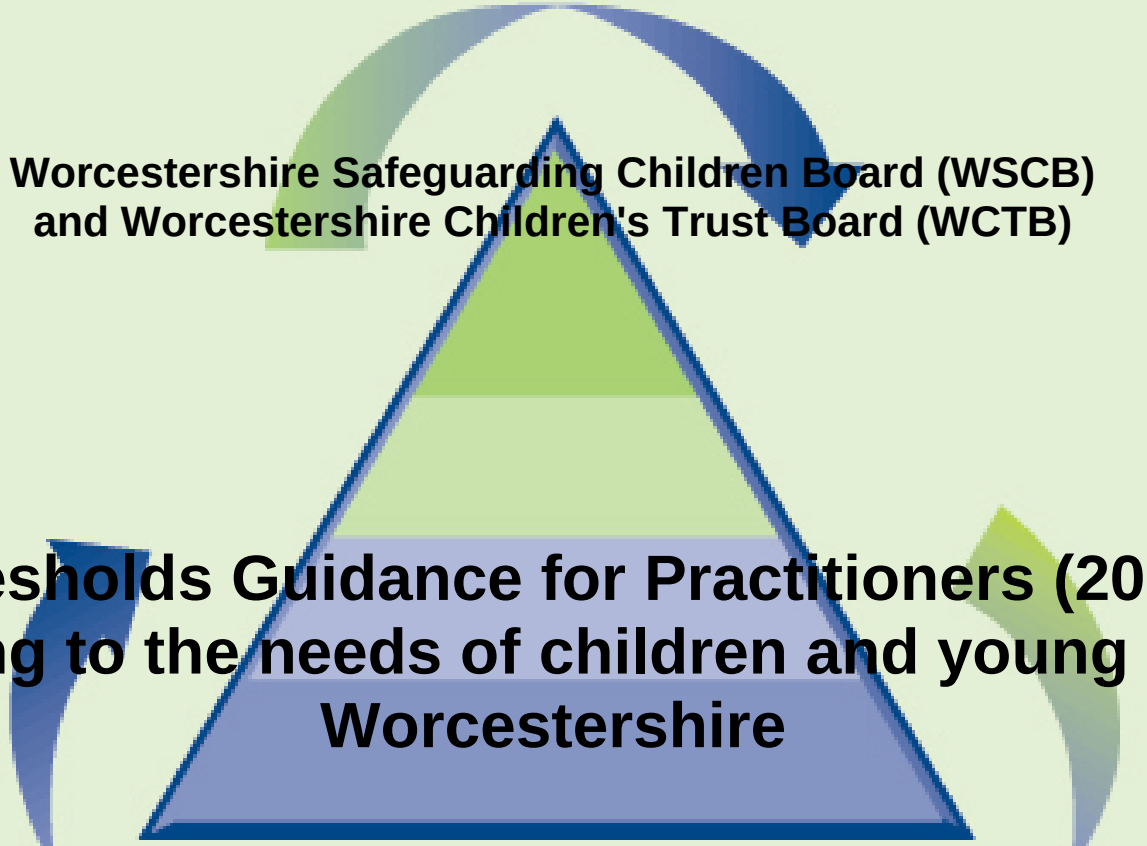
Worcestershire Safeguarding Children Board (WSCB)
and Worcestershire Children's Trust Board (WCTB)

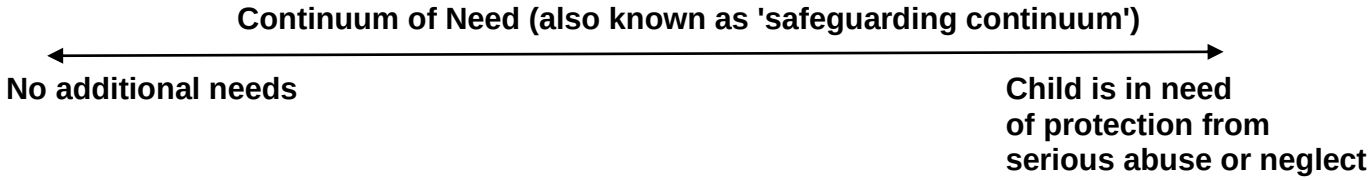
Thresholds Guidance for Practitioners (2011)
Responding to the needs of children and young people in Worcestershire



1. Introduction

Decisions regarding how to respond when there are concerns about a child or young person can be complex and open to interpretation. This is because the needs of children and young people generally are wide ranging, and because the needs of specific children can change and fluctuate over time.

Most children thrive and achieve their potential through the care of their families with support from a range of universal services. They do not have any additional needs as such and sit at one end of the 'continuum of need'. A minority of highly vulnerable children who need specialist interventions to protect them from serious abuse or neglect sit at the other end of the continuum, while large groups of children who require additional targeted or specialist services will sit in between.



It is therefore critical that practitioners feel confident about determining when specific services should be accessed and the processes for doing so.

This guidance sets out a framework for understanding the threshold criteria for differing levels of response. Whilst it is recognised that many services will have thresholds which sit within the framework to enable children and young people to access a higher level of specialist support, this guidance has a particular focus on the threshold for accessing services from Children's Social Care. A shared understanding of this threshold helps to ensure that resources are targeted effectively at those children and young people who most require them, and supports practitioners in making appropriate referrals. The threshold framework also supports multi-agency working by the development of a common language and an agreed model across the children's workforce in Worcestershire for responding to need.

The models and process diagrams have been developed to support the threshold guidance and to illustrate what you as a practitioner need to do if you identify a child about whom you are concerned. In addition, the guidance takes you through the information that you will need to make a referral to Children's Social Care, provides examples of both good and poor quality written referrals, and sets out what you can expect if you have contact with the Access Centre.

We hope that you find the guidance useful and informative. If you have suggestions on improvements to the guidance, please email your comments to shaddon@worcestershire.gov.uk

2. What do we mean by Safeguarding?

The term safeguarding refers to the very broad range of activities which are necessary to ensure that the welfare needs of all children and young people are met. Any organisation which provides a service to children and/or their families will have safeguarding responsibilities. Examples will include the implementation of policies and procedures; safe recruitment, training and supervision of staff; and the identification of children and young people who have additional needs to ensure that they are safe and their welfare is promoted.

In the vast majority of cases where a child is identified as having additional needs, these can and should be met without intervention from Children's Social Care services. It will usually be possible for these additional needs to be responded to by a single agency with a specialist role, or through a co-ordinated plan agreed by a group of agencies working with the family. However, there will be cases where the needs of the child or young person will be sufficiently complex or of such seriousness that an assessment will need to be made by a Children's Social Care practitioner, such as when a child or young person is at risk of abuse or neglect (child protection) or where, without Children's Social Care intervention, the health or development of a child or young person will be impaired.

3. Parenting and Family Life

Children and young people are growing up in increasingly diverse communities, where different approaches to and patterns of parenting co-exist. These differences need to be both acknowledged and celebrated. However, in the case of some children there will be a number of factors present at a given point in time which lead to them having increasingly complex additional needs. Examples might be drug or alcohol use, acute financial pressures, exposure to anti-social and/or intimidating behaviours, parental mental health issues and/or learning difficulties. As a result many practitioners are increasingly required to engage directly with parents and carers about the impact of these factors on specific children and young people, and to make sometimes difficult judgements about what level or type of services are appropriate.

Parents should be able to ask for support when they need it, and have access to systems to support their preferred means of communication. Services should be accessible and appropriate to the family's needs. Generally we would expect parents themselves to decide when to ask for help and advice, however the reality is that some parents will need to be actively encouraged to engage with services to ensure that their problems or difficulties do not reach the stage where their child's welfare is being adversely affected or there is a risk of significant harm. Practitioners may find themselves having a key role to play in supporting parents and carers in making a positive decision to accept help before this point is reached. This can be a particular challenge where family members are hostile, resistant, or highly plausible but evasive.

In exceptional circumstances there will be the need for compulsory intervention in family life in order to protect children and young people from abuse or neglect. In these circumstances Children's Social Care services will always need to be involved.

4. Whose responsibility is it to respond?

The safeguarding of children and young people is a shared responsibility and can only be achieved through effective integrated working between agencies, practitioners and families. Individual children, especially those with complex needs or who are the most vulnerable, will require a co-ordinated response where agencies work together with family members to assess needs, identify resources, agree plans and review progress.

When agencies work together effectively, and information is shared appropriately and at the right time, it enables practitioners to identify those circumstances when a different level or type of response is required. For many children and families receipt of a specialist service for a period of time will be sufficient to meet their needs, leading to a co-ordinated decision to 'step down' to a lower level response. However, in other situations it will become apparent that there is a need to 'step up' the level of intervention to ensure that the child's needs are met appropriately. In either case it is imperative that all relevant practitioners are kept informed of whether Children's Social Care services are being provided or not. The following flow diagrams illustrate the processes which are followed by Children's Social Care practitioners when stepping down to the Common Assessment (CAF) and when stepping up from the Common Assessment:


Step down flow chart September 2010.doc


STEP UP IWP (2) lv 17TH SEPT.doc

Learning from Serious Case Reviews has demonstrated the importance of effective information sharing, adopting a co-ordinated approach to supporting families, and the need for robust arrangements for reviewing progress. It is therefore every practitioner's responsibility to ensure that, when additional needs are identified, an appropriate response is triggered. The identification of a lead professional then becomes important as multi-agency plans are implemented in response to a child or young person's needs; for example, at Tiers 3 and 4 Children's Social Care services will take the lead role where children are subject to Child Protection Plans or where they are children who are looked after by the Local Authority.

The need for a co-ordinated approach remains important, however, regardless of which agency adopts the lead role and all practitioners continue to have a responsibility to support the Plan and, if necessary, to challenge its robustness through the formal multi-agency reviewing processes. If an individual practitioner has significant concerns about the response to a child or young person's needs, and it has not been possible for these to be addressed effectively through the processes for reviewing the Plan, they should be escalated within the practitioner's own organisation via the safeguarding lead in order for further discussions to take place with the lead professional for the child and/or their manager.

5. Thresholds in Worcestershire

Thresholds have been developed based on a continuum of need and services in order to promote early identification of concerns by universal services. This approach utilises a four-tier model that takes into account the different stages of need and types of intervention (see model below). Within each tier of the model there are specific planning processes and a range of services that are available. **Children and young people can access services from different tiers at different times in accordance with their changing needs, whilst continuing to receive universal services throughout their childhood.**

Tier 1: Universal services

Universal services are those provided to all families and children from health, education, and other community, voluntary, and private services such as leisure, play, housing and early years. The majority of children and young people make at least satisfactory overall progress in all areas of their development within effective inclusive universal provision.

Tier 2: Targeted services to meet additional needs

Some children and young people have additional needs or experience barriers to progress that cannot be met through universal services alone and where targeted services, which complement and build upon the work of universal providers, are required. There are a variety of early intervention services available including children's centres, Early Intervention Family Support teams, professionals supporting access to learning, and some voluntary and community services. Some children will need additional support from a service without which they would be at risk of not reaching their full potential. In other cases it may be that needs are unclear and information needs to be shared, or that a co-ordinated approach by a number of agencies is necessary, leading to the initiation of an assessment using the Common Assessment Framework (CAF).

Tier 3: Specialist services to meet complex needs

At this tier children and young people will have complex needs to the extent that their health, development and wellbeing will be impaired without intervention. At this level children and young people will need to be supported through multi-agency plans which are co-ordinated by the appropriate lead agency, e.g. Children's Social Care services, Youth Offending Service (YOS), Education services, Community Health services, Child and Adolescent Mental Health Service (CAMHS).

Tier 4: Specialist services to meet critical/acute needs

At this tier a child or young person's health or development has been impaired and they have suffered or are likely to suffer significant harm and have critical/acute needs. Examples would include children who are subject of a Child Protection Plan, Looked After Children (LAC), children who require a placement in a residential special school, children placed in a long-term hospital setting, or in a secure unit or Youth Offenders Institution (YOI).

Whilst guidance will support the process of decision making, professional judgement should always be exercised, especially when decisions need to be made about the needs of children and young people at risk of harm

Promoting Children and Young People's Wellbeing in Worcestershire

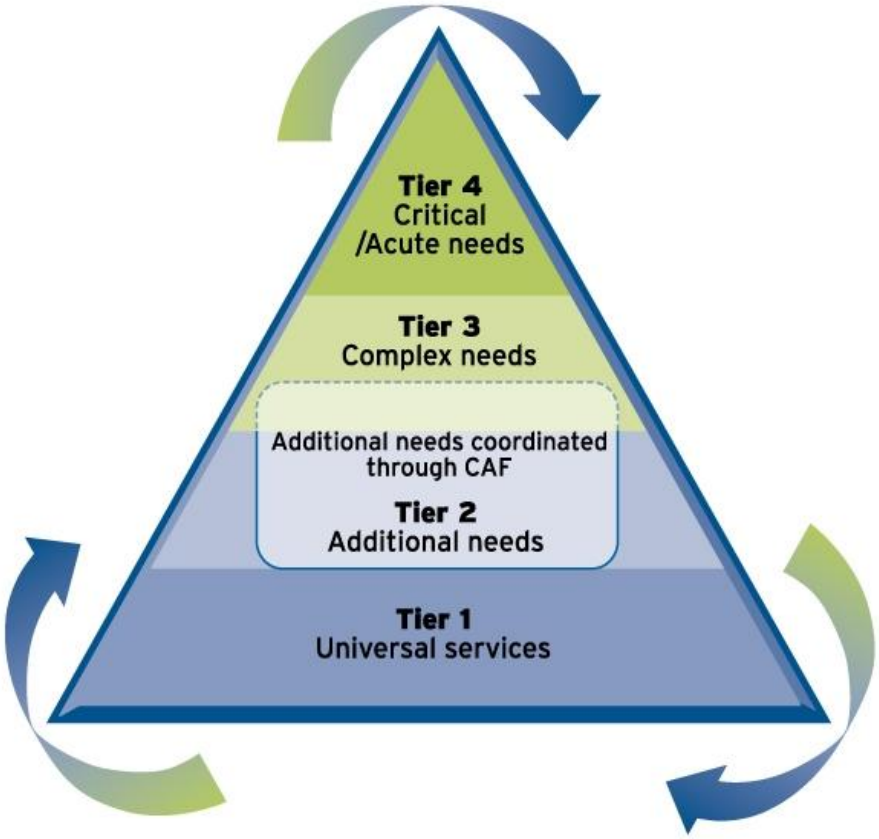
Outline of needs in each tier:

Tier 4
A child's health and development has been impaired. They have already suffered significant harm and have critical/acute needs.

Tier 3
Children and young people with complex needs to the extent that their health and development will be impaired without intervention.

Tier 2
A child's health and development may be adversely affected by their circumstances. They will need additional support without which they would be at risk of not reaching their full potential.

Tier 1
Needs can be met through universal services with no additional support.



Examples of Services at each tier:

Tier 4
e.g. specialised residential and hospital placements, secure accommodation, child protection, looked after children, adolescent sexual offending treatment programmes

Tier 3
e.g. Childrens' integrated area services, YOS, specialist CAMHS, Aftercare 16+ services, children with disabilities short breaks, SEN services

Tier 2
e.g. Early Intervention Family Support services, targeted services to address additional learning needs, sexual health services, counselling services, targeted children's centre work, Connexions (NEETs)

Tier 1
e.g. schools, health visitors, school nurses, community and leisure services, early years, youth services, careers advice, children's centres

If you are concerned that a child or young person may have suffered significant harm or may be at risk of significant harm, you must immediately follow the Inter-Agency Child Protection Procedures for Safeguarding Children at www.worcestershiresafeguarding.org.uk

If in doubt consult your line manager, safeguarding lead or area CAF Co-ordinator

6. Making a decision when there are concerns about a child or young person's welfare

Children in need

S17 of the Children Act 1989 defines children 'in need' as those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services, plus those who are disabled.

The critical factors to be taken into account in deciding whether a child is in need under the Children Act 1989 are what will happen to the child's health or development without the provision of additional services, and the likely effect the services will have on the child's health and development.

Significant harm

Some children are in need because they are suffering or likely to suffer significant harm. Significant harm is the threshold that justifies compulsory intervention into family life, and gives local authorities a duty to make enquiries under S47 of the Children Act 1989 to decide whether further action should be taken to safeguard or promote the welfare of a child. In making a decision about what constitutes significant harm consideration should be given to the severity of ill-treatment to include the degree and extent of physical harm, the duration and frequency of the abuse and neglect, the extent of premeditation and the presence or degree of threat, coercion, sadism, and bizarre or unusual events.

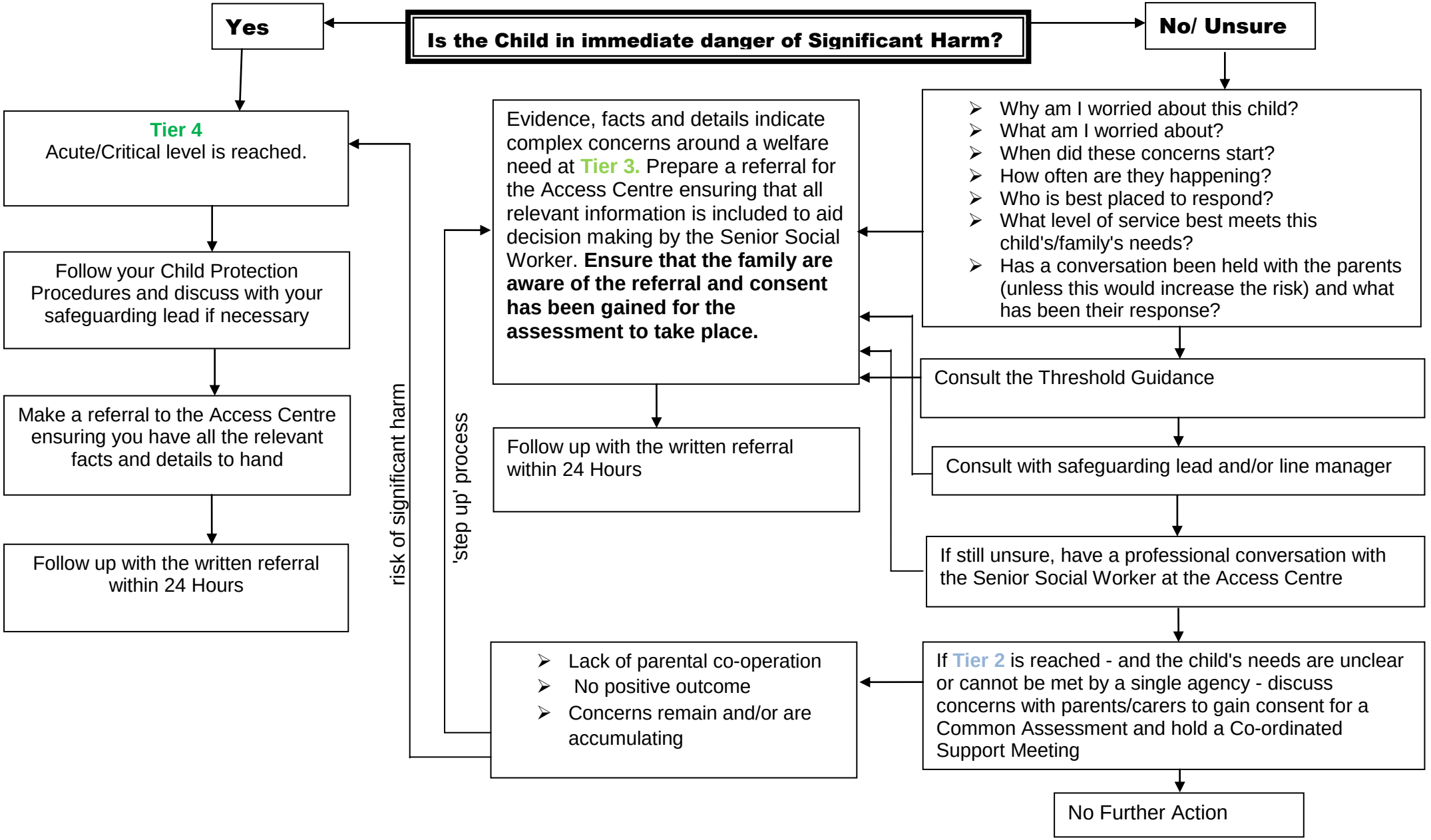
Children and young people can be harmed by parents/carers or others in positions of trust or responsibility.

Further information is available in **Working Together to Safeguard Children 2010 (DCSF)**
http://www.workingtogetheronline.co.uk/index.html

West Mercia Consortium Inter-Agency Child Protection Procedures at www.worcestershiresafeguarding.org.uk

Only children and young people with complex needs which cannot be met wholly by an alternative specialist provision will require a response from Children's Social Care. The process diagram (below) illustrates the questions for practitioners to ask themselves in determining what level of response is appropriate in a given situation. The following table provides some examples of situations which would meet the threshold for referral to Children's Social Care at Tiers 3 and 4.

If at any time it is considered that a child may be suffering, or may be at risk of suffering, significant harm a referral to Children's Social Care should be made in accordance with local guidance


Is the Child in immediate danger of Significant Harm?
Yes
No/ Unsure
Tier 4
Acute/Critical level is reached.
Follow your Child Protection Procedures and discuss with your safeguarding lead if necessary
Make a referral to the Access Centre ensuring you have all the relevant facts and details to hand
Follow up with the written referral within 24 Hours
risk of significant harm
'step up' process
Evidence, facts and details indicate complex concerns around a welfare need at Tier 3. Prepare a referral for the Access Centre ensuring that all relevant information is included to aid decision making by the Senior Social Worker. Ensure that the family are aware of the referral and consent has been gained for the assessment to take place.
Follow up with the written referral within 24 Hours
Why am I worried about this child?
What am I worried about?
When did these concerns start?
How often are they happening?
Who is best placed to respond?
What level of service best meets this child's/family's needs?
Has a conversation been held with the parents (unless this would increase the risk) and what has been their response?
Consult the Threshold Guidance
Consult with safeguarding lead and/or line manager
If still unsure, have a professional conversation with the Senior Social Worker at the Access Centre
If Tier 2 is reached - and the child's needs are unclear or cannot be met by a single agency - discuss concerns with parents/carers to gain consent for a Common Assessment and hold a Co-ordinated Support Meeting
Lack of parental co-operation
No positive outcome
Concerns remain and/or are accumulating
No Further Action

Examples to illustrate the threshold for accessing Children's Social Care services at Tier 3 and Tier 4

In some cases which present at Tier 3 there will be a discussion with the Access Centre about whether a referral for Children's Social Care services is the most appropriate response. Issues to be considered would include: what other interventions are already in place; whether other specialist Tier 3 services can better meet the need, e.g. Multi Agency Risk Assessment Conference (MARAC) or Child and Adolescent Mental Health Services (CAMHS); the history and background; whether a Common Assessment (CAF) at Tier 2 could meet the needs effectively; whether the family /young person has given consent for the referral and the potential for engagement by family members. However, if a decision is made not to open a referral to Children's Social Care services in response to a given situation, the information will always be logged for future reference. There are, of course, clear examples of situations where a referral to Children's Social Care services must always be made – such as where a child presents with a non-accidental injury.

These lists are not exhaustive and merely serve to provide examples of situations which might apply at these two tiers of intervention. Practitioners will need to carefully consider all the information available to them in order to make a **professional judgement** about a given child or young person's situation. The Access Centre can provide advice as necessary and senior social workers are now available to hold a 'professional conversation' with practitioners where this would be helpful in decision making about thresholds for accessing services from Children's Social Care.

Child's Needs	Tier 3: Complex needs	Tier 4: Critical and Acute needs
Domestic Abuse	• Accumulating concerns due to number/frequency of lower level incidents • Child is talking about or describing incidents of DA occurring within their family context • Adolescent is experiencing DA within their own intimate relationship • Child is acting out aggressive or intimidating behaviours believed to have been witnessed in family context • Parent/carer is unable/unwilling to take action to protect child/ren from consequences of DA • Adult behaviours being modelled to child/ren are inappropriate and potentially damaging • There is a risk to an unborn baby as a direct consequence of DA	• Single high level incident, e.g. use of weapons, kidnap, hostage situation, serious injury • Murder or attempted murder of one parent figure by another • Contested custody or access situation where threats are being made to harm or kill child/ren • Child is injured as direct result of incident (even if inadvertently) • Young person is in an intimate relationship with a person who has seriously harmed or killed a previous partner • Level/frequency of DA incidents is placing child/young person at risk of significant harm
Neglect	• Accumulating concerns about a child's basic care where previous intervention (CAF) has failed to produce satisfactory and enduring change • Concerns regarding pattern of unexplained minor injuries that may be indicative of a lack of supervision or care	• A child is injured as a direct result of poor supervision or care • Patterns of critical health needs not being met putting child at risk of or experiencing significant harm • Allegations or suspicions of serious neglect of child's basic needs impacting on their health/development • Serious concerns about weight/growth indicating that child's

	• Late, erratic or non-engagement with ante/post natal services where there are other factors of concern, e.g. mental health issues, substance misuse • Pattern of missed health appointments • Children left alone or with unsuitable carers	welfare is being significantly impaired • No available parent/carer and child vulnerable to significant harm, e.g. abandoned baby
Emotional Abuse/ emotional and behavioural development	• Evidence of poor attachments with significant adults impairing a child's emotional and/or behavioural development • Accumulating concerns about a parent/carer's ability to meet a child's emotional needs where intervention (CAF) has failed to produce satisfactory and enduring change • Age inappropriate expectations of child's abilities or level of responsibility within family • Child caught up in dynamics of prolonged and stressful parental separation having an adverse effect on their welfare • Complex, chaotic family life which lacks stability and structure which is having adverse effect on child's welfare	• Evidence of emotionally abusive relationships placing child at risk of significant harm, e.g. persistently highly inconsistent, critical and/or rejecting behaviours towards child or young person • Child whose disruptive, challenging and risk taking behaviour places them at risk of significant harm • Complex disruptive and challenging behaviour which has an adverse effect on the child's ability to function and is indicative of trauma and/or abuse or neglect • Child demonstrating behaviours which present a significant risk to self or others • Consistent lack of stable and secure family life, which significantly impacts on child's well-being and/or places child at risk of significant harm
Drugs/alcohol use	• Evidence that substance misuse is impacting on parent/carer's ability to provide adequate basic care for a child • Exposure to unsafe situations/people in the home, family and wider community • Poor engagement with ante/post-natal services as required • Young person's own substance misuse is having an adverse impact on their wellbeing	• Parent/carer's lifestyle or parenting capacity places child at significant risk of significant harm • Young person's own substance misuse presents a significant risk to themselves or others • Parent/carer's need for residential rehabilitation programme requires LAC provision for child/ren
Mental Health issues	• Evidence that parent/carer's mental health needs are adversely impacting on their ability to provide consistent basic care for a child • Child or young person's own mental health needs not being effectively managed leading to adverse effects on their welfare	• Children subject of parental delusions which imply risk of significant harm • Parents who have suicidal thoughts which include/pose a risk to the children • Parent/carer's need for hospitalisation requires LAC provision for child/ren • Parent/carer's mental health needs impacting on their ability to meet child's needs to extent that there is risk of significant harm • Child or young person's own mental health needs not being effectively managed leading to significant risk to self or others

Sexual Abuse	• Child displaying age inappropriate sexualised behaviour • Early teenage pregnancy • Evidence of sexual activity that raises concerns about the welfare of the child • Accumulating concerns regarding possible indicators of sexual abuse	• Pregnancy or STI in sexually immature child • Parent/carer viewing or producing sexually abusive images of children or young people • Adult or older child who poses a risk to children living in the household • Direct allegation by child or young person of sexual abuse or confession by abuser • Indications of sexual exploitation and/or grooming • Allegations suggesting connections between sexually abused children from different families or more than one abuser
Physical Abuse	• Concerns regarding an emerging pattern of unexplained injuries that may indicate risk of physical abuse • Disclosure by child that they are being hit with no visible injury • Rough handling or other inappropriate behaviours indicative of risk of physical abuse • Ongoing concerns about inappropriate discipline despite interventions (CAF) to address behaviour management • Repeatedly expressed minor concerns from one or more sources	• Young person is victim of honour-based crime (assault) • Evidence or suspicion of non-accidental injury • Presence of adult within the household who poses a risk to children (PPRC) due to previous physical abuse of child • Female genital mutilation (FGM) • Child has been injured during domestic abuse incident (even if inadvertently) • Suspicion of fabricated/induced Illness
Housing	• Young person aged 16/17 is homeless, or potentially homeless, deemed vulnerable and in need of assessment • Family in neighbourhood disputes to extent that there is adverse effect on child's welfare	• No available housing provision for family with children requiring LAC provision
Disability	• Severe, substantial and long-term disability • Physical and/or Learning Disability • Complex health needs • Life threatened/life limited conditions • Child's disability is a significant impairment to daily functioning • Need for short breaks	• Child needs to be accommodated (LAC) • Child requires residential specialist provision • Risk of or actual significant harm requiring child protection response
Other areas of safeguarding	• Private fostering arrangements	• Child thought to have been trafficked • Unaccompanied Asylum Seeking Child (UASC) • Forced marriage

7. Application of the thresholds framework by other organisations providing specialist services for children and young people

- **SPACE – Young People's Substance Use Service**


SPACE application of thresholds framework


Substance Use Screening Tool v2010

- **Child and Adolescent Mental Health Services (CAMHS)**


Guide for Referrers - CAMHS.doc

- **Education services**
  Responsibilities of different services and services in place to meet the continuum of needs are contained in the Education Inclusion Policy and accompanying Action Plan. Thresholds for the identification of Special Educational Needs are defined in SEN Statutory Guidance and LA SEN documentation.

  SEN Guidance
  https://www.edulink.networcs.net/sites/teachlearn/inclsen/Inc_SEn_School/default.aspx

  Worcestershire County Council Policy on Education Inclusion
  http://worcestershire.whub.org.uk/cms/pdf/53689%20Education%20Inclusion%20doc%20F%20low%20res.pdf

- **Community Health services**


HEALTH SERVICES thresholds.doc

8. What is the Common Assessment Framework (CAF) and when should it be used?

There are many ways in which families can be supported and an assessment of need will be required to ascertain the most appropriate response.

In Worcestershire the Common Assessment Framework is adopted as the tool for early intervention. This national approach has been designed specifically to help practitioners assess needs at an early stage and then work with families, alongside other practitioners and agencies, to meet those needs. It consists of:

- A Common Assessment to look at the needs of the child or young person
- A Co-ordinated Support Meeting to include practitioners from all agencies who need to be involved and the child/family
- A Co-ordinated Support Plan which records agreed actions
- A Lead Professional who acts as the named contact for family members and practitioners
- Review of the Co-ordinated Support Plan involving all parties as and when required

The Common Assessment Framework should be used for those children and young people who have additional needs, where practitioners require further understanding of the situation and feel that a co-ordinated support approach is required.

It is not a requirement that a Common Assessment be completed as a precursor to making a referral to Children's Social Care services and in circumstances where a child or young person has very complex additional needs, or may be at risk of abuse or neglect, this would not be the appropriate response. However, a Common Assessment will identify needs for most children and young people who require a co-ordinated response from practitioners.

CAF Practitioner Toolkit http://www.worcestershire.gov.uk/cms/education-and-learning/stay-safe/workforce-practice-development/integrated-working-programme/common-assessment-framework/practitioner-toolkit.aspx

9. Think Child, Think Parent, Think Family

Practitioners who work in organisations which primarily provide services for adults will understandably have a specific focus on the needs of their service users. However, in so doing, it is also important to consider the needs of any children or young people who are living in the household or who have regular contact with the adult concerned, especially if this is in a caring capacity. If a parent or carer has drug or alcohol issues, mental health problems, or if domestic abuse is occurring or suspected in the adult's relationship, it is always necessary to consider the impact of these issues on any children or young people in order to establish whether they require any specific services in their own right. This is especially important if the adult's needs are such that they result in an increased risk of significant harm for a child or young person.

10. Safeguarding Adolescents

A key barrier to professionals making a referral to Children's Social Care services about young people who have been exposed to risk through abuse or neglect can be the perception that thresholds and resource constraints would mean they were unable to respond. In addition, young people are often perceived by professionals as being more resilient, more able to cope with the effects of abuse, more able to remove themselves from abusive situations and more likely to disclose abuse than younger children. However, research findings confirm that this perception is not supported by young people themselves.

Learning from Serious Case Reviews, both nationally and locally, indicates that adolescents are one of the groups of children who are particularly vulnerable to serious abuse and neglect, possibly leading to death. Practitioners are reminded that the safeguarding needs of adolescents should be taken as seriously as for younger children and the threshold for accessing services for young people applied robustly. Many practitioners working within universal services and at Tier 2 will find themselves working directly with vulnerable adolescents. In Worcestershire the Common Assessment Framework is increasingly being seen as an effective tool for co-ordinating services for vulnerable adolescents and should ensure that information is shared appropriately and that decisions are made about the need to escalate up to a referral to Children's Social Care services if necessary. A co-ordinated multi-agency approach is especially important where a young person's lifestyle is chaotic or unpredictable.

The threshold guidance for practitioners working with vulnerable adults should be considered for young people over the age of 18 years:

Thresholds guidance - adults.doc

11. Information Sharing

- Effective and lawful information sharing is essential for early intervention to promote welfare and ensure that children and young people are safeguarded.

- Data Protection and Human Rights legislation are not barriers to the sharing of information where this is necessary to protect children, young people and vulnerable adults.

- Information should be shared with consent when appropriate. Where consent cannot be obtained or is refused, information may still lawfully be shared if in your judgement it is necessary to do so to protect a child or adult from serious harm, or to ensure that a serious crime is prevented, detected, investigated or prosecuted. Therefore, if you have a concern about the safety of a child or young person, **do not allow the withholding of consent to prevent you from sharing that information.**

- On occasion, the withholding of consent to information sharing by the parent or carer may in itself constitute a concern in respect of a child or young person's welfare.

- The HM Government information sharing guidance package (2008) aims to support good practice by offering clarity on when and how information can be shared legally and professionally in order to improve outcomes.

Information Sharing: Guidance for practitioners and managers (pocket guide) – contains the seven golden rules for information sharing and a flowchart which takes practitioners through the questions which they should ask themselves in order to make a decision about whether to share information


Information Sharing Pocket Guide.pdf

12. Seeking Advice

There will always be situations where it is not immediately clear whether the threshold is met for a referral to Children's Social Care services at Tier 3, even after consulting the Threshold Guidance.

Practitioners would be expected to seek advice at this stage from:

- the Safeguarding Lead within their organisation and/or their line manager, or
- a CAF Co-ordinator, if a Common Assessment is underway or the child is currently subject to a Co-ordinated Support Plan, or
- a Referral Advice Officer (RAO) at the Access Centre who will, if necessary, liaise with one of the Senior Social Workers at the Access Centre, or
- a Senior Social Worker at the Access Centre by holding a **professional conversation** the purpose of which is to:

    - Explore and understand the concern
    - Identify a way forward
    - Provide advice or signposting

During the professional conversation due weight will be given to the **facts and the evidence** available, the **specific details** of the circumstances, the **time frames or frequency** with which the concern occurs, and the **impact on the child or young person** in terms of harm or likely harm. Having understood the nature of the concern as fully as possible, the desired outcome will be identified and

consideration given to which agency should take lead responsibility. If the identity of the child or young person is not provided/available, only general advice can be given and a referral cannot be received.

If the advice given by staff at the Access Centre is that the threshold is not met for a referral to Children's Social Care services, practitioners should expect to be provided with an explanation as to why this is the case and to be provided with advice or be sign-posted to alternative services such as children's centres and family support available for children over 5 years. If appropriate, practitioners will be advised as to what circumstances would meet the threshold in the situation being described.

It is important that practitioners do not use staff at the Access Centre for one-to-one supervision or professional support which should more appropriately be provided by their line manager or safeguarding lead. It is also important that practitioners avoid 'breaking away' from the CAF process and acting individually, without recourse to the Lead Professional or other involved agencies, unless there is an immediate risk of harm to the child or young person which requires an urgent response from Children's Social Care services.

13. Making a Referral

In Worcestershire referrals to Children's Social Care services are made through the Access Centre.

Telephone 0845 607 2000
Fax 01905 728744
E-Mail childrensteam@worcestershire.gov.uk
Post Social Care ACCT, PO Box 585, Worcester, WR4 9AD
Minicom 01905 768052

It is important that, at the point of making contact with the Access Centre, practitioners are prepared and have all the available information ready to share. It is the responsibility of the practitioner to provide good quality and complete information as far as possible, to include a chronology of evidence which distinguishes between fact and hearsay.

How to make a referral to Worcestershire Children's Services Social Care Access Centre:


~WRO3917.pdf

- If the child is not identified a referral cannot be made and only general advice will be given

- Parental consent, or consent from a young person who is considered sufficiently competent, is required before a referral is made about a child or young person with complex needs (but not for child protection) http://www.nspcc.org.uk/inform/research/questions/gillick_wda61289.html

- Non co-operation from parents may escalate a child concern referral to a child protection referral

- The referrer should receive written feedback within 1 working day as to the decision made regarding any action or follow up

- A verbal referral should be followed up by a written referral within 48 hours

Examples of good and poor referrals are provided below:


Referral form New Version (good referra


example of bad referral.doc

NHS Safer Tools checklist (developed for Health Visitors) to assist in making a referral to Children's Social Care:


NHS Safer tools.pdf

14. What if I disagree with the Access Centre response?

Practitioners will usually make contact with the Access Centre having a sense of what they think should be the response. Sometimes the outcome of the discussions held will not meet initial expectations, although an explanation should always be provided in these circumstances, along with advice or signposting to alternative services as appropriate.

However there may be occasions, in spite of advice and explanation, where you disagree with the Access Centre response. If this is the case you should refer the situation to your line manager or the safeguarding lead in your organisation if you have one. If you have not already done so, it would then be helpful for a professional conversation to take place with one of the Senior Social Workers or the Professional Support Manager at the Access Centre (Tel. 01905 768054) in an attempt to reconcile differences of opinion. However, if the professional conversation has already taken place and the situation remains unresolved, then the situation should be escalated to the Children's Services Operational Manager with responsibility for managing the Access Centre processes for children. If all other processes fail to bring about

agreement, or if there are ongoing issues which need to be addressed, then the situation can be referred to the Worcestershire Safeguarding Children Board for further discussion through your organisation's Board member.

15. Other useful links

West Mercia Consortium Inter-Agency Child Protection Procedures
www.worcestershiresafeguarding.org.uk

Worcestershire Safeguarding Children Board
www.worcestershiresafeguarding.org.uk

Working Together to Safeguard Children
http://www.workingtogetheronline.co.uk/index.html

Family Information Service
http://www.worcestershire.gov.uk/cms/education-and-learning/enjoy-and-achieve/early-years-and-childcare/information-for-parents.aspx

Local activities for young people
www.plugandplay.org.uk

RELATE Tel: 01905 28051
www.relate.org.uk/

Worcestershire Children's Centres - Children's centres offer individual support for families around all aspects of family life and child development.
http://www.worcestershire.gov.uk/cms/education-and-learning/enjoy-and-achieve/childrens-centres.aspx

Information Sharing: Guidance for Practitioners and Managers (full version)
https://www.education.gov.uk/publications/eOrderingDownload/00807-2008BKT-EN-March09.pdf

Protocol for Sharing Information between Children's Trust agencies working for children and young people in Worcestershire
http://www.worcestershirepartnership.org.uk/cms/pdf/childrens%20trust%20information%20sharing%20protocol.pdf

16. Useful contacts

CAF Co-ordinators:

Donna Parker	(Evesham, Pershore, Malvern, Martley and Worcester)	01905 765787
Jeff Barnard	(Redditch and Bromsgrove)	01527 556168
Sarah McMorrow	(Wyre Forest, Hagley, Tenbury and Droitwich)	01562 757867

17. Glossary of terms

CAF	Common Assessment Framework
NEET	Not in education, employment or training
YOS	Youth Offending Service
CAMHS	Child and Adolescent Mental Health Service
LAC	Looked After Child
MARAC	Multi Agency Risk Assessment Conference (co-ordinated by West Mercia Police)
DA	Domestic abuse
PPRC	Person who poses a risk to children
UASC	Unaccompanied Asylum Seeking Child
STI	Sexually transmitted infection
FGM	Female genital mutilation
SEN	Special Educational Needs

Last updated May 2011