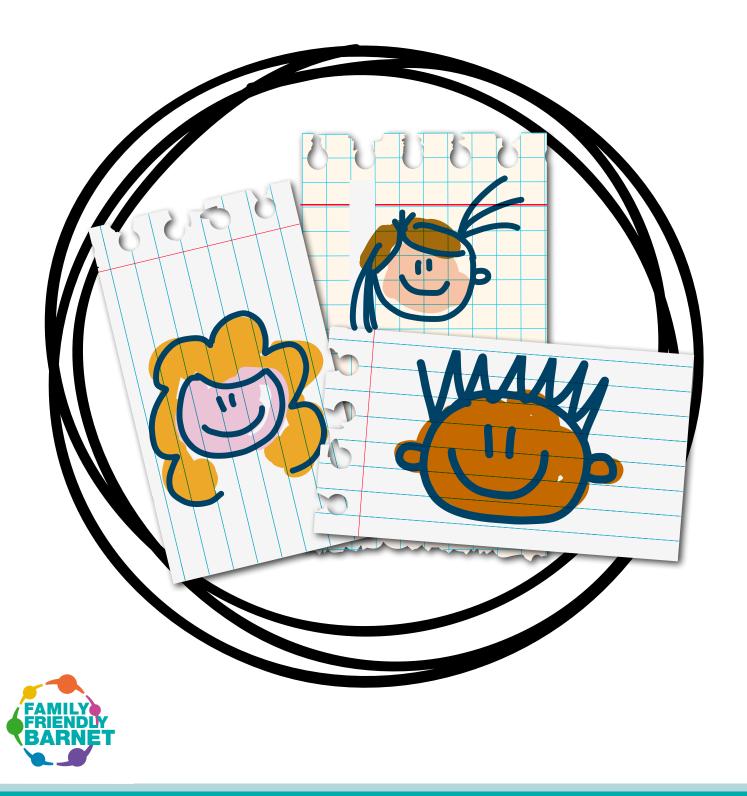
# **London Borough of Barnet**

# **Threshold Document**





# **Contents**

Barnet I nresnoid Document	
Framework for making decisions	3
Introduction	4
Our principles	5
How our Services are organised	6
Conversation Opportunities	8
Pathway Domains	9
High-level Pathways	11
Common Assessment Framework (CAF)	12
MASH Protocols	15
Do you need consent to share information	17

# **Barnet Threshold Document Framework for making decisions**

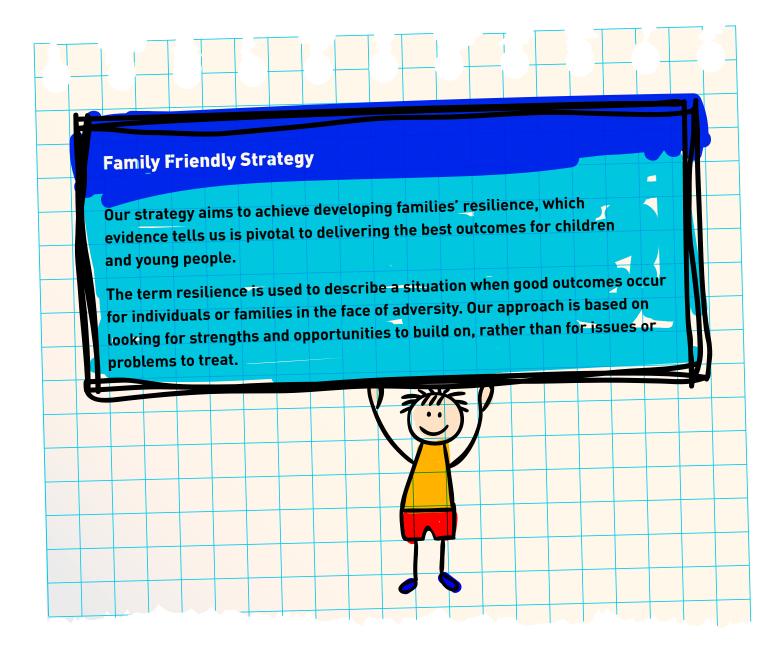
Our vision is to be the most 'family friendly' borough by 2020 where children, young people and their families are safe, healthy, resilient, knowledgeable, responsible, informed and listened to.



## Introduction

This document sets out our approach to keeping Children in Barnet safe and protected.

It is intended to be guidance for professionals embedding Family Services resilience model.



# **Our principles**

# In 2016 Barnet's Children Safeguarding Board signed up to key principles

## **One Pathway**

Barnet has an overarching pathway as a partnership document that sets out our common language and approach for meeting the child's early intervention and prevention needs, it is expected that each partner agency will map their own service against this document.

## The child is at the centre of all we do

Whilst we will have a whole family approach, work with the wider family should always be viewed in relation to 'how will this improve resilience and outcomes for the child'.

## There are no hand off points

Staff in universal services hold the child and family close and invite others in when additional help to build resilience is required.

## We are all responsible and accountable

Each individual is accountable and responsible for the Child – if you identify a need that can be met then you are required to take action.

## Families tell their story once

There is one uniform Universal Plus identification form to replace current forms that will help inform a CAF if needed.

Each agency is responsible for providing appropriate representation as part of the team around the child, so that the needs of the Child are reflected in the plan. Where appropriate they will be the lead professional and/or provide an identified intervention.

There is a commitment from all partners to initiate a CAF when appropriate. The interventions used will have a clear outcome in the review and shared with all parties involved ensuring the voice of the child is heard. If there are issues in establishing the right services/team around the child during the CAF process, the CAF team and CAF panel will support.

# How our Services are organised

Early Help is about doing all we can to assist in keeping our interventions at the lowest level possible and keeping children safe

## **Early Help**

#### **Children's Centres**

Ten centres across the Borough organised in three localities. They offer early intervention services to children under five and their families.

## **Early Education**

Early Education Central Service supports families accessing free early education for their two year olds. Provides support and advice for free early education places for three/four year olds.

#### **Youth Service**

There are three youth centres that offer access to youth through a range of educational programmes, accredited activities, outreach, detached, drop-in, 1:1 casework and a counselling provision. The Service works with young people between the ages of 8-19 years (25 with LDD) across the borough.

## **Family Resilience Service**

Provides a variety of evidence based interventions for children and families with multiple needs that are clearly defined in a children social care plan/Common Assessment Framework plan and are time bound.

#### **Families First**

Is a multi-agency approach to working with families that have a range of needs and require multiple interventions. With the ethos of working within a "whole family" approach ensuring that there is a whole family assessment, clearly defined service offers and menu of evidence based interventions provided for families with the child at the centre.

#### CAF

Common Assessment Framework provides a multi-agency approach through consensual work with children and families. The CAF team support lead practitioners across services to bring together a Team Around the Child and agree a CAF plan.

#### **Social Care**

Multi Agency Safeguarding Hub (MASH), the single point of contact for all referrals regarding care and welfare concerns for children and young people aged 0-18.

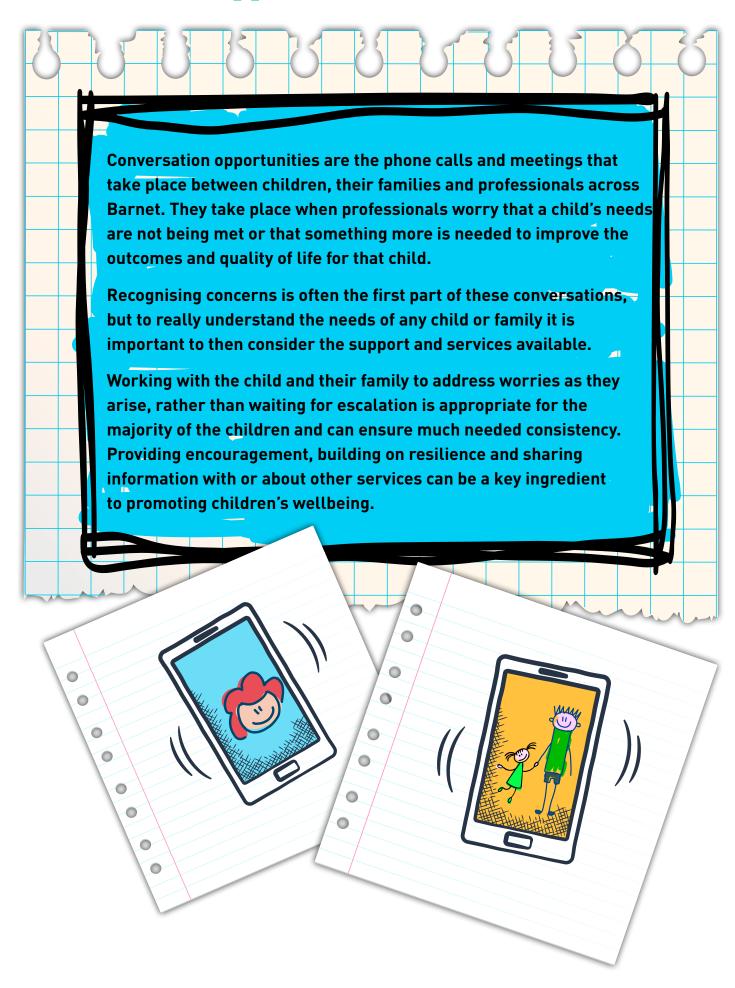
## **Children in Need**

Under Section 17 of the Children Act 1989 Barnet Council promotes the upbringing of children in need by their families through provision of a range and level of services appropriate to the child's need.

## **Child Protection**

Under section 47 of the Children Act 1989 Barnet council can make enquires to enable it to decide whether the child is suffering, or likely to suffer, significant harm and access appropriate actions to safeguard the child.

## **Conversation Opportunities**



# **Pathway Domains**

As professionals in Barnet we describe services using the pathway domains based on the assessment of needs.



(Blue)

All children have a right to a range of services – professionals will work with families to make sure their general needs are met.

## Universal plus (Light Blue)

Requiring a response within universal settings and/or signposting to other support that doesn't need a co-ordinated multi-agency plan.

## What we mean:

Schools-NurseriesChildminders-Children's
Centres-Youth ProjectsLocal Police-MidwiferyFamily GP-Health VisitorsJob Centre-Housing
Officer-Mentors-Voluntary
Sector-Floating Support

Early identification
with additional help
through universal
services to keep children
safe from harm and help
build resilience so that
they can achieve their
full potential

## **Targeted**

(Green- a coordinated multi - agency approach using a CAF)

Requiring a co-ordinated multi-agency plan (CAF) due to the complexity of needs.

## **Specialist**

Amber: medium priority need likely to be a child in need via a section 17 referral.

Red: High priority need likely to be a child protection via a section 47 referral)

Requiring a specialist response where the child is at harm, has acute health needs or at risk of suffering significant harm or impairment. This will be the main area of difference between services e.g. Council services equals children social care, health services equals CAMHS or Speech and Language Therapist consultant.

## What we mean:

Additional Help - Lead
Professional -Family
Support Worker Accessible Family
Support Process -Multiàgency Co-ordinated
Services

What we mean:

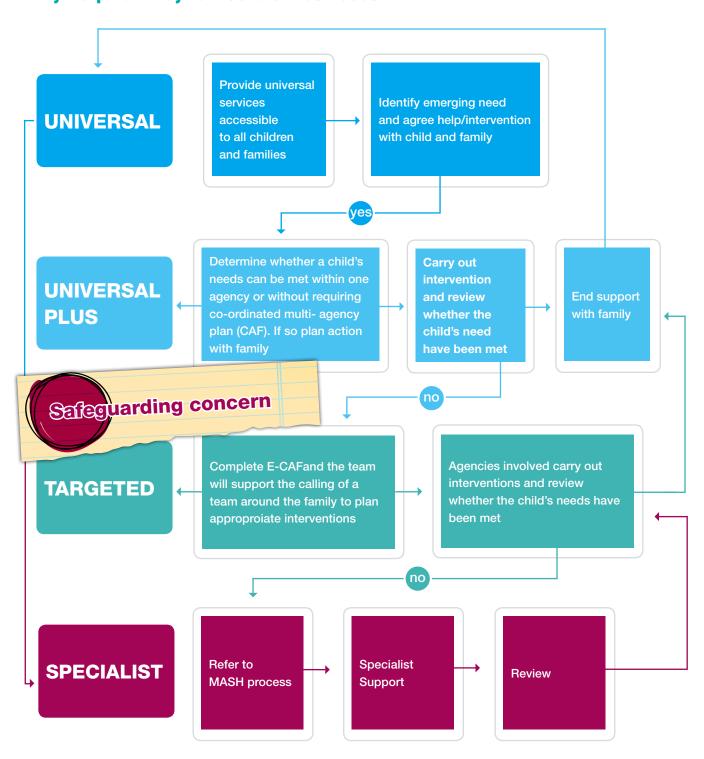
Complex Needs -Social
Worker -Assessment
Child in Need plan -S17 &
S47 interventions

# **High-level Pathways**

This is not a linear approach, professionals working with children and families will assess the level of help and intervention required. All safeguarding and welfare concerns must be referred to the MASH.

All services for children and families should apply the overarching pathway to their services and interventions.

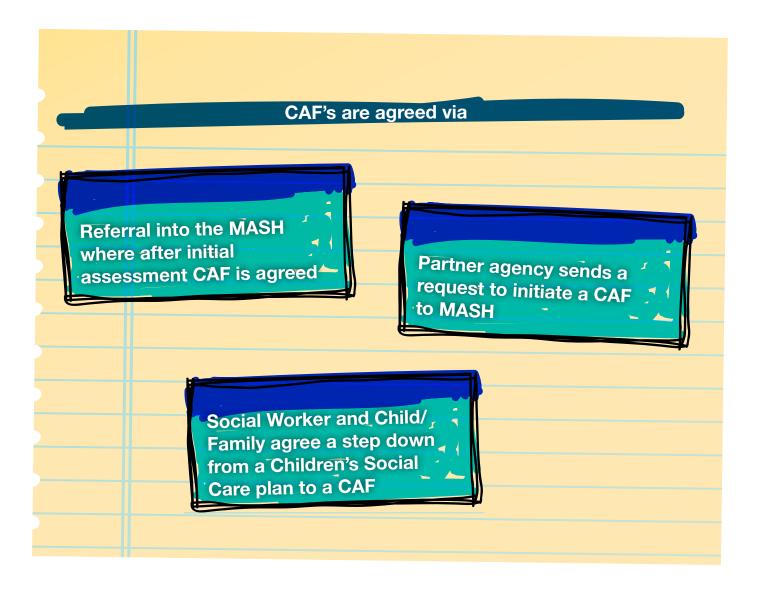
## Early Help Pathway to meet a childs needs



If the children's needs can't be met by universal services and need a coordinated multi-agency approach then a CAF should be initiated.

## The request to start a CAF comes into the Team via three routes, these are:

- cases stepping down from Children's Social Care (from Duty and Assessment and Intervention and Planning Team Social Workers) (see Stepping Down to Early Help/CAF protocol)
- 'contacts' via the MASH, stepping across to e-CAF, where a referrer has completed an 'e-MASH form', as they have concerns about a child's welfare, but where the MASH have triaged the case as requiring an Early Help response and where the CAF Team in the MASH have confirmed that a CAF is required and that the family have consented
- 'contacts' via the MASH, where the referrer has completed a brief 'Request to start a CAFe-Form', and after a brief ICS check, it is confirmed that a CAF is appropriate and the family have consented.



## **MASH Protocols**

Barnet MASH is a partnership of agencies that have a duty to safeguard children and who have agreed to share information they have on families and children and work within an integrated team in order to improve decision-making whenever there are concerns about a child.

## **Overview**

Referrals by professionals are made using the MASH Referral Form which is available electronically on Barnet's website. This triggers an initial decision, a BRAG rating (Red, Amber, Green, Blue (no additional needs and can be met by Universal Services), further investigation if appropriate and decision on next steps.

Task one Key details of 'initial contact' with a safeguarding concern provided to MASH partners

Task two MASH Partners gather all the information known by their agency relating to the child/

young person and family

**Task three** Partners gather, in person or virtually, to share, review and interpret information

available to determine risk and actions likely to be required – informing the decision

maker's decision.

#### **Timescales**



cases will be prioritised with information from MASH partners expected to be available within 4 hours.



cases will be dealt with within 24 hours of the referral into the MASH, including information sharing by MASH partners and referral on to a relevant resource.



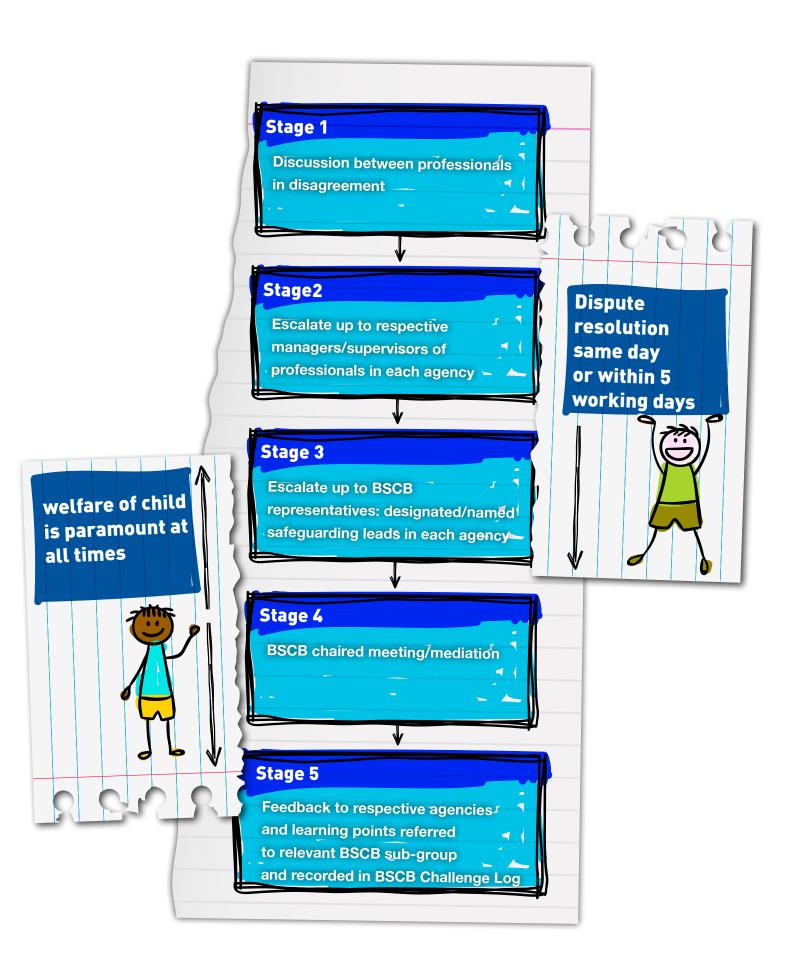
cases will be processed and referred on to an appropriate early intervention service within 48 hours. However, if it is clear from the outset that the family is in need of early help and support and the case does not involve any risk of significant harm, there should be no delay in referring the case on to the appropriate service so that the family can start to get the help they need.



cases will be considered within 72 hours.

Please see useful Information section on page 16 - resources for full protocol.

## What can I do if I am still worried about the child and I don't think the right decision has been made?



# Do you need consent to share information

# In general, conversations about what is worrying you happens with the family first to test if they share your worries and assess what help they need.

If parents understand that you are trying to help and are willing to work with you, they may be open to you making a referral for them to get additional support as required, which will need their explicit consent. Consent means that the family is fully informed about the services they are being referred to, agree with the referral being made and understand what information professionals are passing on and why.

While its usually good practice to seek consent for making any referral, there are some exceptions when it comes to protecting children. For example, if having a conversation with the family would place the child, another child, someone else, or you the referrer, at increased risk of suffering harm you do not need consent. This includes making a child protection referral for a child who has made an allegation about a physical or sexual assault by a parent or carer, or where a delay in getting consent may mean the child or young person is put at further risk of harm. There may be occasions, such as criminal investigation or local authority proceedings, which require an element of confidentiality from the family involved. Any professional ambiguity should be clarified with the relevant agency to ensure that investigations or proceedings are not compromised.

#### Golden rules

- 1. The Data protection Act 1998 and human rights law provide a framework to ensure personal information is shared appropriately.
- 2. Be open and honest from the outset about why, what, how and with whom information will, or could be shared, seek their agreement, unless it is unsafe or inappropriate to do so.
- 3. Seek advice from other practitioners if you are in doubt about sharing the information, without disclosing the identity of the individual where possible.
- 4. Respect privacy and only share with consent, unless the information you need to share puts safety at risk; only then is consent not needed. Use professional judgement based on the facts of the case.
- 5. Base your information sharing decisions on considerations of the safety and wellbeing of the individual and others who may be affected by their actions.
- 6. Information sharing must be necessary, proportionate, relevant, adequate, accurate, timely and secure.
- 7. Always keep a record of your decision and reasoning. If you decide to share the information, then record what you have shared, with whom and for what purpose.

## Useful information, key contacts and forms

Multi-Agency Safeguarding Hub

tel: 020 8359 4066

Emergency out of hours

tel: 020 8359 2000

#### Website:

https://www.barnet.gov.uk/citizen-home/children-young-people-and-families/Safeguarding-children/ multi-agency-safeguarding-hub-mash.html

#### Referral form:

https://www.barnet.gov.uk/citizen-home/children-young-people-and-families/forms/MASH-referralform.html

#### Common Assessment Framework

Referral form:

https://www.barnet.gov.uk/citizen-home/children-young-people-and-families/forms/Request-to-Start-a-CAF.html

## Common Assessment Framework protocol

http://www.proceduresonline.com/barnet/fs/p\_common\_assess\_frwrk.html

## MASH protocol

http://www.proceduresonline.com/barnet/fs/p common assess frwrk.html

#### Menu of Interventions

https://familyservices.barnet.gov.uk/MenuOfInterventions/

## Barnet Safeguarding Children Board

https://www.barnet.gov.uk/bscb/