

The Right Help @ The Right Time

▶ SWINDON

▶ SAFEGUARDING

▶ CHILDREN'S
BOARD

▶ A guide to assessing levels of need
and identifying the most appropriate
support

The Right
Help at
the Right
Time

➤ The transition to the new
Swindon Safeguarding
Partnership came into
effect on Sunday, 28 July
2019

➤ Swindon Safeguarding
Partnership Threshold
Document

➤ Download from:
[safeguardingpartnership@swi
ndon.gov.uk](mailto:safeguardingpartnership@swindon.gov.uk)

Introductions

- ▶ What is your name?
- ▶ Describe your job role (no job titles)
- ▶ Have you ever referred into MASH?
- ▶ Have you had a response/outcome decision from MASH?

Service Manager
Sunny Chhetri

Nicki Mark
Team Manager

Assistant Team Manager
Becky Gregory
Farah Mussani

Assistant Team Manager
Nadia Clarke

Assistant Team Manager-
Early Help
Fortunate Bosu

Social Workers
Helen Wilks
Paula Hodgson

Social Workers
Miranda Alawum
Loveness Hamalala
Foriwaah Amponsa

Social Workers
Petra Matuvi
Sharon Bent

Safeguarding Nurses
Stephanie Coleman and
Charlotte Hinder

Wiltshire Police
Decision Makers
and Researchers

Education
Safeguarding Lead

Housing

Turning Point

CCE/Missing Lead

Disabled Children's Team

Advice & Information Officers
Helen Webb
Alli Challoner
Robert Drenning
Michaela Vitale
Theresa Hobbs

A & I Officers
Layla Martin
Nayah Hiscock
Rachel Witts
Megan Loveridge

The Right Help @ The Right Time

- Principles of Practice
- Assessing Need through Conversations
- Dynamic Levels of Need
- Resolving Professional Disagreements
- Information Sharing
- Categories of Abuse
- Specific Safeguarding Issues
- Making a Good Referral and Consent

Threshold	1. Universal – Children with no additional needs	2. Early Help – Children with additional needs	3. Statutory Social Care – Children with complex multiple needs
	Has needs met within universal provision. May need limited intervention to avoid needs arising.	Has additional needs identified that can be met within identified resources through a single agency response and robust partnership working.	Statutory service to address complex/multiple needs or is in need of protection
Child Developmental Needs	<ul style="list-style-type: none"> - Good education attendance (above 90%) - Meeting developmental & learning milestones - Has emotional well-being - Ability to protect self and be protected - Resilient and able to adapt to change - Physically healthy - Age-appropriate self care & independence skills - Positive sense of self and abilities - Ability to express needs 	<ul style="list-style-type: none"> - Concerns about impact of absence/truancy, exclusion from school - Concerns about isolated children not accessing services - Persistent poor behaviour in school and risk of persistent social exclusion - Mental health issues affecting development needs, incl. concerns about self harm - Children frequently missing from home - Disability or additional special educational needs - Potential for becoming or is not in education, employment or training - Concerns about difficulty in achieving in education - Concerns about meeting developmental milestones - Missing health appointments/delayed response in ensuring child's health needs met - Early signs of offending/anti-social behaviour - Concerns about being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups - Concerns about underage sexual activity/inappropriate age related sexualised behaviours - Concerns about early signs of drug/alcohol misuse - Low level emotional & behavioural issues that may be linked to attachment and/or emotional development delay - Concerns about children who were previously in care, children who do not live with their birth parents i.e adopted children, Special Guardianship Orders, Kinship Care 	<ul style="list-style-type: none"> - Serious concerns about impact of significant and complex learning/physical disability on child's welfare - Regular missed health appointments with evidence of acute negative impact on child's development - Chronic drug/alcohol misuse impacting negatively on child's welfare/development - Peer on peer abuse with significant negative impact - Significant harmful sexual behaviour including persistent evidence of inappropriate knowledge and behaviour for age - Significant evidence of exploitation (e.g. sexual, criminal, gang affiliation and drug exploitation) - Severe and complex mental health issues affecting development needs, including significant self harm - Acute risk of failure to thrive - Teenage parent/pregnancy under the age of 13/or having sex (statutory rape) - Child victims of modern slavery, human trafficking, involved in terrorist activity - Chronic risk of harm from consistently missing from home - Unaccompanied minors - Unexplained, non accidental, suspicious injury - Non mobile child with unexplained bruising - Evidence of physical, emotional or sexual abuse or neglect
Family & Environment	<ul style="list-style-type: none"> - Stable relationships with caregivers - Housed, good diet and kept healthy - Supportive networks - Access to positive activities - Positive relationships with peers - Attending health appointments, including those for pregnant mothers 	<ul style="list-style-type: none"> - Dental decay due to poor hygiene - Chronic/recurring health problems - Concerns about emotional/mental health issues - Concerns about impact upon children who are young carers - Poor or unstable parent/child relationships - Concerns about being bullied or bullying behaviour - Poor housing & home environment impacting on child - Concerns about impact of community harassment/discrimination - Risk of relationship breakdown/inter-parental conflict - Concerns about domestic abuse and coercive control - Family bereavement - Concerns about pregnant mother with safeguarding risk factors - Concerns regarding internet safety - Concerns about teenage pregnancy - Housing tenancy at risk - Concerns about transient and avoidant families - Concerns of potential vulnerabilities to radicalisation 	<ul style="list-style-type: none"> - Person posing a risk to a child - No recourse to public funds - Unborn child placed at risk, previous children or siblings removed - Severe and chronic dental decay - Imminent risk of family homelessness - 16/17 year old presenting as homeless - Domestic abuse resulting in child being at risk of significant harm - Forced marriage, honour based violence, female genital mutilation - Allegation of harm by a person in a position of trust - Private fostering
Parents & Carers	<ul style="list-style-type: none"> - Protected by carers - Secure and caring home - Receive and act on information, advice and guidance - Age appropriate boundaries maintained 	<ul style="list-style-type: none"> - Inconsistent care arrangements - Poor relationships impacting upon child's development - Low income/poverty impacting upon child's welfare - Poor supervision by parent/carer - Concerns about parent's own health needs impacting on child - Poor response to child's physical, emotional or health needs - Historic context of parents/carers own childhood, i.e. adverse childhood experiences - Controlled or stable substance abuse 	<ul style="list-style-type: none"> - Parental learning or physical disability impacting upon child's welfare and safety - Significant concerns about substance misuse or mental health impacting on parent - Fabricated or induced illness. (Parent or carer exaggerates or deliberately causes symptoms of illness in child) - Parental disguised compliance - Persistent failure to meet a child's basic, physical and/or psychological needs - Imminent risk of significant harm due to poor supervision - Developmental milestones not being consistently met due to persistent failure of parent - Persistent evidence of negative impact of parental/carers relationship breakdown on child
Action	My Care My Support 0800 085 6666	Consultation Line EHHub@Swindon.gov.uk 01793 466903	Multi-Agency Safeguarding Hub (MASH) Swindonmash@swindon.gov.uk 01793 466903

Understanding the Levels of Need

- ▶ **Level 1** – Universal Services i.e. Health, Education etc (**no role for Children's Social Care – no referral required**). These referrals should not be sent to social care
- ▶ **Level 2** – (24 hours) – Early Help/Vulnerable – These are children who may be vulnerable and showing early signs of abuse and/or neglect; their needs are not clear, not known or not being met. These are children who require a lead professional for a co-ordinated approach. This will be provided within universal or a targeted services provision

Level 3 Children's Social Care involvement

- ▶ Complex concerns. A child who requires statutory services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health or development. Threshold is met and a statutory assessment led by Children's Social Care (s17 Children Act 1989) whereby Consent is required
- ▶ Acute concerns. A child who is suffering or are likely to suffer significant harm. Investigation and assessment is completed (s47 Children Act 1989) and statutory assessment is completed. Gaining parental consent remains good practice, however if this compromises a child's potential safety or a criminal investigation then consent may not be required and overridden.

Case Study Scenario

You will have a minute or two to consider the scenario and decide which level of need you think is most appropriate.

AND

What would you do?

Scenario

- ▶ Angela is 10 years old has disclosed to her teacher that she has a difficult relationship with her mother's partner, Tom. She says Tom has hurt her during a car journey; she says Tom got cross with her for talking a lot in the car and hit her on the leg. She says it left a mark as he used an open hand. She says Tom has hit her once before and it had left a mark as well; she told mum about it and also sent a picture to her grandparents who told her it was not ok.
- ▶ Angela says what has happened has brought back some painful memories of when her father was living at home as he was abusive to mother.
- ▶ Angela has made this disclosure during a school trip out of Swindon and she is not back into Swindon until 4pm and it is a Friday. A DSL was not present on the school trip.
- ▶ Q: What do you think needs to happen, when and by whom?



Safeguarding is **everyone's responsibility**

Promote the welfare of children and young people to protect them from harm and help them reach their full potential

Safeguarding means:

- Protecting children and young people from abuse, being hurt, physically and emotionally
- Preventing harm to children's and young people's health or development
- Protecting children from neglect, ensuring children and young people grow up in safe households with love and with good care

Multi Agency Safeguarding Hub

- ▶ Receives all safeguarding & welfare contacts for children via a Referral Form (RF1) if not already open to Social Care.
- ▶ Consults with partner agencies to inform decision making
- ▶ Provides a secure and confidential environment for MASH partner agencies to be consulted and share information.
- ▶ Prioritises referrals and will make a decision of support and intervention for a child using the Threshold Framework
- ▶ Any safeguarding concerns in respect to adults in a position of trust should be referred to LADO who have their own referral form

What does a 'GOOD' referral look like?

- **Discuss** – Referrals must be discussed with parents/carers before being made and consent gained except in child protection situations.
- **NO DELAY** - please ensure if there are immediate safeguarding concerns for a child contact with MASH duty social worker is not delayed
- **Support** – What help/support/services have the family been offered? Is there anything the family can do for themselves? Is there anything that your agency or an Early Help plan can provide before referring the family into Children's Social Care?
- **Threshold** - before making a referral refer to the Threshold Framework. It is an expectation that partner agencies explicitly consider it when making their referrals
- **Evidence** – What is the exact evidence that supports your concerns? What risks do you think are present and why? Be as explicit and detailed as you can.
- **Child's voice** – What is the child saying/use their exact words.
- **Outcome** – Include your realistic desired outcome to give an idea of what you feel the family need

How do we make decisions?

- For every Contact that comes into MASH, a Manager considers the information against the Threshold Framework.
- An initial decision is applied to indicate the level of need.
- Where appropriate MASH enquiries are undertaken with MASH partner agencies to inform decision making. This process always involves talking to parents/carers and children and seek consent when appropriate to do so
- If consent is not gained but information is still required to make safe, robust decisions about a child's welfare a MASH manager can decide that we gather information without consent.
- MASH enquiries involve partner agencies sharing relevant information about children and families for safeguarding purposes.
- MASH have a responsibility to inform referring partner agencies the outcome of their referral.

Myth-Busting Guide to information Sharing Yes or No?

Sharing information enables practitioners and agencies to identify and provide appropriate services that safeguard and promote the welfare of children. Below are common myths that may hinder effective information sharing - please answer yes or no.

- ▶ **Is Data protection legislation is a barrier to sharing information?**
- ▶ **Consent is needed to share personal information?**
- ▶ **Personal information collected by one organisation/agency cannot be disclosed to another**
- ▶ **Does the common law Duty of confidence and the Human Rights Act 1998 prevent the sharing of personal information?**
- ▶ **Do IT systems act as a barrier to effective information sharing?**

Consider Case Study

- ▶ Decide the risk level (use threshold documents)
- ▶ What do you think needs to happen?
- ▶ Update.....

Update on Scenario

- Mother was called by school at 4:10pm to discuss Angela's disclosure. Mother has advised that Angela's behaviour has been very difficult to manage; she will often have outbursts, refused to follow instructions and displays obsessive behaviours such as constant handwashing and taking several showers.
- Mother admits that the incident disclosed by Angela happened; however, she advises that it had been a stressful weekend and emotions had boiled over and Tom hit Angela on the leg. Commenting that "Angela is a very difficult child and Tom's level of tolerance is lower than mine and he finds it difficult to hear the way Angela speaks to me"

Has the discussion with mother changed your view of what you thought should happen initially?

Are you going to call MASH. If yes, when?

Are you going to send in a RF1? If yes, by when?

MASH actions & outcome

- ▶ The RF1 was sent to MASH days after the disclosure and a discussion with mother making a request for early help services.
- ▶ This was overturned by a manager who screened the RF1 - it was triaged by a social worker - further enquiries completed and a MASH social worker spoke to mother who continued to take her partner's side and insisted that all she needed was parenting support and did not want her partner to be spoken to.
- ▶ The outcome was a recommendation for a S17 statutory assessment

Thresholds and Escalation

What do I do if I disagree with a MASH decision?

Remember MASH can only make a decision based on the information you give them and research obtained through triage work evidencing a level of need has been met.

- Call MASH and speak to the Social Worker who managed that contact, let them explain why the decision was made
- If you are still not happy, speak to the Manager who signed off the contact/decision
- If you are still not happy then you can escalate using the Safeguarding Partnership, which can be found on the Swindon Safeguarding Partnership website

Questions?

MASH Telephone Number:

01793 466903

Consultation line:

01793 466903 (Option 1, then Option 2)

Early Help Consultation line

Tel - 01793 466 479

E-mail: EHHub@swindon.gov.uk

MASH Open Mornings

<https://www.swindonsafeguardingpartnership.gov.uk/>

Out of Hours Number:

01793 466900

Email:

swindonmash@swindon.gov.uk