



Effective Support for Children and Families in Peterborough and Cambridgeshire

**Guidance for all practitioners in working
together with children and families to provide
early help, targeted and specialist support**

November 2018

Foreword

I am very pleased to be introducing this new version of guidance to the application of thresholds in Cambridgeshire and Peterborough.

This new guidance is the result of consultation with practitioners from a wide range of partners who work with children, young people and their families, including schools, health colleagues from a range of different organisations, early years' settings, the police and a number of representatives from the voluntary sector, as well as practitioners and managers from Cambridgeshire and Peterborough.

There were a number of differences between the Cambridgeshire and Peterborough versions of thresholds, so we felt it important to, where we could, ensure there was a consistency across the two areas.

This update is also equally timely as Working Together 2018 was published in July 2018. This highlight at page 16.

'The 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's 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)'*

The Board on behalf of the Safeguarding Partners are conforming to Working Together by publishing this updated guidance.

We have included more guidance on the issue of consent. Consent is always required when making a referral to early help services. It is also usually in the best long term interests of children and young people to discuss concerns and issues with parents or carers and/or the young person before making a referral to Children's Social Care - except where to do so might place the child or young person or any other person at risk of significant harm.

Working with vulnerable children, young people and their families is uniquely rewarding but occasionally very challenging. This work requires skill and considerable levels of knowledge and expertise. It also requires the willingness to accept that decisions we make about how best to support families will often carry with them a degree of risk.

I hope that this revised guidance on the application of thresholds in Cambridgeshire and Peterborough strikes the right balance between supporting practitioners from all settings to identify situations where children and young people might be at risk of significant harm and recognising the vital role of professional judgement in assessing the impact of risk and protective factors on long term outcomes for individual children and young people.

The Cambridgeshire and Peterborough Safeguarding Children Board continues to host a wide range of information and support for practitioners on our website. There is also a wide range

of courses for practitioners working with children, young people and their families, full details of which are published on our website.

Dr Russell Wate QPM

Independent Chair Safeguarding Children Board

November 2018

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Introduction

This document is for everyone who works with children and young people and their families in Peterborough and Cambridgeshire. It is about the way we can work together, share information, and put the child, young person and their family at the centre of our practice, providing effective support to help them solve problems and find solutions at an early stage to prevent problems escalating. It sets out how we approach the difficult task of keeping children and young people safe and protected from harm.

The guidance for threshold of need and intervention is a vital tool that underpins the local vision to provide targeted support services at the earliest opportunity – right through to specialist and statutory interventions when it is needed to promote the welfare and safety of vulnerable children and young people. It aims to offer a clear framework and a common understanding of thresholds of need for practitioners within all agencies, to help to promote a shared awareness of the different interventions required to effectively support children, young people and their families or carers.

Protecting children and young people involves professionals in the difficult task of analysing complex information about human behaviour and risk. It is rarely straightforward and responses should be based on robust assessment, sound professional judgement and where appropriate statutory guidance.

All of us who work with children and their families will encounter situations where we can see that outcomes for children may be being affected by the actions or inactions of parents or carers. In most situations, this will mean that we should try to engage with the family and offer support to enable them to change their approach to parenting. It is almost always the case that those who know the child and family well will be in the best place to support families to change, or to access the support that they need and so to improve the outcomes for their children. This means that all of us working with children and young people will be working with and holding varying degrees of risk.

In Peterborough and Cambridgeshire, we want to ensure that all those professionals working with children and families are able to identify the help that is needed by a particular child and family as early as possible. Using their professional judgement along with this guide, practitioners will feel better equipped to direct families to appropriate resources at the appropriate time. This document is therefore intended to assist practitioners in identifying a child's level of need and what type of service/resource may best meet those needs.

Principles

If we are to promote the best outcomes for children and young people, we should work to a set of common principles.

Children and young people almost always do best when they grow up within their own families. Even where risks of significant harm have been identified, it will usually be better for the child or young person to remain with their families and for their parents or carers to be supported to make the changes that they need to make in order that they are able to promote and safeguard the wellbeing of their children.

Parents may feel undermined or threatened whenever it is suggested that they may need additional help and support. Research also indicates that the way in which services engage with families can be a significant factor in how well support is accepted.

The principles below, together with those contained within Working Together 2018, are intended to underpin good practice and to increase the likelihood of support being offered to families being successful in securing improved outcomes for children:

'I have the right to be involved in plans that are being made about me...'

In almost all circumstances, practitioners should discuss their worries about a child or young person with their parents or carers, before referring them on to another service. The only exceptions to this are circumstances where to do so would place anyone at additional risk of significant harm and may lead to an offence being committed or make it more difficult for evidence to be gathered that may support a conviction.

Where a child is **Gillick Competent** concerns about their wellbeing should also be discussed directly with them before any referral is made.

Gillick competency essentially says that a child or young person of sufficient age and understanding is able to decide about what happens to them, and the right of a parent 'yields to the child's right to make his/her own decisions when he/she reaches sufficient understanding and intelligence to be capable of making up their own mind on the matter requiring decision'.

'I have the right to be treated as an individual and not on the basis of assumptions about my religion or cultural background...'

If practitioners are in any doubt about the reasons why a family or individual is saying or appears to be behaving in a particular way, the best way to find out more is to ask the person concerned.

Many newly arrived families and individuals will be struggling to understand systems and processes in the UK, for example, they may have heard a number of stories about how children's services take children away from their families. Practitioners need to be sensitive to these issues and take time to offer additional explanation and reassurance.

'I have the right to be able to talk about complicated things in my first language...'

Ideally, practitioners should be able to speak directly in the first language of the individual. Working through interpreters is a more lengthy process and often affects the richness of the information being provided. However, many of our services do not have a workforce that

matches the community being served in terms of diversity. This means that interpreters will be needed on occasion. Family members must not be used to interpret sensitive or complex matters.

‘I can usually choose whether to accept the services you offer me ...’

People can refuse to accept support. In rare situations, a refusal to accept services may result in legal or other action being taken in order to ensure that very vulnerable children are safeguarded or protected, but these situations are limited to those where children are at risk of serious harm or injury. It is often the skill of people who are working with the individual or family and a recognition of why they may not want to accept support that will make the difference about whether they decide to engage with support services.

Families can sometimes refuse offers of support because they are worried that this might eventually lead to their child being ‘taken into care’. Practitioners working in this situation can only do their best to persuade people to accept support. One approach can be to seek agreement with the individual or the family where support may be helpful and seek agreement to address this specific issue and use this as a way of gaining trust.

Saying **NO** to prevention or early help services **DOES NOT MEAN** that specialist safeguarding services will become involved except where there is a risk of significant harm to the child concerned or where they may present a significant risk to others. These risks usually need to be immediate, or be present within a short timeframe.

Where a family has declined to engage with prevention or early help services, practitioners must discuss their intention to refer to specialist services such as Children’s Social Care with the parent [or young person if Gillick competent] before making the referral. This means that the parents or carers understand the possible consequences of not engaging with support services.

Specialist services will always inform those referred to them which professional has made the referral and why. ¹ Referring professionals should therefore be open and transparent about their concerns with parents and why they are so worried about their child, except where to do so would place the child or young person at risk of immediate harm.

‘I do not want other people to know about me or my family unless I say that this is OK...’

Unless it would put anyone at risk of harm, we will always let people referred to us know, who we intend to talk to, about them. We always need talk to other professionals as well as people who know the person referred well, in order to make the right decision about what services to offer. We make a professional decision as to who it is necessary to share information with, on a case by case basis, making sure that this is legal, necessary and safe, particularly when we know information has been given in confidence.

It may not be possible to help people effectively if they do not want us to talk to others about them.

The records we make about people who are referred for services will be accessed only by staff who need to see them in order to do their jobs.

¹ Except where a member of the public has asked to remain anonymous. Professionals cannot make anonymous referrals.

‘Before you decide that I need help or support, you should ask me about what I think and who I know who may be able to help me....’

It is important that children and their families feel in control of and have a say in the types of support they access. Support that is available from family and friends should also be explored because it is much more sustainable in the longer term than anything that an outside agency can provide.

‘I may have other pressures in my life as well as the ones that you say you are worried about’

Just as family and friends can be a real source of support, it is also important to consider where these relationships may place an additional pressure on the family or child, or lead to there being increased risks to a child’s wellbeing.

Mental health issues, substance misuse within the extended family, or other caring responsibilities can all increase stress or reduce availability to address other issues. It is therefore important for practitioners to consider the wider context before deciding what form of support may be most appropriate.

THRIVE – a model for meeting children and families’ needs

We recognise that each child and family member is an individual, and each family is unique in their make-up, so reaching decisions about levels of needs and the best intervention requires discussion, reflection and professional judgement.

This guidance seeks to give clear advice to all professionals and the public on the levels of need and thresholds for different services and responses in Peterborough and Cambridgeshire.

In this guidance we have identified three levels of need **Emerging Needs, Complex Needs and Specialist and Safeguarding Needs.**

Emerging Needs

Children and families with some emerging needs may require support of another service alongside universal provision to prevent an escalation of needs. An **Early Help Assessment** may be appropriate for some children at this level.

Complex Needs

Children and families with more significant complex needs and who are in need of targeted support without which they would not meet their expected potential. These children live in families where there is greater adversity and a greater degree of vulnerability. An **Early Help Assessment** and a **Team around the Family (TAF)** or **Team around the Child (TAC)** will be required.

Safeguarding/Specialist Needs

Specialist services are required where the needs of the child have been significantly compromised, they are suffering significant harm or impairment and statutory and/or specialist intervention is required to keep them safe.

A comprehensive statutory assessment under Section 17 of the Children Act will be required, intervention under Section 47 of the Children Act may be required for those children who are at immediate risk of significant harm and legal action may need to be taken or the Local Authority may need to accommodate the child in order to ensure their protection.

The continuum of need model (windscreen) is a way of developing a shared understanding and explaining the Peterborough and Cambridgeshire approach across all our services and partnerships, ensuring a consistent response is applied by all.

The model illustrates how we will respond to the requirements of children and families across three levels of need **Emerging Needs**, **Complex Needs** and **Specialist and Safeguarding Needs**

In this model, all services and interventions seek to work openly with the family (or with young people on their own where it is appropriate) in order to support them to address identified needs at the right level of intervention. We recognise that this is never a static process, situations change and as a result so does the level of need and risk. We understand that children and young people may “**step up**” and need more specialist intervention and “**step down**” as interventions have impact and their needs and risks change as a consequence.

The Levels of Need table on pages **14 - 16**, and the Peterborough and Cambridgeshire continuum of need (windscreen) on page **13** together illustrate how support in Peterborough and in Cambridgeshire is delivered and clarifies the threshold between each level.

Early Help:

Early Help is about ensuring that children and families receive the support they need at the right time. We aim to provide help for children and families when problems start to emerge or when there is a strong likelihood that problems will emerge in the future. This means providing support early in life or early in the identification and development of a problem. Services in Peterborough and Cambridgeshire also recognise that some families will require additional help at various times of their lives and may need to access targeted services periodically to help re-build their resilience and capacity to manage. Support is also provided within the arena of Early Help when families have received specialist support and need a reduced level of support to sustain and continue the progress made.

Early Help Assessments:

We promote the use of the Early Help Assessment as the tool for recording the family's unmet needs. The document should be a holistic assessment that captures the family's strengths and needs. It should ask what is going really well? What is not going so well and causing some concern or worry? What do the family and those working with them think needs to happen, and what are the next steps to help that happen?

The Early Help Assessment is a single assessment that is created with the family. It should reflect their views, wishes and feelings and what they want to change. It is shared when appropriate [and where there is consent] with other professionals who are working in a co-ordinated way to support the family.

Peterborough:

Early Help Assessments are completed by any professional or partner agency who comes into direct contact with families, and who has identified more than one unmet need that would benefit from a multi-agency support approach. Early Help Assessments are initiated on an electronic case management system known as the Early Help Module or EHM. Training is provided for all professionals who might need to complete an Early Help Assessment with a family or contribute to one that another professional has started. Training to access the system is via an on-line “MeLearning” package. To access this professionals should email earlyhelp@peterborough.gov.uk. Professionals are advised not to delay starting an Early Help Assessment with a family whilst they await training, and should speak to a member of the Early Help Team for advice on how to proceed by emailing earlyhelp@peterborough.gov.uk or telephoning **01733 863649**

The Peterborough local offer includes a wide range of information about support services for children and young people who have special educational needs and /or disabilities. This can be accessed through the council website at <https://www.peterborough.gov.uk/residents/special-educational-needs/local-offer/>

The Family Information Service has knowledge of services able to offer support to children and their families including information about Childrens Centres, activities for children and young people, information on local voluntary sector services as well as details of childcare support available in the city. They can be contacted on 01733 864 446 or via the website by clicking here

Peterborough Council for Voluntary Services can provide details of the very wide range of small and large community sector organisations across the city. They can be contacted on 01733 311 016

Guidance for Lead Professionals and information on the Think Family Approach can be found at

<https://www.peterborough.gov.uk/healthcare/early-help/peterborough-early-help-strategy/>

Cambridgeshire:

Early Help Assessments are completed by any professional or partner agency who comes into direct contact with families, where there are identified unmet needs that may benefit from a multi-agency support approach.

The Early Help Hub is there to support professionals throughout the entire process. Professionals can contact the Early Help Hub via email at early.help@cambridgeshire.gov.uk or by telephone on **01480 376 666** to:

- Check whether there is an open Early Help Assessment for a family and the details of the allocated Lead Professional

- Get information and advice on Early Help Services that may be available to support a family in their area.
- Get support with the Early Help Assessment and Team around the Family (TAF) processes

Completed Early Help Assessments should be sent via secure email to early.help@cambridgeshire.gov.uk

Further information (including a full list of those agencies that request an EHA as a referral document) can be found at <https://www.cambridgeshire.gov.uk/residents/children-and-families/parenting-and-family-support/providing-children-and-family-services-how-we-work/>

The Cambridgeshire local offer includes a wide range of information about support services for children and young people who have special educational needs and /or disabilities. This can be accessed through the council website at: <https://www.cambridgeshire.gov.uk/residents/children-and-families/local-offer/>

More information on Cambridgeshire Early Help District Teams can be found at <https://www.cambridgeshire.gov.uk/residents/children-and-families/parenting-and-family-support/providing-children-and-family-services-how-we-work/district-teams/>

Guidance for Lead Professionals and information on the Think Family Approach can be found at

<https://www.cambridgeshire.gov.uk/residents/children-and-families/parenting-and-family-support/providing-children-and-family-services-how-we-work/think-family>

<https://www.cambridgeshire.gov.uk/residents/children-and-families/local-offer/>

Parental 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 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.

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.

Where families are refusing to engage with early help services and where practitioners can see that there is the likelihood of a long term impact on outcomes for the child or young person, they should continue to engage with the family and seek to persuade them of the benefit of accessing additional support.

Where practitioners are concerned about the long term impacts of neglect on outcomes for a child or young person, they should consult with their safeguarding lead and can find more information from the Peterborough and Cambridgeshire Safeguarding Children Board Neglect Strategy. The strategy can be found by visiting the Cambridgeshire and Peterborough Safeguarding Board website <http://www.safeguardingcambspeterborough.org.uk/children-board/professionals/child-neglect/>.

Information Sharing

Working Together 2018 states that effective sharing of information between practitioners and local organisations and agencies is essential for early identification of need, assessment and service provision to keep children safe. Child Safeguarding Practice Reviews (CPSR), formerly known as Serious case reviews (SCRs) 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

It is important that practitioners can share information appropriately as part of their day-to-day practice and do so confidently.

It is important to remember there can be significant consequences in not sharing information as there can be in sharing information. You must use your professional judgement to decide whether to share or not and what information is appropriate to share.

Data protection law reinforces common sense rules of information handling. The law is there to ensure personal information is managed in a sensible way. It helps agencies and organisations to strike a balance between the many benefits of public organisations sharing information and maintaining and strengthening safeguards and privacy of the individual.

It also helps agencies and organisations to balance the need to preserve a trusted relationship between practitioner and child and their family with the need to share information to benefit and improve the life chances of the child.

The following are guidelines to help practitioners decide whether they should share information or not. They are based on the 2018 information sharing guidelines published by the government, with additional consideration of the Data Protection Act 2018 and the updated Working Together 2018:

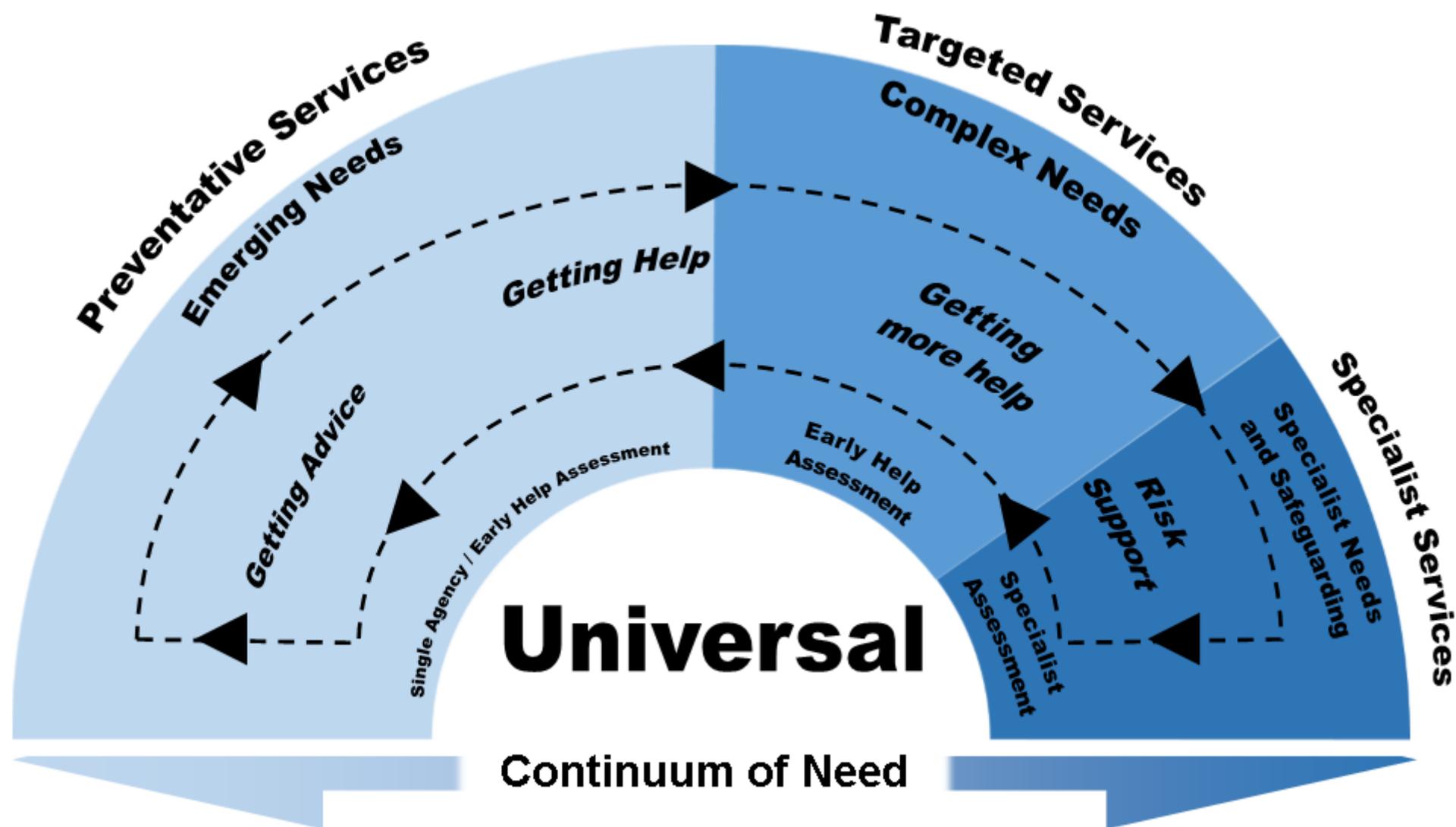
1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.

2. Be open and honest with the individual (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 from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. 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.
5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, 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 individuals 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.

For further guidance on Information Sharing and Working Together please visit;

- **Working Together to Safeguard Children 2018, please click [here](#)**
- **Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers, please click [here](#)**
- **Data Protection Act 2018, please click [here](#)**

Peterborough and Cambridgeshire –Continuum of Need (Windscreen)



Levels of need table

Emerging Needs			
Description	What would we see?	Response	Outcome
<p>Children and families with some emerging needs which can be met within universal services. The emerging needs may require the support of another service, or worker, to prevent the escalation of needs.</p> <p>An Early Help Assessment may be appropriate for some children at this Level.</p> <p>Child' with complex needs – needs limit their participation in community activities and their development would benefit from additional social and leisure activities</p>	<p>Secure and warm parenting</p> <p>Guidance and boundaries in place</p> <p>Network of support, adequate home environment, good school attendance, accessing health provision as needed</p> <p>Age appropriate development and responses</p> <p>Positive sense of self and developing age appropriate independence skills.</p> <p>Parents may be struggling with a specific issue and require support.</p> <p>Basic care may sometimes be inconsistent</p> <p>Child's level of needs limit their participation in community activities and their development would benefit from additional social and leisure activities. It may also have an impact on siblings/parents</p>	<p>Typically these children live in resilient and protective environments where their needs are met.</p> <p>Children, young people, parents and carers can access universal services directly.</p> <p>A child may require specific support in school; additional Health Visitor support may be required; or Children's Centre group may be beneficial.</p>	<p>Children and young people make good progress in most areas of development</p> <p>The life chances of children and families are improved by offering support</p>

Complex Needs			
Description	What would we see?	Response	Outcome
<p>Children and young people at this level have more significant emerging or complex needs and are in need of targeted support without which they would not meet their expected potential.</p> <p>Their identified needs may relate to health, education, or social development and if unaddressed, they may develop into more worrying concerns. These children and young people will live in greater adversity and have a greater degree of vulnerability.</p> <p>Targeted services, working alongside universal and preventative services, will be required.</p> <p>Child with complex needs requires services to prevent impairment of health or development and/or alleviate stress in the family which may lead to risk in 3 or 4.</p>	<p>Parenting is inconsistent and parental issues may be getting in the way of meeting the child's needs (mental health, learning disability, substance misuse).</p> <p>There is a lack of parental guidance and age appropriate boundaries are not in place. Parents may be struggling to manage behaviour within the home and there may be some evidence of domestic abuse.</p> <p>The home environment may not always be adequate and the family may not have positive relationships within the community. There may be issues with poor school attendance and behaviour when in class, health needs may not be met as appointments are often missed, there may be issues with anti- social behaviour, substance misuse, risk taking behaviour including early onset of sexual activity.</p> <p>Parents need to provide significant care to other dependants who would otherwise be at risk OR child's needs are significantly impacting on parents or social lives</p>	<p>An Early Help assessment will need to be completed. If the outcome indicates a need for a multi-agency response. This will be offered with the consent of the child/young person and family.</p> <p>A Team around the Child (TAC) / Team around the Family (TAF) is also likely to be appropriate. Working with parents/carers and children will be essential to achieve the desired outcomes, and will require open discussion to progress targeted support.</p> <p>Unless there is immediate risk of significant harm there is a clear expectation that Early Intervention will have been provided and a detailed review of what has been done/achieved/is outstanding will be provided in the written referral to Childrens Social Care.</p> <p>Support can be provided through Early Help / Disabled Children's Early Help (if they receive High Rate DLA.)</p>	<p>Vulnerable children and families likely to face impairment to their development and life chances will be supported by services to enable them to achieve.</p> <p>Issues will be prevented from escalating into safeguarding concerns requiring statutory intervention.</p>

Specialist Needs and Safeguarding

Description	What would we see?	Response	Outcome
<p>Children and young people at this level are in need of specialist assessment and services.</p> <p>These are children and young people with high complex needs who require a multi- agency assessment due to their level of disability</p> <p>Children and young people where safeguarding can only be achieved by the involvement of specialist services. Although the family may still continue to receive support via preventative and targeted services alongside this.</p> <p>They will require specialist assessment or immediate intervention, including accommodation. Examples of this include:</p> <ul style="list-style-type: none"> • all Section 47 referrals • children at risk of imminent family breakdown or where the breakdown has already occurred • young people remanded in LA care <p>a disabled child requiring specialist services to prevent immediate impairment or to prevent the need for long-term accommodation.</p>	<p>Child may have been abused or neglected; adults caring for the child are known or suspected of being a risk to children.</p> <p>Parents have significant personal issues such as mental health, substance misuse or learning difficulties which present a significant risk to their child.</p> <p>Family relationships are significantly conflictual and domestic abuse is assessed as high risk (MARAC) and the child is at risk of significant harm.</p> <p>The child’s medical needs have been significantly compromised due to parental neglect.</p> <p>There is concern regarding a child under 13 being engaged in sexual activity.</p> <p>Child may pose a significant risk of harm to others.</p> <p>The home environment presents an immediate and serious environmental and health risk to the child.</p>	<p>At this level children and young people’s needs and care are significantly compromised. They are highly vulnerable and are experiencing high levels of adversity.</p> <p>They have or are suspected to have acute/complex needs, and a comprehensive statutory assessment is required under Section 17 of the Children Act.</p> <p>These children and young people may also be children in need of protection as they are experiencing significant harm and are in immediate need of statutory intervention under Section 47 of the Children Act.</p> <p>They may require legal action and may need to be accommodated.</p>	<p>Children and / or family members are likely to suffer significant harm / removal from home / serious and lasting impairment without the intervention of specialist services, sometimes in a statutory role.</p>

Childrens Social Care

Within Cambridgeshire and Peterborough all enquiries about children come through the Customer Service Centre and are directed through to the appropriate service. Any enquiries received where it is not clear whether there are safeguarding issues/risks will be passed through to Multi Agency Safeguarding Hub (MASH) for a MASH enquiry to be undertaken. This is a multi- agency team who undertake information gathering, analysis and decision making about whether there is a need for statutory intervention and if not what the appropriate intervention for the child, young person and their family might be.

If you are concerned that a child is at immediate risk of harm:

If a child is at immediate risk of significant or actual harm you should telephone the following number:

Cambridgeshire child: 0345 045 5203

Peterborough child: 01733 864180-

EDT (Emergency Duty Team): (01733) 234724

The Customer Service Centre will ask for the child's name and address, this enables them to check if the child or children already have an allocated social worker. If there is an allocated social worker you will be directed to the relevant social worker or team manager.

If the child does not have a social worker, they will ask for:

- All the details known to your agency about the child including ethnicity, language spoken whether the child has any specific learning needs/disabilities
- Family composition including siblings including their names/dates of birth/schools attended
- The nature of the concern and your view of the immediate risks of significant harm, what the impact is on the child and the evidence to support this
- They will also need to know where the child is now and whether you have informed parents/carers of your concerns.

Based on the information provided they will consider the action to be taken for appropriate and proportionate intervention.

All telephone referrals will need to be followed up in writing within 24 hours by the referring professional.

The referring professional will be contacted and updated as to the outcome of their referral and what actions if any will be taken within one working day.

If a child is not at risk of immediate harm but you have ongoing concerns about a child:

If you believe that the child requires Children's Social Care intervention, you should follow your organisation's internal safeguarding policy, speak with your line manager or safeguarding lead and consider the following points:

- All children, young people and their families should have had an opportunity to engage with Early Help support, before a referral is made to Children's Social Care, and it is the expectation that an Early Help Assessment will have been considered/ completed and services put in place prior to a referral being made to Children's Social Care where there are no immediate safeguarding concerns. You can contact Early Help Peterborough on 01733 863649 and the Early Help Hub Cambridgeshire on 01480 376 666 to discuss your concerns and explore what support from Early Help Services may be available and appropriate to meet a family's needs.
- Have you gained consent or have you informed the parents that you are making a referral? If not you will need to do this, as Children's Social Care will be unable to progress your referral without this. **Remember that refusal to engage in Early Help support is not a reason for a referral to Children's Social Care except where this would result in a child suffering significant harm.**

When making a referral it is important that:

- All basic details are completed on the referral form (correct names and spellings, siblings details, date of birth, addresses, ethnicity, first language, disabilities etc)
- The referral must clearly identify the concerns and the impact on the child as well as what support has been provided previously to help families address these concerns and what strengths/resilience is within the family.
- Referrals should set out what the referrer wants to see happen as a result of the referral, and should include the views of the family and, where appropriate, the child or young person.
- The more information that is provided, the easier it is for Children's Social Care to make a decision about the best course of action to take in respect of the child or young person.

Once you have completed the referral form it will need to be sent to:

referralcentre.children@cambridgeshire.gov.uk

Other useful links;

Professionals may find it useful to refer to some of the guidance and tools listed below when making a decision regarding how to progress concerns about a family.

[Making a good referral](#)

[Statutory guidance on Controlling and Coercive Behaviour in an intimate of family relationship.](#)

[Pre-birth Assessment Guidance and flow chart](#)

[Prevent & Safeguarding Guidance; Supporting individuals vulnerable to violent extremism](#)

[Revised Prevent Duty Guidance for England and Wales](#)

[Protecting Children from Radicalisation, the Prevent duty](#)

[Child Sexual Abuse Strategy](#)

[Female Genital Mutilation Multi-agency Practice Guidance](#)

[Child Sexual Exploitation Strategy](#)

[Criminal Exploitation Strategy](#)

[Neglect Strategy](#)

[Online Safeguarding Strategy](#)

[Bruising in pre-mobile babies](#)

[Sexual violence and sexual harassment between children in schools and colleges](#)

All the Cambridgeshire and Peterborough Safeguarding Children Board inter-agency Policies and Procedures can be found at the following link <http://www.safeguardingcambspeterborough.org.uk/children-board/professionals/lscbprocedures/>

What to do if you do not agree with the MASH decision:

Key Principle: It is every professional's responsibility to "problem solve". The aim must be to resolve a professional disagreement at the earliest opportunity as swiftly as possible, always keeping in mind that the child and young person's safety and welfare is the paramount consideration. The Safeguarding Board is clear that there must be respectful challenge whenever a professional or agency has concern about the **action or inaction** of another.

In the majority of cases most decisions are reached by consensus due to the multi-agency working within the MASH Hub. However, there may be occasions when professionals disagree. If this is the case the **Resolving Professional Difference process** should be followed: http://www.safeguardingcambspeterborough.org.uk/children-board/professionals/procedures/escalation_policy/

Appendix 1 - The Children Act 1989: Key Sections

The legislative framework for much of the way in which Children's Social Care services engage with children and their families and take action to safeguard children and young people at risk of significant harm is enshrined within the Children Act 1989. A definition of significant harm can be found here.

Key sections of the Act include:

SECTION 17

A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled. In these situations, assessments by a social worker are carried out under section 17 of the Children Act 1989, with the consent of the parents or carers and of the young person where they are Gillick or Fraser competent.

SECTION 47

Section 47 of the Children Act 1989 places a duty on LAs to investigate and make inquiries into the circumstances of children considered to be at risk of 'significant harm' and, where these inquiries indicate the need, to decide what action, if any, it may need to take to safeguard and promote the child's welfare. Consent should also be obtained from parents and carers, or the child or young person where they are Gillick or Fraser competent, except where the act of seeking consent would place the child or young person concerned, or another person, at immediate risk of significant harm, or prevent or obstruct the investigation of a serious crime.

SECTION 20

Under Section 20 of the Children Act 1989 children and young people can be "accommodated" with the consent of those with parental responsibility. If the young person is 16 or 17 years old, they do not need the consent of those with parental responsibility in order to be accommodated by the local authority. 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 the young person is 16 or 17 years old, they can leave the accommodation without parental consent.

Section 20 is based on co-operative working between the local authority, the young person and his or her parents because the court is not forcing the child or young person to be looked after. The Local Authority does not share or gain Parental Responsibility in this situation.

SECTION 31 (Care Order)

Under Section 31 of the Children Act 1989 the local authority can apply to the court for a child or young person to become the subject of a care order, where there is concern that the child concerned is suffering or is likely to suffer significant harm attributable to the care being given to the child, or likely to be given if an Order were not made, not being what it would be reasonable to expect a parent to give, or the child is beyond parental control.

The court will only make a care order if it believes that it is better for the child or young person than not making an order. Once a care order is made, the local authority obtains parental responsibility in addition to the other parental responsibility holders. A care order can only be discharged by the court on the application of any person who has parental responsibility for the child the child or the local authority designated by the order.

Appendix 2 – Working Together 2018 – Information Sharing Myth Busters

Myth-busting guide to information sharing

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.

Data protection legislation is a barrier to sharing information

No – the Data Protection Act 2018 and GDPR do not prohibit the collection and sharing of personal information, but rather provide a framework to ensure that personal information is shared appropriately. In particular, the Data Protection Act 2018 balances the rights of the information subject (the individual whom the information is about) and the possible need to share information about them.

Consent is always needed to share personal information

No – you do not necessarily need consent to share personal information. Wherever possible, you should seek consent and be open and honest with the individual from the outset as to why, what, how and with whom, their information will be shared. You should seek consent where an individual may not expect their information to be passed on. When you gain consent to share information, it must be explicit, and freely given. There may be some circumstances where it is not appropriate to seek consent, because the individual cannot give consent, or it is not reasonable to obtain consent, or because to gain consent would put a child's or young person's safety at risk.

Personal information collected by one organisation/agency cannot be disclosed to another

No – this is not the case, unless the information is to be used for a purpose incompatible with the purpose for which it was originally collected. In the case of children in need, or children at risk of significant harm, it is difficult to foresee circumstances where information law would be a barrier to sharing personal information with other practitioners².

The common law duty of confidence and the Human Rights Act 1998 prevent the sharing of personal information

² Practitioners looking to share information should consider which processing condition in the Data Protection Act 2018 is most appropriate for use in the particular circumstances of the case. This may be the safeguarding processing condition or another relevant provision.

No – this is not the case. In addition to the Data Protection Act 2018 and GDPR, practitioners need to balance the common law duty of confidence and the Human Rights Act 1998 against the effect on individuals or others of not sharing the information.

IT Systems are often a barrier to effective information sharing

No – IT systems, such as the Child Protection Information Sharing project (CP-IS), can be useful for information sharing. IT systems are most valuable when practitioners use the shared data to make more informed decisions about how to support and safeguard a child.