



Effective support for children  
& families in Peterborough &  
Cambridgeshire Launch  
November 2018



# Welcome and Introductions

# HOUSE KEEPING

Mobile phones to silent

No scheduled fire alarm

Listen and respect others

Every point is valid

# Process for developing the new document

The revised thresholds have been developed in a multi-agency way;

Countywide multi-agency task & finish group looking at early help and children's social care elements;

The resulting document was presented to LSCB for final amendments;

The new document will underpin training offered through the LSCB

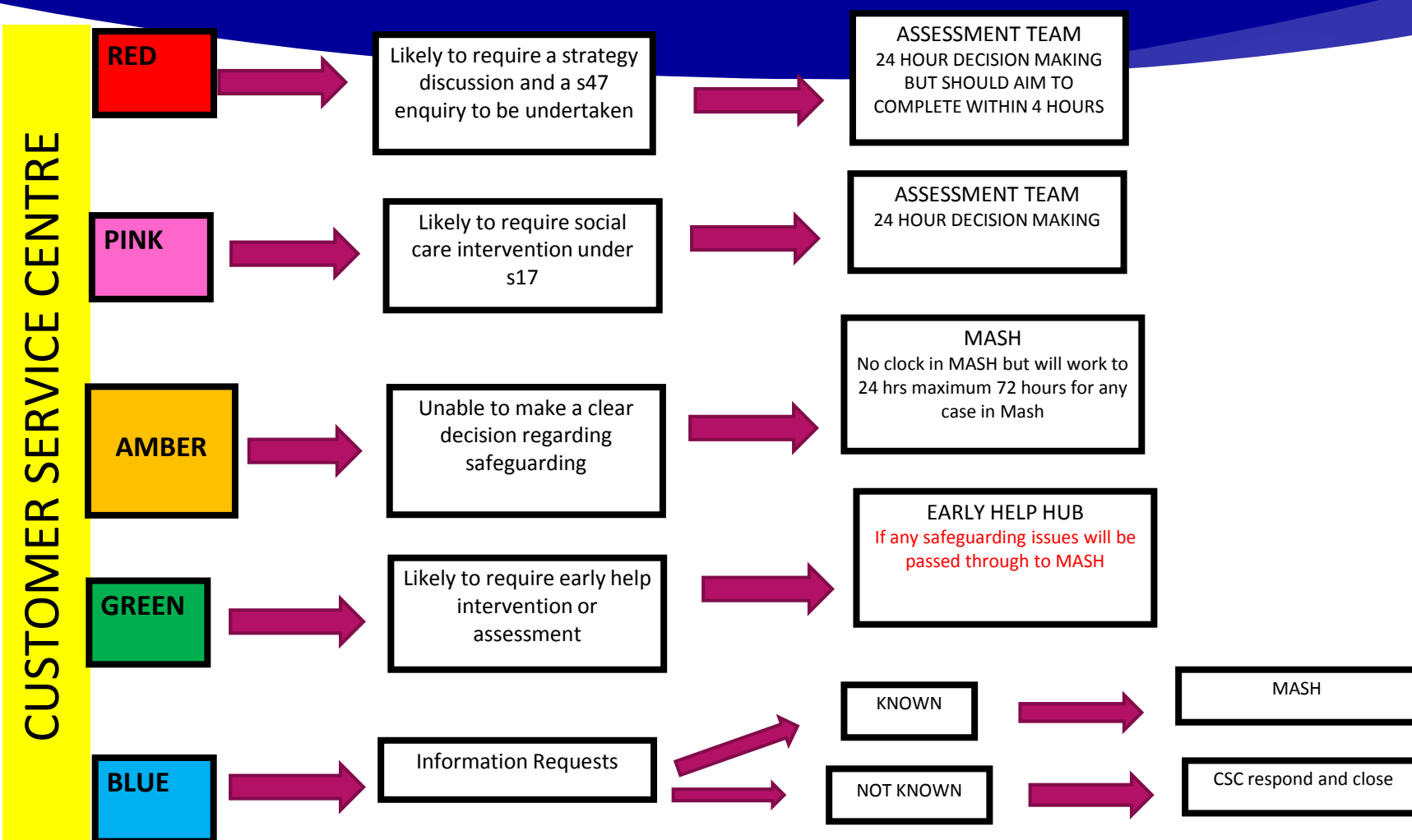
# Move away from “threshold”

Move away from threshold to “effective support for children and families” to ensure that ;

**“The right families, receive the right intervention, at the right time”**

This will be based on the holistic needs of the child and family

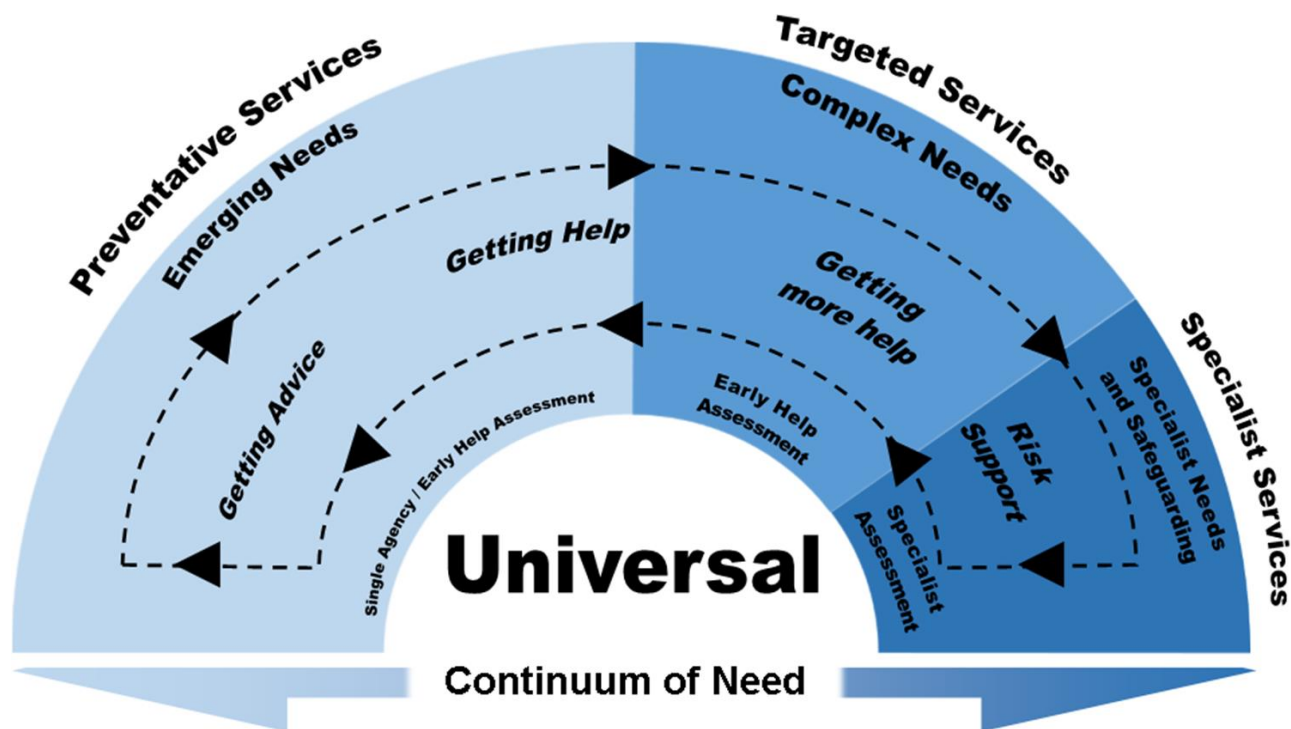
# The New Model of Working in Cambridgeshire and Peterborough



# What are the main changes to the document

- ▶ It is a joint document across both Cambridgeshire and Peterborough
- ▶ The information sharing section has been updated in line with the Data Protection Act 2018
- ▶ It moves away from looking at the issue that has resulted in the referral being made to considering the impact on the child
- ▶ It recognises that support for children and their families is fluid and that needs /risks change requiring different interventions
- ▶ The windscreen colour has changed to “shades of blue”
- ▶ It places emphasis on the importance of consent
- ▶ There are clear expectations on professional referrals to make sure that the information that they provide is accurate/factual and considers the impact on the child
- ▶ The escalation process has been simplified

# Continuum of need



# Principles

## **Key principles that should underpin our work with families, including:**

Openness and transparency in terms of discussing concerns with families and involving them in decision making [except in very specific circumstances];

Recognition that in many cases, families do not have to accept support should they choose not to;

That in almost all cases, consent is needed before referrals can be made;

Successful outcomes are most likely to result from engagement with families over time.

# Consent

The clear expectation is that all professionals will discuss their concerns openly and honestly with the child, where appropriate, and their parents or carers, **except** where to do so might place the child or another person at immediate risk of harm or prejudice the prevention or detection of crime.

Where this is the case, consent to refer concerns is not required and contact should be made with Children's Social Care as soon as possible. In emergency situations, contact should be made with the Police.

# Consent

Consent to make a referral will always be needed where a practitioner is requesting support of services on behalf of a child or family - this is regardless of whether they are seeking support from early help services or from Children's Social Care for child in need [Children Act 1989, Section 17] services.

# Consent

If a family refuse prevention or early help services this does not mean that specialist safeguarding services will become involved. Children's Social Care will only become involved if there is a risk of significant harm to the child or where the information provided indicates that significant harm is likely to happen if statutory intervention does not take place.

# Information sharing and consent

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.

# Getting the best outcomes

- Early Help services are often most effective in securing long term improved outcomes;
- In most cases, where Early Help has not been taken up by the family, assessments from Children's Social Care will recommend that this is put in place;
- Children's social care has no more power/authority than any other agency except where there is non-cooperation and there is risk of significant harm;
- At every level of need, working in genuine partnership is the most effective way of securing improved outcomes;
- These factors together mean that best practice would be that in most cases an early help assessment and/or early help services have been attempted before a referral to Children's Social Care is made, and that parents consent to a referral being made;
- This does NOT apply where there is risk of significant harm.

# Making a referral

It is crucial that your referral includes as much information as possible. The quality of a referral significantly impacts on how effectively Childrens Social Care is able to respond to safeguarding.

With poor information, Childrens Social Care is unable to make appropriate and proportionate decisions. This can put a child or young person at risk **OR** lead to overly intrusive interventions which are disruptive to the child and/or family

**The referral form has not changed**

# A poor referral



- ▶ Handwriting is difficult to read, poor spelling
- ▶ Uses jargon or acronyms
- ▶ Very short with no detail - It is not clear if the concern is in the past or present.
- ▶ No contact details means Childrens Social Care has to chase for information
- ▶ Does not provide context – for example how often has this happened?
- ▶ It's not clear who / what / where, and encourages assumptions

# A poor referral



- ▶ It is not clear what action the agency has taken or what their concerns are
- ▶ The referral is delayed, meaning opportunities to speak to the child or collect evidence are lost
- ▶ Leaves gaps

# A good referral



- ▶ Is typed electronically
- ▶ Uses clear, simple language
- ▶ Provides detail, such as:
  - telephone numbers
  - previous assessments
  - father's name of an unborn child
- ▶ Provides context
- ▶ Is accurate and evidence-based

# A good referral



- ▶ Includes specific details and times
- ▶ Has spoken to the child (and parents where appropriate)
- ▶ Provides specific information relevant to the agency doing the referral, for example: School attendance, Health visits
- ▶ Referral form is submitted to Childrens Social Care as soon as a disclosure or incident occurs e.g. in the morning
- ▶ Completes all appropriate sections in the referral form

# Specific guidance for health professionals

- ▶ Include the child's / patient's presenting health need
- ▶ Include the date and time of when the child / patient arrived in your department, treatment & advice given, and details of signposted agencies
- ▶ Include who was with the child when they presented
- ▶ Include the details of any other professionals involved in this incident – i.e. Ambulance Staff and Police details (including Log No. where possible)
- ▶ Are there any discrepancies in the information provided by the child/ parent about the presenting injuries/ illness
- ▶ Has the child/ parent presented with similar injuries/ concerns previously. Please provide dates and a description of what happened.

# Specific guidance for health professionals

- ▶ Do you have any concerns about discharging this child home to their parents / carers
- ▶ Have you ensured that you have not used medical jargon? This cannot always be understood by other professionals outside of the medical profession.
- ▶ Are you clear why you are escalating this concern to Children's Services
- ▶ If the referral is about the parents it is still important to provide as much detail as possible about the child. It is very difficult for the MASH to act if we cannot identify the child.
- ▶ Include which part of Health you work for

# Specific guidance for CAMHS

- ▶ Have you included which agency referred the child(ren) to CAMHS
- ▶ How long have been working with the child(ren)
- ▶ Who referred them to your service
- ▶ What is the child's diagnosis (where applicable)
- ▶ Separate the historical concerns from the present – please list concerns in chronological order to build a picture about the child's journey.
- ▶ What are the risks to the child e.g.. self harm/ suicidal thoughts/ how are these managed by parents

# Specific guidance for CAMHS

- ▶ How are these managed by CAMHS
- ▶ How do you believe Children's Services can assist
- ▶ What is the reason that has led you to believe that this child's needs should be escalated to Children's Services

# Specific guidance for probation

- ▶ What was the Offence
- ▶ What was the date of sentencing
- ▶ What was the Sentence
- ▶ If the referral is in relation to a PPRC what are the offences
- ▶ What contact does this person have with children, frequency, supervised/ unsupervised
- ▶ Are there any restrictions in place
- ▶ What is the assessed level of risk this person poses
- ▶ Please note that with no details of the child, there is very little that Children's Services can do to action your referral.

# Specific guidance for housing/ homelessness

- ▶ When was a homeless application made
- ▶ Why has the person been made homeless
- ▶ What support has been offered / due from your service – or state it not entitled and reason for this
- ▶ Are there any known issues of domestic violence
- ▶ Have any family or friends been identified who family could stay with
- ▶ Does the person have recourse to public funds
- ▶ Do you know their immigration status
- ▶ How has the person been supporting themselves up until this point

# Specific guidance for education

- ▶ What time and date were you made aware of this concern (if a specific incident)
- ▶ How did this concern come to your attention
- ▶ Was it a direct disclosure from the child (where applicable)
- ▶ Have you spoken to either of the child's parents prior to considering this referral. If not, please explain why
- ▶ Context of child in school ( peer/parental engagement/academic progress etc)
- ▶ What support has been offered to date
- ▶ Any previous safeguarding concerns about this child/family what were they /how were they resolved

## Making a referral

Does your referral  
adequately portray the  
"risk/ concerns" you  
have .....

# Further Information:

For further information on thresholds, neglect and multi agency training please visit

[www.safeguardingcambspeterborough.org.uk](http://www.safeguardingcambspeterborough.org.uk)

Tel: 01733 863744



Thank You

any questions