

# Pan Bedfordshire

## Multi Agency Thresholds of Need Principles

### ‘Safeguarding is everyone’s responsibility’



A child is anyone who has not yet reached their 18th birthday. ‘Children’ therefore means ‘children and young people’ throughout this document.

#### Children have said that they need;

- **vigilance:** to have adults notice when things are troubling them;
- **understanding and action:** to understand what is happening; to be heard and understood; and to have that understanding acted upon;
- **stability:** to be able to develop an ongoing stable relationship of trust with those helping them;
- **respect:** to be treated with the expectation that they are competent rather than not
- **information and engagement:** to be informed about and involved in procedures decisions, concerns and plans;
- **explanation:** to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response;
- **support:** to be provided with support in their own right as well as a member of their family;
- **advocacy:** to be provided with advocacy to assist them in putting forward their views;

- **protection: to be protected against all forms of abuse and discrimination and the right to special protection and help if a refugee.**  
[Working Together 2018](#) (p10)

## 1. Introduction

**Our collective aim is to create the best possible environment for families to care for their children, providing additional support where appropriate and to intervene where necessary to safeguard and protect children. Safeguarding children is everyone's responsibility and everyone who comes into contact with children and families has a role to play.**

[Working Together \(2018\)](#) states safeguarding partners should publish a threshold document, which sets out the local criteria for action in a way that is transparent, accessible and easily understood. This should include:

- the process for the early help assessment and the type and level of early help services to be provided
- the criteria, including the level of need, for when a case should be referred to local authority Children Social Care for assessment and for statutory services under:
  - section 17 of the Children Act 1989 (children in need)
  - section 47 of the Children Act 1989 (reasonable cause to suspect a child is suffering or likely to suffer significant harm)
  - section 31 of the Children Act 1989 (care and supervision orders)
  - section 20 of the Children Act 1989 (duty to accommodate a child)
- clear procedures and processes for cases relating to:
  - the abuse, neglect and exploitation of children
  - children managed within the youth secure estate
  - disabled children.

All children and families access a range of universal services, including maternity and health visiting services in early years, education, leisure facilities, GPs, and services provided by voluntary organisations. Some families have needs which will require additional support to enable them to reach their full potential. At different times families might present different levels of need, which might require limited or intensive support depending on their circumstances. Our aim is to work with children and families to help them sustain safe and healthy lives and create the foundations of future success - their stronger futures. To achieve this, we want to be able to identify children who may require additional support at the earliest opportunity to offer help at the earliest opportunity.

**Professional dialogue and curiosity is essential** if we are to make informed decisions in the best interests of the child this guidance is not intended to give practitioners 'the answer'. Talk to the child and their family, your safeguarding lead and/or talk to other practitioners. This guidance is designed for anyone working with children and their families. It does not cover every possible circumstance or situation so if you require more information or advice please speak to a more senior person in your organisation or contact the relevant Children Social Care Access and Referral Hub/Integrated Front Door/MASH using the contact details on pages 10/11.

This document reflects the guidance in [Working Together to Safeguard Children](#) (2018), which is the national framework setting out how services to safeguard and promote the welfare of children should operate and [Keeping Children Safe in Education Keeping children safe in education](#).

## **2. Safeguarding is Everyone's Responsibility - What does this mean?**

Everyone who works with children has a responsibility for keeping them safe. No single practitioner 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.

Each agency and individual practitioner is responsible for making the decision about what level of intervention is required to meet the needs of a child. Children Social Care is not the only agency responsible for protecting children. Individual practitioners in all agencies working with the child and family are responsible for making the decision to refer to Children Social Care. Before making a referral the practitioner must collate their evidence of unmet need/risk and rationale as part of the referral so there is clarity, otherwise the referral may not achieve the outcome expected. However if the child and/or family would benefit from and agree to early help consideration should be given to this, each local authority differs slightly depending on their early help offer.

## **3. What is a threshold?**

Across Pan Bedfordshire currently the word **threshold** is used to describe a point at which something happens, stops happening or changes for a child or family. Some local authorities are moving away from using the term Threshold and will use level of need instead. For this document we will use Thresholds as a way of describing transitions between levels of need and types of services and support. They are also ways of identifying the points at which practitioner's should engage in dialogue with each other and with children and their families to assess what has happened and what, if anything, needs to happen next or needs to happen differently.

Not getting the right support, at the right level and at the right time often means that there is an escalation of need, poorer outcomes for children and families and increased risk for the child.

To support children and families effectively we need to share information across different agencies and disciplines. This is important when providing early help where a child or the family has emerging problems, and it is essential when putting in place effective child protection services. Information sharing amongst practitioners is essential in identifying and meeting a child's needs and to keeping them safe. Children and their families have a right to expect that practitioners will be open and honest with them when they are worried about them and think they need some help. Practitioners should make every effort to seek consent of the child (as appropriate) or family unless there is a risk of immediate harm to the child or may compromise forensic gathering /police evidence.

#### 4. When do we provide support?

There is now a significant body of research that shows that preventative services and those that provide early help deliver the best outcomes for children and their families. [Working Together to Safeguard Children \(2018\)](#) describes how providing early help is more effective in promoting the welfare of children than reacting later. As such our approach deliberately seeks to encourage prevention and early help with a view to reducing demand for the more reactive, intrusive, and expensive services.

Section 11 of the Children Act 2004 places duties on a range of organisations, agencies and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

#### 5. Principles

The following principles should underpin all multi-agency work to safeguard and promote the welfare of children:

- **Early help supports the identification at the earliest opportunity of a child's additional needs** which are not able to be met by a single agency and to provide timely and co-ordinated multi-agency support to meet those needs thus reducing the likelihood of statutory intervention (although there will be some children who will need statutory intervention to safeguard and protect them).
- The **voice of and daily lived experience of children** will be at the centre of assessment and intervention at all levels of need and risk. An understanding of their changing lived experience supports effective intervention. Practitioners need to challenge themselves and others to ensure that the actions they take make a difference to the lives of children. To assist this practitioners should access and utilise the [Daily Lived Experience practice guidance tools](#) for babies, pre-school, primary school children and teenagers.
- Children should be at the centre and their needs paramount and the needs and wishes of each child, be they a baby or an adolescent, should be put first, so that every child receives the support they need before a problem escalates; this may mean the parent/carer's wishes and needs are secondary but do need to be addressed appropriately.
- Children must be listened to by practitioners and have their voices heard and acted upon. To assist practitioners should access and utilise the [Voice and Lived Experience of Children and Young People Guidance for Practitioners](#).
- Children who need additional help every day matters. It is crucial to ensure decisions are made within appropriate timescales for the child i.e. 3 months of neglect can have a serious impact neglect on a baby on babies and young children.
- Practitioners working with a child and family need to be aware of the daily lived experience of children and their 'journey' from the moment that the need for help has been identified to the end of that help with improved outcomes.
- As soon as any practitioner is aware that a family has any unmet needs that may impact adversely on a child they will start a conversation with the child and their family and offer advice and support to meet that need

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- Support families to support themselves. Families will be empowered to identify their own problems, needs and solutions. In most cases, outcomes for children will only be improved by supporting and assisting parents/carers to make changes.
- Our aim is to build resilience in children and families and we will offer support and services to help families find their own sustainable solutions
- Practitioners must share appropriate information in a timely way. Failure to share information, or not doing so in a timely way, is a factor repeatedly identified as a significant learning point in Serious Case Reviews and now Child Safeguarding Practice Reviews. Sharing information with other practitioners is required in order to support early identification and assessment.

Practitioners who work with children and their families must consult with each other, and work together to ensure that the child and their family get the most appropriate and effective support. Appropriate, effective and timely support for children and families can only be achieved with the professional judgement and expertise that all practitioners working with children bring to their role.

- A practitioner can discuss any concerns about a child within their organisations with and where appropriate with relevant colleagues in other organisations such as Children Social Care. All assessments should be focused on outcomes and recognise the wider safeguarding context.
- Practitioners must contribute to actions needed to safeguard and promote a child's welfare and take part in regularly reviewing the outcomes for the child against specific plans and outcomes. Any services provided to safeguard children must be clearly focused on the outcomes for the child.
- Everyone who comes into contact with children and their families, even if the child is not the primary service user, should be alert to their needs and any risks of harm that individual abusers, or potential abusers, may pose to children.
- Everyone who works with children has a responsibility to undertake training that will help them understand the principles of safeguarding and how agencies work together. A range of e-learning and traditional courses are available [here](#).
- *Anyone who has concerns about a child's welfare should make a referral to the local authority Children Social Care and should do so immediately if there are concerns that the child is suffering from significant harm or is likely to do so. Practitioners who make a referral should always follow up their concerns if they are not satisfied with the response [Working Together 2018 page 17/18].* Relevant local authority Children Social Care Access and Referral Hub/Integrated Front Door/MASH contact details can be found on pages 10/11. If a child is suffering abuse and requires urgent attention because of immediate danger, call the Police on 999.

## 6. Which Tier or Level?

Each Local Authority will determine their tiers/levels of need and their response when;

- additional support should be considered,
- a coordinated multi-agency provision might be more appropriate or
- a referral to Children Social Care may be necessary.

It cannot be over emphasised that the list of individual indicators of potential needs or risks to a child is not an exhaustive one. In assessing the response to the tier/level of need and/or

risk requires the application of professional judgement and conversation. It is important to remember that often the signs that a child or their family has particular needs are not found in a single piece of evidence, but in a combination of factors or indicators presenting to several agencies over a period of time.

Stepping-up and stepping-down through the tiers/levels where a family have been receiving a service from a single agency or where an Early Help Assessment/Partnership Assessment and/or Team Around the Child/ Team Around the Family has been in place, but over time it becomes apparent that the family's needs have changed or not been met, it may be appropriate to consider a service at a different tier/level.

Whilst the assessed response to children's needs may move from one tier/level of need to another all agencies (including universal services) may offer support at more than one tier/level. Not all children will move up the tiers/levels of support in a sequential manner. Needs may arise, which will require an immediate high-level response, such as a child protection issue. In these instances, a referral must be made to the relevant Children Social Care Access and Referral Hub/Integrated Front Door/MASH using the contact details can be found on pages 10/11 to ensure the matter is fully investigated. It may be that as a result of assessment further support to the child will be provided under the child in need framework in Children Social Care or 'stepped-down' to other agencies that are more appropriate to support the family based on the identified level of risk or need.

### 7. What Good Practice Looks Like?

- The child is at the centre of everything we do and every assessment & intervention will consider the 'lived experience' of the child and the impact of this upon their development.
- All intervention should be in the best interests of the child.
- The best interests of the child must be a top priority in all decisions and actions that affect children.
- Appropriate historical information (appropriate [chronologies](#)/summary of history) should be provided as part of the referral.
- All children affected by neglect are supported and safeguarded by effective partnership working to ensure they get the right help at the right time.
- Practitioners must talk to each other, good communication protects children, never assume that someone else has passed on crucial information. Building good quality relationships helps to protect children.
- All practitioners should use their professional judgement alongside appropriate guidance in deciding what action to take and when to refer to Children Social Care or another agency. They should seek advice if uncertain and record their actions and reasons for taking the action, including if they take no action.
- Practitioners should operate in a high support/high challenge context and should therefore be prepared to challenge each other based on their evidence if they strongly disagree and ultimately use the '[Escalation Procedures](#)' to escalate a concern if they remain dissatisfied with the outcome.
- Recording must be; factual, clear, prompt and in accordance with each individual agency's standards, procedure and guidance. Recording must clearly provide the evidence to support the escalation of concerns.

- Practitioners must continue to support a child and their family even when a referral has been made to Children Social Care or Early Help.
- Practitioners must consult with their Safeguarding Lead if in any doubt and for advice and guidance regarding the application of thresholds.
- All practitioners who have identified any concerns for an unborn baby should follow the [Pan Bedfordshire Procedure and Guidance in relation to Pre-Birth Planning and Assessments](#).
- All practitioners who identify a concern for a bruise or an injury to an immobile baby or child should follow the [Injuries and Bruising Protocol for Children not Independently Mobile](#)
- A referral should only be made to Children Social Care when there is clear evidence that the threshold is met for a child who is in need or is at risk of significant harm (including Contextual Safeguarding/extra familial harm see Section 8).
- If the concerns for the immediate safety for the child then call 999 Police.

## **8. Contextual Safeguarding**

[Contextual safeguarding](#) is an approach to understanding, and responding to children's experiences of significant harm beyond their families. Traditional approaches to protecting children from harm have focussed on the risk of violence and abuse from inside the home, usually from a parent/carer or other trusted adult and don't always address the time that children spend outside the home and the influence of peers on their development and safety.

Contextual safeguarding recognises the impact of the public/social context on children's lives, and consequently their safety. Contextual safeguarding seeks to identify and respond to harm and abuse posed to children outside their home, either from adults or other children. It's an approach that looks at how interventions can change the processes and environments, to make them safer for all children, as well as focussing on an individual. It recognises that the different relationships that children form in their neighbourhoods, schools and online can feature violence and abuse. It expands the objectives of child protection systems in recognition that children are vulnerable to abuse in a range of social contexts

When a practitioner working has any safeguarding concerns that relate to a child's experiences of significant harm beyond their family, they should contact the relevant Children Social Care Access and Referral Hub/Integrated Front Door/MASH using the contact details on pages 10/11 to discuss or to make a referral. The [Multi-Agency Information Submission form](#) is not a substitute for any safeguarding referral and should not be used as such. The form is to be used by practitioners with concerns/information and sent to the relevant Children Social Care Access and Referral Hub/Integrated Front Door/MASH and [cibintel@bedfordshire.pnn.police.uk](mailto:cibintel@bedfordshire.pnn.police.uk)

## **9. Information Sharing**

Effective sharing of information between practitioners, local organisations and agencies is essential for early identification of need, assessment and service provision to keep children safe. Serious Case Reviews (now Child Safeguarding Practice Reviews) have highlighted that missed opportunities to record, understand the significance of and share information in a timely manner can have severe consequences for the safety and welfare of children.

Practitioners should be proactive in sharing information as early as possible to help identify, assess and respond to risks or concerns about the safety and welfare of children, whether this is when problems are first emerging, or where a child is already known to local authority Children Social Care (e.g. they are being supported as a child in need or have a child protection plan). Practitioners should be alert to sharing important information about any adults with whom that child has contact, which may impact the child's safety or welfare.

Information sharing is also essential for the identification of patterns of behaviour when a child is at risk of going missing or has gone missing, when multiple children appear associated to the same context or locations of risk, or in relation to children in the secure estate where there may be multiple local authorities involved in a child's care. It will be for local safeguarding partners to consider how they will build positive relationships with other local areas to ensure that relevant information is shared in a timely and proportionate way.

It is important for all practitioners to understand when they should share information or refer to another service. The government has issued advice for all frontline practitioners and senior managers working with children and their families [Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers \(July 2018\)](#). **This document makes it clear that any practitioner who "has concerns about a child's welfare, or believes they are at risk of harm...should share the information with Children Social Care and/or the police if it is thought that a crime has been committed and/or a child is at immediate risk, the police should be notified without delay."** The above document on page 13 also contains a helpful 'Myth-busting guide'. There is also guidance in [Working Together 2018](#).

### **10. Consent – YES or NO?**

In relation to Safeguarding, GDPR does not prevent, or limit, the sharing of information for the purposes of keeping children safe. Legal and secure information sharing between all agencies is essential for keeping children safe and ensuring they get the support they need. It is no longer necessary to seek consent to share information for the purposes of safeguarding and promoting the welfare of a child (i.e. removing the distinction between information sharing for the purposes of assessing need or child protection). It does, of course, continue to be good practice to inform parents/carers that you are sharing information for these purposes and to seek to work cooperatively with them. Consent should still be sought where it does not put the safety of a child at risk and agencies should also ensure that parents/ carers are aware that information is shared, processed and stored for these purposes.

**[The Seven Golden Rules of Information Sharing](#)**: Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.

**When to refer without consent:**

As per above is particularly relevant to sharing information with consent within the context of making referrals. Remember to use the support and advice of the safeguarding leads within your organisation if you are struggling with the issue of consent from the family prior to making a referral.

The idea of public interest i.e. the prevention of/ protection from significant harm to a child should be considered. Should a practitioner remain concerned and are unable to consult with their safeguarding lead they should contact the relevant Children Social Care Access and Referral Hub/Integrated Front Door/MASH using the contact details on pages 10/11 and request a 'Professional Consultation' with a Social Worker

Where there is a clear likelihood of a child suffering Significant Harm, the public interest test will almost certainly be satisfied. However there will be other cases where practitioners will be justified in sharing some confidential information in order to make decisions on sharing further information or taking action – the information shared should be proportionate.

Circumstances in which sharing confidential information in making a referral without consent will normally be justified in the public interest:

- When there is evidence that the child is suffering or is likely to suffer Significant Harm; or
- There is reasonable cause to believe that a child may be suffering or is likely to suffer Significant Harm; or
- To prevent Significant Harm arising to children and young people or serious harm to adults, including through the prevention, detection and prosecution of serious crime.

**When consent should be sought:**

In all other cases, making a referral should be considered as accessing help and support for children and families. Help and support from services will be most effective if practitioners and services work in partnership with families to secure the best outcomes for their children.

Other relevant guidance; [What to do if you're worried that a child is being abused: Advice for Practitioners \(DfE, March 2015\)](#) and [Pan Bedfordshire Escalation Procedures](#)

## **11. Management of professional differences of opinion**

**It is important that if any practitioner thinks the actions taken or proposed will not adequately safeguard or help a child or family that they raise these concerns clearly and immediately.**

From time to time there may be genuine differences of opinion about the level of risk/resilience and how to help a child or family or misunderstandings between practitioners or communication is not working well. Practitioners have a duty to voice any concerns they have and constructively challenge and be open to challenge to understand the factors leading to the professional difference and work together to provide an acceptable solution, which focuses on the outcome for the child. This applies to all practitioners and all agencies, who

should welcome challenge and accept constructive challenge as part of a healthy professional curiosity.

If a practitioner is dissatisfied with the response from any agency their managers will want to know and practitioners can raise their issues to seek to resolve disagreements through following the [Pan Bedfordshire escalation procedures](#).

All agencies should have in place clear escalation policies for their staff to follow when child safeguarding concerns are not being addressed within their own agency or by partner agencies

## **12. Whistle blowing**

[Whistle blowing](#) or confidential reporting policies are designed to encourage any member of staff to raise concerns if they suspect malpractice in their organisation. The Public Interest Disclosure Act 1998 encourages individuals to raise concerns about malpractice in the workplace. Staff should raise concerns within their organisation first unless they think the employer will cover it up, would treat them unfairly if they complained or hasn't sorted it out and they've already told them. If this is the case the employee can contact a [Prescribed Organisation](#), which has a duty to deal with the concern.

All agencies should have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children. This means clear whistleblowing procedures, which reflect the principles in [Sir Robert Francis' Freedom to Speak up Review](#) and are suitably referenced in staff training and codes of conduct, and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed.

## **13. Contact Information**

**Bedford Borough Council Children Social Care Integrated Front Door**

**Tel: 01234 718 700**

**E-mail: [Multi.Agency@bedford.gov.uk](mailto:Multi.Agency@bedford.gov.uk)**

**Central Bedfordshire Council Children Access and Referral Team**

**Tel: 0300 300 8585**

**E-mail: [AccessReferral@centralbedfordshire.gov.uk](mailto:AccessReferral@centralbedfordshire.gov.uk)**

**Luton Council Multi Agency Support Hub (MASH)**

**Tel: 01582 547 653**

**E-mail: [MASH@luton.gov.uk](mailto:MASH@luton.gov.uk)**

**Out of Hours call the Emergency Duty Team (evenings, weekends and Bank holidays) -  
0300 330 8123**

**Bedford Borough Safeguarding Children Board**

**Tel: 01234 276346**

**E-mail: [lscb@bedford.gov.uk](mailto:lscb@bedford.gov.uk)**

Website: <https://www.bedford.gov.uk/social-care-health-and-community/children-young-people/safeguarding-children-board/>

**Central Bedfordshire Safeguarding Children Board**

Tel: 0300 300 6455

Email: [CBSCB@centralbedfordshire.gov.uk](mailto:CBSCB@centralbedfordshire.gov.uk)

Website: <https://www.centralbedfordshirelscb.org.uk/lscb-website/home-page>

**Luton Safeguarding Children Board**

Tel: 01582 547624 or 01582 547590

Email: [Lutonlscb@luton.gov.uk](mailto:Lutonlscb@luton.gov.uk)

Website: <http://lutonlscb.org.uk/>

## 14. Glossary

<b>Universal Services</b>	These are services which all families can access without needing any extra support or resources. Universal services are provided by a range of different agencies, including health and education.
<b>Targeted Services</b>	These services are for children and young people who may need additional support to access services or may need groups or services that are specifically designed to meet their needs.
<b>Specialist Services</b>	These services are for children and young people with severe, profound and/or complex needs who are likely to need even more support than is available either through universal or targeted services.
<b>Designated Safeguarding Lead (DSL)</b>	The person appointed to take lead responsibility for child protection issues in a school. The person fulfilling this role must be a senior member of the school's leadership team, and the DSL role must be set out in the post holder's job description.
<b>Police Protection</b>	Is an emergency power under Section 46 Children Act 1989 which allows any police officer to protect a child who is reasonably believed to be at risk of significant harm.
<b>Section 17 Children Act 1989</b>	Places a general duty on all local authorities to 'safeguard and promote the welfare of children within their area who are in need.' Basically, a 'child in need' is a child who needs additional support from the local authority to meet their potential.
<b>Section 47 Children Act 1989</b>	Children Social Care must carry out an investigation when they have 'reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm'. The aim is to decide whether any action should be taken to safeguard the child.
<b>Section 27 Children Act 1989</b>	Imposes a duty on other local authorities, local authority housing services and health bodies to co-operate with a local authority in the exercise of that authority's duties under Part 3 of the Act which relate to local authority support for children and families.