

Multi-agency Threshold Document May 2016

Kingston and Richmond LSCBs



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Introduction

This document and guidance is aimed at every agency, including statutory, voluntary, private and independent, that works directly or indirectly with children and young people, including the families of these children and young people. To help agencies assess and identify a child's level of need, this threshold document, with need broken down into four levels, is available for all individuals, practitioners and staff. The guidance does not remove the need for workers to make a professional judgement when considering the identified needs of children.

Every child's individual need should be understood in their own particular context. Situations will be unique and specific to that child. This threshold document is not a rigid list of procedures and levels of intervention, and should be used as a guidance to consider, and ultimately, meet the needs of each child.

Children can, and may, move from one level in the threshold to another. An assessment is an ongoing, living process, and because a child has met certain criteria within the threshold, this does not necessarily mean that they will always be at this level. Therefore, it is essential to identify the child's needs, history, family and environmental factors as a whole at every assessment.

It must also be noted that children's and young people's needs often change over time, and agencies (including universal services) may need to offer support at more than one level.

When there is an immediate need to protect a child, because they are being harmed or at risk of significant harm, the local authority's children's social care must be contacted promptly by telephone referral via the **Single Point of Access (SPA) - for Kingston 0208 547 5008 (out of hours 0208 770 5000) or Richmond 0208 891 7969 (out of hours 0208 770 5000)**. All verbal referrals must be followed up by a written referral within 24 hours, which should receive a response within 48 hours. When there is an immediate need to protect the child, the police should be called on 999.

'Practitioners should hold in mind that disabled children are three to four times more vulnerable to abuse' (Ofsted 2012).

Assessment tool

Practitioners are encouraged to be involved in:

- information gathering;
- professional judgement;
- analysis; and
- consideration of risk.

Multi-agency communication is key to developing a full picture of the child and their family's circumstances, using independent interpreters if necessary. It is important that all involvement with a child and their family is recorded on your agency's files. If there are any queries, practitioners should seek advice and support from the safeguarding leads within their own organisation.

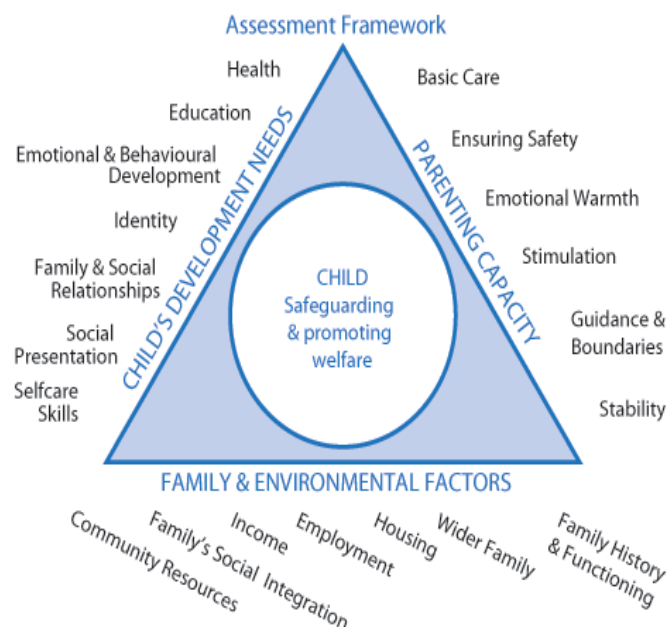
The assessment triangle below, is our basis of assessment for every unborn baby, child and young person, placing the child at the centre of all our work.

Kingston and Richmond have an Early Help strategy which means that a child and their family can be offered, or access voluntarily, extra help before issues with the family escalate. This means that agencies, such as schools and health, can work together as a 'team around the family' without a referral to social care.

The Early Help Assessment can be used to complete an early help assessment that will enable practitioners to identify strategies and interventions to support families whose needs fall below the social care threshold. In this instance, the child's needs will be similar to the features and examples given at Level 2 of the threshold guidance. More details and a downloadable form here: www.achievingforchildren.org.uk/Early-Help-Assessment-and-Integrated-Working

If, however, the level of need is judged to be greater, Level 3 or above, and intervention needs to be considered then you should use the SPA Online referral form as a referral tool. For safeguarding concerns, practitioners, in the first instance, should make a telephone referral to **Single Point of Access (SPA) - for Kingston 0208 547 5008 (out of hours 0208 770 5000) or Richmond 0208 891 7969 (out of hours 0208 770 5000)** and follow this up in writing. The SPA is for all agencies making referrals, including members of the public, to enable the effective coordination of services for families.

Any assessment on a child needs to take place in a timely manner, including before a baby is born. Please refer to the LSCB Pre-Birth Protocol for further information on unborn babies.



Key guidance

All children have the right to grow up safe from harm and the Children Act 1989, and 2004 places duties on all agencies to promote and safeguard the welfare of children in need and at risk in their local area. A child is defined within the Children Act 1989, as anyone who has not yet reached their 18th birthday, including unborn babies.

Universal early help recognises that early help sometimes provides a springboard for people to cope with difficulties or to help themselves – learning new skills, sharing daily tasks, getting information. The universal early help assessment process aims to recognise and provide assistance for families as soon as possible (Levels 2A & 2B). With consent, practitioners may undertake a common assessment to assess needs and to decide how best to support them. If there is a range of needs, there may be ‘team around the family’ (TAF) meetings to ensure a coordinated approach, with one person acting as the lead professional. This intervention depends on parental consent. If refusal for early help leads to a child being at risk of significant harm, then the matter may be dealt with under child protection procedures. Email information and leaflets for parents can be found on the LSCB website:

The ‘parent’ should refer to anyone who has parental responsibility for the child, any birth or natural father or any other adult within the family who can reasonably be regarded as having a parenting role. Where there are issues of consent, it will be important to distinguish who has parental responsibility.

The Children Act 2004 encourages agencies, wherever possible, to work in partnership with families and make onward referrals with their consent. This should be possible in Levels 2 and 3, but it is acknowledged that gaining consent for Level 4 could at times place a child at further risk and the practitioner should gain advice, if time allows, from their safeguarding lead.

Sometimes ‘significant harm’ may be a single, traumatic event, but more often it is an accumulation of significant events, both acute and longstanding over time, such as in situations of neglect.

There are no absolute criteria in making judgements regarding children’s wellbeing. Practitioners are encouraged to professionally raise concerns and escalate those concerns with other agencies, if they feel, in their judgement, that a child’s needs or safety are being overlooked (using, if required the LSCB Escalation Policy, found on the LSCB website).

The local authority designated officer (LADO) can be contacted via the SPA in each borough and should be alerted to all cases where it is alleged that a person who works or volunteers with children has behaved in a way that has, or may have harmed a child, possibly committed a criminal offence against children or related to a child, behaved towards a child or children in a way that indicates they are unsuitable to work with children. (Working Together 2015)

Dependent on the situation, the following assessment tools are useful to provide a more specialist picture of need and suggestions for intervention.

- CAADA DASH Domestic Violence Assessment tool;
- LSCB Trafficking toolkit;
- LSCB Child Sexual Exploitation Guidance;
- LSCB London FGM resource pack;
- LSCB London guidance for assessing children and families affected by adults viewing child sexual abuse images on the internet;
- LSCB Guidance on children missing from school and home;
- LSCB Guidance safeguarding children affected by gang activity;
- Forced Marriage Guidance.

These policies can be found on www.londonscb.gov.uk Please also refer to local policies in your own organisation.

Children in need of additional support

Early Help Assessment and SPA: Children with additional needs requiring multi-agency support

To ensure a common approach to assessment across all agencies working with children and young people, the Early Help Assessment (EHA) should be used. The EHA provides a standardised assessment and planning tool to help identify a child or young person's needs in a holistic context, as well as the services that need to be provided to address those needs. The EHA is at the heart of the operation of the Single Point of Access the single gateway for all incoming contacts to children's services, providing telephone and web-based support to professionals, the public, children, young people and their parents or carers. More here:

www.achievingforchildren.org.uk/Early-Help-Assessment-and-Integrated-Working

The key functions of the SPA are:

- to check the information held about the child or family across the child's network;
- to make an initial decision about which part of Achieving for Children (AfC) is best placed to respond;
- to create a record of the request and the decision made; and
- to pass the information on to the correct service within agreed timescales (usually 24 hours).

The process for accessing services through the SPA is set out below. Those children who have an assessment that indicates a child's needs are Level 2 or above, are robustly monitored by their lead professional, records are kept up-to-date and the SPA is able to provide accurate information to any queries involving children supported via the EHA process. The SPA can initiate step-up procedures where needs have escalated to Level 3 and can refer directly. Similarly, SPA is also able to see cases that step-down to services at Level 2.

The SPA will provide information, advice and guidance, including signposting to an appropriate universal service.

At this level, the SPA can also provide support to identify individual children and young people's additional needs, for example by explaining how to use the assessment, identifying locality support to undertake an Early Help Assessment, identifying a lead professional and supporting the universal setting, such as a school, if they need to access CAF training.

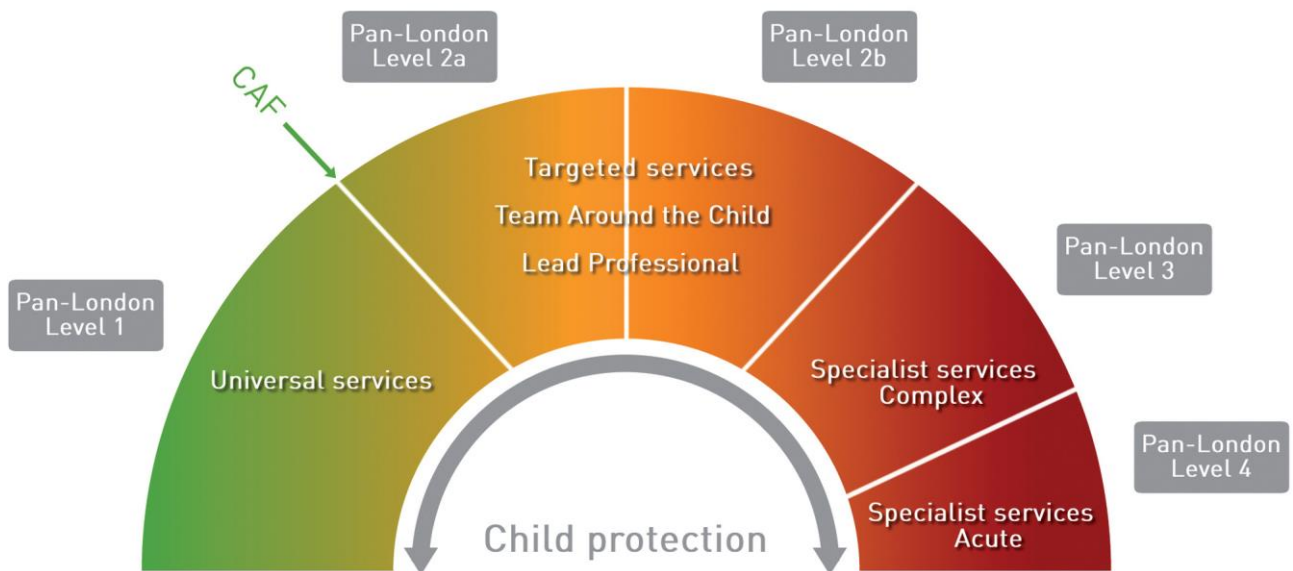
Protection and Early Help (PEH) services can also be accessed via SPA. The purpose of PEH is to provide early help and support to families when problems or difficulties first emerge and to support families to build greater resilience and capacity amongst children and young people across AfC so they are able to make a positive journey to adulthood. By doing so, we will reduce the number of children, young people and families who need to access more intensive and more costly services.

For further information on the EHA process and thresholds, please go to:

www.achievingforchildren.org.uk/Early-Help-Assessment-and-Integrated-Working

Levels of need

There are four levels of need



Details of the features and processes of each level follow.

Level 1: No additional needs
Only requiring universal service support

Features	Universal example indicators	Assessment process
<p>Children with no additional needs</p> <p>Children whose developmental needs are met by universal services</p>	<p>Developmental needs</p>	<p>No early help assessment is required</p> <p>Children should access universal services in a normal way</p> <p>Key universal services that may provide support at this level:</p> <p>Education</p> <p>Children’s centres and early years</p> <p>Health visiting service</p> <p>School nursing</p> <p>GP</p> <p>Play services</p> <p>Youth services</p> <p>Police</p> <p>Housing</p> <p>Voluntary and community sector</p>
	<p>Learning and education</p> <ul style="list-style-type: none"> Achieving key stages Good attendance at school/college/training No barriers to learning Planned progression beyond statutory school age <p>Health</p> <ul style="list-style-type: none"> Good physical health with age appropriate developmental milestones including speech and language <p>Social, emotional, behavioural, identity</p> <ul style="list-style-type: none"> Good mental health and psychological well-being Good quality early attachments, confident in social situations Knowledgeable about the effects of crime and antisocial behaviour Knowledgeable about sex and relationships and consistent use of contraception if sexually active <p>Family and social relationships</p> <ul style="list-style-type: none"> Stable families where parents are able to meet the child’s needs <p>Self-care and independence</p> <ul style="list-style-type: none"> Age appropriate independent living skills 	
	<p>Family and environmental factors</p>	
	<p>Family history and wellbeing</p> <ul style="list-style-type: none"> Supportive family relationships 	
	<p>Housing, employment and finance</p> <ul style="list-style-type: none"> Child fully supported financially Good quality stable housing 	
	<p>Social and community resources</p> <ul style="list-style-type: none"> Good social and friendship networks exist Safe and secure environment Access to consistent and positive activities 	
	<p>Parents and carers</p>	
<p>Basic care, safety and protection</p> <ul style="list-style-type: none"> Parents able to provide care for child’s needs 		
<p>Emotional warmth and stability</p> <ul style="list-style-type: none"> Parents provide secure and caring parenting 		
<p>Guidance boundaries and stimulation</p> <ul style="list-style-type: none"> Parents provide appropriate guidance and boundaries to help child develop appropriate values 		

Level 2: Low to vulnerable Targeted support		
Features	Universal example indicators	Assessment process
<p>2a Vulnerable These children have low level additional needs that are likely to be short-term and that maybe known but are not being met</p> <p>2b Vulnerable Child's needs are not clear, not known or not being met Child with additional needs – requiring multi-agency intervention, lead professional and 'team around child'</p>	<p>Developmental needs</p> <p>Learning and education</p> <ul style="list-style-type: none"> Occasional truanting or non-attendance School action or school action plus Identifies language and communication difficulties Reduced access to books, toys or educational materials Few or no qualifications NEET <p>Health</p> <ul style="list-style-type: none"> Slow in reaching developmental milestones Missing immunizations or checks Minor health problems which can be maintained in a mainstream school <p>Social, emotional, behavioural, identity</p> <ul style="list-style-type: none"> Low level mental health or emotional issues requiring intervention Pro offending behaviour and attitudes Early onset of offending behaviour or activity (10-14) Coming to notice of police through low level offending Expressing wish to become pregnant at young age Early onset of sexual activity (13-14) Sexual active (15+) with inconsistent use of contraception Low level substance misuse (current or historical) Poor self-esteem <p>Self-care and independence</p> <ul style="list-style-type: none"> Lack of age appropriate behaviour and independent living skills that increase vulnerability to social exclusion 	<p>An early help assessment should be completed with the child to identify their strengths and needs and to gain specialist support</p> <p>Programmes aiming to build self-esteem and enhance social or life skills. prevention programmes positive activities</p> <p>Key agencies that may provide support at this level:</p> <p>Universal and targeted</p> <p>Youth crime prevention services</p> <p>Targeted drug and alcohol information, advice and education, including harm reduction advice to support informed choices</p> <p>Health, education children's centres and early years</p> <p>Educational psychology</p> <p>Educational welfare</p> <p>Specialist play services</p> <p>Youth services</p> <p>Voluntary and community services</p> <p>Family support services</p> <p>Targeted youth support services</p>
	<p>Family and environmental factors</p> <p>Family and social relationships and family wellbeing</p> <ul style="list-style-type: none"> Parents, siblings and carers have relationship or health difficulties which may affect the child – young carer Parents request advice to manage their child's behaviour Children affected by difficult family relationships or bullying <p>Housing, employment and finance</p> <ul style="list-style-type: none"> Overcrowding Families affected by low income or unemployment <p>Social and community resources</p> <ul style="list-style-type: none"> Insufficient facilities to meet needs eg, transport or access issues Family requires advice regarding social exclusion eg, hate crimes Associating with anti-social or criminally active peers Limited access to contraceptive and sexual health advice, information and services 	
	<p>Parents and carers</p> <p>Basic care, safety and protection</p> <ul style="list-style-type: none"> Inconsistent care eg, inappropriate childcare arrangements or young inexperienced parent <p>Emotional warmth and stability</p> <ul style="list-style-type: none"> Inconsistent parenting, but development not significantly impaired <p>Guidance boundaries and stimulation</p> <ul style="list-style-type: none"> Lack of response to concerns raised regarding child 	

Level 3: High or complex		
Additional needs requiring integrated targeted support OR child in need (section 17)		
Features	Universal example indicators	Assessment process
<p>Children with high level additional unmet needs</p> <p>Complex needs likely to require longer term intervention from statutory and/or specialist services</p> <p>Child in need These children may be eligible for a child in need service from children's social care and are at risk of moving to a high level of risk if they do not receive early intervention. These may include children who have been assessed as high risk in the recent past, or children who have been adopted and now require additional support. If a social worker is allocated they will act as the lead professional</p>	<p>Developmental needs</p> <p>Learning and education</p> <ul style="list-style-type: none"> Short term exclusions or at risk of permanent exclusion, persistent truanting Statement of special educational needs No access to books, toys or educational materials <p>Health</p> <ul style="list-style-type: none"> Disability requiring specialist support to be maintained in mainstream setting Physical and emotional development raising significant concerns Chronic or recurring health problems Missed appointments: routine and non-routine <p>Social, emotional, behavioural, identity</p> <ul style="list-style-type: none"> Under 16 and has had (or caused) a previous pregnancy ending in still birth, abortion or miscarriage 16+ and has had (or caused) two or more previous pregnancies or is a teenage parent Under 18 and pregnant Coming to notice of police on a regular basis but not progressed Received fixed penalty notice, reprimand, final warning or triage of diversionary intervention Evidence of regular or frequent drug use which may be combined with other risk factors Evidence of escalation of substance use Evidence of changing attitudes and more disregard to risk Mental health issues requiring specialist intervention in the community Significant low self esteem Victim of crime including discrimination Young person is at risk of child sexual exploitation <p>Self-care and independence</p> <ul style="list-style-type: none"> Lack of age appropriate behaviour and independent living skills, likely to impair development 	<p>The early help assessment can be used as supporting evidence to gain specialist or targeted support</p> <p>SPA Online referral form</p> <p>The early help assessment may also be completed to support child moving out of complex needs</p> <p>Statutory or specialist services assessment (NB an early help assessment must NOT replace a specialist assessment)</p> <p>Key agencies that may provide support at this level:</p> <p>Children's social care</p> <p>Other statutory service eg, SEN services, specialist health or disability services</p> <p>Youth Offending Service</p> <p>Drug and alcohol service</p> <p>CAMHS</p> <p>Family support, targeted youth support services</p> <p>Voluntary and community services</p> <p>Services at universal level</p>
	<p>Family and environmental factors</p> <p>Family and social relationships and family wellbeing</p> <ul style="list-style-type: none"> History of domestic violence, animal abuse or neglect Risk of relationship breakdown with parent or carer and the child Young carers, privately fostered, children of prisoners, periods of LAC Child appears to have undifferentiated attachments <p>Housing, employment and finance</p> <ul style="list-style-type: none"> Severe overcrowding, temporary accommodation, homeless, unemployment <p>Social and community resources</p> <ul style="list-style-type: none"> Family require support services as a result of social exclusion 	

	<ul style="list-style-type: none"> • Parents socially excluded, no access to local facilities 	
	<p>Parents and carers</p>	
	<p>Basic care, safety and protection</p> <ul style="list-style-type: none"> • Physical care or supervision of child is inadequate • Parental learning disability ,parental substance misuse or mental health impacting on parent's ability to meet the needs of the child • Parental non compliance 	
	<p>Emotional warmth and stability</p> <ul style="list-style-type: none"> • Inconsistent parenting impairing emotional or behavioural development 	
	<p>Guidance boundaries and stimulation</p> <ul style="list-style-type: none"> • Parent provides inconsistent boundaries or responses 	

Level 4: Complex or acute		
Additional needs requiring specialist or statutory integrated response OR child protection (section 47)		
Features	Universal example indicators	Assessment process
<p>Complex additional unmet needs</p> <p>These children require Specialist and statutory integrated support</p> <p>Child protection</p> <p>Children experiencing significant harm that require statutory intervention such as child protection or legal intervention. These children may also need to be accommodated by the local authority either on a voluntary basis or by way of court order</p> <p>Agencies should make a verbal referral to children's social care accompanied by a written referral</p>	<p>Developmental needs</p> <p>Learning and education</p> <ul style="list-style-type: none"> Chronic non-attendance, truanting Permanently excluded, frequent exclusions or no education provision No parental support for education <p>Health</p> <ul style="list-style-type: none"> High level disability which cannot be maintained in a mainstream setting Serious physical and emotional health problems <p>Social, emotional, behavioural, identity</p> <ul style="list-style-type: none"> Challenging behaviour resulting in serious risk to the child and others Failure or rejection to address serious (re)offending behaviour. Likely to be in deter cohort of youth offending management Known to be part of gang or postcode derived collective Complex mental health issues requiring specialist interventions In sexually exploitative relationship Teenage parent under 16 Under 13 engaged in sexual activity Frequently go missing from home for long periods Distorted self-image Young people experiencing current harm through their use of substances Young people with complicated substance problems requiring specific interventions and/or child protection Young people with complex needs whose issues are exacerbated by substance use <p>Self-care and independence</p> <ul style="list-style-type: none"> Severe lack of age appropriate behaviour and independent living skills likely to result in significant harm eg, bullying, isolation 	<p>Additional services:</p> <p>SPA online referral form.</p> <p>Statutory or specialist services assessment (NB an early help assessment must NOT replace a specialist assessment)</p> <p>Key agencies that may provide support at this level:</p> <p>Specialist health or disability services</p> <p>Youth Offending Service</p> <p>CAMHS</p> <p>Family support, targeted youth support services</p> <p>Voluntary and community services</p> <p>Services at universal level</p> <p>Comprehensive assessment and formulation of substance specific care plan</p>
	<p>Family and environmental factors</p> <p>Family and social relationships and family wellbeing</p> <ul style="list-style-type: none"> Suspicion of physical, emotional, sexual abuse or neglect High levels of domestic violence that put the child at risk Parents are unable to care for the child Children who need to be looked after outside of their own family <p>Housing, employment and finance</p> <ul style="list-style-type: none"> No fixed abode or homeless. Family unable to gain employment or extreme poverty <p>Social and community resources</p> <ul style="list-style-type: none"> Child or family need immediate support and protection due to harassment or discrimination and no access to community resources 	

	Parents and carers	
	Basic care, safety and protection <ul style="list-style-type: none">• Parent is unable to meet child's needs without support	
	Emotional warmth and stability <ul style="list-style-type: none">• Parents unable to manage and risk of family breakdown	
	Guidance boundaries and stimulation <ul style="list-style-type: none">• Parent does not offer good role model eg, condones anti-social behaviour	

