



**Medway  
Safeguarding  
Children Partnership**  
Safeguarding Medway's  
children together

# Threshold Guidance

A multi-agency guide to assess levels of need and identifying the most appropriate support in Medway

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**Kent  
Police**



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## Introduction

Medway's Safeguarding Children's Partnership (MSCP) has developed this guidance in order to encourage an integrated multi-agency approach to working with children and their families (0 – 18 years) that ensures they receive the right support at the right time and for the right duration within the following context:

- Working Together to Safeguard Children (2023) makes it clear that safeguarding children and promoting their welfare is the responsibility of all practitioners working with children and that they should understand the criteria for taking action across a continuum of need that includes; ensuring that children achieve the best outcomes; preventing the impairment of children's health and development ensuring that children grow up in circumstances consistent with safe and effective care; and, protecting children from abuse and neglect.
- The Children Act 2004, as amended by the Children and Social Work Act 2017, places new duties on key agencies in a local area. Specifically, the police, NHS and the local authority are under a duty to make arrangements to work together, and with other partners locally, to safeguard and promote the welfare of all children in their area. Everyone who comes into contact with children and families has a role to play.
- All children have basic needs that in the main are provided for through universal services. These include education, early years, health, youth services, leisure facilities, and the many services provided by voluntary and community organisations. However, some children have needs which will require the additional support provided by targeted and statutory services.
- This document supports Medway's Early Help and Prevention Strategy 2025 - 2027 which sets out the vision and priorities for progressing the delivery of co-ordinated and targeted approach to Early Help across Medway.
- This document sets out three levels of need and provides guidance to help assess a child's level of need and identify which, if any additional services are required. It is not a rigid set of procedures as each child is unique and their needs will change over time. Practitioners can seek further advice from their agency safeguarding lead.
- Most children and families welcome help and support. However, for some having practitioners involved in their lives can be challenging or embarrassing and this may mean that they are less able to recognise harm or implement strategies to reduce the risks to themselves or others. Whilst this guidance looks to address concerns by promoting the safety and strengths available within the family and through their existing networks, it is vital that the needs of the child are prioritised above those of the adults who care for them.
- Practitioners must ensure that there is no delay in offering support that may prevent problems escalating. If a child is at imminent and significant risk of harm contact the emergency services on 999 and then contact First Response. Prompt action is required to avoid delay in protecting children and to facilitate the gathering of evidence where a crime may have been committed.

## Governance

Multi Agency Safeguarding Hub (MASH) arrangements are fully endorsed and supported through the MSCP, with strategic oversight provided through the MASH Strategic Board.

Information sharing forms a critical part of the MASH arrangements, which is illustrated clearly by the following statement:

“Practitioners should be proactive in sharing information as early as possible to help identify, assess, and respond to risks or concerns about the safety and welfare of children. This may be when problems are first emerging (for example, persistent school absences) or where a child is already known to local authority children’s social care. Sharing information about any adults with whom that child has contact, which may impact the child’s safety or welfare, is also critical.” (Working Together to Safeguard Children, 2023)

National advice on information sharing is [here](#).

## Principles of Practice

It is important that practitioners working with children and their families share a common set of principles which inform their practice. In Medway our approach will be guided by the following principles:

- Early Help and safeguarding are everyone’s responsibility.
- We will listen to Children, Young People and Families and ensure their voice is heard.
- We will keep Children and Young People at the centre of work with families.
- We will ensure the welfare of children and young people is the main priority.
- Partners will work effectively together in strong collaboration and co-operation.
- Services will be delivered as early as possible to meet emerging needs and prevent needs escalating.
- We will develop a culture of shared Responsibility, Challenge and Escalation.

### Early Help is everyone’s responsibility – Early Help in Medway is a collaborative approach, not a provision

Working Together to Safeguard Children (2023) sets out that early help is support for children of all ages that improves a family’s resilience and outcomes or reduces the chance of a problem getting worse. In Medway we believe early help is not an individual service, but a collaborative approach, taking collective responsibility to provide the right provision in their area. By working together effectively and earlier we will reduce the number of children and young people requiring statutory interventions. Early Help enables children, young people and their families that have become overwhelmed by difficulties to make better choices, learn new skills, and improve aspirations to turn their lives around. Everyone is accountable and responsible for the child – if a need is identified that can be met the requirement to act with the confidence to intervene and challenge positively when appropriate must be taken.

Most children's needs are met by their family and services available to everyone, but some children need additional support to ensure their education, health, social and development needs are met.

Its important practitioners consider what support the child has around them. They should look at the child’s family, wider family, partner agencies, universal services and specialist services involved with the family.

Children may be supported by:

- a single agency with a lead practitioner undertaking the intervention
- several agencies working together with a lead practitioner co-ordinating the work.

Lead Practitioner (LP)

The lead practitioner will usually be the worker who is best placed to provide consistent support to the child and family and will probably have initiated the Early Help Intervention Plan (EHIP). The lead practitioner will convene EHIP meetings and work with other practitioners to provide a co-ordinated response to the child's needs.

### A child-centred approach within a whole family focus.

A child-centred approach is fundamental to safeguarding and promoting the welfare of every child. This approach sits within a whole family culture in which the needs of all members of the family are explored as individuals and how their needs impact on one another is drawn out. Medway has a "whole family" approach to working with children and families, that holds the child at the centre of our work and how any actions will improve outcomes for the child. Our practice will be rooted in child development and be evidence based, addressing the needs of the parent/carer to improve the outcomes for the child.

### The Child's Voice – The voice of the child will be captured, and we will value the views and opinions of children

The safety and wellbeing of the child or young person is paramount. In all our work we will ensure that we capture the voice of the child by listening to their feelings, opinions, choices, and emotions and focus on their experiences and the impact on their lives. Children's contributions towards assessments and plans is important and should be clearly evidenced.

### Participation of parents and carers – Parents have the primary responsibility to meet the needs of their children

Parents and carers contributions to assessments and plans can identify and build on strengths and skills to make lasting changes. We want parents, carers, family members and children to play a vital role in shaping our decision making. Even when the views of adults and the wellbeing of children are in conflict it is our role to listen and involve all parties in making decisions that best safeguard and protect children. It is important that we understand the family's beliefs and cultures. We will be respectful, honest and transparent. We will be clear about our concerns and what needs to change. Practitioners must consider strengths and sources of support within family networks and communities.

### ACE AND Trauma informed practice

Adverse childhood experiences (ACEs) such as witnessing domestic abuse, neglect, poverty and parental separation are some of the most intense, and frequently experienced, sources of stress that children may suffer early in life. Early intervention, particularly in childhood, can make a difference. Medway also recognises the impact of adverse childhood and adult experiences for parents and carers.

We will support the use of trauma informed approach to working across a wide range of settings and services to understand and meet the needs of children and their families.

### Contextual safeguarding

Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It expands the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of different social contexts and from a range of external threats. Agencies are committed to ensuring there is a partnership approach to contextual safeguarding that identifies and responds to risks outside of the family home.

Whilst these are principles that each individual worker should practice, we know that it is unlikely that one practitioner will hold all the information needed for a comprehensive and balanced understanding of a child's needs.

It is only by sharing information on a multi-agency basis that a sound evidence base can be established, and decisions made about the level of need and what this means about the nature of involvement and the intensity of support required to meet the child's needs.

Whenever practitioners are working with children and families their involvement must be purposeful and focussed on outcomes that are positive for children.

## Neglect

It can be particularly difficult for practitioners to recognise the signs of neglect because there is unlikely to have been a significant incident or event that highlights the concerns; it is more likely that there will be a series of concerns over a period of time that, taken together, demonstrate that the child is in need or at risk.

In considering whether or not a child has been neglected, it is important to consider the quality of care they have received over a period of time, as this could vary to the extent in which it impacts on their development. It is also important to consider the age of the child in relation to the nature of the neglect and the length of time for which the concerns have existed. Some adults lack the resources and support to properly care for their children, but some have more complex problems. In both cases help and support from professionals is essential.

## Assessing Need through Conversation

Although the assessment of need involves the gathering and analysis of information it is not a desktop exercise, it is through personal interaction with children and their families, and the ability to hear other practitioners' voices. Rather, it can be thought of as a series of conversations which might be between workers and children, workers and families and/or workers and their colleagues. These conversations, which take place at all levels of need, may be phone calls, home visits or meetings and all should maintain a constructive focus on the needs of the child.

In the vast majority of cases there are opportunities for practitioners working with children to engage with them and their family in early and constructive conversations as and when concerns arise.

Most conversations, observations and interactions will start with the child and their family because a concern or an issue has arisen which may cause practitioner anxiety or lead to uncertainty about the welfare of a child. Working with the child and their family to address worries as they arise, rather than waiting for concerns to escalate is appropriate for the majority of children and can ensure much needed consistency for a family. Providing encouragement to families, building on their strengths and sharing information with or about the family to other services that might help are all key ingredients to promoting children's wellbeing.

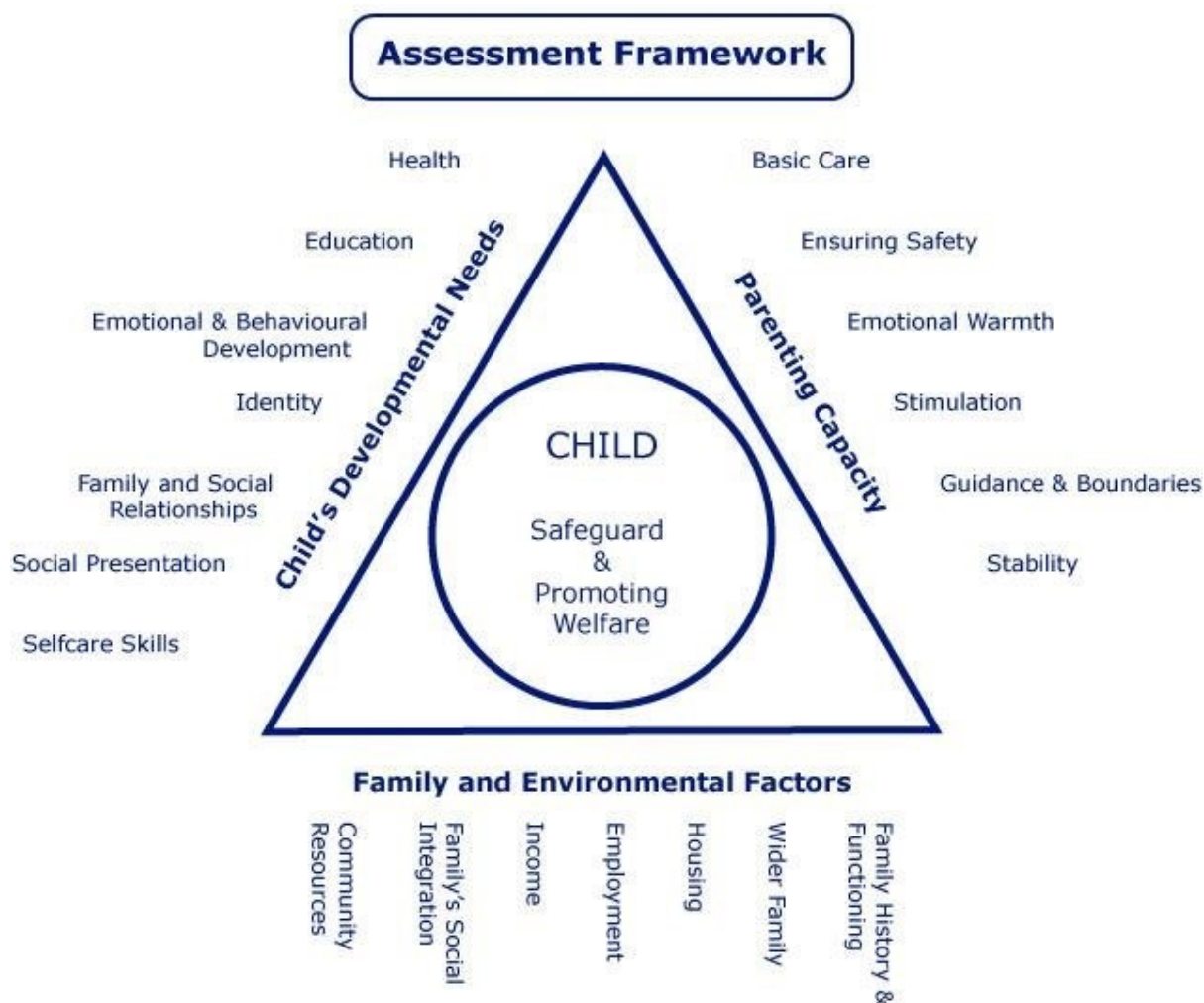
We must also recognise that where concerns regarding children exist, there may well be involvement from various agencies and possibly with other family members. Each of these different practitioners will hold important information and play a crucial role in supporting a family. This is why conversations are vital and why drawing practitioners and family together in a co-ordinated way within the Early Help Intervention Plan process is helpful to the whole family.

Having a conversation doesn't always result in increased levels of intervention. It may be that, because of having a conversation with the family and/or other practitioners, and sharing information

and seeking advice, the needs of the child or young person can still be met within universal services, even if these need to be changed or the approach adapted.

### Assessment Triangle for the Assessment of Children in Need and their Families

The assessment triangle below should be used to identify the interplay between the three domains to assess the child's needs and form a judgement regarding the level of need.



### Signs of Safety

Medway has adopted 'Signs of Safety' (SofS) as the practice framework to help in our work. Signs of Safety is a strengths-based approach to working with children and families. The emphasis is on helping families rather than 'intervening'. The focus is shifted from a way of working where practitioners are considered to be the experts to a constructive, relationship-based model of helping parents to change. Whilst there is an emphasis on the strengths in the child's network, the child's safety is always the focus of any help provided.

The three main principles of the SofS model are:

1. Developing positive and constructive working relationships with families, children and between practitioners.
2. Working with families from a stance of appreciative inquiry and being professionally curious, applying a questioning approach.
3. Promoting the direct involvement of practitioners and service users in the research and development of SofS so that the model is informed by what complex case work and child practice actually looks and feels like.

The Signs of Safety Framework considers seven domains in any assessment:

- What is the harm (past and present) that we are worried about in respect of a child?
- What are we worried is going to happen to the child in the future if nothing changes?
- What are the complicating factors in this family?
- What are their strengths and positive attributes?
- Is there any existing safety or protection?
- What needs to happen to keep the child safe now?
- What does the family want to happen?

## Increasing concerns

If universal services or a co-ordinated multi-agency approach cannot meet the needs of a child or family; a family are not consenting to assistance; or, an intervention plan is not helping to address the concerns, then conversations may need to focus on whether statutory services are needed to ensure the child reaches their potential under s.17 CA 1989 or to keep a child safe from harm under s.47 CA 1989.

Where you are becoming more concerned about a child ensure you seek safeguarding supervision or have a conversation as soon as possible with your supervisor, line manager or designated safeguarding lead to share what your concerns are and agree what else needs to happen to meet the child's needs and reduce any risks to their safety.

“No single practitioner can have a full picture of a child's needs and circumstances so effective sharing of information between practitioners, local organisations and agencies is essential for early identification of need, assessment, and service provision to keep children safe. Rapid reviews and child safeguarding practice reviews have highlighted that missed opportunities to record, understand the significance of, and share information in a timely manner can have severe consequences for children.” (Working Together to Safeguard Children, 2023)

## Assessment Tools and Processes

It is important that when children require additional support, their needs are assessed and recorded together with any actions arising from those needs.

[Early Help Co-ordinators](#) and Partnership Officers are available to support lead practitioners and partner agencies to provide Early Help.

Early Help Co-Ordinators and Partnership Officers can support partner agencies to:

- engage with families
- start an Early Help intervention plan
- identify services that could be included in an intervention plan or review meeting
- connect with external partners who are working with children and families. This includes the police, NHS, and the Department for Work and Pensions (DWP)

- use Mosaic to record interventions with children and families.
- access various parenting programmes and various groups (insert link)

### Early Help Intervention Plan (EHIP)

The EHIP can be used by all agencies including health, schools, academies, early years settings and colleges as part of the graduated response to meet the needs of children and young people to record, monitor and evaluate support, intervention and progress against outcomes set.

The purpose of the EHIP is to bring together the family and practitioners with the appropriate skills to meet the identified needs of the child and family and develop a family intervention plan. The parents and practitioners concerned will agree the most appropriate person to undertake the Lead Practitioner role.

Practitioners using an EHPI to support children and their families consider the needs of the child and family and develop a plan of intervention with the family, wider support network, and any other partner agency who are or could be involved with the family. EHIP are designed to help a practitioner:

- explore strengths and concerns with a family and their network
- provide brief and focused intervention
- make sure a family can access support and services to address any concerns at the earliest opportunity
- identify outcomes for the family to achieve.

The focus will be with a child-centred approach, positive engagement with the family, increased community involvement and collaboration between agencies.

The intervention will be reviewed with the family and any partner agencies who are or could work with the family to support with addressing identified needs every 6-8 weeks.

The main aims of a review meeting are to:

- bring together children, young people, parents, and practitioners
- look at the plan in place and consider any changes that have happened since the plan started. There is a focus on the positives as well as areas where support is still needed
- make sure parents, carers, children, and young people have an equal role in agreeing goals and how to meet those goals
- make sure everyone involved in the plan is completing the intervention they agreed to do.

The completed EHIP should be submitted to support any contacts to Children's Services.

Family Solutions are a geographically based team of multi skilled practitioners (who are within Medway Council's Children's Services department) who can provide early intervention to children and their families who are presenting with multiple level 2 needs.

### Graded Care Profile 2 for Neglect.

The Graded Care Profile 2 (GCP2) is used in Medway to support practitioners measure the quality of care a child receives and is used where neglect is suspected or known. Using the GCP2 assessment tool allows parents and practitioners to identify specific areas of concern or in need of improvement. One of the benefits of the GCP2 tool is that provides a picture over time which is particularly important for understanding the impact of neglect.

The completed GCP2 should be submitted to support contacts to Children's Services.

For further information on the GCP2 see the MSCP [website](#). Only GCP2 trained practitioners are licenced to use the tools. The MSCP provides free multi agency GCP2 training.

### Child Exploitation Toolkit

The Kent and Medway Child Exploitation tool and guidance can be accessed [here](#).

The aim of the tool is to improve how Kent and Medway disrupt exploitation and to help agencies work together to create safety and reduce harm. The identification tool is designed to support professional judgement for those practitioners who do not normally complete social care assessments. The completed tool should be submitted to support any contacts to Children's Services.

### Education Health and Care Plan (EHCP)

An Education, Health and Care Plan is a statutory document that specifies the aspirations, needs and outcomes as well as the necessary provision to meet the SEND needs of children and young people aged 0-25. An EHC Assessment brings together practitioners from education, health and social care to work in partnership with families to listen, understand and plan support to enable their children to achieve the best possible quality of life. If the assessment results in an EHC Plan, then the EHC plan is reviewed at least annually through a statutory multi-agency annual review.

### Pre-birth Procedure

The Kent and Medway Pre-birth procedures can be accessed [here](#).

The pre-birth procedures set out guidance and information for practitioners in Kent and Medway on safeguarding unborn children where risk of harm is anticipated. It includes timeliness of referrals/requests when unborn is at risk of significant harm and the circumstances when referrals/requests for support must be made to local authority children's services social care.

### Genital Warts Pathway

The Medway genital warts pathway can be accessed [here](#). The pathway is for children 0-13yrs where genital warts are suspected.

### Pathway for Child Sexual Abuse Medicals (Under 18yrs)

The Kent and Medway pathway for child sexual abuse medicals (under 18 years) can be accessed [here](#).

The guidance has been developed to help practitioners manage concerns about possible child sexual abuse (CSA) and outlines the pathways for child sexual abuse medicals.

### Assessing Levels of Need and Accessing Support

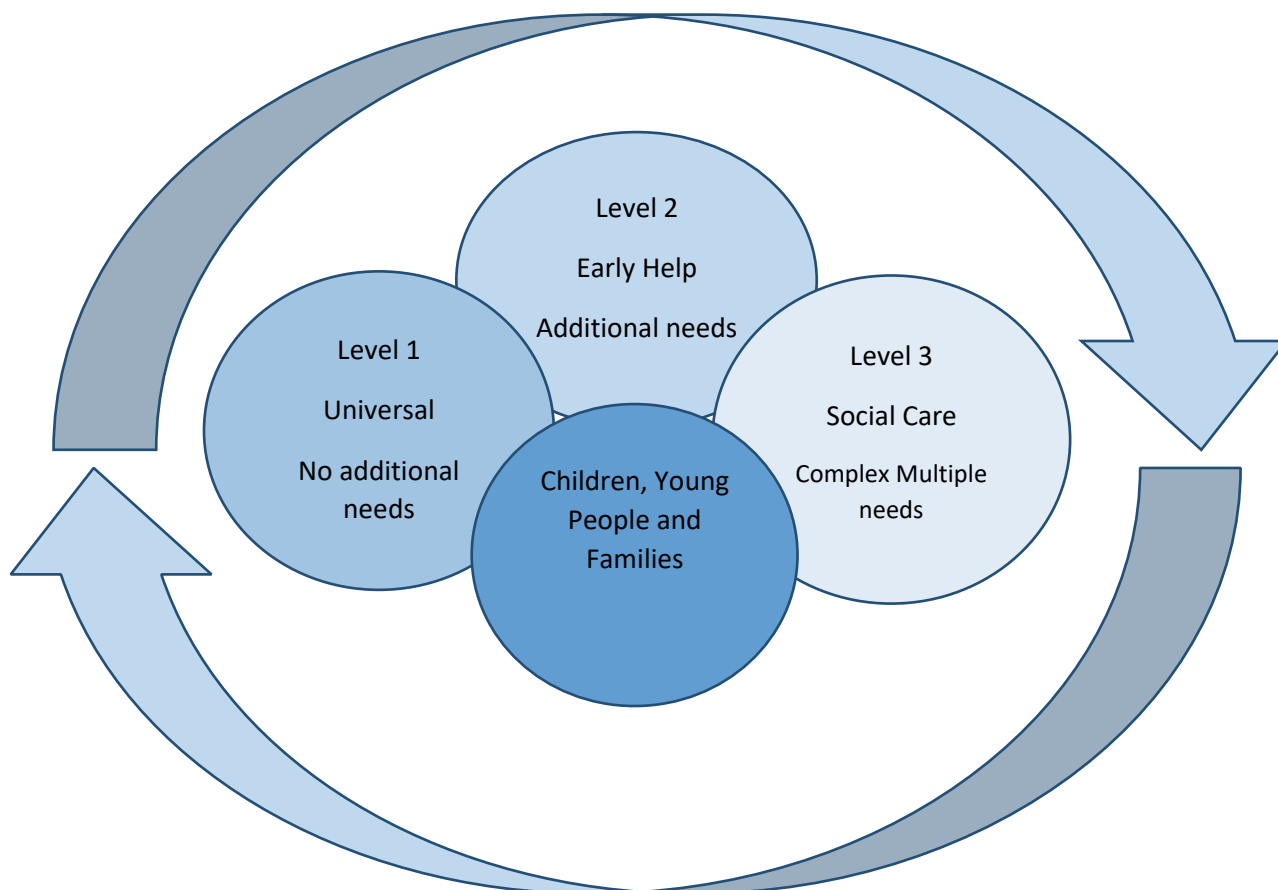
The "Levels of Need" set out below will help to determine whether the child and family can be appropriately and safely helped by services providing early intervention and support, or whether the level of need and risk is such that statutory social care involvement is required. It describes how to access services for children with different levels of need, and what kind of response can be expected.

It is important to recognise that understanding what is happening to a vulnerable child is a process, even where it is initiated by a single event. Effective safeguarding involves all those who may be working with a child or family and all the people involved in that child's life; it requires honesty, trust and communication to ensure that any changing circumstances are understood and considered in terms of the impact they have on the child.

Assessment criteria can only be indicative: They give examples of what is meant by the different levels of need but are in no way intended to be exhaustive. They cannot describe every issue or combination of issues which may arise. They do not replace professional judgement, either on the part of referrers or of those considering the appropriate response to a contact. They are intended to provide helpful guidance for those wishing to share a concern about a child or young person, identify appropriate services and give some clarity about the responses that can be expected.

## Continuum of Need

The level of support can change in line with the level of need.



### Level 1: Children with no additional needs

Children with no additional needs are children whose health and developmental needs will be met by good parental care and the universal services that are available to all children.

Universal services are available to all Medway children and families whatever the level of concern and most children will be kept safe from harm and able to reach their full potential with support from services such as schools, nurseries, childminders, youth projects, police, midwives, health visitors, GP's, Job Centres, Libraries, housing, voluntary and community groups and organisations.

There are several places where families and practitioners can find out about help, support and activities in their local community these including the [Medway Family Hub app](#) and [Medway Family Information Service Directory](#).

### Level 2: Children with additional needs

Children with additional needs are children who require support above that provided by universal services to ensure that their education, health, social and developmental needs are met. They may

be vulnerable and showing early signs of abuse and/or neglect, but often their needs are not clear, not known or not being met.

Additional support may be provided by a single agency, or by a number of different agencies working together, with a lead practitioner co-ordinating the work.

This kind of support is described as “early help” or “early intervention”, as it seeks to provide help and support to children, young people and their families in the early stages when concerns are identified, and to avoid those concerns escalating. However, the level of need or risk is not such that involvement by statutory children’s social care service is required. Targeted support for SEN is called SEN support and requires that a child or young person has been identified as requiring more than quality first teaching in order to make good levels of progress and will be on the school SEN register (or equivalent in further education).

### Level 3: Children with complex/multiple needs or in need of protection

Children with complex multiple needs require specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled.

In addition, for some children where there is reasonable cause to suspect that they are suffering or are likely to suffer significant harm, a child and families assessment, led by a qualified social worker, will be undertaken.

If the conclusion of the assessment by the social worker is that continued social care involvement is required to prevent impairment of the child’s health or development suffering, a “child in need” (CIN) (S.17) (See Appendix A) plan setting out the contribution of all agencies to meeting the child’s needs will be prepared and implemented with contributions and agreement from the relevant agencies.

If the suspicion of significant harm is substantiated, and is assessed as likely to continue, a multiagency “Initial Child Protection Conference” (ICPC) (S.47) will consider what further action is required to protect the child.

This level also includes children in specialised services in residential, day patient or outpatient settings for children and adolescents with severe and/or complex health problems, and children who are remanded into custody.

### Transitions between levels

In some cases, a child or young person will go through a number of transition points on their journey to having their needs met. A child, for example, whose needs do not respond to services provided under Level 1, may need to receive a more coordinated response within Level 2. Similarly, a child in Level 2 whose circumstances and situation do not improve sufficiently may need to receive the specialist assessment and support provided at Level 3.

It is acknowledged that children may move from one level of need to another and that agencies (including universal services) may offer support at more than one level

## Medway Levels of Need and Support

Threshold	1. Universal – Children with no additional needs	2. Early Help – Children with additional needs	3. Statutory Social Care – Children with complex multiple needs
	<p>Has needs met within universal provision. May need limited intervention to avoid needs arising.</p>	<p>Has additional needs identified that can be met within identified resources through a single agency response and robust partnership working</p>	<p>Statutory service to address complex/ multiple needs or is in need of protection (include CIN)</p>
Child Developmental Needs	<ul style="list-style-type: none"> <li>- Good education attendance (over 90%)</li> <li>- Meeting developmental &amp; learning milestones</li> <li>- Has emotional well-being</li> <li>- Ability to protect self and be protected</li> <li>-</li> <li>- Resilient and able to adapt to change</li> <li>- Physically healthy</li> <li>- Age-appropriate self care &amp; independence skills</li> <li>- Positive sense of self and abilities</li> <li>- Ability to express needs</li> </ul>	<ul style="list-style-type: none"> <li>- Concerns about impact of absence/ truancy, exclusion from school</li> <li>- Concerns about isolated children not accessing services</li> <li>- Persistent poor behaviour in school and risk of persistent social exclusion</li> <li>- Mental health issues affecting developmental needs, incl. concerns about self-harm</li> <li>- Children frequently missing from home</li> <li>- Disability or additional special educational needs</li> <li>- Not reaching potential as is not in education, employment or training</li> <li>- Concerns about difficulty in achieving in education</li> <li>- Concerns about meeting developmental milestones</li> <li>- Missing health appointments/ delayed response in ensuring child's health needs met</li> <li>- Early signs of offending/ anti-social behaviour</li> <li>- Concerns about being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups</li> <li>- Concerns about vulnerabilities to Radicalisation and Extremism in person or online</li> <li>- Concerns about underage sexual activity/ inappropriate age related sexualised behaviours and consideration of vulnerabilities such as learning disability and SEN.</li> <li>- Concerns about early signs of drug/ alcohol misuse</li> <li>- Low level emotional &amp; behavioural issues that may be linked to attachment and/or emotional development delay</li> <li>- Concerns about children who were previously in care, children who do not live with their birth parents i.e. adopted children, Special Guardianship Orders, Kinship Care.</li> </ul>	<ul style="list-style-type: none"> <li>- Serious concerns about impact of significant and complex learning/ physical disability on child's welfare</li> <li>- Regular missed health appointments with evidence of acute negative impact on child's development</li> <li>- Chronic drug/ alcohol misuse impacting negatively on child's welfare/ development</li> <li>- Peer on peer abuse with significant negative impact</li> <li>- Significant harmful sexual behaviour including persistent evidence of inappropriate sexual knowledge and behaviour for age</li> <li>- Significant evidence of exploitation (e.g. sexual, criminal, gang affiliation and drug exploitation)</li> <li>- Significant evidence of high risk of harm of being Radicalised abused or exploited through technology or inappropriate relationships in person or online</li> <li>- Severe and complex mental health issues affective development needs, including significant self-harm</li> <li>- Non organic failure to thrive as to cause threat to life</li> <li>- Child/ young parent/ pregnancy under the age of 13/ or having sex (Statutory rape)</li> <li>- Child victims of modern slavery, human trafficking, involved in terrorist activity</li> <li>- Chronic risk of harm from consistently missing from home</li> <li>- Unaccompanied minors</li> <li>- Unexplained, non accidental, suspicious injury</li> <li>- Non mobile child with suspicious or unexplained bruising</li> <li>- Evidence of physical, emotional or sexual abuse or neglect</li> </ul>

<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Family &amp; Environment</b></p>	<ul style="list-style-type: none"> <li>- Stable relationships with caregivers</li> <li>- Housed, good diet and kept healthy</li> <li>- Supportive networks</li> <li>- Access to positive activities</li> <li>- Positive relationships with peers</li> <li>- Attending health appointments, including those for pregnant mothers</li> </ul>	<ul style="list-style-type: none"> <li>- Dental decay due to poor hygiene</li> <li>- Chronic/ recurring health problems</li> <li>- Concerns about emotional/ mental health issues</li> <li>- Concerns about impact upon children who are young carers</li> <li>- Poor or unstable parent/ child relationships</li> <li>- Concerns about being bullied or bullying behaviour</li> <li>- Poor housing &amp; home environment impacting on child</li> <li>- Concerns about impact of community harassment/ discrimination</li> <li>- Risk of relationship breakdown/ inter-parental conflict</li> <li>- Concerns about domestic abuse and coercive control</li> <li>- Family bereavement</li> <li>- Concerns about pregnant mother with no safeguarding concerns</li> <li>- Concerns regarding internet safety</li> <li>- Concerns about teenage pregnancy</li> <li>- Housing tenancy at risk</li> <li>- Concerns about transient and avoidant families</li> <li>- Concerns of potential vulnerabilities to radicalisation</li> </ul>	<ul style="list-style-type: none"> <li>- Person posing a risk to a child</li> <li>- No recourse to public funds</li> <li>- Unborn child placed at risk, previous children or siblings removed</li> <li>- Severe and chronic dental decay</li> <li>- Imminent risk of family homelessness</li> <li>- 16/17year old presenting as homeless</li> <li>- Domestic abuse where all unborn children and those under one are automatically at significant risk of harm and all children of other ages who are at risk of significant harm</li> <li>- Forced marriage, honour based violence, female genital mutilation</li> <li>- Allegation of harm by a person in a position of trust</li> </ul> <p>Private Fostering</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Parents &amp; Carers</b></p>	<ul style="list-style-type: none"> <li>- Protected by carers</li> <li>- Secure and caring home</li> <li>- Receive and act on information, advice and guidance</li> <li>- Age appropriate boundaries maintained</li> </ul>	<ul style="list-style-type: none"> <li>- Inconsistent care arrangements</li> <li>- Poor relationships impacting upon child's development</li> <li>- Low income/ poverty impacting upon child's welfare</li> <li>- Poor supervision by parent/ carer</li> <li>- Concerns about parent's own health needs impacting on child</li> <li>- Poor response to child's physical, emotional or health needs</li> <li>- Historic context of parents/ carers own childhood, ie. adverse childhood experiences</li> <li>- Controlled or stable substance misuse</li> <li>- Parents/carers are at risk of entering the Criminal Justice System due to offending/anti-social behaviours</li> </ul>	<ul style="list-style-type: none"> <li>- Parental learning or physical disability impacting upon child's welfare and safety</li> <li>- Significant concerns about substance misuse or mental health impacting on parenting</li> <li>- Fabricated or induced illness (Parent or carer fabricates symptoms or deliberately causes symptoms of illness in child)</li> <li>- Parent/Carer exhibiting disguised compliance</li> <li>- Persistent failure to meet a child's basic, physical and/or psychological needs</li> <li>- Imminent risk of significant harm due to poor supervision</li> <li>- Developmental milestones not being consistently met due to persistent failure of parenting</li> <li>- Persistent evidence of negative impact of parental/ carers relationship breakdown on the child</li> <li>- Parents/carers offending behaviour having a direct negative impact on parenting and risk to a child</li> </ul>

## Accessing Support

**If the child is at risk of immediate harm call the police – 999**

Everyone who works with children, young people and families **must** know how and when to refer children for statutory services and have a duty to refer under both s.17 (children in need) and s.47 (children in need of protection) their concerns to Children’s Social Care. [Working Together to Safeguard Children](#) and [Keeping Children Safe in Education](#).

### MEDWAY – FIRST RESPONSE

In Medway we have “one front door” to access support for children, young people and families in level 2 (Family Solutions) and level 3 of this threshold guidance.

All contacts, must be made by practitioners via the online portal into First Response Service within Children’s Services, using a Multi-Agency Contact & Referral Form.

The Contact and Referral form can be found [Here](#) or via [https://www.medway.gov.uk/info/200170/children\\_and\\_families/600/worried\\_about\\_a\\_child/1](https://www.medway.gov.uk/info/200170/children_and_families/600/worried_about_a_child/1)

Using this form will help make sure the response to contacts is effective as possible.

**If, however, you consider the child to be at significant risk or harm please contact the Children’s Services First Response Service on 01634 334466.**

**For concerns out of hours the contact number is 03000419191**

Any member of the public, including children and young people, can call the First Response telephone number **01634 334466** when they have concerns about a child or use the online portal as above.

Contact from members of the public will be responded to by a suitably trained Referral Information Officer within First Response in the first instance. The officer will collect factual information and pass to a Team Manager for a decision about level of need/risk.

### Consent and Information Sharing

All practitioners should aim to gain consent to share information but should be mindful of situations where to do so would place a child at increased risk of harm. Practitioners should be aware that consent is not necessarily needed to share personal information but where possible, consent should be pursued in an open and honest manner.

All practitioners should be confident of the processing conditions under the UK General Data Protection Regulation (GDPR) and the Data Protection Act 2018. This includes the lawful basis for processing data adopted by Local Authorities as set out in article 6 of the UK GDPR, which allow them to store and share information for safeguarding purposes, including information which is sensitive and personal. The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children and young people safe.

Working Together to Safeguard Children (2023) emphasises the importance of sharing information early and that practitioners should be proactive in sharing information as early as possible to assist in identifying, assessing and responding to risks or concerns about the safety and welfare of children. This should be the case whether the child is already known to the local authority’s children’s social

care or if the risk is emerging. Information sharing can also be pivotal for identifying patterns of behaviour for when a child has gone missing or to provide contextual background when multiple children appear associated to similar locations of risk.

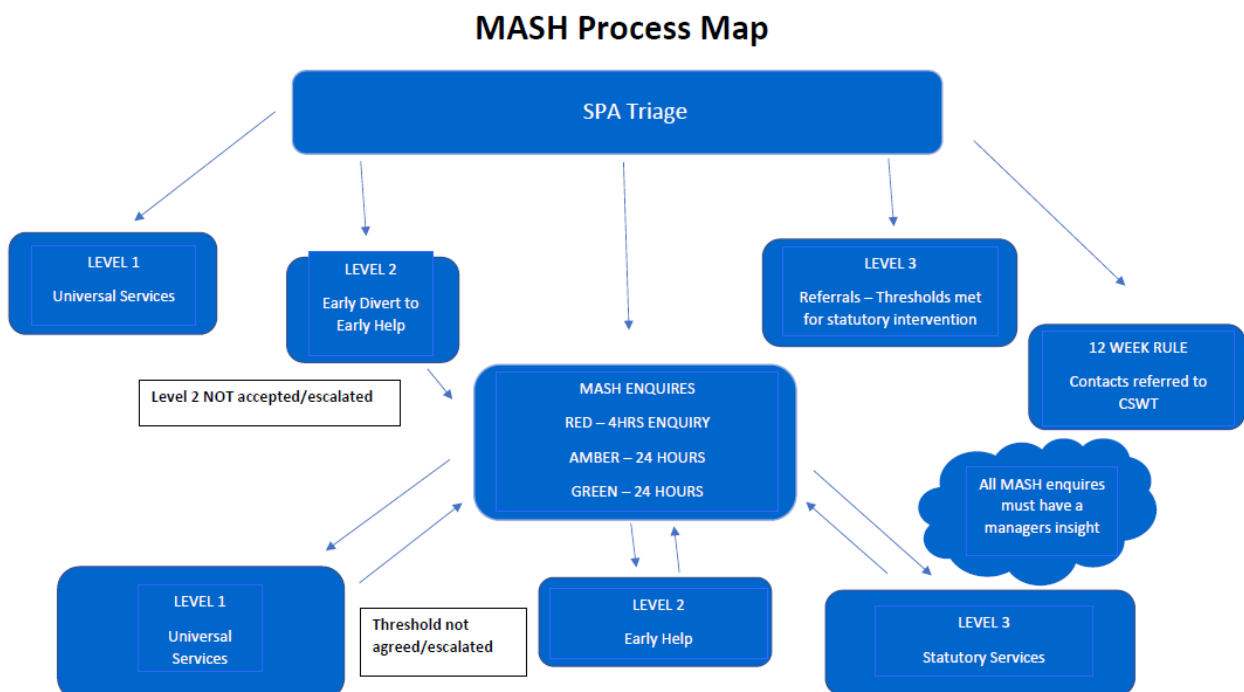
Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children, which must always be the paramount concern. It should not be assumed that someone else will pass on information that may be critical in keeping a child safe. All organisations and agencies should have arrangements in place that set out clearly the processes and the principles for sharing information.

Parents **must consent** to support at Early Help and Child in Need (S.17) levels.

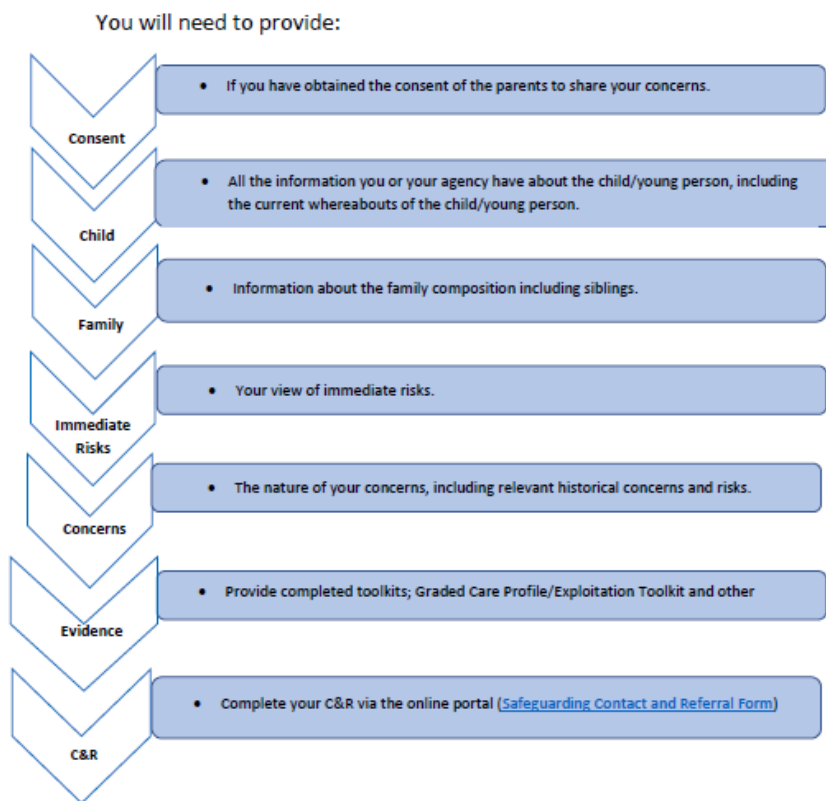
You should discuss your concerns with the child or young person’s parents or carers and seek their consent to make a contact, **unless** you have reasonable cause to believe that to do so would place the child at risk of significant harm.

### The Multi Agency Safeguarding Hub (MASH)

Once you have contacted the First Response, they will gather further information to enable them to make an informed threshold decision or progress the contact to the Multi Agency Safeguarding Hub. MASH does not provide direct services to children and families. Within one working day of a contact and referral being received, First Response will acknowledge receipt of the contact and referral to the referrer and will inform referrers of their decision.



You will need to provide:



## Making a Contact to First Response

When making a contact to First Response the amount and quality of information you are able to provide makes a difference to the timeliness and nature of the response. When making a contact you should ask yourself:

- 1. Does the person with parental responsibility know that I am concerned about their child and that I am making a contact? Have they parents/ carers been made aware/ consented to the contact being made?**

The 2004 Children Act and the 2008 Information Sharing Protocols [Information Sharing Protocols 2024](#) are clear that consent should be sought wherever possible. In some cases, you will have concerns that a child is at risk of significant harm and parental consent is not forthcoming. In these cases, you should state on the contact what action you have taken to try to gain consent. In some rare cases your professional view will be that seeking consent will increase the risk to the child. This may include the risk of forced marriage or female genital mutilation. In these cases, state clearly on the contact form why you have not sought consent. In all other cases you must seek consent before making a contact.

- 2. Have I included all the personal details I have about the child/young person and their family?**

These details should include DOB/Ethnicity/Telephone Numbers/Up to date address/language and a family composition mean that the child's records can be accessed quickly, and that any intervention can be provided in a timely way. Phone numbers in particular mean that families can be contacted quickly. Where English is not a first language, details will allow the provision of an interpreter.

### 3. Have I included details about any other practitioners working with the family?

Knowing these details, especially if there has been early help intervention, will ensure that their knowledge and skills be part of our assessment.

### 4. Have I made it as clear as possible what I am concerned about?

Making it clear what you are concerned about will help in determining the most appropriate response. Sometimes you may not be absolutely certain about what is happening for the child/young person. In these cases provide as much details as possible. Remember that you have professional expertise and will be up to date with research and practise in your field of work. Try to reduce the use of jargon and provide some analysis. For example: as a health practitioner you may be concerned about failed appointment of concealed pregnancy; as teacher you may be concerned with a child's changed behaviour and demeanour that is affecting their learning. Setting out what this means for the child and the impact on their development will ensure that the worker assessing the contact (who might not have the same level of knowledge as you) understands your perspective and can include this analysis in their assessment. It is important that you refer to the threshold document to evidence at what level you consider the risk/harm. The referrer needs to evidence how the child meets Level 3 of the threshold document if the contact is for Children's Social Care.

### 5. Have I made it clear what I have done already and what worked or didn't work?

Research tells us that we sometimes 'start again' with families. This is especially the case where there is ongoing neglect with families who appear compliant with plans but fail to either follow through with work or fail to sustain change

### 6. Have I made sure that I will be available for further discussion about the contact and how I can be contacted?

As the referrer you are usually the person with the most up to date knowledge of the child/young person and we want you to be involved in our decision making and intervention. We aim to make a decision on every contact within 24 hours. If you cannot be available, please provide the name and contact details of someone familiar with the child and your concerns who can act for you.

MASH will inform referrers of the outcome of their contact in writing within 5 working days.

You should discuss your concerns with the child or young person's parents or carers and seek their consent to share information, **unless** you have reasonable cause to believe that to do so would place the child at risk of significant harm.

Guidance in relation to information sharing is available in the Government publication:

[Information sharing advice for safeguarding practitioners](#)

## Other Referrals to Consider

### Multi-Agency Risk Assessment Conference (MARAC)

Information about high-risk domestic abuse victims is shared between agencies and a risk focused, co-ordinated safety plan is drawn up to support the victim. Referral forms can be downloaded from [here](#).

## Multi-Agency Public Protection Arrangements (MAPPA)

Information about high-risk perpetrators can be shared between agencies and a risk focused, coordinated plan drawn up. [Referral information](#).

## Prevent - Safeguarding from Radicalisation and Extremism

Prevent is part of CONTEST, one of the four elements of the Government's Counter Terrorism Strategy. The aim of the [Prevent Strategy](#) is to stop people becoming terrorists or supporting terrorism. Prevent tackles all forms of extremism - including both Islamist extremism and far rights threats. This is achieved by challenging terrorist ideology; supporting vulnerable people and supporting sectors and institutions where there are risks of radicalisation.

As well as being a formal duty under the **Counter Terrorism and Security Act 2015**, Kent County Council and Medway Unitary Authority have the lead role in delivering the Prevent Strategy in Kent and Medway in accordance with the [Prevent Duty Guidance](#) and work with partners such as the Police and Health.

Prevent works with individuals and communities by using voluntary early intervention to encourage them to challenge extremist and terrorist ideology and behaviour. This can involve:

- support in schools, youth clubs, and community groups
- promoting positive values and community cohesion
- protection from extremist dialogues
- encourage safe and open debate and critical thinking
- encouraging reporting of concerns
- engage in positive activities
- engaging in open and honest dialogue around prevent

Prevent is part of contextual safeguarding and should be considered in the same way as safeguarding from other harms. Young people may be at risk of radicalisation online, face to face or from self-radicalisation. It is imperative that these risks are not overlooked, and that advice and guidance is sought if any concerns are present. Prevent is about safeguarding our communities from the threat of terrorism by stopping people from supporting terrorism or becoming terrorists themselves. Anyone can make a Prevent referral if they have concerns about someone becoming engaged in with an ideology, moral, political cause or grievance that condones violent or otherwise harmful behaviour towards others.

### How do I report concerns?

- If you have an immediate concern about the welfare of any persons, then contact the Police by calling 999.
- [make a referral](#) (if you have any concerns or are unsure about making a referral then discuss it with your organisation's safeguarding lead and/or contact the Kent and Medway Prevent Team by emailing [prevent@kent.gov.uk](mailto:prevent@kent.gov.uk))

- contact the police on 101 or 0800 789 321 or complete an [online report form](#)
- [report online material promoting terrorism or extremism](#)

**Prevent is a shared responsibility. Don't rely on others - report any concerns you have immediately.**

A Prevent referral is not an immediate safeguarding action, nor does it replace social care support. If there are concerns about a young person being vulnerable to radicalisation, then completion of a Multi-Agency Contact & Referral Form should be considered in accordance with the Medway levels of need and support.

## Challenge and escalation

Differences of opinion relating to the level of risk will exist and are an expected part of day-to-day quality practice. Professionals are expected to discuss these differences in a professional and productive manner with a view to finding a solution that best serves the child's needs.

Where a practitioner disagrees with a decision or response from any agency regarding a safeguarding or welfare concern, they must firstly consult with their line manager to clarify thinking and the desired outcome. Initial attempts should be made to resolve the matter practitioner to practitioner.

If the practitioners are unable to resolve differences through discussion and/or meeting within a timescale, which is acceptable to both of them, their disagreement must be escalated using the MSCP ['Resolving Professional Difference – Escalation Policy'](#).

Stage 1 – Escalate to Line/ Team Manager (A response is required within 5 working days)

Stage 2 – Escalate to Designated Safeguarding Leads/ Service Managers (A response is required within 5 working days)

Stage 3 – Escalate to Assistant/ Deputy Directors (A response is required within 5 working days)

Stage 4 – Involving the Medway Safeguarding Children Partnership

## Appendix A

### The Children Act 1989

The Children Act 1989 provides the statutory guidance for Local Authorities intervention in the life of a child. Where a child's need is relatively low level, individual services and universal services may be able to take swift action.

Where there are more complex needs, help may be provided under section 17 of the Children Act 1989 (children in need). The legal definition of a Child In Need of statutory services is:

A child shall be taken to be in need if –

- (a) They are unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority under this Part;
- (b) Their health or development is likely to be significantly impaired, or further impaired, without the provision of such services; or
- (c) They are disabled,

and "family", in relation to such a child, includes any person who has parental responsibility for the child and any other person with whom they have been living.

Where there are child protection concerns (reasonable cause to suspect a child is suffering or likely to suffer significant harm) local authority social care services must make enquiries and decide if any action must be taken under section 47 of the Children Act. The legal definition is:

Where a local authority—

(a) are informed that a child who lives, or is found, in their area—

(i) is the subject of an emergency protection order; or

(ii) is in police protection;

(b) have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm,

the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare