



# Using the Threshold Matrix in Practice

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MASH



# Working Together to Safeguard Children 2018

Working Together to Safeguard Children is statutory guidance produced by the government which outlines how practitioners working with children, young people and families should work together in order to ensure that children and young people remain safe from harm.



# Working Together to Safeguard Children 2018

Working Together outlines that the 3 safeguarding partners (as outlined within Children Act 2004) 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.

# Safeguarding Partners

The Local  
Authority  
Social Care  
Service

Clinical  
Commissioning  
Group within  
Health Services

Chief of police

- Multiagency concept
- Holistic view of a child, young person or adult at risk's life
- Close working relationships between a variety of professionals to enable a quick and accurate analysis of risk.
- Single point of contact for unallocated cases

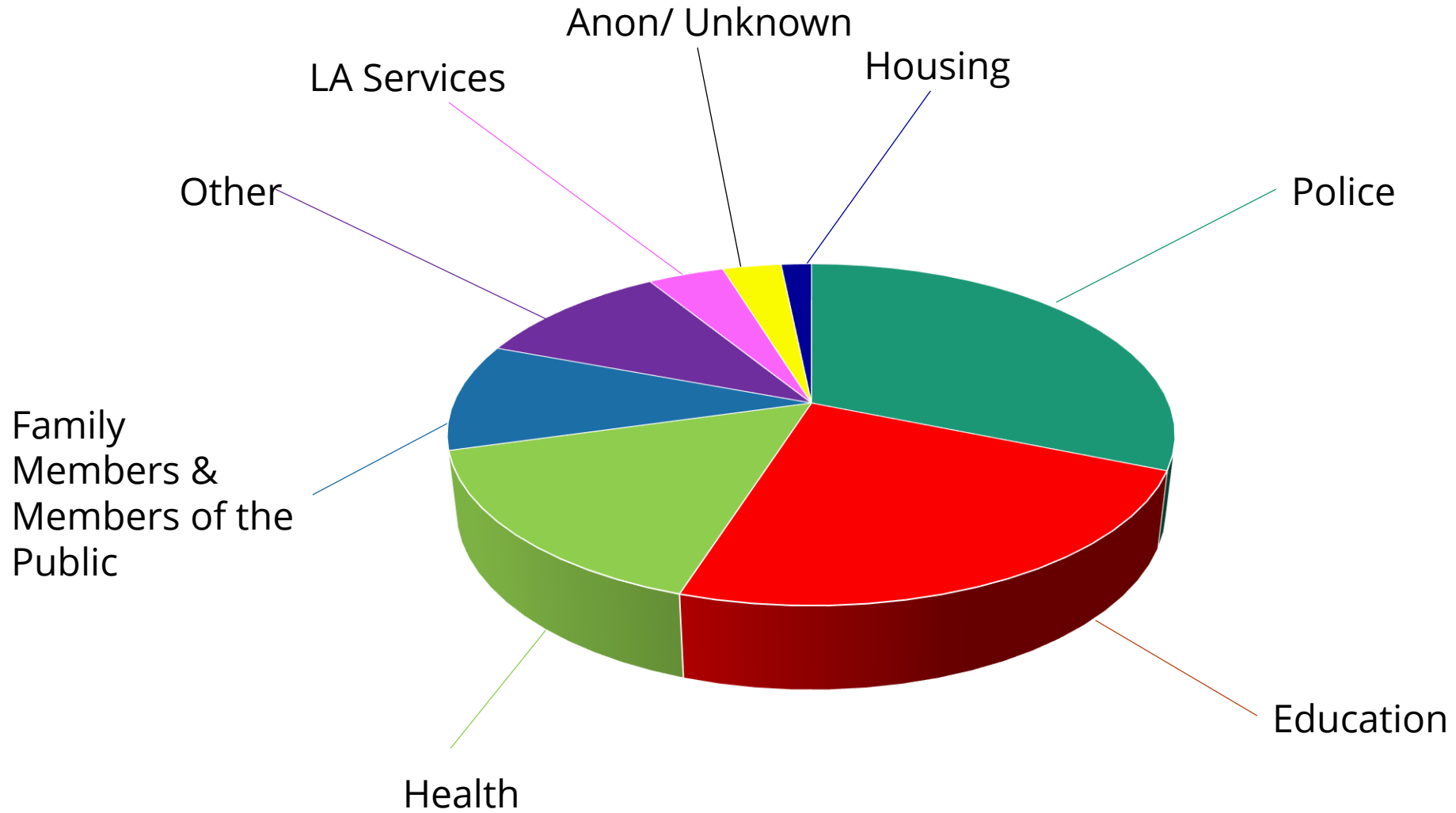


Suffolk MASH receives roughly 20,000 contacts a year relating to roughly 40,000 children.

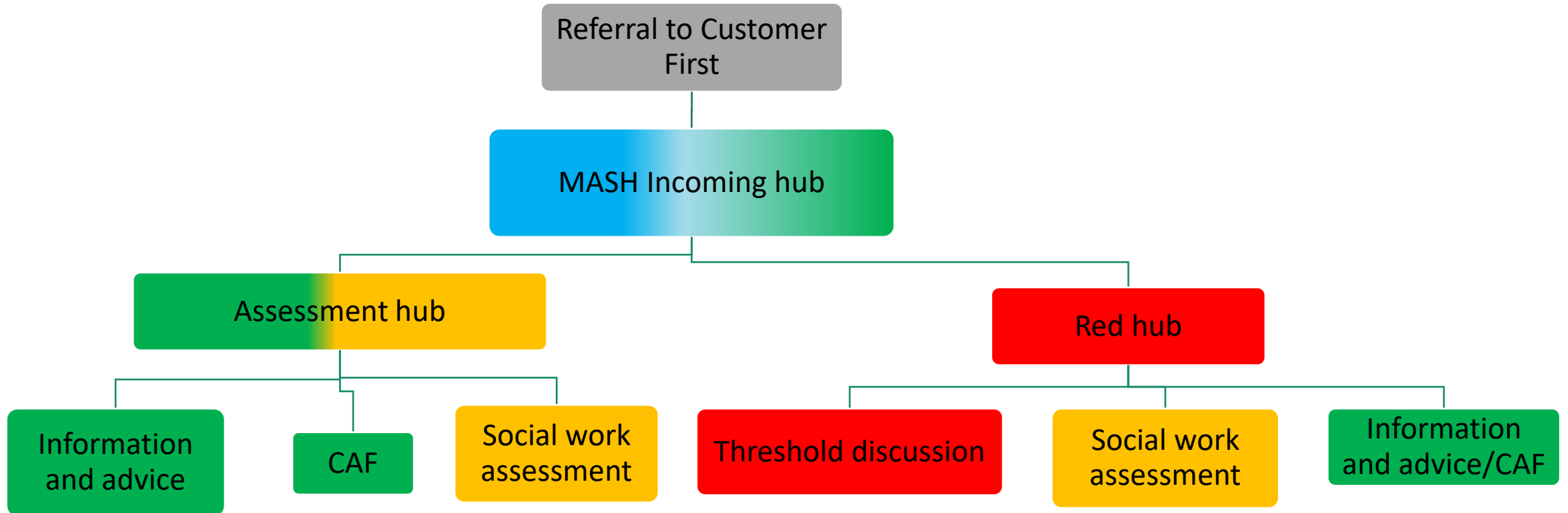
Approximately 80% of these contacts result in outcomes other than a social work assessment.



# Sources of contact



# Referral Journey





Children and Young  
People's Services

Police

Health

Probation

Domestic Abuse  
Team

Youth Justice

Housing

Emotional  
Wellbeing Hub

IDVA

Education

MASH prioritizes safeguarding concerns using a RAG rating of Red, Amber, Green



# Thresholds Matrix

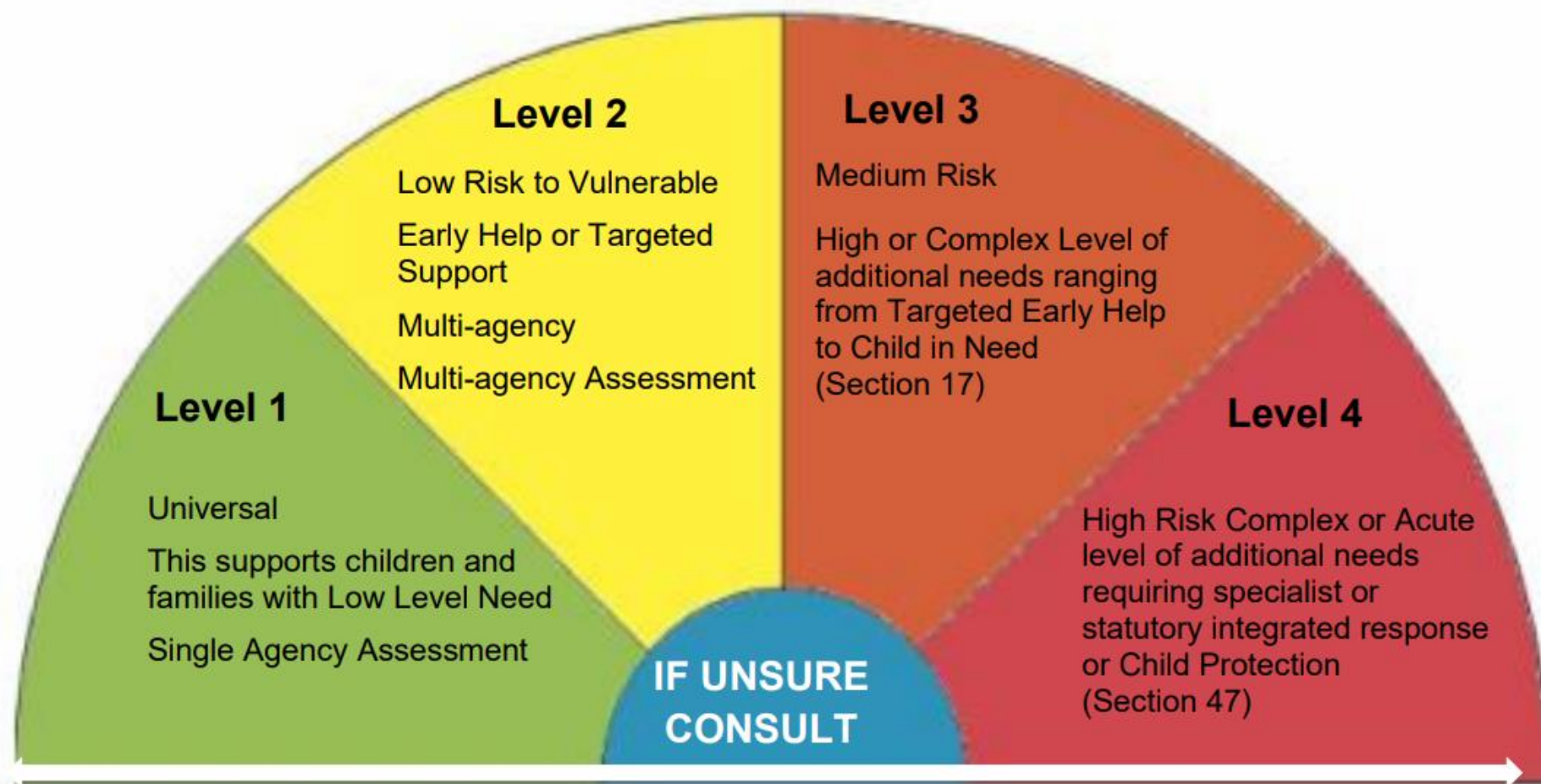


Suffolk  
Safeguarding  
Partnership

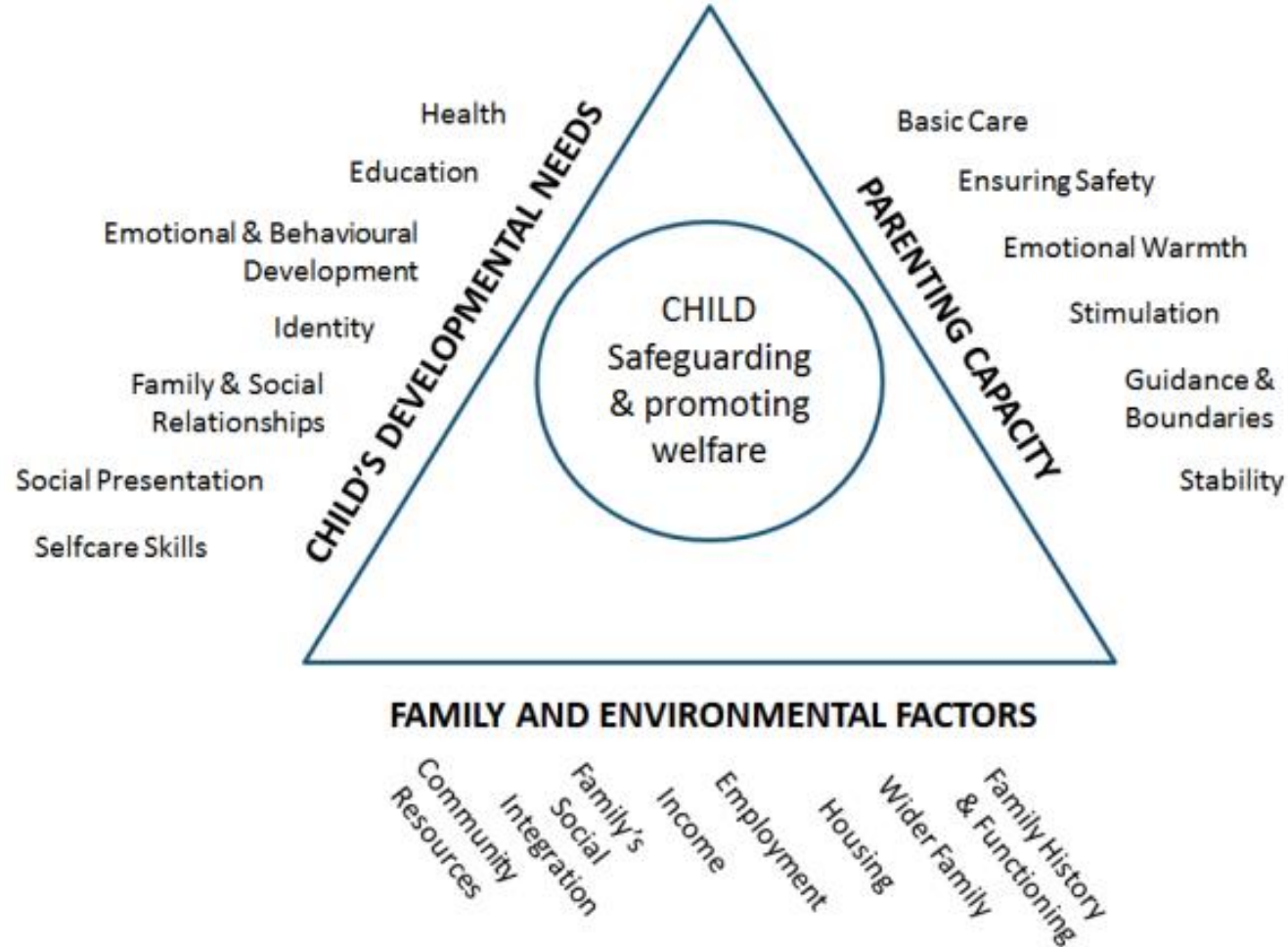
- Compiled by Suffolk Safeguarding Partnership and Partners
- Help to identify the correct threshold and support needed.
- Aimed at anyone in contact with children and families who has a concern.

## Threshold of Need

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# Assessment of need triangle





## Level One – Children with Universal Needs

Children at this level are achieving expected outcomes. There are no unmet needs or need is low level and can be met by the universal services or with some limited advice or guidance. Children, parents, and carers can access services directly.



# Level One – Children with Universal Needs

Health needs are met  
Meeting developmental milestones  
Attending and achieving within  
education  
Good attachments – secure  
relationships  
Feelings of belonging and  
acceptance  
Behaviour modelled by parents.



# Level One – Children with Universal Needs

Appropriately presented  
including good levels of self-  
care and personal hygiene


Growing levels of  
independence

Basic needs are met

Emotionally warm and stable  
home


Clear guidance and  
boundaries.





Level Two – Low  
Risk to  
Vulnerable –  
Early Help or  
Targeted Support  
Services

Children whose needs are met through additional support that may involve support from one or more agencies and are low risk to vulnerable.



Level Two – Low  
Risk to  
Vulnerable –  
Early Help or  
Targeted Support  
Services

Inconsistent health care including  
missed appointments

Delay in developmental milestones


Attendance and attainment in  
education of concern

Development is compromised by  
parenting

Low level mental health or  
emotional issues requiring  
intervention

Problematic presentation

Not always adequate self-  
care/poor hygiene



Level Two – Low  
Risk to  
Vulnerable –  
Early Help or  
Targeted Support  
Services

Basic needs not consistently  
provided

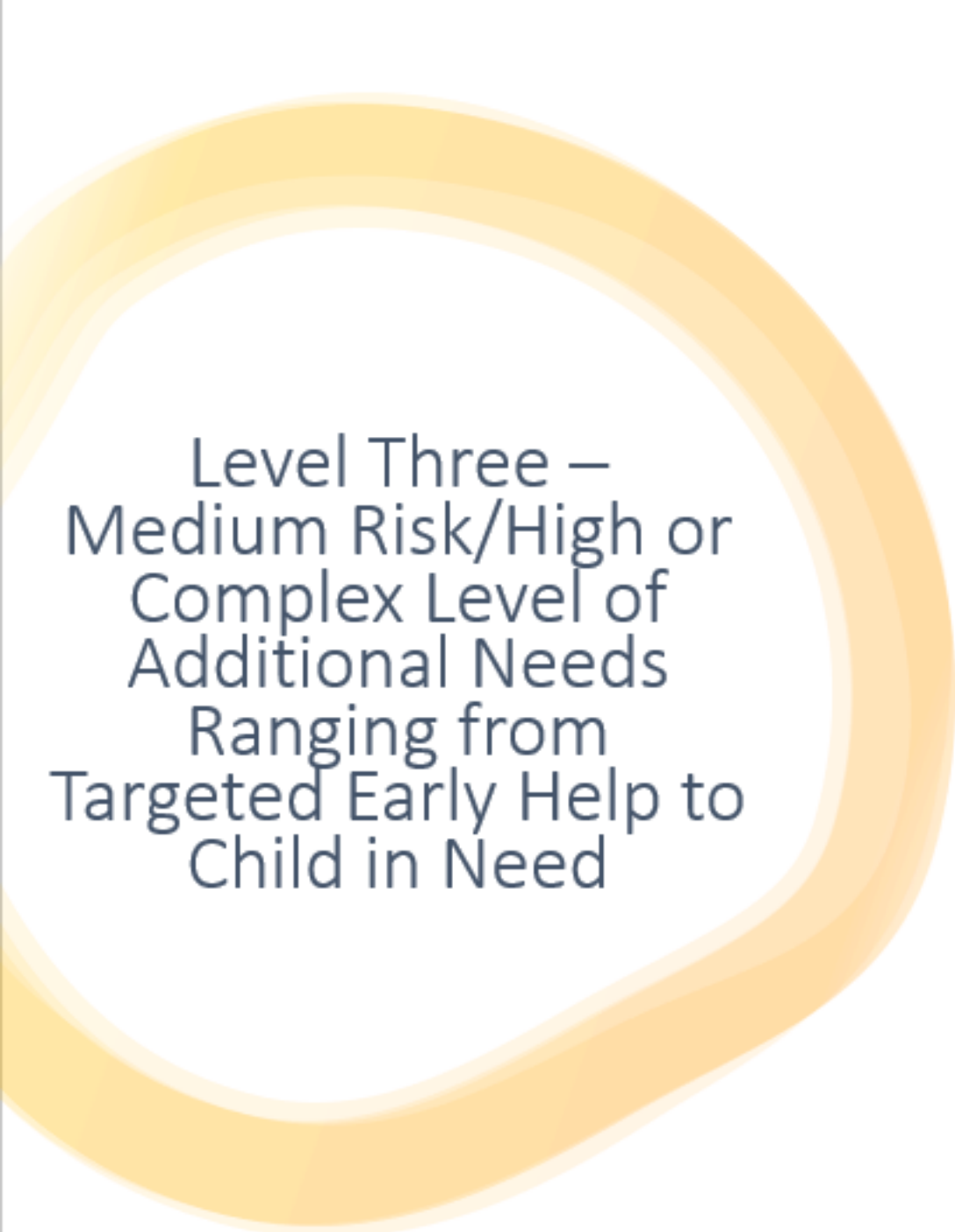
Parents struggle without  
support

Inconsistent parenting

Parent/carer unable to set  
boundaries or sets inconsistent  
boundaries

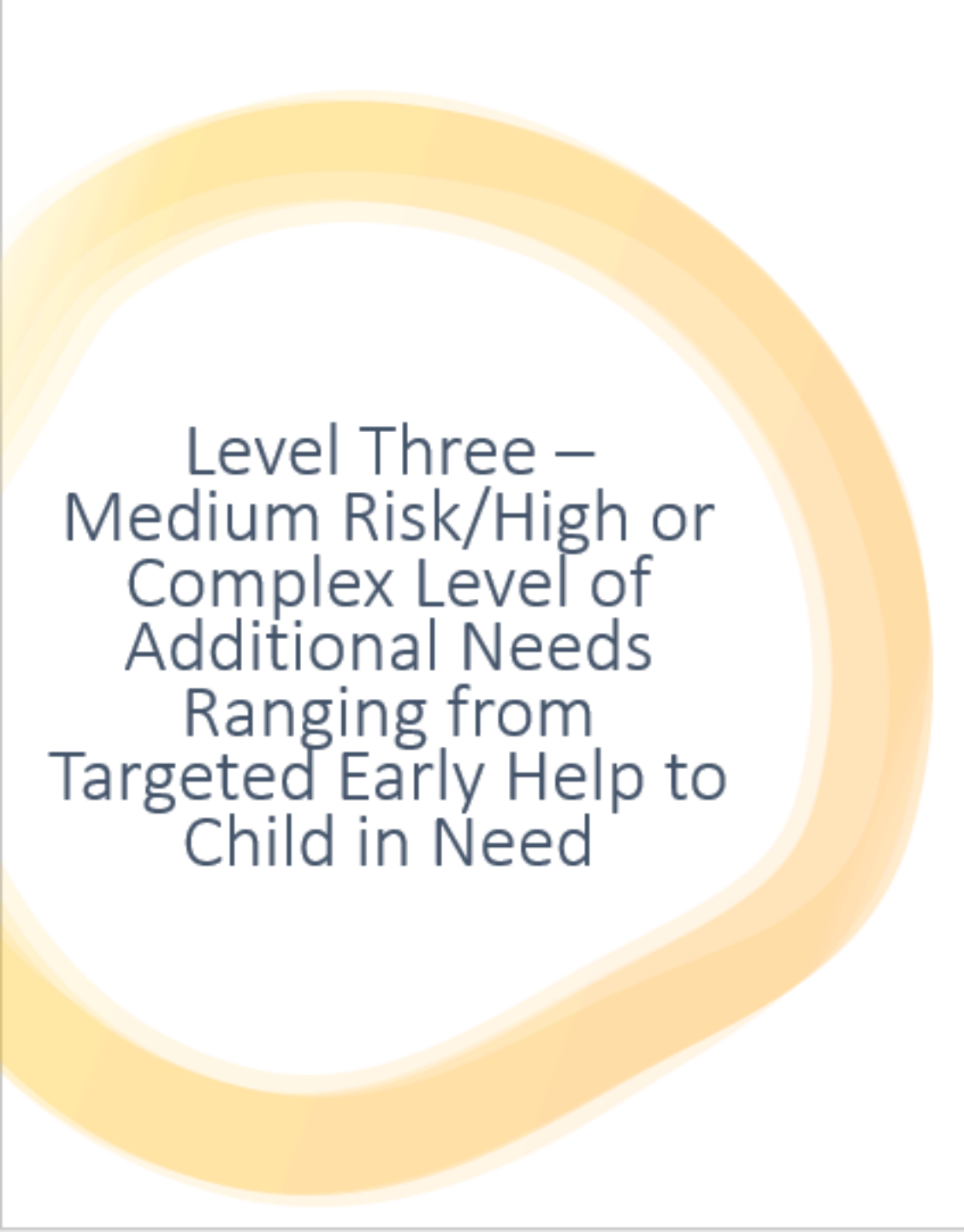
Child's relationship with family  
members not always stable

Concerns around homelessness  
and/ or finances



Level Three –  
Medium Risk/High or  
Complex Level of  
Additional Needs  
Ranging from  
Targeted Early Help to  
Child in Need

Children at this level have diverse and complex needs and targeted multi-agency support services are required and are supported by a clear co-ordinated action plan with the need for statutory social work intervention



Level Three –  
Medium Risk/High or  
Complex Level of  
Additional Needs  
Ranging from  
Targeted Early Help to  
Child in Need

Concerns regarding chronic health problems and/or poor management

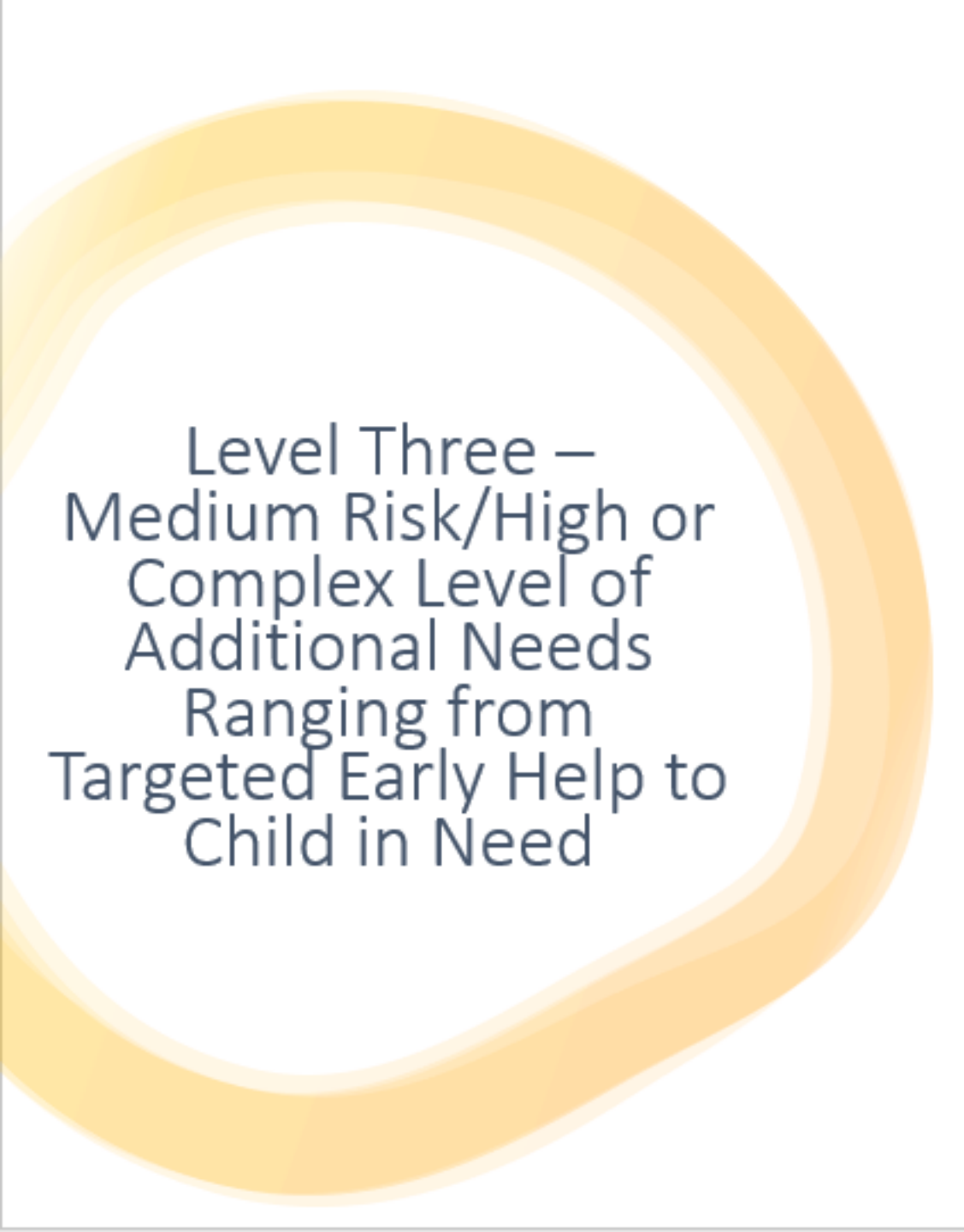
Developmental milestones are not being met due to parental care

Consistently poor nursery/school attendance and achievements

Self-esteem is being impacted by other issues

Persistent disruptive/challenging behaviour at school, home or in the neighbourhood

Child receives little stimulation/negligible interaction



Level Three –  
Medium Risk/High or  
Complex Level of  
Additional Needs  
Ranging from  
Targeted Early Help to  
Child in Need

Relationships with family experienced as negative (low warmth, high criticism). Family breakdown and/or rejection.

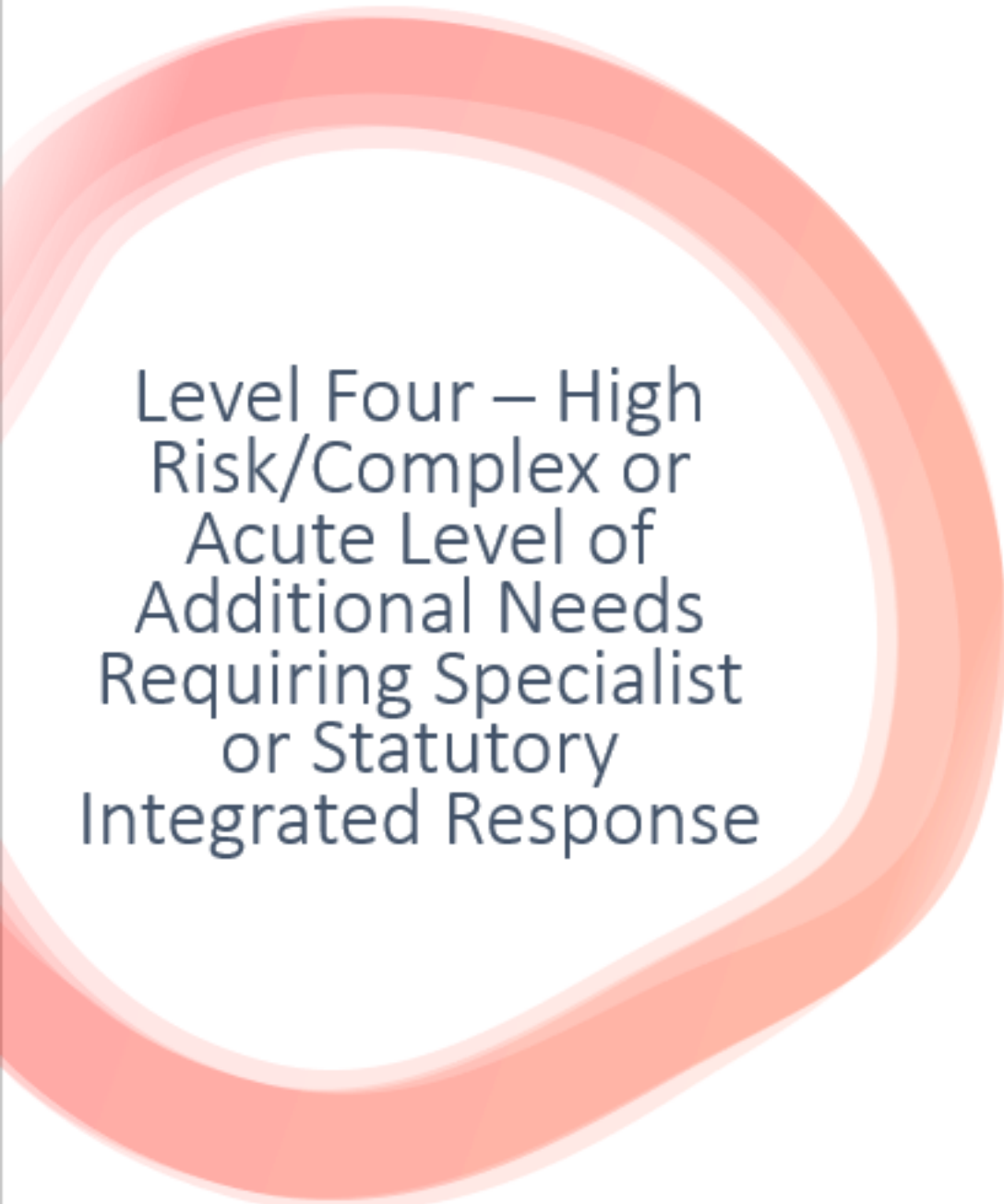
Parent/carer is unable/struggling to provide consistently adequate care. Change not maintained or sustained.

Parent's struggle/refuse to set effective boundaries

History of concerns within family

Housing and/or financial difficulties

Lack of community support and poor access to resources



Level Four – High Risk/Complex or Acute Level of Additional Needs Requiring Specialist or Statutory Integrated Response

Children at this level who are experiencing significant harm that requires specialist or statutory intervention such as child protection or legal intervention and children with complex or acute levels of additional need.



Level Four – High  
Risk/Complex or  
Acute Level of  
Additional Needs  
Requiring Specialist  
or Statutory  
Integrated Response

Severe/ complex/ chronic health  
problems

Failure to thrive

Evidence of significant harm or  
neglect

Non-accidental/ unexplained  
injuries

Child unable to access education  
due to persistent parental neglect

Severe emotional/behavioural  
challenges. Displaying self-  
destructive or aggressive/violent  
behaviour





Level Four – High  
Risk/Complex or  
Acute Level of  
Additional Needs  
Requiring Specialist  
or Statutory  
Integrated Response

Unaccompanied refuge/asylum  
seeker

Specific identified risk e.g. FGM,  
Forced marriage, Honour based  
abuse, CSW, Trafficking, Modern  
Day Slavery, extremism.

Subject to physical, emotional, or  
sexual abuse or neglect

Acute mental health concerns

Persistent and high-risk substance  
misuse



Level Four – High  
Risk/Complex or  
Acute Level of  
Additional Needs  
Requiring Specialist  
or Statutory  
Integrated Response

Poor/inappropriate self-  
presentation/hygiene related  
health issues

Severe lack of age-appropriate  
behaviour and independent living  
skills likely to result in harm

Parent/carers mental health or  
substance misuse significantly  
affect care of child

No effective boundaries set by  
parents/carers

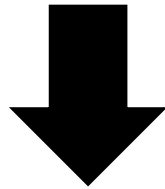


# Case Study Activity

# Case Study: Rose

Referral from a Mental Health Nurse raising concerns for Rose\* (16) due to her anger issues in the home and impact on her younger siblings aged 6 & 15, who are autistic. Rose has presented to A&E due to her anger issues, which are only being seen in the home environment. There are concerns for their safety as Rose will damage the home and threaten to harm herself in front of her siblings. No previous Social Care/MASH history.

Incoming



Amber

This case was given an initial RAG of an Incoming HUB Task, for the MASH Practitioner to speak with Mum to explore CAF support, however, on the call Mum advised she was no longer able to keep Rose in the home and therefore the case was progressed for a further MASH Assessment.

**Outcome – Social Work Assessment**

# Case Study: Alan

Referral from School raising concerns for Alan\* (14), who has admitted to using alcohol and smoking to help deal with his depression, he is also cutting himself regularly. Alan has got very upset at School and had been accused of asking another student for a nude photo. Dad is aware of the referral and described as supportive. There is no previous MASH or Social Care history.

# Incoming

This case was “triaged” as an Incoming HUB task, for the MASH Practitioner to speak with Dad. Dad advised there is support in place from Mental Health services. School exploring the accusations and addressing under their policies

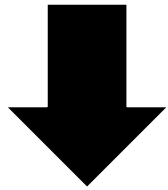
**Outcome - Information, Advice and Guidance**

# Case Study: Alice

Referral from college raising concerns for Alice\* (17) after she has disclosed that her mother's partner grabbed her around the throat and tried to strangle her. This incident happened 2 weeks ago. Mum has photographs of the marks/ bruises Alice sustained. Mum has visited housing to ask for support with being rehoused. Alice has been staying with friends for a week however, has now returned to the family home. There is no previous MASH or Social Care history.



Amber



Red

This case was “triaged” as an Amber MASH Assessment however, the threshold level was updated when it became clear that Alice had returned to the family home and the source of risk.

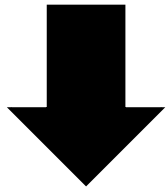
**Outcome – Joint Section 47 enquiries**

# Case Study: Taylor

Referral from NHS 111 raising concerns that 5-month-old Taylor\* has been dropped on her head by Mum. There are worries about Mum's response and seemingly unconcerned about the impact on Taylor



Red



Green

This case was “triaged” as Red, given the nature of the concerns, following checks with MASH Health it was later downgraded to a Green. MASH did not speak with parents on this occasion as it was not proportionate following Health information.

**Outcome - Information, Advice and Guidance**

# Case Study: Charlotte, Jack and Emily

Charlotte\* (11), Jack\* (10) and Emily\* (5) have been placed in police protection following concerns about neglectful and unhygienic conditions at their grandparents' home. Police were called by Charlotte who reported that her grandfather had hit her grandmother. Jack also disclosed that Grandfather has strangled him. Grandmother told police that the children's mother is a heroin user. It is the families wish that the children return to their mother in another Local Authority.

A red rounded rectangle with a thin black border, containing the word "Red" in white text.

Red

This case was “triaged” as Red MASH Assessment. A Threshold Discussion was undertaken which included the other local authority where Mum lived.

Recommendations were for a Joint Section 47 enquiry.

**Outcome – Joint Section 47 enquiries**

# What makes a good referral?

- Clear and concise
- Basic information for family members (including up to date addresses and phone numbers)
- Presenting Issue
- Impact of this issue & Timeframes of risks

# What makes a good referral?

- Underlying needs
- Network of support
- Consent (Informing parents of referral)
- Voice of the child

- PCL and Webchat are designed for Professionals only to use.
- The purpose of the PCL is to gain advice on whether a referral is required.
- On both platforms the professional can have a discussion around the most appropriate and effective way to support and child, which could be through a referral



**Professional  
Consultation Line**

**Tel: 0345 6061499**



- Advice and guidance will be provided by workers within Children's MASH
- For unallocated Children and Young People
- No details can be given regarding specific people or cases
- The Webchat facility can be accessed through <https://suffolksp.org.uk/>



**Professional  
Consultation Line**

**Tel: 0345 6061499**