



Haringey LSCB Thresholds Guide

A professionals' guide on making referrals to access the right services at the right time

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This guide is aimed at all practitioners, and volunteers, supporting, or working with, children and / or their families within statutory, voluntary, private or independent organisations in Haringey. It aims to help professionals when wanting to access services or making a referral for services to ensure children and families get the right level of support at the right time. It should be read alongside the [London Child Protection Procedures](#) and the [London Threshold : Continuum of Help and Support \(PDF\)](#).

When making contact or a referral... It is important when considering making a contact or referral to MASH that you follow the information provided to help make the right decisions for the child.

Contacts

You can contact the MASH for advice and support when you feel a child, or their family may require Early Help or support before things escalate by contacting: **020 8937 4300** If a more targeted or specialist support is needed a MASH professional will ask you to complete a referral to ensure that all the relevant information is available to get the child to the right service.

Referrals for help and support for children and / or their families should go to Haringey's MASH. This multi-agency service includes children's social care, police and health and provides quick information-sharing and risk analysis for all referrals where there may be a risk to a child. This enables decision making about what services children and / or their families may receive. Good referral information is a vital part of identifying risk so that good quality referrals can be more quickly processed and the right service provided.

What Makes a Good Referral?

A good referral should be clear and concise but with enough detail to ensure that MASH professionals get a good understanding of the referrer's concerns and a good picture of what life is like for the child(ren). A good quality referral will identify why the child(ren) are at risk and what outcome is sought. The following is a list of information required to compile a good referral:

- As much basic information as possible including up to date address and phone number information, accurate DOB and ethnicity details, who the child(ren) live with, and whether the family needs an interpreter
- As much information as possible about the referring agency including phone numbers, e-mail addresses and your relationship with the family. It is also essential that we get details of any other professionals who you know are working with the family.
- Historical information is valuable in assessing referrals - are you aware of the family having social work involvement in the past? Has your agency ever had any previous concerns? What has led up to you making a referral? Have there been recent changes in the child or children or within their family? What is your relationship with the family? What support have you already put in place?

- It is vital that there is a clear distinction between fact and opinion – opinions are important, and we should not dismiss the niggling feelings that we get that tell us that something is not right for a child, but it is important to ensure that you highlight where your concerns come from and evidence them.
- Referrals should be thoughtful – before making a referral have you considered what it is that the family needs or might be in their best interest?
- Is a statutory social work service the best option to support the family?
- Are their needs better met through an Early Help service?
- Are the difficulties something that your own agency could support the family with at this time?
- Is there anything that has already been done by yourselves or any other agency to address the current concerns?
- It is important that you share your concerns with the child / family unless doing so would place anybody at risk of harm. Discussing the referral with the family and letting them know why you think it might be important can help ease their anxiety. Early Help or Social Worker involvement can be unnerving for families and it helps to make sure that they are kept up to date and informed throughout the whole process.
- You should seek the consent of the parents / carers before making the referral unless you think doing so might make it worse for the child(ren) or put them at risk of harm
- If you think that the child is in immediate danger, then you must call the Police prior to contacting our department
- In the event of a child being at risk of harm outside office hours, please call one of our duty social workers before making a written referral on 020 8489 0000.

Haringey's Early Help Assessment enables families to access support, often voluntarily, before issues escalate. Agencies such as schools or health services can work together as a Team Around Family (TAF) after making contact with the MASH. An Early Help Assessment can enable practitioners to identify the right support from agencies for families that do not meet the threshold for Children's Social Care. For more information see the [Haringey Council: Early Help Assessment page](#).

An Early Help Assessment aims to support families with additional needs where the family may be referred to the Haringey MASH Front Door. The MASH Front Door may signpost or refer families onto appropriate services.

Assessments

Over time children and their families can experience many changes and life events. Organisations may need to offer support in different ways and at higher or lower levels to meet identified needs. To understand the right level of support that a child, and / or their family require it is essential to identify the following during an assessment. Assessments consider the key factors relating to a child's developmental needs, carer / parents' ability to care for the child as well as other key family or environmental factor. A good assessment will consider the following:

- Child's Needs
- History

- Family Factors
- Environmental Factors.

This will require professionals to:

1. Gather available information about the child and their circumstances
2. Use their professional judgement and professional curiosity
3. Provide an analysis of the information (including understanding the child's lived experience)
4. Consider risks and how to manage them.

A good assessment will also enable professionals to understand whether a child has needs relating to their care or disability. The specific needs of disabled children and young carers should be recognised and prioritised within the assessment process.

Finally

Various screening tools are available on the London Councils and Haringey LSCB website add in links to help identify levels if need for specific issues such as child sexual exploitation, domestic abuse and forced marriage and neglect

The MASH may hold a Strategy Meeting to decide the most appropriate support or services to support a child and their family. This will involve all agencies working with the family and consider all available information.

Remember...

- If you are uncertain about making a referral you can contact the MASH for advice before doing so
- When making a referral remember you will need parental consent unless an issue of 'significant risk of harm' to the child is evident
- If you are not in agreement with decisions made you can use the LSCB escalation process available on the HSCB website

You can contact Haringey MASH (Multi-Agency Safeguarding Hub)

020 8489 4470

(8.45am to 5.00pm Monday to Thursday

8.45am to 4.45pm Fridays)

Outside of normal office, hours contact Emergency Duty Team Tel: 020 8489 0000

Email: mashreferral@haringey.gcsx.gov.uk

APPENDIX 1

A Guide to the Thresholds (Levels) of Need

This is a guide to help identify when a contact or referral maybe needed ensuring the child or their family get the right help at the right time before problems escalate

	Level 1 Universal Child with no additional needs / all children	Level 2 Early Help (Targeted) Child low risk to vulnerable	Level 3 Complex Needs Child requires specialist support Child in Need	Level 4 Acute Needs Child requires statutory intensive support
Who...	<ul style="list-style-type: none"> Child’s developmental needs met by universal services. Children expected to do well with minimum intervention from any additional service. 	<ul style="list-style-type: none"> Child has low-level additional needs not being met in short term. Child’s needs are not clear, not known or not being met. Child / family need additional help to prevent problems becoming more difficult to resolve. <p>Consent required for assessment and intervention.</p>	<ul style="list-style-type: none"> Child has complex needs likely to require longer term interventions from targeted, statutory and/or specialist services. Child has high level of unmet needs that may require a targeted integrated response including specialist or statutory services. Child may meet threshold for Early Help Assessment, Child & Family Assessment or intervention. <p>Consent required professional to make referral unless referral made by anonymous member of public.</p>	<ul style="list-style-type: none"> Child who has suffered, or at risk of suffering, significant harm requiring intensive statutory / specialist support i.e. Children’s Social Care or Youth Offending Service. May include meeting threshold for child protection / local authority care. Children’s Social Care take lead in safeguarding & coordinating services <p>No consent required if this would place child at risk of further harm.</p>
This includes...	<p>No Early Help Assessment required.</p>	<ul style="list-style-type: none"> Parents / carers are under stress possibly affecting their parenting capacity. Child’s health & development maybe adversely affected without multi-agency intervention to prevent them becoming more complex. 	<ul style="list-style-type: none"> Child unlikely to enjoy reasonable standard of development / health and at risk of longer-term poor outcomes without provision of coordinated targeted services. Lead practitioner allocated. May “step up’ to, or has ‘stepped down,’ from Children’s Social Care. Without support family likely to become in need of acute services. 	<ul style="list-style-type: none"> Child has suffered, or is at risk of, significant harm. Serious concerns about child’s health & development, or child assessed to be suffering neglect / abuse. Child may need to be looked after by the local authority either on a voluntary basis or through Court Order.

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Agencies involved may include...	<ul style="list-style-type: none"> ▪ Education ▪ Children’s Centres ▪ Childminders, nurseries ▪ Early Years ▪ GP, ▪ Midwives, Health Visitors ▪ School nurses ▪ Play services ▪ Integrated Youth Support ▪ Schools ▪ Housing ▪ Voluntary, Community and Faith sector groups 	<ul style="list-style-type: none"> ▪ All agencies identified in Level 1 ▪ Education Psychology/Welfare ▪ Inclusion Support Team ▪ Youth crime prevention services ▪ Targeted drug and alcohol services, advice & education. ▪ Health Education. ▪ Specialist Play Services ▪ Family Support Services 	<ul style="list-style-type: none"> ▪ All agencies identified at Levels 1 & 2 ▪ Youth Offending Team ▪ CAMHS ▪ Child Psychology ▪ Family Solutions 	<ul style="list-style-type: none"> ▪ All agencies identified at levels 1 2 & 3 ▪ Children’s Social Care
Assessment Process...	<ul style="list-style-type: none"> ▪ Child should access universal services in normal way using each services’ referral process ▪ Contact made for advice through MASH. No assessment required. 	<ul style="list-style-type: none"> ▪ Where multiple agencies are involved an Early Help Assessment is required. ▪ Depending on the severity of need, a decision will be made about whether the Early Help Services or from Children’s Social Care services are involved. ▪ Contacts for advice or referrals made for services through MASH. Early Help Assessment may be completed including allocation of lead practitioner and TAF (Team Around Family) 	<ul style="list-style-type: none"> ▪ Evidence of interventions or support already provided can assist decision-making. ▪ Assessment provide supporting evidence to gain specialist or targeted support by requesting agencies. ▪ Referrals to social work services made via Haringey MASH A Child & Family Assessment required, lead practitioner allocated and TAF process initiated. 	<ul style="list-style-type: none"> ▪ Child will require a coordinated multi-agency response from both statutory and non-statutory services. ▪ Referrals made through MASH. The lead professional will be the statutory social worker who will be responsible for co-ordinating the core group (child protection) or a child in need plan.