



# **Thresholds of Need and Support**

**Shared guidance to help practitioners working with children, young people, families, and carers to identify needs early and assist in deciding how best to help and protect our children.**

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**WOLVERHAMPTON SAFEGUARDING TOGETHER PARTNERSHIP**

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## Introduction

The Children and Social Work Act 2017 sets out how agencies must work together by placing new duties on the Local Authority, Police, Integrated Care Board to work together and include other local partners to safeguard and promote the welfare of all children in their area.

This guidance offers a framework for us to work together, share information and use our individual and collective resources more effectively to bring about positive and sustained changes for children, young people, and families in Wolverhampton. To do this we need to work collaboratively and honestly with the children and their families/carers to identify strengths and needs, to find practical and achievable solutions and to provide the right amount of information, advice, and support at the right time.

Everyone has a responsibility to take a '[Think Family](#)' approach in the context of safeguarding children and adults and this should be at the heart of practice across all partner agencies.

A '[Think Family](#)' approach refers to the steps taken by all practitioners to identify and consider wider family needs. This extends beyond the individual and includes those who may not live in the family home but may still have an active role within the child's life. Working together effectively will help improve lives, so '[Think Family](#)'

In Wolverhampton, all our services are responsible for promoting conversations which are essential to identifying and providing an appropriate response to safeguarding. Having the right conversation with the family/child can help identify concerns and needs at an early stage and enable professionals and agencies to provide appropriate early support.

## Having the right conversations

At any time when a family is being offered support and help from any agency, it is important that practitioners feel they can ask for help and advice and draw on the expertise of others. All practitioners, services, schools, and other settings who work with families should feel able to consult with one another, within information sharing guidance, at any time before deciding on a course of action or way forward. Any professional and/or agency working with children, young people and their families is responsible for starting conversations and taking appropriate action. Agencies are encouraged to initiate the conversations with their own Safeguarding Lead and in line with any internal agency safeguarding procedures as a first step.

Conversations will need to focus upon what you are worried about, what is working well and what needs to change to build resilience or stabilise a situation. At the initial stage, professionals and agencies are expected to initiate an Early Support Plan or refer to MASH24 to address needs with the child, young person, and their family.

Conversations can be challenging, and the complexity of the needs of each individual child and their family is unique. Clear communication methods are essential in identifying needs and risks to ensure the health and wellbeing of the child, while proactively building relationships, capacity, and resilience within families. The principle here is that we want more conversations to help us to offer the right response at the right level at the right time. All conversations should be accurately recorded to show that they took place, what actions were agreed and how they are progressed or tracked.

Where we have reason to believe a child or young person may have or may be likely to suffer significant harm, partners are encouraged to have a discussion with their own Safeguarding Lead in the first instance. The Multi Agency Safeguarding Hub (MASH24) can be contacted to talk through concerns with Children's Services before deciding the best course of action. The MASH24 can be contacted on 01902 555392, Monday to Thursday 8:30am to 5pm, Friday 8:30am to 4:30pm and 01902 551199 outside of these hours for emergencies.

All professionals contacting MASH24 must record the consultation within their agency records. If, following a discussion with MASH24, a professional is required to make a formal referral they should do this separately by completing the electronic [Multi Agency Referral Form \(eMARF\)](#). It is the expectation that unless there has been an immediate or sudden trigger incident which requires a same day eMARF, an Early Support Plan would accompany the referral into MASH24 aside from in exceptional circumstances.

Consideration should be given to using the following tools to accompany Early Support Plan's and [eMARFs](#):

[Wolverhampton Exploitation Screening Tool](#)

[WeCAN Screening Tool](#)

## Escalating concerns and professional disputes

Safeguarding is everyone's responsibility and effective, collaborative working is essential. Professionals need confidence in talking with each other about decisions that have been made, discussing concerns about those decisions and, when an agreement cannot be reached, appropriately escalating those concerns via the [WST Escalation Policy](#). The need for staff to feel confident in their understanding of when and how to raise effective challenges about practice is essential in achieving the best outcomes for children and young people.

Equally important is the culture of how we work, and it is vital professionals are encouraged to be professionally curious and raise issues when they feel their concerns for children and young people are not being effectively addressed.

Occasionally situations arise when workers within one agency feel that the actions, inaction, or decisions of another agency do not adequately safeguard a child or an adult with care and support needs. The purpose of this policy is to ensure that in such situations issues between agencies are resolved in a timely manner without compromising the safety and well-being of the children and young people concerned.

If you do not agree with any decision regarding the welfare of a child or young person at any point, you must challenge it with clear rationale and reference to the thresholds by contacting the relevant practitioner. To ensure that children and young people are not left at risk of significant harm escalations will need to be undertaken as soon as the concern is identified. If there is still disagreement you must escalate the case to your manager within your agency, and if necessary your Safeguarding Lead, in line with the [WST Escalation Policy](#).

We encourage that all escalations are recorded as they are often key decision points in the life of a child or young person and their family. For more information on escalation and how to resolve professional differences, refer to the [WST Escalation Policy](#).

## Thresholds

Thresholds describe points across the range and scale of children and young people's need. This will lead to a response or intervention that will meet that need, appropriate to the level of need as determined through use of this guidance document. The purpose of thresholds is not to 'label' a child, young person, or family but to identify the right services to wrap around the child, young person, and family to improve their situation.

It is essential that during delivery of services to children, young people and their families, any additional needs are identified as early as possible, and intervention is put in place with a focus on providing Early Support and Family Help.

Professionals will need to use their judgement when considering both the range and scale of needs as outlined in the threshold document as well as the resilience and protective factors that surround the child or young person's life.

The guidance is designed not to be prescriptive, exhaustive or as a document for automatically opening or closing access to a particular service(s) - it is there as an aide for practitioners in making decisions as to what types of support can provide the right help at the right time.

## Universal / Early Support

Children, young people, and families whose needs are being met through mainstream universal services. This includes early support from agencies, where a child or young person begins to show signs of additional needs which can be met through a single agency. This includes children and young people with identified SEND needs.

The majority of children and young people living in Wolverhampton require support from universal services alone.

Practitioners should, where possible, complete an Early Support Plan to help them better understand where additional needs have been identified for the family. The term used is single agency response which is used to describe where additional needs have been identified that require support; where support can be offered by a single agency co-ordinating a plan where they have control of the resources to fulfil that plan. All agencies (with the exception of Police) are expected to complete an Early Support Plan and record this on Eclipse. The Early Support Plan should be undertaken with the family to gain consent and to ensure their early engagement in the process.

The Family Hubs and allocated Early Support Champions are able to support professionals in signposting and completing Early Support Plan's.

An eMARF is not required.

## Family Help Targeted and Section 17 (Child in Need)

Children, young people, and families at this level need co-ordinated Family Help service. This requires a Family Help Multi-Agency Response.

Family Help brings together support currently referred to as targeted early help and that which is provided under Section 17 of the Children's Act 1989 into a single category of support (Child in Need).

These are children/young people with additional needs, who may be vulnerable and showing early signs of need due to difficulties within the family home such as parental mental health, poverty, ineffective parenting skills and/or neglect; their needs are not clear; not known; or not being met. To help identify and respond to neglect at

the earliest opportunity, the Wolverhampton's Child Assessment of Neglect Screening Tool ([WeCan Screening Tool](#)) can be used.

**Family Help Multi-Agency Response** is the term used to describe where additional needs have been identified that require support, where resources outside of a single agency's control are required to fulfil the plan. This ensures timely and co-ordinated response to support for families. It also ensures that support is provided to agencies and that the right lead professional is identified to take forward any multi-agency response that is required.

The lead practitioner should submit an [eMARF](#) along with the Early Support Plan and any additional supporting documents to the MASH24, this will be triaged by the MASH24, and could have an outcome of the following:

- No further action - continue with Early Support Plan (review within agreed timelines)
- Referral for support within Family Help
- A threshold decision made and a Family Help Discussion to be completed by the Child and Assessment Team (CAT)
- A referral for support to the Disabled Children and Young People's team (DCYP) or SEND Family Help
- Or a strategy discussion to be carried out by MASH24

A Family Help Discussion should be completed with the child, young person, and their family to identify their strengths and needs and to gain support from multi-agency Family Help Services.

If you are unable to gain parental consent and you believe that the family requires further help, please undertake a discussion with the Safeguarding Lead within your agency.

Key Family Help Services that may provide support at this level include:

Early support services (e.g. includes parenting support, speech and language, education welfare, education psychology, family support, SEN support, CAMHS, domestic abuse support, WISE Web Portal etc.)

- A range of commissioned services (E.g. Catch 22, The Haven, Recovery Near You etc.)
- Targeted youth work

- Housing support
- Additional learning support
- Emotional health and wellbeing

Please visit the [Wolverhampton Information Network](#) website for further information regarding available services.

## Child Protection

There are some children, young people and families who require specialist help and support to meet their needs where there is increasing evidence of impairment to health and development or reasonable cause to suspect significant harm. Children and young people at this level are at risk of or have suffered significant harm as a result of abuse or neglect.

If an agency identifies a child or young person thought to have suffered or be at risk of significant harm, a referral to MASH24 should be made immediately. In an emergency, the agency should call 999 and ask for a Police response. Whenever appropriate, the referral form should be completed with the child, young person, and family to identify their strengths and needs and to gain their engagement and consent early on.

To help identify and respond to neglect at the earliest opportunity, the [WeCan Screening Tool](#) can be used. This should be completed and submitted alongside the [eMARE](#). For more information about neglect, please visit <https://www.wolverhampton.gov.uk/child-assessment-neglect>

Risks can come from within or outside of the home and professionals should consider extra familial risks that may exist i.e., peer groups and/or key locations where there is potential risk of harm. Whilst in some cases parents and families might be doing all that they can to reduce the risks associated with harm experienced outside of the home, the child or young person may still be at risk of harm and an exploitation screening tool should always be completed and where appropriate, a referral to MASH24 alongside the [eMARE](#). There are a number of other screening tools available to support decisions about what to do next (see [Appendix 3: Screening tools and useful documents](#)). The appropriate screening tool should be completed and submitted alongside the [eMARE](#).

### **How to contact MASH24**

- Telephone (see [Appendix 4: Useful contacts](#))
- Complete the [eMARF](#)

### **What happens to the referral?**

The referral form is triaged by Children's Social Care to determine whether there is sufficient information and evidence to continue through the MASH24 process. Where there is insufficient evidence of risk to suggest the referral meets the threshold for MASH24, the referrer will be contacted and provided with advice and information. Where referrals meet the MASH24 threshold, information will be collected from agencies within the MASH24 to provide a richer understanding of the level and type of risk. The MASH24 will then decide to hold a strategy discussion with Police, Health and Education (pending exceptional circumstances) to decide if a Child Protection (section 47) enquiry should be initiated. The outcome of the Child Protection enquiry will decide whether an initial Child Protection Conference should be convened. If the case meets the threshold and Family Help section 17 (Child in Need) is met, it will proceed to a single assessment led by a Social Worker.

Referrals for children and young people at risk of or experiencing exploitation should be accompanied by a completed [Wolverhampton Exploitation Screening Tool](#). All referrals, where the screening tool contains sufficient information to suggest evidence of risk, will be directed through MASH24. All referrals for exploitation which do not result in a social care outcome will be directed through to Family Help Services.

MASH24 will inform you of the outcome of your referral and the allocated Social Worker will inform you of the outcome of the Child Protection investigation/family discussion.

A Child Protection (section 47) enquiry is carried out by undertaking or continuing with an assessment in accordance with the guidance set out in this chapter. Local authority social workers should lead assessments under section 47 of the Children Act 1989. The police, health practitioners, teachers and school staff and other relevant practitioners should help the local authority in undertaking its enquiries. Different aspects of the case may be led by different agencies – for example the Police will lead on criminal investigation.

## Making an effective referral

Before making a referral, the risk indicators outlined below should be used as a tool to support the thinking process behind the concern and determine next steps.

The list of indicators is not exhaustive but serves to provide examples of child or young person's needs and circumstances that correspond to a certain level of vulnerability. It is likely that the level of worry or concern will be dependent on a number of factors and indicators and will not be reliant on just one indicator. Consideration should be made as to whether the needs of the child or young person can be met by services or professionals already involved, or through a single agency referral.

MASH24 aims to ensure that we identify needs, assess them, and act as quickly as possible by working closely with any relevant agencies. When making a referral to MASH24 it is essential that all information about the child or young person is shared. Any information available on risks that exist outside of the family and the household are also important to include, i.e., information regarding peers, school, neighbourhoods, key locations, which may be exposing the child/young person to additional risks.

This will enable better decision making and allocation of support and intervention. We are dependent on the information in the [eMARE](#) referral and any accompanying screening tools in order to make safe decisions about the need to offer immediate protection from harm. If you think the young person may be vulnerable to or experiencing exploitation, please follow the [Exploitation Guidance](#) and complete the [Wolverhampton Exploitation Screening Tool](#). If neglect is a factor, please use the [WeCAN Screening tool](#) to support your assessment.

[Appendix 2: Consent guidance](#) in this document sets out the key principles for consent and information sharing.

## Contextual Safeguarding

Contextual safeguarding is an approach to understanding and responding to a child or young person's experiences of significant harm caused outside of their families. It recognises that the different relationships that children or young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts and children and young people's experiences of extra-familial abuse can undermine parent-child relationships. Contextual safeguarding expands the objectives of Child Protection systems in recognition that children and young people are vulnerable to abuse in a range of social contexts.

As individuals move from early childhood and into adolescence, they spend increasing amounts of time socialising independently of their families. During this time, the nature of children and young people's schools and neighbourhoods and the relationships that they form in these settings inform the extent to which they encounter protection or abuse. Evidence shows that, for example: from robbery on public transport, sexual violence in parks and gang-related violence on streets, through to online bullying and harassment from school-based peers and abuse within their intimate relationships, children and young people encounter significant harm in a range of settings beyond their families.

Peer relationships are increasingly influential during adolescence, setting social norms which inform their experiences, behaviours and choices and determine peer status. These relationships are, in turn, shaped by and shape the school, neighbourhood and online contexts in which they develop. If children and young people socialise in safe and protective schools and community settings, they will be supported to form safe and protective peer relationships. However, if they form friendships in contexts characterised by violence and/or harmful attitudes, these relationships too may be anti-social, unsafe or promote problematic social norms as a means of navigating or surviving in those spaces. Professionals should always consider risks and protective factors inside and outside of the family/home and ensure that support, intervention, and disruption strategies/actions are developed in response. This could include considering transferable risks to siblings and/or other household members.

## Indicators of possible need

The indicators of possible need listed under each heading are an indication of the likely level of need. Only by talking to children, young people, and their family in more detail to explore the context and the factors behind the need, will the practitioner be able to form a judgement as to the level of support needed. They should be used to guide professional discussions and not to support fixed and inflexible positions as there will be some situations where a single indicator, in the absence of any other indicator(s), is so significant that it will demand support at a particular level. i.e., if the child/young person is at risk of or experiencing exploitation then a referral should automatically be made to the MASH24 using the [eMARF](#) and including the completed [Wolverhampton Exploitation Screening Tool](#).

It is therefore important that full consideration is given to assess the cumulative effect of the impact of a number of indicators has on children and young people, which may escalate or de-escalate through the different levels of need.

The core purpose is to help practitioners and managers make a next steps decision about whether and how a family, and its associated networks, can protect and promote the welfare of children and young people.

## Universal / Early Support

### Health

- Physically well
- Nutritious diet
- Adequate hygiene and dress
- Developmental and health checks immunisations up to date
- Developmental milestones and motor skills appropriate
- Sexual activity age-appropriate
- Good mental health

### Behavioural Development

- Takes responsibility for behaviour
- Responds appropriately to boundaries and constructive guidance

### Identity and Self-Esteem

- Can discriminate between safe and unsafe contacts

### Family and Social Relationships

- Stable and affectionate relationships with family
- Is able to make and maintain friendships

### Learning

- Access to books and toys
- Enjoys and participates in learning activities
- Has experiences of success and achievement
- Sound links between home and school
- Planning for career and adult life

### Basic Care, Ensuring Safety and Protection

- Provide for child or young person's physical needs, e.g., food, drink, appropriate clothing, medical and dental care
- Protection from danger or significant harm
- Family feels part of the community

### Emotional Warmth and Stability

- Shows warm regard, praise, and encouragement
- Ensures stable relationships

### Guidance, Boundaries and Stimulation

- Ensure the child can develop a sense of right and wrong
- Accesses leisure facilities as appropriate to age and interests

### Family Functioning and Wellbeing

- Good relationships within family, including when parents are separated

### Housing, Work, and Income

- Accommodation has basic amenities and appropriate facilities, and can meet family needs
- Managing budget to meet individual needs

### Social and Community

- Has friendships and is able to access local services and amenities

**Emotional Development**

- Good quality early attachments
- Able to adapt to change
- Able to understand others' feelings

**Intra and Extra-Familial Factors**

- Positive, consistent peers/social networks
- No identified harmful behaviour and/or oppressive attitudes that exist within the individual's peer network
- No identified exploitation concerns within peer network

**Education**

- Good attendance and punctuality
- Positive behaviour and attitude to learning
- Positive attainment and achievement
- Engagement with wider learning opportunities e.g. sports, community and cultural activities
- Good transition to school and between schools
- Supportive relationships between family and school

**Family Help Targeted****Health**

- Missing immunisations/checks
- Non-compliance with ante-natal and post-natal care with irregular attendance and missed appointments
- Slow in reaching developmental milestones
- Disability requiring support to be maintained in mainstream settings
- Minor concerns re diet, hygiene, clothing
- Dental difficulties untreated / decay
- Missing some routine and non-routine health appointments
- Self-harming behaviours
- Limited or restricted diet e.g., no breakfast, no lunch money
- Concerns about developmental progress: e.g., overweight / underweight / bedwetting / soiling
- Vulnerable to emotional difficulties, perhaps in e.g., child seems unduly anxious, angry, or defiant for their age
- Experimenting with tobacco, alcohol, or illegal drugs

**Identity and Self-Esteem**

- Some insecurities around identity expressed e.g., low self-esteem, sexuality, gender identity
- May experience bullying
- May be exhibiting bullying behaviour
- Lack of confidence is incapacitating
- Provocative in behaviour / appearance e.g., inappropriately dressed for school
- Subject to persistent discrimination, e.g., disabilities
- Victim of crime or bullying

**Education**

- Has some barriers to learning that should be explored
- Has some identified specific learning needs with targeted support and/or statement of SEN
- Language and communication difficulties
- Regular underachievement or not reaching education

- Frequent accidents
- Mental health issues emerging e.g., conduct disorder; ADHD; anxiety; depression and eating disorder
- Physical/learning disability requiring constant supervision

### **Emotional Development**

- Some difficulties with family relationships
- Some difficulties with peer group relationships and with adults, e.g., ‘clingy’, anxious or withdraw
- Some evidence of inappropriate responses and action
- Limited engagement in play with others/has few or no friend
- Limited engagement in play
- Limited secure attachments
- Young carer whose development is being compromised by virtue of having those responsibilities
- Starting to commit serious offences
- Severe emotional/behavioural challenges
- Puts self or others at risk through behaviour choices
- Severe emotional/behavioural challenges

### **Behavioural Development**

- Not always able to understand how own actions impact on others
- Finds accepting responsibility for own actions difficult
- Responds inappropriately to boundaries/constructive guidance
- Finds positive interaction difficult with peers in unstructured contexts
- Additional needs from CAMHS
- Challenging at school, possible threat of exclusion and

potential

- Poor punctuality/pattern of regular school absences
- Involvement with the Emotional Based School Non-Attendance pathway
- No access to stimulating learning activities at home
- Not always engaged in play/learning, e.g., poor concentration
- No access to books/toys
- Suspensions or at risk of permanent exclusion, persistent truanting
- Concerns around safeguarding oversight for Electively Home Educated / Child missing from Education including reduced timetable
- Not in education, employment, or training (NEET) or their attendance is sporadic, and they are not likely to reach their potential
- Barriers to engaging parents/carers with the school/setting
- No school placement due to parental neglect

### **Family and Social Relationships**

- Lack of positive role models
- Difficulties sustaining relationships
- Unresolved issues arising from parents’ separation, step parenting or bereavement
- Domestic abuse within the home
- Relationships with family experienced as negative (‘low warmth, high criticism’)
- Family breakdown related to child’s behavioural difficulties
- Social isolation
- Few positive relationships

school have been providing support for some time

- References to radicalisation/extremism/Prevent
- ASBO's or youth offending early intervention

#### **Basic Care, Ensuring Safety and Protection**

- Basic care is not provided consistently
- Parent/carer requires advice on parenting issues
- Parent/carer physically chastises their child within legal limits but there is concern that this is having a negative impact on the child's emotional wellbeing (e.g., child appears fearful of the parent)
- There is concern that it may escalate in frequency and/or severity. Parents / carers willing to access professional support to help them manage their child's behaviour
- Young, inexperienced parents
- Inappropriate childcare arrangements and/or too many carers
- Some exposure to dangerous situations in the home or community
- Unnecessary or frequent visits to doctor/casualty
- Parent/carer stresses starting to affect ability to ensure child's safety
- The parent/carer is struggling to adjust to the role of parenthood

#### **Family Functioning and Wellbeing**

- Is taking on a caring role in relation to their parent/carer, or is looking after younger siblings
- No effective support from extended family
- Concern that the child is in a culture where harmful

#### **Self-care Skills and Independence**

- Disability limits amount of self-care possible
- Periods of inadequate self-care, e.g., poor hygiene
- Continually slow to develop age-appropriate self-care skills
- Is the main carer for family member

#### **Guidance, Boundaries and Stimulation**

- Lack of routine in the home
- Spends considerable time alone e.g., watching television
- Can behave in an anti- social way in the neighbourhood, e.g., petty crime
- No effective boundaries set by parents/carers impacting on child's wellbeing
- Parent/carer offers inconsistent boundaries which impact on child's wellbeing
- Lack of routine in the home
- Spends considerable time unsupervised e.g. on mobile devices online unsupervised
- Can behave in an anti- social way in the neighbourhood, e.g., petty crime

#### **Emotional Warmth and Stability**

- Inconsistent responses to child/young person by parent/carer
- Parents struggling to have their own emotional needs met
- Not able to develop other positive relationships
- Starting to show difficulties with attachments
- Appears regularly anxious, angry, or phobia and

practices are known to have been performed however parents are opposed to the practices in respect of their children

**Housing, Work, and Income**

- Family seeking asylum or refugees
- Periods of unemployment of parent/carer
- Parents/carers have limited formal education
- Low income
- Financial/debt difficulties
- Poor state of repair, temporary or overcrowded, or unsafe housing
- Intentionally homeless
- Serious debt/poverty impact on ability to have basic needs met
- Rent arrears put family at risk of eviction or proceedings initiated
- Not in education employment or training post-16
- Families with No Recourse to Public Funds

demonstrates a mental health condition

**Social and Community**

- Some social exclusion or conflict experiences.
- low tolerance
- Community characterised by negativity towards children/young people
- Difficulty accessing community facilities.
- Community is hostile to family

**Intra and Extra-Familial Factors**

- Whereabouts unclear or unknown – day and/or night
- Isolated from or reduced contact with normal peers/social networks
- Unexplained amounts of money, expensive clothes, or other items
- Drug and/or alcohol misuse
- Harmful behaviour and/or oppressive attitudes that exist within the individual’s peer network
- Part of a peer group where concerns about exploitation have been identified
- Absences/exclusion from/or not engaged in school/college/training/work – NEET

**Family Help Section 17 (Child in Need)**

**Health**

- Has some chronic/recurring health difficulties that are not treated or being poorly managed by the family
- Has been admitted into hospital for a period exceeding 12

**Intra and Extra-Familial Factors**

**Exploitation – general**

- Child/young person is being pressured to become gang-

weeks

- Despite support provided developmental milestones are not being met attributable to parental care
- Engaging in underage and/or unsafe sexual activity
- Self-harming behaviours assessed as medium / high risk by medical / psychiatric professionals
- Pregnancies where children have been removed from the care of either or both carers
- Pregnancies 13+ years
- Failure to access any antenatal care
- Positive toxicology results in pregnancy
- Seriously obese/seriously underweight
- Significant dental decay through persistent lack of dental care
- Persistent and high-risk parental substance misuse
- Acute mental health difficulties e.g., severe depression
- Assessed as being at risk of Female Genital Mutilation e.g., generalised /non- specific intention to travel to a country where FGM is prevalent
- Persistent lack of food
- Child/young person is attending health services for sexually transmitted infections or unwanted pregnancies and there are concerns that they are engaging in sexual relations due to peer pressure and/or coercion
- Attendance at A&E due to minor injuries or risks.
- Non-attendance which is not certified by health professionals / unexplained absence.
- Child / young people who have SEND (undiagnosed or mental health condition, waiting assessment as makes them more vulnerable to exploitation

involved or is at risk of exploitation

- Child/young person exposed to violence and trauma within their peer associations
- Child/young person at risk of or has become involved in anti-social behaviour or substance misuse (dealing/using); may exhibit aggressive, bullying, intolerant or destructive behaviour impacting on peers, family, or community
- Child/young person is aware of others carrying weapons and feel compelled to do so themselves
- Child/young person feels unsafe to go into neighbourhood spaces beyond their immediate environment
- Child/young person is known to be using drugs and alcohol frequently with occasional impact on their social wellbeing
- Missing child/young person primarily due to 'pull' factors outside the home
- Evidence of physical, emotional, or sexual harm/ exploitation or neglect perpetrated by peers or adults in the community (not connected to the family)
- Regular/multiple contacts from unknown adults/young people of concern at educational provision/work/home or placement
- Unexplained amounts of money, expensive clothes, or other items
- Unexplained contact with hotels, residential properties, taxi companies, fast food outlets or other businesses/organisations which cause concern
- Found at an address with several unrelated children/young people/adults
- Evidence child/young person is being habitually criminally or sexually exploited where parental response is attempting

**Behavioural Development**

- Changed behaviour and reference to radicalised thoughts and threats to act
- Prosecution of offences resulting in court orders, custodial sentences or ASBOs or youth offending early intervention
- Deliberately harming animals / pets

**Family and Social Relationships**

- Misses school consistently
- History of domestic abuse
- Privately fostered children
- Family has physical and mental health difficulties impacting on their child
- Significant parental/carer discord and persistent domestic violence and discord between family members
- Concern that the child may be subject to harmful traditional practices e.g., witchcraft
- Parents lack ability to control risks associated with young people outside of the family/home

**Self-care Skills and Independence**

- Disability prevents self-care in a significant range of tasks
- Lacks a sense of safety and behaviours predispose them or others to significant dangers

**Learning**

- No school placement due to parental neglect
- Is out of school due to parental neglect
- Parent/carer actively discourages or prevents the child from

to address risk

- Digital activity / possible concerns around radicalisation
- Absence of appropriate concern to implement parental safeguards in relation to their child/ young person's harmful activity
- The child is at risk of becoming involved in negative internet use, lacks control and is unsupervised in gaming and social media applications. This may include expressing casual support and/or intent to research extremist ideologies
- Child/young person is known to have viewed extremist websites and has said s/he shares some of those views but is open about this and can discuss the pros and cons or different viewpoints
- Child/young person is being educated to hold intolerant or extremist views and only mixing with others who hold similar views
- Child/young person engaged in or victim of problematic online behaviour, including bullying, trolling, transmission of inappropriate images, or is obsessively involved in gaming which interferes with social functioning

**Parents/Carers**

- Parent blames child/ young person for the harm they experience outside the home (e.g. sexual or criminal exploitation)
- Parents not recognising the risk of the harm outside the home to the Child / Young person or not allowing support services to engage to reduce the risk to the child
- Child/young person not exposed to new/ stimulating experiences

learning or engaging with the school

- Difficulties with peer relationships at their educational provision, including pressure to become gang involved
- Out of school (Not in Education, Employment or Training (NEET) or at risk of NEET) excluded, or at risk of exclusion.
- Child/young person exposed to physical or sexual violence at school or through school-based networks
- The child/young person is becoming involved in negative behaviour/ activities, for example, non-school attendance and as a result may be excluded short term from school. This increases their risk of being involved in anti-social behaviour, crime, substance misuse and puts them at risk of grooming and exploitative relationships with peers or adults

#### **Emotional Development**

- Intentional or non-intentional sexualised behaviour placing the child and others at significant risk
- Young carer whose development is being compromised by virtue of having those responsibilities
- Engagement and activity in serious offences/re-offending
- Severe emotional/behavioural challenges
- Puts self or others at risk through behaviour
- Severe emotional/behavioural challenges

#### **Other Indicators**

- Regular missing episodes
- Professional concerns – but difficulty accessing child/young person
- Evidence or suspicion of young person connecting others to gangs/ unsafe adults / illegal activities

- Unable to give a description of child/young person's peer group
- Illegal employment

#### **Relationships and increased vulnerability**

- Poor communication, few friendships and/or difficulties with peer relationships
- Severe and/or complex relationship difficulties outside the home (i.e. peer group) leading to significant impairment of functioning and wellbeing
- Young person in abusive romantic relationship (aged 16-17)
- Child/young person's sibling(s) role model behaviour that professionals consider to be exploitative
- Child/young person has suffered a bereavement, benefiting from short term additional support

#### **Victim related (including legal status)**

- Family experiencing harassment, discrimination or are victims of crime and/or are exposed to local anti-social behaviour
- Child/young person experiences persistent or severe bullying impacting their daily outcomes
- The child/young person or family's legal status puts them at risk of involuntary removal from the country (e.g. asylum-seeking families or illegal workers) OR having limited financial resources/no recourse to public funds increases the vulnerability of the children to criminal activity (e.g. illegal employment, CSE, CCE)
- Private Fostering arrangements that have not been assessed or concerns with arrangement

- Unaccompanied refugee/asylum seeker

## Child Protection

### Health

- Pregnancy in any child under the age of 13
- Sexual exploitation or trafficking – where the parents are not a protective factor
- Sexual abuse
- Non-accidental injury and/or unexplained injuries
- Allegation of abuse or suspicious injury to non-mobile child
- Two or more minor injuries in pre-mobile or non-verbal babies or young children (including disabled children)
- Disclosure of abuse from child/young person
- Disclosure of abuse/physical injury caused by a professional / parent / carer
- At risk of FGM, honour-based violence or forced marriages
- Failure to access ante natal care where there are complicating obstetric factors that may pose a risk to the unborn child or newborn child.
- Suspicion that child has suffered or is at risk of significant harm due to fabricated or induced illness / perplexing presentations.
- Suspicious injury or allegation involving a child subject of a current child protection plan or in care of the local authority
- Has severe/chronic health difficulties that pose a danger to their wellbeing and attributable to parental care
- Failure to thrive
- Refusing medical care endangering life/development
- Persistent lack of food

### Family and Social Relationships

- Rejection by a parent/carer, family no longer want to care for - or have abandoned a young child
- Significant injuries caused to a child by a parent carer or household member e.g., during a domestic abuse incident or as result of chastisement
- Evidence that the child has been subject to harmful traditional practices e.g., witchcraft & exorcism FGM
- Significant parent/carer discord and discord between family members
- Significant emotional abuse and psychological impact of persistent domestic abuse

### Learning

- Causing / suffering serious harm / injuries to / from other children
- School exclusion
- No resolution with barriers to learning
- Deprivation of education through parental neglect
- Child missing in education

### Emotional Development

- Continually places self and or others in danger, with a lack of protective factors, e.g., regularly missing from home / care setting
- Disclosing suicidal thoughts
- Sexualised behaviour placing the child and others at

**Other Indicators**

- Abusing other children
- Young person suspected / known for committing sexual offences
- Serious offending behaviour leading to custody/remand in secure unit/prison/prosecution.
- Known / suspected criminal exploitation, drug dealing and gang affiliation
- Child and/or their parents/carers are making plans to travel to a conflict zone and there is evidence to suggest that they are doing so to support or participate in extremist activities.
- Deliberately harming pets/animals

**Basic Care, Ensuring Safety and Protection**

- Unborn babies of parents who are actively taking substances
- Parents/carers unable to care for previous children
- The parent/ carer significantly physically harms child
- Parents/carers involved in violent or serious crime, or crime against children
- Chronic and serious domestic violence involving child/ young person
- Disclosure from parent of abuse to child/young person
- Suspected/evidence of fabricated or induced illness / perplexing presentations
- Has been made subject to Police Powers of Protection
- Slavery
- Evident problematic parental drug/alcohol misuse e.g.,

significant risk

- Reoffending serious offences/crimes
- Severe emotional challenging behaviours that put others at significant harm

**Identity And Self-esteem**

- Failed education supervision order – 3 prosecutions for non- attendance, family refusing to engage
- Evidence of radicalisation
- Lack of self-worth

**Extra-Familial Factors**

- Evidence the child is being exploited by a gang.
- Child/young person appears to have been Trafficked for the purpose of exploitation
- Located/recovered from a place of exploitation i.e., area with exploitation concerns, cuckooed premises, etc.
- Child/young person experiencing persistent or escalating severe bullying, including sexual bullying/ harassment, and their wellbeing is at risk
- Evidence child is being habitually criminally or sexually exploited where parental response is not mitigating the risk.
- Child/young person involved in persistent or serious criminal activity and known to be engaging in gang activity.
- Child/young person displays little or no self-control, seriously impacting relationships and putting themselves/others at risk
- Child/young person is being educated by adults who are members of or linked to terrorist groups or organisations banned under UK law

blackouts, confusion, severe mood swings, drug paraphernalia not stored or disposed of, involving the child in procuring illegal substances, and substance overdoses

#### **Guidance, Boundaries and Stimulation**

- Causing harm or committing a serious crime at the instruction of a parent/carer
- Reoffending
- At significant risk of harm through exposure of unregulated access online in the digital world (CCE, CSE, Grooming, County Lines, etc)

#### **Housing, Work, and Income**

- Physical accommodation places child in imminent danger
- Inappropriate child employment arrangements, trafficking, and modern slavery

#### **Family Functioning and Wellbeing**

- Child/young person in need where there are child protection concerns
- Individual posing a risk to children in or has contact with household
- Family home used for drug taking, prostitution, illegal activities

#### **Emotional Warmth and Stability**

- Exposed to frightening behaviour as a result of parent's mental health
- Parents / carer requesting that a young child be accommodated

- Significant concerns regarding grooming for involvement in extremist activities
- Registered sex offender who is in contact with the family.
- Family home used for illegal activities (drug taking/dealing/prostitution)
- Parent/carer colludes with extra-familial harm, i.e. facilitating/supporting harmful peer activity through the provision of resources or declining to take action to reduce harm
- Disclosure of significant harm from child/young person which is caused by and/or takes place in an extra-familial context
- Young person has been victim of knife or gun related injury
- Parents/ carers are involved in criminal exploitation or activity
- Habitually carries knives or weapons
- Young person is found with unexplained amounts of money, expensive clothing, substances, or other items
- Drug and/or alcohol misuse where exploitation is clearly associated
- Regular/multiple contacts from unknown adults/young people of concern at educational provision/work/home or placement
- Unexplained contact with hotels, residential properties or other premises, taxi companies, fast food outlets or other businesses/organisations which cause concern
- Found at an address with several unrelated children/young people/adults

## Appendix 1: Glossary of terms

### Exploitation

The West Midlands definition of exploitation: an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child, young person (under the age of 18) or adult and exploits them a) through violence or threat of violence and/or b) for the financial or other advantage of the perpetrator or facilitator and/or c) in exchange for something the victim needs or wants. The victim may have been exploited even if the activity appears consensual. Exploitation does not always involve physical contact; it can also occur through the use of technology.

### Criminal Exploitation

In cases of criminal exploitation, we know that powerful, adult gang members recruit and arrange or facilitate the travel of children (and vulnerable adults) for the purpose of the selling drugs, firearms, or sex on their behalf. Children often are missing from home/care or school as a result and child sexual exploitation and peer on peer abuse often takes place in the context of criminal exploitation. Criminal exploitation often occurs without the child's immediate recognition, with the child believing that they are in control of the situation. Criminal exploitation of children includes for instance children forced to work on cannabis farms or to commit theft.

### Human Trafficking

Human trafficking has been traditionally understood as the movement of children and adults across hard borders for the purposes of forced labour/domestic servitude and into the sex market. There have been high profile cases where young people smuggled into the country are working on cannabis farms and nail bars. Whilst this occurs, particularly in the context of modern slavery, trafficking also occurs internally and young people are moved across soft borders, between families and non-related adults. It is important to remember that young people being exploited through criminal exploitation are also victims of trafficking as they are having their travel arranged or facilitated for the purposes of them being exploited. Child trafficking is defined as the 'recruitment, transportation, transfer, harbouring or receipt' of a child for the purpose of exploitation.

### Sexual Exploitation and Harmful Sexual Behaviour

Young people can be exploited by people of a similar age as well as adults. Research is increasingly demonstrating that a significant number of sexually exploited young people have been abused by their peers. Young people may be at risk of sexual violence:

sexual assault, rape, indecent images being taken and shared as part of initiation revenge or punishment. Sexual exploitation also occurs within and between street gangs, where sex is used in exchange for safety, protection, drugs or simply a sense of belonging. Harmful sexual behaviour is developmentally inappropriate sexual behaviour which is displayed by children and young people, and which may be harmful or abusive (Hackett, 2014). Young people who sexually abuse others may also be involved in other crimes (Seto and Lalumiere, 2010). Many children and young people who display harmful sexual behaviour have experienced abuse or trauma (Hackett et al, 2013). Children who have been sexually abused may not know what has happened to them is wrong. This can lead to normalisation of harmful sexual behaviour towards others.

### County Lines

Adolescents, especially those who are experiencing criminal exploitation, may not want to share information about their friends, associates or places they have been because it would put them at risk to do so. They will therefore need time to build trust with you to share such details.

### Gangs

Gangs specifically target vulnerable children and those who do not have support networks. Children with special educational needs, mental health problems or disabilities are known to be purposely targeted. Gangs also look for emotional vulnerability, such as children experiencing problems at home, absent/busy parents, or bereavement. The gangs seek to fill that emotional gap for the child and seek to become 'their family'. More recently, gangs are increasingly looking to recruit 'clean skins' i.e., young people with no previous criminal record who are unlikely to be stopped by the police. Potentially a child involved with a gang or with serious violence could be both a victim and a perpetrator. This requires professionals to assess and support his/her welfare, safety and wellbeing needs first and foremost whilst where necessary, needing to assess and respond at the same time in a criminal justice capacity.

## Appendix 2: Consent guidance

### Safeguarding Children in Wolverhampton – Seeking and Recording Consent

Key principles for Consent and Information Sharing:

- In every case, we are committed to gaining the informed consent of children and/or parents when we wish to share confidential/personal information unless in doing so it places a child at risk of significant harm or further risk of significant harm.
- We will respect the wishes of those who do not give consent, except where safety may be at risk or when it is inappropriate to seek their agreement.
- In each case of information sharing, we will record the: necessity; proportionality; and relevance of the information shared. We will take reasonable steps to obtain consent, and if it is not given, we will record why we believe safety may be at risk, or why it was inappropriate to seek their agreement. Shared information will not be kept for longer than is necessary.

### Purpose

This guidance has been written to support Wolverhampton's partnership working to safeguard and promote the welfare of children. It specifically relates to the expectations for gaining consent and aims to provide clarity on issues relating to gaining the consent of children and families when we need to seek and share information. It also details the consent process within the Multi-Agency Safeguarding Hub.

### Introduction

Anyone who believes a child or family requires help, has a responsibility for identifying concerns, sharing information, and taking prompt action.

Decisions about how much information to share, with whom and when, has a profound impact on outcomes for individuals. It ensures that an individual receives the right type/level of service at the right time and may prevent their needs from escalating.

Poor information sharing is repeatedly highlighted in Child Safeguarding Practice Reviews carried out following the death of, or serious injury to, a child. Concerns about sharing information should never stand in the way of the need to safeguard and promote the welfare of children at risk of abuse or neglect i.e., where there is reasonable cause to suspect that a child is at risk of significant harm it is defensible to seek and share information without consent. However, it is good practice to seek consent in all cases unless doing so would place a child at further potential risk of harm.

Children and families have a right to privacy unless there is reasonable cause to suspect that a child is at risk of significant harm. Consent should always be sought when we want to share their information, complete assessments, or work with them. By taking reasonable steps to secure consent, practitioners can maintain the trust of children and families and ensure the best prospect of effective assessments and interventions.

It is best practice to engage with the parent (s)/ carer(s) and child (if capable of understanding) and explain your intention to share information about them and what may happen with the information. Unless it puts the child at risk of significant harm practitioners should engage with the parent (s)/carer(s) and/or child and record their views. Practitioners will be asked to clarify that they have made the family aware and record their views on the multi-agency referral form (eMARF).

### Definitions

Children and Parents:

A child is generally defined as anyone who has not yet reached their 18th Birthday.

‘Parents’ mean people with parental responsibility and other people who care for or look after children or young people. This might include other family members or adults who live in the same household.

### Informed Consent:

Open and honest about:

- why we want to share information.
- the type of information we wish to share.
- how we would share it; and
- who we intend sharing it with

### Confidential/Personal Information:

Confidential Information means information in whatever form relating to a Partner Agency or to a person (whether living or deceased), which:

- Is not in the public domain.
- Has the necessary quality of confidence; and
- Was imparted in circumstances giving rise to a duty of confidence.

It includes, without limitation, information in written, oral, visual, or electronic form or on any magnetic disc or memory wherever located.

It includes in particular (by way of illustration only and without limitation) information relating to the physical or mental health of an individual, whether such information (if in anything other than oral form) is marked confidential.

It includes any complete or partial copy of the information.

Personal Data – is data which relate to a living individual who can be identified:

- From those data; or
- From those data and other information, which is in the possession of, or is likely to come into the possession of, the data controller.

Sensitive Personal Data – The Data Protection Act defines sensitive Personal Data as information about:

- The racial or ethnic origin of the data subject.
- Their political opinions.
- Their religious beliefs or other beliefs of a similar nature.
- Whether they are a member of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992).
- Their physical or mental health or condition.
- Their sexual life.
- Their commission or alleged commission by them of any offence; or
- Any proceedings for any offence committed or alleged to have been committed by them, the disposal of such proceedings or the sentence of any court in such proceedings.

### **Safety May be At Risk:**

Inappropriate to seek their agreement:

You should ask for consent before sharing confidential, personal, and sensitive information unless there is a compelling reason for not doing so.

For example, because:

- delay in sharing relevant information with an appropriate person or authority would increase the risk of harm to the child or young person.
- asking for consent may increase the risk of harm to the child, young person, you, or anyone else.

### **Process for recording seeking and recording consent and progressing safeguarding referrals**

Single Agency Responsibilities:

- The practitioners working with the family should make them aware of their intention to make a referral to Children’s Services and seek their consent.
- If consent has not been given, record this in your own agency case notes and record why information is being shared without consent, include this on the Multi-Agency Referral Form (eMARF).
- If consent has been given, record in your own agency case notes that consent has been given and include this on the eMARF.
- Record in your own agency case notes the Information level you have shared and with whom.
- Record on your own agency case notes that the Multi-Agency Safeguarding Hub (MASH24) has been contacted for advice or to make a referral and the outcomes or actions resulting from this contact.
- Record in your own agency case notes the MASH24 outcome and advice, how they will be completed and who is responsible.

### Multi-Agency Safeguarding Hub

- Following receipt of an eMARF, the screening officers will check to ascertain if consent is required for any further action.
- Where consent has not been provided and the referral is clearly for Family Help (targeted or child in need), then the referring agency will be contacted to obtain consent.
- Where consent has not been provided but there is enough information recorded on the eMARF to make an indicative assessment that there is reasonable cause to suspect that a child is at risk of significant harm then consent is not required to carry out the further checks and to progress the referral. The reason for dispensing with consent should be clearly recorded, by a manager, on ‘Guardian’.

#### **Once an eMARF has been received, the following process applies:**

- **No Consent** - If consent has not been provided and the nature of the request is non-urgent, the Screening Officer will contact the referring agency and provide advice and information regarding obtaining consent. The Administrator will send a standard letter to the referrer within two hours stating that the eMARF has been rejected and advise that the agency will need to re-submit the eMARF once consent has been obtained.
- Within 48 hours, the administrative team will chase up progress on outstanding eMARFs. This will involve contacting the referrer to enquire why an eMARF with consent has not been resubmitted and to provide information, advice and guidance if required.
- **Consent provided** - If consent has been provided, the administrative team will send the standard confirmation letter to the parent and referrer informing them of receipt of the eMARF form.

- Consent will also need to be obtained from families when moving from Family Help Targeted to Family Help CIN.

For more advice and guidance on information sharing please refer to: [Government Guidance on information sharing for practitioners](#)

## **Appendix 3: Screening tools and useful documents**

To help practitioners make a decision about the nature and seriousness of a concern there are several screening tools and documents available to support their decision about what to do next. The appropriate screening tool should be completed and submitted alongside the [eMARE](#).

[DfE Information Sharing](#)

[Domestic Abuse \(DASH\) Risk Checklist](#)

[Harmful Sexual Behaviour Multi-Agency Practice Guidance](#)

[Hoarding Framework](#)

[Multi-Agency Referral Form \(eMARF\)](#)

[Signs and indicators of child sexual abuse | CSA Centre](#)

[WeCan Screening Tool](#)

[WeCan Assessment Tool](#)

[Wolverhampton Exploitation Screening Tool](#)

[WST Escalation Policy](#)

[Section 17 Protocol](#)

## Appendix 4: Useful contacts

**Children's Multi-Agency Safeguarding Hub (MASH24)** 01902 555392  
(8:30am – 5pm Monday – Thursday, 8:30am – 4:30pm Friday)

**Adults Multi-Agency Safeguarding Hub** 01902 551199  
(8:30am – 5pm Monday – Thursday, 8:30am – 4:30pm Friday)

**Emergency Duty Team (EDT)** 01902 552999  
(Outside the above hours)

**Wolverhampton Safeguarding Together** [WST@wolverhampton.gov.uk](mailto:WST@wolverhampton.gov.uk)

Practitioners can obtain information about the range of support available from Family Hubs as follows:

### 1. Eastfield Family Hub

Colliery Road, Wolverhampton  
WV1 2QY  
t: 01902 558331  
e: eastfieldfh@  
wolverhampton.gov.uk

### 2. Rocket Pool Family Hub

Rocket Pool Drive, Bilston  
WV14 8BH  
t: 01902 556416  
e: rocketpoolfh@  
wolverhampton.gov.uk

### 3. Graiseley Family Hub

Pool Street, Blakenhall  
WV2 4NE  
t: 01902 550670  
e: graiseleyfh@  
wolverhampton.gov.uk

### 4. Bingley Family Hub

Norfolk Road, Pennfields  
WV3 0JE  
t: 01902 551979  
e: bingleyfh@  
wolverhampton.gov.uk

### 5. Whitmore Reans Family Hub

Lansdowne Road,  
Whitmore Reans WV1 4AL  
t: 01902 556585  
e: whitmorereansfh@  
wolverhampton.gov.uk

### 6. Dove Family Hub

Grangefield Close, Ryefield  
WV8 1XF  
t: 01902 550887  
e: dovefh@  
wolverhampton.gov.uk

### 7. Low Hill Family Hub

26-28 Fourth Avenue, Low Hill  
WV10 9LZ  
t: 01902 553285  
e: lowhillfh@  
wolverhampton.gov.uk

### 8. Children's Village Family Hub

Graiseley Lane, Wednesfield  
WV11 1PE  
t: 01902 553783  
e: childrensvillagefh@  
wolverhampton.gov.uk