THURROCK LOCAL SAFEGUARDING CHILDREN PARTNERSHIP

Pathway to Service and Threshold Intervention January 2023-2025

Contents

INTRODUCTION

The Thurrock Threshold document sets out our approach to keeping children in Thurrock safe and protected from harm.

This document is intended to help professionals embed into their practice the Signs of Safety approach and is designed to ensure that across the spectrum of need, professionals consider that the right help is given to the right children, at the right time and for the right duration.

This document highlights the pathway and threshold criteria for making referrals to services regarding concerns about a child.

It provides clarity on the threshold criteria for referring a child to:

- Early intervention services provided by Thurrock's Prevention and Support Services (PASS) and the importance of the Common Assessment Framework (CAF).
- The provision of services provided by Children's Social Care i.e. Children and Families Assessment Team (CFAT) and Family Support Teams (FST).

All referrals made in relation to the above services should be made to Thurrock's Multi-Agency Safeguarding Hub (MASH), where they are assessed.

Protecting children involves professionals in the difficult task of analysing complex information about human behaviour and risk, it is rarely straightforward. It involves consideration about past and potential harm and family deficiencies, but it is also important to recognise that to balance the picture, it is vital to obtain information regarding any past, existing, and potential safety and strengths.

This balance of information, regarding family functioning, allows the workers to achieve a comprehensive assessment which applies just as much when issues are first emerging as when an incident of significant harm is identified.

MULTI AGENCY SAFEGUARDING HUB (MASH)

WHAT IS MASH?

MASH acts as a single point of contact, who gather intelligence/information from all partner agencies, in which each agency identifies what information they hold on a child/young person and the adults around them. Each agency then assesses whether it is appropriate for their information to be shared (in line with the Information Sharing Agreement (ISA) with partners in the hub as well as outside the hub. Collectively an agreement will be made on the best course of action for that referral. Core agencies will ensure that their representatives either sit in the MASH office on specific days or have 'virtual' contact. All information will be decided on a case-to-case basis and is subject to the ISA.

MASH VISION

'To identify and make safe at the earliest opportunity all vulnerable children in our communities through the sharing of information and intelligence across the Partner agencies'.

THE MASH WILL:

- Inform partners in the MASH about the level of need or risk at the first point of contact – this means assessing the concerns the professionals and the public have about a child or young person in order to make informed decisions about their level of vulnerability.
- Play a lead role in supporting and promoting information sharing. This will improve information sharing and risk assessment at the point of referral.
- Ensure that the advice and information to parents, carers and partner agencies is appropriate when signposting to services. Based on this information, the MASH will decide on what actions are appropriate to the referral.

MASH – THE OUTCOMES

1. Early identification and understanding of risk and harm
2. Victim identification and intervention
3. Harm identification and reduction

THE FIVE CORE ELEMENTS

1. All notifications of safeguarding and promoting welfare of children to go through the MASH.
2. Professionals from core agencies co-located in one place research, interpret and determine what is proportionate and relevant to share.
3. MASH is fire walled, keeping MASH actively confidential and separate from operational activity and providing a confidential record system of activity to support this.
4. An agreed process for analysing and assessing risk, based on the fullest information picture and dissemination of a suitable information product to the most appropriate agency for necessary action.
5. A process to identify victims and emerging harm through research and analysis.

EARLY INTERVENTION

The ambition here in Thurrock is to continue to enhance the early prevent and support services to ensure that children, and their families receive the most appropriate support to meet their needs at the earliest opportunity. This approach will ensure better outcomes through providing cost-effective delivery of those services and reducing demand on Children's Social Care e.g., Children and Families Assessment Team (CFAT), Family Support Teams (FST) and Children Looked After teams (CLA).

The majority of children and young people and their families in Thurrock can continue to be supported through a range of universal services. These services include Education, Early

Years, the Health Sector, Housing, Youth Services and services provided by Voluntary Organisations.

However, some children have more complex needs and require access to specialist and/or targeted services, such as SET CAMHS to support them such as those provided by our Prevention and Support Services (PASS/PASS Plus) or those provided by Children's Social Care e.g., CFAT, FST, Children Looked After.

PATHWAY TO PROVISION: THE COMMON ASSESSMENT FRAMEWORK

A professional may identify a child or young person with a need that may be met by a referral to a single or voluntary agency, in such cases, a formal assessment is not necessary.

A professional who identifies a child with **safeguarding** needs must in these cases and with consent, complete a Common Assessment Framework (CAF), or in the case of Police, a PP57, with the family and send this to the Multi-Agency Safeguarding Hub (MASH)

www.thurrock.gov.uk/childrens-care-professionals-services/thurrock-mash

The CAF is the referral form – Common Assessment Framework Form.

The parent/carer's consent should usually be sought before discussing and/or sending the CAF referral to the MASH unless this may place the child at risk of Significant Harm, in which case the MASH should authorise the discussion of the referral with other agencies without parental knowledge or consent. The authorisation should be recorded with reasons. The (GDPR) should not be a barrier to discussing and making a referral in such circumstances.

Where a professional believes that a child or young person may be at imminent and significant risk of harm, consideration should be given to calling 999.

If in doubt, professionals can consult with their agency, line manager or with the MASH so that appropriate methods of intervention can be discussed and agreed (always record the actions you have taken and if it is an open case, it should then be recorded within the child's record).

WHAT HAPPENS TO THE CAF REFERRAL?

The MASH will undertake an assessment based on the Framework for the Assessment of Children and Families and recommend how the referrals should be progressed. The recommendations made by the MASH are 'Tiered' which is essentially a structured way of helping to understand children's needs and how they could be met. Further details about the Tier categories are provided with the appendices at the end of this document. The recommendations that may be made are:

- The family continuing to be supported by Universal Services (Tier 1)
- The family being referred to additional specialist services for support, whilst continuing to be 'held' within universal provision. In general, children who only require universal provision are those 'with no identified additional need' (Tier 1)
- Where specialist services are unable to address the identified need successfully, a referral to Prevention and Support Services (PASS) due to assessed and identified support for children and their families. PASS is a non-statutory, consent-based service that provides support to children and their families (Tier 2).
- A referral to Children's Social Care (Children and Families Assessment Team (CFAT) for a formal assessment to be undertaken to determine whether or not the

child(ren)/young person are in need (Section 17 Children Act 1989) or are at risk of suffering significant harm (Section 47 of the Children Act 1989) (Tiers 3 and 4 respectively).

PREVENTION AND SUPPORT SERVICE (PASS)

PASS provide integrated support to children and their families whose needs fall under Tier 2. The key objective of the service is to offer practical advice, support and direct case work to families to prevent issues escalating and requiring statutory further intervention.

PASS is based in three localities within Thurrock:

- East
- West (PASS Plus resides in West and their intervention covers East, West and Central localities)
- Central

The aim is to integrate children and families within the community with a team comprising of a range of professionals.

PASS consists of the following services:

- Team Managers
- Social Workers and Senior Practitioners
- Youth Workers
- Senior Family Practitioners
- Family Support Workers
- Supporting Families Employment Advisor
- Administration
- Student Social Workers
- Assistant and Support Year in Employment (ASYE)
- Apprentices (Youth Work and Family Support)
- Access to a variety of targeted services including Childrens Centres, Parental Outreach Support (POW), group facilities, parenting support and programmes, Empowering Parents Empowering Communities (EPEC), drug and alcohol misuse, domestic abuse and reducing parental conflict digital resources.

PASS links with a multiplicity of agencies

- Think Family Service
- Health Economy, including Health Visitors, Midwives, School Nurses and GP
- Youth Offending Prevention Workers
- Family Network Meeting facilitators
- Adult Mental Health Services
- Adult Services
- Homeless Prevention
- Special Educational Needs
- Disabled Children's Short Break and Outreach Service
- SET Child and Adult Mental Health Services (CAMHS)
- Education including Elective Home Education and Education Engagement Officers.

PASS PRACTITIONERS' ROLE

The role of the allocated Practitioner within PASS is to offer advice, guidance and support to professionals working with children and their families. The PASS practitioner is the Lead Professional but there is the potential for another agency to take on this role (e.g., School Social Worker). The PASS Practitioner will undertake an assessment and develop robust, smart plans and review this via Team Around the Family meetings. The Practitioner will provide direct intervention with children and families sometimes, based on their individual specialism within PASS. The role is pivotal in offering consultation, signposting and allocation of the most appropriate services which will, include multi-agency service provision.

LEAD PROFESSIONAL

WHO IS THE BEST PERSON TO BE A LEAD PROFESSIONAL?

Generally, the Lead Professional is the PASS Practitioner. However, depending on the needs of the family and the threshold for the intervention, the Lead Professional can be someone who is already working with the child, young person or their parents and knows them well, or is about to get involved and play a major role in supporting them. The best person to take this role is usually agreed at the Team Around the Family (TAF) meeting. Once the case has closed to the PASS, there may be a need to identify a Lead Professional from universal services (Tier1).

EXPECTATIONS OF THE LEAD PROFESSIONAL

- Makes sure that there is clear and agreed communication with the child, young person and their families.
- Helps to put one clear plan in place wherein family views are central.
- Checks to make sure progress is being made in a timely manner.
- Keeps families and professionals involved, informed and shares progress.
- Makes sure that others involved in the plan are clear about their responsibilities.
- Ensure any risks are identified and addressed.
- Ensures the family is made aware when support is coming to an end or being escalated to alternative services, i.e., Social Care.

KEY FUNCTIONS

The Lead Professional role has four core functions:

1. Act as a single point of contact for the child, young person or family.
2. Co-ordinate the delivery of the solution focused actions, and to ensure that progress is reviewed regularly.
3. Reduce overlap and inconsistency in the services received.
4. Supports improved outcomes for the child, young person or family.

A Lead Professional is accountable to their own agency for the delivery of the Lead Professional functions. They are **not** responsible or accountable for the actions of other practitioners or services. More information can be found **here**

WHAT IS THE THINK FAMILY APPROACH SAFETY FRAMEWORK?

In Thurrock, children and their families are at the heart of everything we do. The Signs of Safety approach builds on strengths to safeguard and promote children's welfare in a context of 'Think Family' where they can thrive and flourish at the centre of their community and family network.

Our Think Family approach is overarching and is a way of working that is being used across the department. It complements Signs of Safety and our other existing practice frameworks such as systemic practice, trauma informed practice and contextual safeguarding and does not replace them or affect thresholds.

The Think Family approach closely mirrors the 'whole family' approach that has been used effectively in Thurrock's Early Help services for many years. The individual needs of all family members are identified, and practitioners work collaboratively with the family, their connected family network, and professionals. Like Signs of Safety, Think Family is also strengths-based and professionals from both child and adult services will build on this approach, providing co-ordinated, tailored support at the earliest opportunity.

The involvement of a family's connected network is a key component of our Think Family approach. The network will be identified as early as possible, ideally at the assessment stage, and will be invited to attend Family Network Meetings to help develop and implement family led plans.

Further information can be found on the Thurrock LSCP website at www.thurrocklscp.org.uk.

CONVERSATION OPPORTUNITIES

Conversation opportunities are the phone calls and meetings that take place between children, young people and their families and professionals across Thurrock. They also take place between professionals who believe that a child or young person's needs are not being met or that something additional or different is needed to improve the outcomes and quality of life for that child or young person. When working with children, young people and their families it is essential to gain a clear picture of their wishes, thoughts and feelings. The importance of speaking to a child or young person and gathering their views has been consistently highlighted in lessons learned from serious case and practice reviews.

Remember – actions speak louder than words. It is okay to challenge the families you work with. Expect parents/carers to demonstrate how they are putting the needs of the children first

In order to ensure that all children and young people are receiving the right service at the right time and for the right duration, conversations need to be constructive. Recognising concerns is often the first part of these conversations, but to really understand the needs of any child, young person or family, it is important to then consider the support and services available.

Most constructive conversations will start with the child and their family because an anxiety or uncertainty has arisen about the welfare of a child. The value of the knowledge and trust that a professional already working with a family has, must not be underestimated. It is important to work with the child and their family to address worries as they arise, rather than waiting for concerns to escalate. We recognise the importance of having honest and transparent conversations with families, using clear jargon free language.

Most important is knowing when it is appropriate for professionals to make contact with statutory services to discuss safeguarding concerns. Sometimes this may be because the early help being provided is not working and things are not getting better for the child or young person. This should be discussed and agreed with parents/carers and the other agencies involved first.

Don't just take their word for it. Speak to the children too and assure yourself that you understand their wishes and feelings.

However, sometimes it is because an incident, or an injury to the child or young person, or something that the child or young person has said, suggests they are at immediate risk of harm or have been harmed. Although the expectation is that all staff working with children and young people have training to ensure they recognise child protection concerns, they should never be discouraged from seeking specialist safeguarding advice either from within their own agency or directly with the MASH. Follow the SET Management of Suspicious, Unexplained Injuries or Bruising in Children for All Frontline Practitioners policy when concerns are identified.

https://www.thurrocklscp.org.uk/lscp/policies-and-procedures/set-protocolmanagement-of-suspicious-unexplained-injuries-and-bruising-in-child

THURROCK – THRESHOLDS OF NEED AND SERVICE RESPONSES

The Tiered Model of Children's needs have been developed over a number of years and is well recognised through national guidance and locally as good practice. This model is similar to the Southend, Essex and Thurrock (SET) procedures and provides a framework for a common understanding amongst professionals of children's needs and vulnerabilities, shared assessment procedures and provides a platform for inter-agency and multi-agency working.

The model is:

- Child centred
- Focused on improving outcomes for children
- Holistic in understanding and delivery
- Involving children and their families
- Based on acknowledgement that the child's welfare and safety is everyone's responsibility
- Promoted on agencies working together to reduce duplication and unnecessary intrusion into family life
- Designed to build on strengths as well as identifying difficulties
- Intended to see assessment as a continuing process, not an event
- Non-discriminatory and values difference

- Based on a commitment to build communities where all Thurrock children and young people can thrive

LEVELS OF VULNERABILITY AND NEED

In Thurrock we are working to a model of staged intervention which reflects four tiers of need. The tables in the appendices, provide a quick reference point for professionals to have the necessary conversations with other professionals and with the family. This is not an exhaustive list and family circumstances rarely fit neatly into one category.

The purpose of this document is to help match the response to the child's needs and is a way of supporting consistent and clear responses to children's safeguarding and wellbeing.

It is important to remember that guidance will never give all the answers, nor will it ever take the place of talking to each other. Where a practitioner has concerns about a child's welfare and/or doubts about the most appropriate pathway to meet a child's needs, they should consult initially with their own manager and organisation's safeguarding leads.

Tier 1 Children requiring universal services	Children whose needs are met through universal services. Children who make good overall progress in all areas of universal development and receive appropriate universal services
Tier 2 Children requiring early intervention/prevention	Children whose health and development may be adversely affected and who would benefit from extra help in order to make the best of their life chances.
Tier 3 Children in Need who require statutory services.	Children whose health and/or development is being impaired or there is a high risk of significant impairment.
Tier 4 Children whose needs are complex, in need of specialist services or in need of protection.	Children who are experiencing significant harm or where there is a high likelihood of significant harm. For children who require statutory services.

TIER 1 – CHILDREN WHOSE NEEDS ARE MET THROUGH UNIVERSAL SERVICES

The majority of children and families locally and nationally fall into Tier 1 where needs can largely be met by the provision of Universal Services. This means that there is a universal element – all children and young people (0-19) are entitled to these services. They include:

- Mainstream education
- Child health promotion and surveillance
- Immunisation programmes
- Midwifery services
- Health visiting
- School Nursing

- GP/Primary Care

These can be accessed by all parents and children living in Thurrock.

In general children's need can be met through universal services. The table in **Appendix A** provides a useful summary of indicators of children assessed as having no identified additional needs, based on the Framework for the Assessment of Children and their families.

TIER 2 – THOSE REQUIRING EARLY INTERVENTION/PREVENTION

Tier 2 needs are those where there are indicators that without the provision of additional services, they may escalate, or circumstances deteriorate to the detriment of the children or families concerned. Services provided within Tier 2 are designed so that they can be activated as early as possible, sometimes even where need is predicted rather than presenting. For example, there may be services and interventions that could assist parents where there are known to be specific vulnerabilities or risk factors.

Within Tier 2, participation is most likely to be on a voluntary basis where parents access appropriate services. If such needs are identified in the CAF referral received by MASH, they will usually recommend the involvement of the Prevention and Support Services (PASS). The table in **Appendix B** provides examples of indicators/vulnerabilities for children who have unmet needs.

TIERS 3 & 4 – CHILDREN IN NEED *(SECTION 17 CHILDREN ACT 1989)* & CHILDREN IN NEED OF PROTECTION *(SECTION 47 CHILDREN ACT 1989)*

This smaller group of children, young people and families require intensive help and support to meet their needs. This group includes those children who require an assessment to determine whether or not they are children in need and have suffered or who are at risk of significant harm. Such children fall into Tiers Three and Four. Their needs tend to be so complex that it is hard to distinguish the level of need without **formal** assessment (e.g. Child in Need as defined under Section 17 of the Children Act 1989 or Child in Need of protection as defined under Section 47 – see details below). The table in **Appendix C** provides examples of indicators/vulnerabilities for children whose needs fall within Tiers Three and Four.

CHILDREN IN NEED (SECTION 17)

Children who are defined as being 'in need', under Section 17 of the Children Act 1989, are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services (Section 17(10) of the Children's Act 1989), plus children with a disability. The critical factors to be taken into account in deciding whether a child is in need under the Children Act 1989 are:

- What will happen to a child's health or development without services being provided; and

- The likely effect the services will have on the child's standard of health and development

Local Authorities have a duty to safeguard and promote the welfare of children identified as in need, however parents/carers need to be willing to undertake assessments and accept offers of services, to ensure that the situation improves and escalation is avoided

CHILDREN IN NEED OF PROTECTION (SECTION 47)

Some children are in need because they are suffering, or likely to suffer, significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies **compulsory** intervention in family life in the best interests of children, and gives Local Authorities a duty to make enquiries (under Section 47 of the Children Act 1989) to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

It is only when the Local Authority has reasonable cause to suspect a child is suffering or likely to suffer significant harm that **compulsory** intervention is justified. That intervention may take the form of a Section 47 investigation, a Child Protection Conference followed by a Child Protection Plan or in more extreme cases, legal intervention.

A court may only make a Care Order or Supervision Order in respect of a child if it is satisfied that:

- **The child is suffering, or is likely to suffer, significant harm, and**
- **The harm or likelihood of harm is attributable to a lack of adequate care or control**
  (Section 31)

Under Section 46 of the Children's Act 1989 Police have the power to remove children into Police Protection if they are **at risk of significant harm**. Further information can be found in the SET Police Protection Protocol – a copy of which is available on the Threshold page of the LSCP website.

Under Section 20, a Local Authority can provide accommodation for any child in need who appears to them to require accommodation as a result of:

(a) there being no person who has parental responsibility for him/her/them

(b) his being lost or having been abandoned; or

(c) the person who has been caring for him being prevented (whether or not permanently, and for whatever reason) from providing him/her/them with suitable accommodation or care.

The parent with parental responsibility needs to provide consent to the Local Authority before it accommodates their child under Section 20. The child however, does not enter the care of the Local Authority until they have actually moved into the placement identified and not before.

Any person who has parental responsibility for a child may at any time remove the child from accommodation provided by or on behalf of the local authority.

If a parent with parental responsibility objects to their child being accommodated under Section 20 but the child has reached the age of sixteen, agrees to being provided with accommodation, then the Local Authority can provide accommodation to the child under these circumstances.

If a person with parental responsibility requests that their child is removed from accommodation provided to them under Section 20 but the child (who has reached the age of sixteen) agrees to remain accommodated, the Local Authority can continue to provide accommodation to the child under these circumstances.

ROLE OF SOCIAL CARE - CHILDREN IN NEED (SECTION 17) & CHILDREN IN NEED OF PROTECTION (SECTION 47)

Children's Social Care is the lead agency for undertaking Section 17 and Section 47 enquiries (Tiers 3 and 4). If professionals are in any doubt or would like to discuss particular concerns, they are encouraged to do so by contacting the MASH. This is a 24-hour responsibility and the out of office hours Emergency Duty Team (EDT) should be contacted.

www.thurrock.gov.uk/childrens-care-professionals-services/thurrock-mash

A CAF referral to MASH should **always** be completed with regard to concerns that professionals hold about a child whose needs fall within the definitions of need and harm described in Section 17 and Section 47 of the Children Act 1989 (Tiers 3 & 4).

A CAF referral should also be made to MASH if the initial attempts to improve the situation have been unsuccessful and must be accompanied with evidence of the actions taken so far, e.g. in cases of neglect, a completed Graded Care Profile 2 assessment or the Pre-Assessment Tool. An assessment will then take place within the MASH on the next steps. Thurrock uses the Single Assessment process.

In particularly complex cases or when there is a dispute between agencies about whether thresholds are met, the decisions about appropriate responses should always be escalated to more senior managers to resolve. This should be the case in all agencies so that children are not potentially left at risk because of differences of professional opinion.

In cases where an agreement cannot be reached please refer to the **Resolving Professional Disagreements Relating to the Safety of Children (Escalation Policy)**

Disagreement Resolution Flow

Stage 1 – Direct Professional to Professional Discussion. If this fails to resolve the disagreement proceed to Stage 2.

Stage 2 – Direct First Line Manager to First Line Manager Discussion. If this fails to resolve the disagreement proceed to Stage 3.

Stage 3 – Senior Manager to Senior Manager Discussion. If this fails to resolve the disagreement proceed to Stage 4.

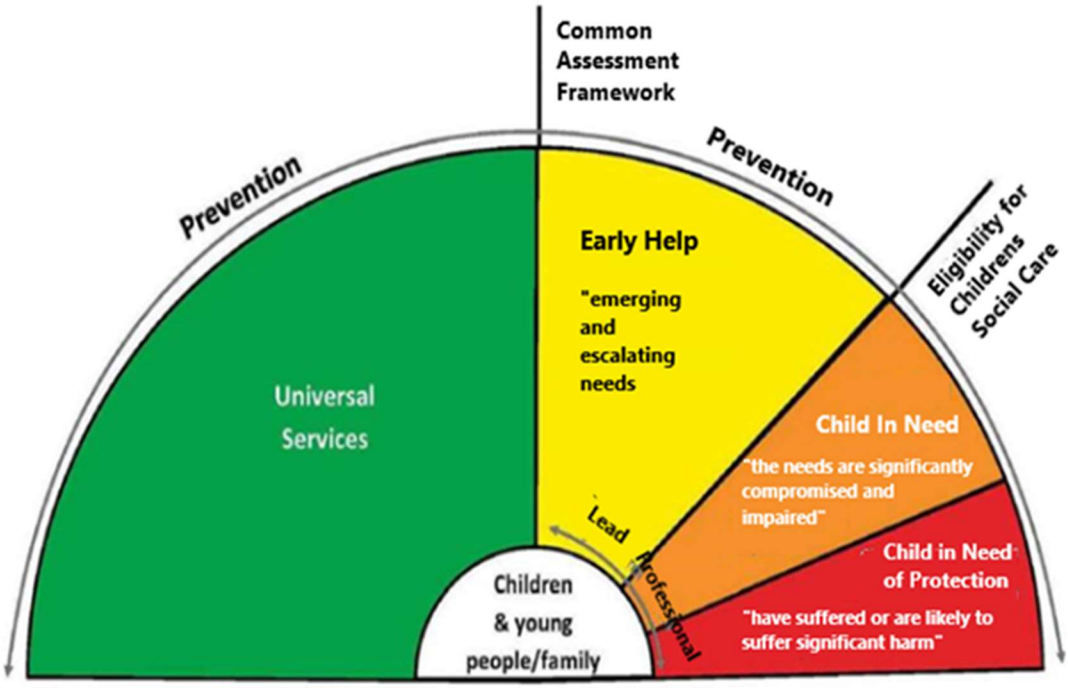
Stage 4 – Progress to a discussion with the Multi-agency Safeguarding Partnership.

Lessons Learnt from Local Safeguarding Practice Reviews (LSCPRs):

Professionals need to ensure they escalate concerns if they are not happy with the proposed support for a child.

FURTHER POINTS TO CONSIDER:

- That children can and do move from one Tier to another – please see diagram below.
- That children in Tiers 2-4 also need and use universal services
- That repeated assessments should not be necessary to move children from one Tier to another and that children's stories can follow them as they progress through service provision
- That there will be some children – for example, those with complex needs or who are deemed to be at risk of significant harm – who should be enabled to move quickly and effortlessly to the required service response without necessarily going up through each Tier.
- That for most children, the service aspiration is to secure the right intervention for the child or young person.



Those involved in commissioning and designing services will need to bear in mind: -

- That the aim is to ensure seamlessness between each Tier so that children or young people whose needs do escalate can access a range of services that can respond to their changing needs.
- That for many children and young people involved in Children's Services, the focus of the work is to reduce or remove their need to secure their well-being and ensure their safety – seamlessness must apply equally to de-escalation of need, and children who needs are reducing as a result of intervention may require services to be changed or adapted but not necessarily withdrawn.

INFORMATION SHARING

Knowing when and how to share information is not always easy – but it is important to get it right. Children, young people and their families need to feel reassured that their confidentiality is respected. In most cases you will only share information about them with their consent, but there may be circumstances when you need to override this.

Lessons learnt from Local Child Safeguarding Practice Reviews (LCSPRs) –

"No inquiry into a child's death or serious injury has questioned why information was shared. It has always asked the opposite" *G Nunnery, Solicitor, Lewisham.*

Whilst the law rightly seeks to preserve individuals' privacy and confidentiality, it should not be used (and was never intended) as a barrier to appropriate information sharing between professionals.

The safety and welfare of children and young people is of paramount importance, and agencies may lawfully share confidential information about the child or parent, without consent, if doing so is in the public interest. A public interest can arise in a wide range of circumstances, including the protection of a child at risk of harm, and the promotion of a child's welfare.

Remember to always record your reasons for information sharing

DO YOU HAVE CONSENT TO SHARE?

You do not always need consent to share personal information. There will be some circumstances where you should **not** seek consent, for example, where doing so would:

- Place a child at increased risk of significant harm; or
- Place an adult at increased risk of significant harm; or
- Prejudice the prevention, detection or prosecution of a serious crime; or
  Lead to unjustified delay in making enquiries about allegations of significant harm.

DATA SHARING – SEVEN GOLDEN RULES

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
2. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
4. Share consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may 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 wellbeing of the person and others who may be affected by their actions.
6. You need to evidence that any data sharing is necessary, proportionate, relevant, accurate, timely and secure. Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Anyone concerned about information sharing should also refer to government guidance information sharing advice for safeguarding practitioners.

WHAT CAN I DO IF I AM STILL WORRIED ABOUT THE CHILD AND I DON'T THINK THE RIGHT DECISION HAS BEEN MADE?

Decisions should always be reached by consensus through constructive conversations, however, sometimes there might be disagreement on how the child's needs can be best met. If this is the case:-

- In the first instance talk with your line manager or designated child protection lead for your organisation.
- In the written record of the conversation, check that it has included all of the relevant information and reflects what you are worried about – have you articulated it clearly and has this been captured?
- If you are still unhappy with the decision, the conversation should be progressed to the line managers/safeguarding leads of each agency, as set out in the LSCP Escalation Policy.

https://www.thurrocklscp.org.uk/lscp/professionals/threshold-document

Does your organisation have any guidance or a policy on safeguarding?

When did you last read this?

Do you know who the safeguarding lead for your organisation is?

Appendix A – Tier 1

Health	☐Physically Well ☐Adequate diet/hygiene/clothing/exercise ☐Development assessment/immunisations up to date ☐Regular dental and optical care ☐Health appointments are kept ☐Developmental milestones are met ☐Speech and language development met	**Identity**	☐Development of self-esteem/positive sense of self and abilities ☐Demonstrate feelings and acceptance ☐A sense of self ☐An ability to express needs
		Family and Social Relationships	☐Stable and affectionate relationships with caregivers ☐Good relationships with siblings ☐Positive relationships with peers
Education and Learning	☐Skills/interests ☐Success/achievement ☐Cognitive development ☐Access to toys and play/stimulation	**Social Presentation**	☐Appropriate dress for different settings ☐Good level of personal hygiene
Emotional and Behavioural development	☐Feelings and actions demonstrate appropriate responses ☐Good quality early attachments ☐Able to adapt to change	**Self-care Skills**	☐Growing levels of competencies in practical and emotional skills such as feeding, dressing and independent living skills
Parents and Carers		**Family and Environmental Factors**	
Basic Care	☐Provide for child's physical needs e.g. food, drink, appropriate clothing, medical and dental care	**Family History and Functioning**	☐Good relationships within family including when parents are separated ☐Few significant changes in family circumstances
Ensure Safety	☐Protect from danger or significant harm, in the home and elsewhere	**Wider Family**	☐Sense of larger familiar network and good friendships outside of the family unit
Ensure Warmth	☐Show warm regard, praise and encouragement	**Housing**	☐Accommodation has basic amenities and appropriate facilities
Stimulation	☐Facilitate cognitive development through interaction and play ☐Enable child to experience success	**Employment**	☐Parent(s) are able to manage the working, unemployment arrangements and do not perceive them as unduly stressful
Guidance and Boundaries	☐Provide guidance so that the child can develop an appropriate internal model of values and conscience.	**Income**	☐Reasonable income over time with resources used
Stability	☐Ensure that secure attachments are not disrupted ☐Parent support and guidance when needed	**Family's Social Integration**	☐Family feels integrated within the community ☐Good social and friendship networks exist
		Community Resources	☐Good universal services in neighbourhood

Appendix B – Tier 2

Indicators – Development needs of baby, child or young person with additional needs (not an exhaustive list)			
Health	☐Developmental delay/neuro development disorders ☐Is susceptible to minor health problems ☐Slow in reaching developmental milestones ☐Minor concerns re diet/hygiene/clothing ☐Starting to default on health appointments ☐Concerns re diet, hygiene, clothing/weight ☐Smokes, substance misuse ☐Some concerns around mental health	**Emotional and Behavioural Development**	☐Some difficulties with peer group relationships and with adults ☐Some evidence of inappropriate responses and behaviours ☐Can find managing change difficult ☐Starting to show difficulties expressing sympathy ☐Finds it difficult to cope with anger, frustration and upset ☐Children vulnerable to associating with controlling/older individuals or groups. Association with known perpetrators or criminals (gangs) and need help to divert them ☐Child/young person has occasionally gone missing from home for short periods. Support needed to prevent further episodes. ☐ Have identified Social Emotional and Mental Health Needs (SEMH) that places them on the SEND register as SEN Support or may have an Education Health Care Plan (EHCP)
Education and Learning	☐ Have identified learning needs that places them on the SEND register as SEN Support or may have an Education Health Care Plan (EHCP) ☐Poor punctuality ☐Pattern of regular school absences ☐Not always engaged in learning e.g. poor concentration, low motivation and interest ☐ Fixed Term Exclusion or a regular pattern of high level/unacceptable behaviour ☐ Lack of engagement from the parent to support the child's education and development	**Identity**	☐Poor sense of self and abilities/low self-esteem ☐Lack of belonging and acceptance ☐An inability to express needs
		Family and Social Relationships	☐Limited support from family and friends ☐Has some difficulties sustaining relationships ☐Has lack of positive role models ☐Involved in conflicts with peers/siblings
Social Presentation	☐Inappropriate dress for different settings ☐Poor level of personal hygiene ☐Lack of social skills	**Self-Care Skills**	☐Not always adequate self-care ☐Slow to develop age appropriate self-care skills
Parents and Carers		**Family and Environmental Factors**	
Basic Care	☐Parental engagement with services is poor ☐Parent requires advice on parenting issues ☐Professionals are beginning to have some concerns around child's physical needs being met ☐Parent is struggling to provide adequate care ☐Previously looked after by Local Authority	**Family History and Functioning**	☐Has experienced loss of adult e.g. bereavement or separation ☐May rely on older children to look after young siblings ☐Parent has physical/mental health difficulties ☐There are isolated incidents of minor physical and/or emotional violence in the family. Children were present but did not directly witness it. In spite of abuse, victim was not prevented from seeing to the needs of her/his child/ren.
Ensure Safety	☐Some exposure to dangerous situations in the home and community ☐Parental stresses starting to affect ability to ensure child's safety	**Wider Family**	☐Family has poor relationship with extended family ☐Family is socially isolated
Ensure Warmth	☐Inconsistent response to child by parent(s) ☐Unable to develop other positive relationships ☐Child perceived to be a problem by parents ☐Child may be subject to neglect	**Housing**	☐Some aspects of poor housing; risk of homelessness ☐Low income and growing debts
		Employment	☐Parents starting to feel significantly stressed around periods of unemployment, they have had limited formal education
Stimulation	☐Child is not often exposed to new experiences	**Family's Social Integration**	☐Family may be new to area ☐Some social exclusion experiences

Guidance and Boundaries	☐Can behave in an anti-social way in the neighbourhood ☐Parent/carer offers inconsistent boundaries	**Radicalisation**	☐The child/young person expresses extreme or intolerant views, particularly in regards to those who do not share the child's religious/political views, which may be causing some social isolation; they associate with peers and adults who hold extreme views. They or parents express support for extremist or prescribed organisations but do not express any intention to become involved
Stability	☐Key relationships with family members are not always kept up ☐Child may have different carers ☐Starting to demonstrate difficulties in attachments		

Appendix C – Tier 3 and 4 indicators

Development needs of baby, children or young people with additional and complex needs and/or acute needs – not an exhaustive list

Health	☐Has severe/chronic health problems ☐Persistent substance/alcohol misuse likely to affect child's health and/or development ☐Developmental milestones unlikely to be met ☐Early teenage pregnancy ☐Serious mental health issues ☐Learning disabilities	**Identity**	☐Experiences persistent discrimination e.g. on the basis of ethnicity, sexual orientation or disability ☐Is socially isolated and lacks appropriate role models, very low self-esteem ☐Evidence to suggest that the carers/child/young person supports violent extremist ideologies; often intimidating to others who do not share their views and are actively involved with prescribed or extremist groups.
Education and Learning	☐Persistent absence from school despite input from School Attendance Support Team ☐Is out of School ☐Permanently excluded from School or at risk of permanent exclusion	**Family and Social Relationships**	☐Periods of being accommodated by the Local Authority ☐Family breakdown related in some ways to the child's behavioural difficulties ☐Subject to physical, emotional, sexual abuse or neglect ☐Is the main carer for a family member
Emotional and Behavioural development	☐Regularly involved in anti-social/criminal activities ☐Puts self or others in danger eg missing, absconding ☐Suffers from periods of depression. Is self-harming or suicide attempts ☐Concerns that the difficulties highlighted above are linked to the child/young person being criminally and sexually exploited by controlling individuals, groups or gangs.	**Social Presentation**	☐Poor and inappropriate self-presentation and social skills ☐The child or young person is persistently missing from home or education, and/or believed to be engaging in harmful behaviours when missing ☐There is concern that the child/young person or their siblings are at risk of Female Genital Mutilation (FGM) or a sibling has already suffered FGM
Parents/Carers		**Family and Environmental Factors**	
Basic Care	☐Parents unable to provide 'good enough' parenting that is adequate and safe ☐Parents' mental health problems or substance misuse significantly affects care of the child ☐Parents unable to care for previous children ☐Injury to child/young person suspected to be non-accidental ☐Parent(s) with no access to services or to any funds (including public funds) due to immigration status ☐ A child being privately fostered	**Family History and Functioning**	☐Significant parental discord and persistent domestic violence increasing in severity and duration and occurring in presence of the children/young people ☐Poor relationships between siblings ☐ History of involvement in child sexual abuse ☐ Child reporting sexual abuse or presenting with signs and symptoms of sexual abuse ☐No effective support from extended family ☐Destructive/unhelpful involvement from extended family ☐ If a child is being privately fostered, a referral is to be made to Children's Social Care
Ensure Safety	☐There is instability and violence in the home ☐Parents involved in crime ☐Parents unable to keep the child safe	**Child Exploitation**	☐Concerns that child/young person is being groomed and exploited by individuals, groups or gangs in the area to engage in criminal and sexual activities

	☐Victim of crime ☐No available parent and child is in need of accommodation (i.e. child is seeking asylum or parents in custody)		☐ Concerns that a child is subject to Human Trafficking or Modern Day Slavery, a referral is made to National Referral Mechanism (NRM) as well as to Children's Social Care
		Housing	☐Physical accommodation places the child in danger ☐Repeated periods of homelessness as a result of negligence
Ensure Warmth	☐Parents inconsistent, highly critical or apathetic towards the child	**Employment/Income**	☐Chronic unemployment that has severely affected parents' own identities ☐Family unable to gain employment due to significant lack of basic skills or long-term difficulties e.g. substance misuse ☐Extreme poverty/debt impacting on ability to care for child
Guidance and Boundaries	☐No effective boundaries set by parents ☐Regularly behaves in an anti-social way in the neighbourhood		
Stability	☐Beyond parental control ☐Has no-one to care for him/her	**Family's Social Integration**	☐Family chronically socially excluded ☐No supportive network
		Community Resources	☐Poor quality services with long-term difficulties with accessing target populations

Thurrock Threshold Matrix

Threshold Matrix:-	Name of Child:-	Date:-

	Tier 1	Tier 2			Tier 3 and 4		
Development needs of Baby, Child or Young Person							
Health							
Education and Learning							
Emotional and Behavioural development							
Identity							
Family and Social Relationships							
Social Presentation							
Self-Care skills							
Parents and Carers							
Basic Care							
Ensure Safety							
Ensure Warmth							
Stimulation							
Guidance and Boundaries							
Stability							
Family History and Functioning							
Wider Family							
Housing							
Employment							
Income							
Family's Social Integration							
Community Resources							
Radicalisation							
Child Criminal Exploitation							
Vulnerability Assessment	**UNIVERSAL**	**LOW**	**MED**	**HIGH**	**LOW**	**MED**	**HIGH**
Level 1:- Universal Services	Plot these descriptors on this matrix with a check mark or an x to give a visual representation of the child or young person's level of need. The matrix reflects your personal judgement and informs decision making.						
Level 2: Children with additional Needs							
Level 3: Children with complex additional needs							
Level 4: Child in need of protection							
Any other comments/remarks/issues, for example – cultural or language considerations or additional observations							

Thurrock Local Safeguarding Children Partnership
Civic Offices
New Road
Grays
Essex
RM17 6SL

E-mail: - lscp@thurrock.gov.uk
Web: - www.thurrocklscp.org.uk

Next Review: - October 2024