be open to be challenge on decisions that they make about young people and their families. When other professionals, with different perspectives, question the decisions of another, this provides a 'double check' on the decision making and is consequently therefore to be welcomed. If all agencies are committed to evidence based planning, then those professionals, following rational lines of analysis should be able to work together through logical thinking to conclusion that they can all agree upon. However, where there is a point of view that has been considered but not accepted, records should set out what the contrary viewpoint was, the arguments made in support of it and the reasons why it has not been

The seven golden rules for information sharing

1. **Remember that the Data Protection act is not a barrier to sharing information** but provides a framework to ensure that personal information is shared appropriately
2. **Be open and honest** with the person (and /or their family where appropriate) from the outset about why, what how and with whom information will or could be shared, and seek their agreements, unless it is unsafe or inappropriate to do so
3. **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible
4. **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
5. **Consider safety and well-being**: base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. **Necessary, proportionate, relevant, accurate, timely and secure:** ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely
7. **Keep a record** of your decision and reasons for it

accepted, as part of the conclusion of the document concerned e.g. an agency assessment or an EHA (Early Help Assessment previously known as CAF).

f. The relationship between agencies and the individuals concerned is a professional one. There can be no place for personalities, egos or conflict. Professionals should treat fellow professionals respectfully. Likes or dislikes of an individual or their place in a hierarchy are irrelevant. The best of interests of the child take precedence over all.

g. The overall aim should be, where at all possible, that all work is carried out with the full agreement between all agencies. Collective consensus is desirable at all times. However, it is sometimes recognised that there are times when this is not possible, informal attempts should be adopted to seek to move to consensus by engaging a third and independent party to facilitate a discussion between competing points of view. Where that proves impossible, the more formal 'Professional Differences/Escalation' process should be utilised.

2. Children's Social Care Specific Standards for working with other agencies

Assessments:

a. LBTH assessments which fail to take account of the views of the specialist knowledge of other agencies, by their very nature, cannot provide a whole picture of the subject for the assessment.

b. Assessments should clearly reflect the views and thoughts of the major people involved in the life of child. This includes other agencies, the family and carers of the child, alongside the child themselves. This should also include listening to what the family/child have said to those other agencies.

c. LBTH assessments are not the preserve and the property of the children's social care. Assessments must evidence that they have taken account of the views of the other relevant agencies, and must be shared with them. The aim must be that the LBTH assessment sets out a general approach which each agency can subscribe to and which can contribute to their planning.

Effective Communication with the referring agency:

d. Social work teams must ensure that the referring agency receives feedback firstly when a decision has been made as to how the service will proceed with the referral and lastly at the point of closure. The latter should provide feedback on what happened, an explanation of the final outcome and the reasons why it is felt that the case is ready to be closed.

Ending Social Care involvements:

e. When the purpose behind the social work intervention concludes, the child and their families will continue to have other needs and will need to engage with other agencies. The nature of the closing of the case (i.e. Step Down[1]) is about more than just stopping what children's social care is doing. It is about how the on-going responsibility for the child and their family is passed on. The ending therefore needs to take place carefully and with a close attention to detail.

1 See Appendix B, Step Down Arrangements

f. No case should be closed without the social worker, the child/parents and the other professionals being aware (1) that it is happening, (2) who they should contact if there are any further concerns and (3) how those people could be contacted. This should include a Team Around the Child (TAC) meeting being convened and an EHA review form being completed at the point of closure and handover to the TAC and lead professional.

3. Standards for working with other agencies

Guidance Note: LSCB Partner agencies should add their specific standards (if these exists) in this section or sign-post to the relevant information i.e. intranet. This will ensure all standards (general and agency specific) are cited in one place.

Agreed by LSCB Quality Assurance & Performance Subgroup: 02/08/16

Agreed by LSCB Partnership Board: 29/09/16

Revision to Protocol: 09/05/17 & 01/11/17

Appendix D: Professional Differences (Escalation) Policy

For professional differences and disagreements in multi-agency safeguarding and child protection practice

Tower Hamlets Safeguarding Children Board Partnership is committed to the continuous improvement of multi-agency safeguarding and child protection practice.

Generally there is a good working relationship between partner agencies in Tower Hamlets. Differences and healthy debates are all part of multi-agency working.

If there are serious differences of views that are likely to impede on professionals ability to manage risk, safeguard and protect vulnerable children and young people, then escalation polices can provide a useful framework for exploring and resolving professional disagreements.

Tower Hamlets LSCB encourages agencies to speak up and debate different views on practice issues. Any agency can request a multi-agency meeting where there is a need to resolve professional differences. As a last resort the LSCB Chair can act as an arbitrator/mediator in the case of protracted or intractable disagreements.

All partners are expected to make use of escalation procedures to avoid exacerbating or prolonging conflict, and avoid any possible impact on children and young people. For professional disputes involving child protection procedures the London Child Protection procedures professional conflict resolution procedures should be used as appropriate, see: **http://www.londoncp.co.uk/chapters/profess_conflict_res.html**

Agencies will have their own escalation policies and should use these in the first instance. There is an expectation that agencies will have systems for recording when escalation policies are used and how disagreements are resolved.

There is an expectation that the terms of reference for all multi-agency panels and meetings includes reference to what to do if there is a disagreement.

If it has not been possible to resolve professional differences between agencies, relating to safeguarding children, then this can be brought to the attention of the LSCB Chair.

An email should be sent to **LSCB@towerhamlets.gov.uk** marked for the attention of the Independent Chair, setting out reasons for the differences and what has happened so far. The LSCB chair will then support partners to resolve their differences.

The LSCB will monitor any issues escalated, including to the LSCB Chair. This will be examined for any practice improvement lessons to be learned.

LSCB Professional Differences & Escalation Flowchart

STAGE 1

Issues & Disagreement Arise - Refer to your agency escalation policy

- Discuss with line manager/DSL - record plan on file
- Aim to resolve with individual (face to face/phone) - record discussion and outcome/ agreed plan

STAGE 2

Discuss unsatisfactory outcome with line manager/DSL

- Escalate to agency senior manager/senior safeguarding lead
- Aim to resolve through senior manager to senior manager contact
- record discussion/outcome

Children's Social Care - Management Escalation Contact Points

- 1st - Team Manager
- 2nd - Service Manager
- 3rd - Divisional Director

STAGE 3

Refer to LSCB Professional Differences/Escalation Policy

- If you have not reached a satisfactory response or outcome through your own escalation process

Alert the LSCB Independent Chair - **LSCB@towerhamlets.gov.uk**

- If the matter requires URGENT resolution - Contact the LSCB Business Manager on 020 7364 2063/4955

Appendix E: The MASH factsheet

1. What is the MASH?

The MASH is a team which brings together partner agencies (and their information) to identify risks to children at the earliest possible opportunity and to respond with the most effective interventions.

This co-located team is able to carry out joint confidential screening, research and referral of vulnerable children.

The purpose of the MASH is to work together to ensure timely, effective and necessary interventions, improving outcomes for vulnerable children and young people.

2. Which agencies are based in Tower Hamlets MASH?

Children's Social Care (2 Team Managers, 2 Practice Managers, 8 Social Workers and 2 Family Support)

Police
Health
Education
Probation
Housing
Substance misuse service
Mental health service
Early Help
IDVA (Independent Domestic Violence Advocate)

3. How does it work?

Safeguarding or welfare concerns are referred to the MASH screening team using an Early Help Assessment (EHA) or by telephone/ email. Referrals can be made by anyone (e.g. Police, Schools, self-referrals, another local authority etc).

The dedicated MASH Manager uses an agreed set of criteria to decide whether the case would benefit from a formal MASH enquiry with management oversight.

Each case that is subject to a MASH enquiry is assigned to a Social Worker who gathers any available information about the child/ young person/family from colleagues within the multi-agency team.

- Urgent cases will be turned around in 4 hours
- Complex child in need cases will be turned around within 7 hours
- Early Help cases will be turned around within 24 hours

All information is collated by the assigned Social Worker who completes analysis and review and provides a written summary on a MASH record. Based on their analysis, the Social Worker makes recommendations for further action.

The MASH record and Social Worker recommendations are reviewed by the Dedicated MASH Manager who is responsible for making a decision about next steps. Outcomes include:

- Case raises serious concerns or identifies complex needs and is passed to Assessment and Intervention
- Case does not raise serious concerns but it is assessed that the family would benefit from some support from the Early Intervention and Family Support Service
- The case is identified as a child with additional needs which will be assessed and addressed through and Early Help Assessment/Team around the Family
- The case is referred to a partner agency for single agency intervention

4. Consent

Those persons with Parental Responsibility for the child/young person should be informed that a MASH Enquiry is being submitted, unless doing so would increase the risk to the child/young person.

Please refer to the information sharing guidance for further details.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf

5. Contact

Telephone 020 7364 5601/5606 or
020 7364 4079 (out of hours)

MASH@towerhamlets.gov.uk

MASH@towerhamlets.gcsx.gov.uk
(secure email)