

# thresholds of need guide



## Introduction

The purpose of this guidance, which is for practitioners in all agencies working with children, is to assist in decision making about which agency should be involved in helping families have different levels of need. It has been endorsed by the Tri-borough Local Safeguarding Children Board (LSCB) and should be used to help practitioners make decisions about which agency to refer to and when. The tables below give examples of what we might expect to see in families receiving services at four different tiers or levels of need. The examples are neither exhaustive nor rigid in their application, they are for guidance and should be used to enhance professional judgments and discussion about individual children and families.

This threshold guide sits within the overall framework for dealing with children in need as outlined in the London Child Protection Procedures which is published and updated by the London Safeguarding Children Board. These procedures are more detailed and provide practice guidance about expectations for safeguarding practice across London and between boroughs.



## Access to children's services in each borough

Access routes to early help and social work services provided in each borough are outlined below. It should be emphasised that these routes are not only for referral but also for consultation and advice if practitioners are unsure if a threshold is met for a referral or not. The Tri-borough LSCB is publishing a Local Assessment Protocol, which provides more detail about the assessment process in each borough. In summary:

- In Hammersmith & Fulham, all referrals should go to the Single Front Door which will allocate the referral either to the Early Help service for Level 2 needs, or the Contact and Assessment Service for Level 3 or Level 4 needs.
- In Kensington and Chelsea, referrals should go to the Early Help Service for Level 2 needs, and the Locality Social Work teams for Level 3 or 4 needs.
- In Westminster, all referrals should go to the Access to Children's Services team which will allocate the referral either to the Early Help service for Level 2 or 3 needs, or the Assessment Service for Level 4 needs

This Threshold Guidance should be used in conjunction with the Barnardo's Multi Agency Domestic Violence Risk Identification Matrix, which is added as an Appendix and available separately in hard copy.

### Multi-Agency Safeguarding Hub (MASH)

The Tri-borough MASH is a multi-agency service that provides rapid information sharing and risk analysis to all referrals where there may be a risk to a child. Social Care, Police, Health, Probation, Housing, Schools and the Youth Offending Service are either co-located or part of a virtual team response to ensure that the best possible analysis is made following referral to help ensure that we make the right response. MASH does not take referrals directly other than through the Police and Social Care.

MASH does not take referrals directly other than through the Police and Social Care, rather it provides an enhanced and rapid information sharing function and risk analysis to support the decisions of the operational services in each borough.



## Features of each level

### Level 1: UNIVERSAL

All children use universal services which include schools, health care including health visitors, GPs, housing, and other easily accessed services. At this level, children would be expected to do well with minimum intervention from any additional services.

#### FEATURES

##### Child with no additional needs

Children whose developmental needs are met by universal services

#### Key universal services that may provide support at this level

- Schools and nurseries
- Children's Centres
- Early Years
- Health Visiting Service
- School Nursing
- GP
- Young People's Service
- Housing
- Voluntary and Community Sector

### Level 2: EARLY HELP AND TARGETED SERVICES

At Level 2, children and their families will need additional help to prevent problems escalating and becoming more difficult to resolve. The help may come from specialist school staff, health services, children's centres or early help teams in the local authority.

#### FEATURES

These children may require extra support in order to promote their welfare and well-being and to prevent their needs from becoming more complex or acute.

#### Key agencies that may provide support at this level

- Early Help Services
- Social work services
- Children's Centres
- Early Years
- Health Visiting Services
- School Nursing
- Educational Psychology
- Mental Health and Substance Misuse Services
- Voluntary and Community Sector
- Primary Inclusion Development Service
- Family Coaching



### Level 3: CHILDREN AND FAMILIES WITH COMPLEX NEEDS

Children and families at this level will be facing complex problems which will require an integrated and co-ordinated response. Children at this level, often described as children 'in need' may be seen to be at risk and without support their development will be impaired. A number of agencies may be involved to help families at this level including: local authority early help or children's social care; youth offending services; children's centres; child and adolescent mental health services (CAMHS); health services including health visitors, GPs and mental health services; specialist school staff; family coaches.

#### FEATURES

##### Children with complex or multiple needs

These children require integrated targeted support, without which their health (physical and emotional) and development may be significantly impaired. Without support the family are likely to become acute (level four)

##### Child in need:

These children may be eligible for a child in need service from children's social work services 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.

#### Key agencies that may provide support at this level

- Early Help (Localities Service)
- Children's Social Care
- Youth Offending Service
- Mental Health and Substance Misuse Services
- Educational Psychology
- Primary Inclusion Development Service
- Community CAMHS (Tier 2, Tier 3)
- Cheyne Development Service
- Health Visiting
- School Nursing
- Voluntary and Community Services
- Family Recovery Programme
- Services at universal level
- Families Forward

**Support may also be offered by other agencies detailed in level two**

### Level 4: CHILDREN WITH ACUTE NEEDS

Children at this level will be at risk of harm and may be subject to child protection enquiries, taken into the care of the local authority or need specialist mental health intervention. Children's social work services will take the lead in safeguarding children and co-ordinating services for children at this level. The agencies involved might include any of those working with children at all levels.

#### FEATURES

##### Child Protection

##### Child experiencing or at risk of experiencing significant harm

These children require specialist/statutory integrated support. Children at this level would require statutory interventions such as child protection investigations or legal interventions in order to safeguard and promote their welfare. These children may also need to be accommodated by the local authority either on a voluntary basis or by way of Court Order.

#### Key agencies that may provide support at this level:

- Children's Social Care
- Early Help (Localities Service)
- CAFS
- Youth Offending Service
- Mental Health and Substance Misuse Services
- Educational Psychology

**Support may also be offered by other agencies detailed in level two and three.**

- Primary Inclusion
- Multi-systemic Therapy Team
- Specialist Safeguarding Health Visitors

Level 1:  
UNIVERSAL  
EXAMPLE INDICATORS

CHILD DEVELOPMENT FACTORS
<b>Learning and education</b> <ul style="list-style-type: none"> <li>Achieving key stages</li> <li>Good attendance at school, college and training</li> </ul>
<b>Health</b> <ul style="list-style-type: none"> <li>Good physical health and emotional wellbeing</li> <li>Registered with a GP and a dentist</li> </ul>
<b>Social, emotional, behavioural and identity</b> <ul style="list-style-type: none"> <li>Positive and safe relationships with peers</li> <li>Secure early attachments are formed, child is confident in social situations</li> <li>Responds appropriately to boundaries and guidance</li> <li>Positive sense of self and abilities</li> </ul>
<b>Family and social relationships</b> <ul style="list-style-type: none"> <li>Stable family where care givers are able to meet the child's needs</li> <li>Good relationship with siblings and peers</li> </ul>
<b>Self-care and independence</b> <ul style="list-style-type: none"> <li>Growing level of competencies in practical and emotional skills (e.g. feeding, dressing, developing age appropriate independent living skills)</li> </ul>

FAMILY AND ENVIRONMENTAL FACTORS
<b>Family, history and well-being</b> <ul style="list-style-type: none"> <li>Stable and supportive family relationships</li> </ul>
<b>Housing, employment and finance</b> <ul style="list-style-type: none"> <li>Child fully supported financially</li> <li>Suitable housing</li> </ul>
<b>Social and community resources</b> <ul style="list-style-type: none"> <li>Good social and friendship networks</li> <li>Safe and secure environment</li> <li>Access to positive activities</li> </ul>
PARENTING FACTORS
<b>Basic care, safety and protection</b> <ul style="list-style-type: none"> <li>Parents able to meet child's physical needs</li> <li>Parent protects from danger or significant harm in the home and elsewhere</li> </ul>
<b>Emotional warmth and stability</b> <ul style="list-style-type: none"> <li>Parents or carers provide secure and caring parenting</li> </ul>
<b>Guidance, boundaries and stimulation</b> <ul style="list-style-type: none"> <li>Parents provide appropriate guidance and boundaries to help child develop holistically</li> <li>Facilitates cognitive development through interaction and play</li> </ul>

Level 2:  
EARLY HELP AND TARGETED SERVICES  
EXAMPLE INDICATORS

CHILD DEVELOPMENT FACTORS
<b>Learning and education</b> <ul style="list-style-type: none"> <li>Occasional truanting or non-attendance, poor punctuality, poor links between home and school and child is not supported to reach educational potential</li> <li>Developmental delay</li> <li>Few or no qualifications or NEET (Not in Education, Employment or Training)</li> <li>Mild learning or behavioural difficulties emerging, poor concentration, lack of interest in education and other school activities</li> </ul>
<b>Health</b> <ul style="list-style-type: none"> <li>Slow in reaching developmental milestones</li> <li>Mild or specific learning disability</li> <li>Missing immunisation or checks, minor concerns regarding health, diet, hygiene and clothing</li> </ul>
<b>Social, emotional, behavioural and identity</b> <ul style="list-style-type: none"> <li>Low level mental health or emotional issues requiring intervention</li> <li>Difficulties with peer group, family or other relationships</li> <li>Early onset of sexual activity</li> <li>Young person missing from home: repeated incidents</li> <li>Vulnerable to emotional problems in response to life events such as parental separation or bereavement</li> <li>Low self-esteem, lack of confidence, suffering from anxiety or withdrawn. Can be overly friendly or withdrawn with strangers</li> <li>Difficulties in expressing empathy, understanding impact of action on others or taking responsibility for actions</li> <li>Victim or perpetrator of bullying or discrimination</li> <li>Early sexual activity (under 13/14 years)</li> <li>Experimentation with tobacco, alcohol or illegal drugs</li> <li>Early onset of offending behaviour or activity and coming to the notice of the police because of this behaviour (10 – 14 years).</li> </ul>
<b>Self-care and independence</b> <ul style="list-style-type: none"> <li>Lack of age appropriate independent living skills that increase vulnerability to social exclusion</li> </ul>

FAMILY AND ENVIRONMENTAL FACTORS
<b>Housing, employment and finance</b> <ul style="list-style-type: none"> <li>Overcrowding</li> <li>Families affected by low income or unemployment</li> </ul>
<b>Family and social relationships</b> <ul style="list-style-type: none"> <li>Parents or carers have relationship difficulties which affect the child</li> <li>Parents request advice to manage their child's behaviour</li> <li>Child affected by difficult family relationships or bullying</li> <li>Parent or carer has physical or mental health difficulties that may affect the child</li> <li>Child is a young carer</li> </ul>
<b>Social and community resources</b> <ul style="list-style-type: none"> <li>Insufficient facilities to meet need e.g. transport or access issues</li> <li>Family requires advice regarding social exclusion</li> <li>Family has limited support or is new to the area</li> <li>Child is associating with anti-social or criminally active peers</li> <li>Limited access to contraceptive or and sexual health advice, information and services</li> </ul>
PARENTING FACTORS
<b>Basic care, safety and protection</b> <ul style="list-style-type: none"> <li>Inconsistent care (inappropriate child care arrangements or young inexperienced parent)</li> <li>Parental learning disability, parental substance misuse or mental health which may be impacting on parent's ability to meet the needs of the child</li> <li>Level 1 or 2 on the Barnardo's Domestic Violence Matrix</li> </ul>
<b>Emotional warmth and stability</b> <ul style="list-style-type: none"> <li>Inconsistent parenting including emotional availability but development not significantly impaired</li> <li>Post natal depression or persistent low mood which affects the child</li> </ul>
<b>Guidance, boundaries and stimulation</b> <ul style="list-style-type: none"> <li>Parents have inconsistent boundaries or lack of routine in the home</li> <li>Lack of response to concerns raised regarding child</li> <li>History of parenting difficulties with siblings, e.g. exclusion from school, involvement in substance misuse</li> </ul>



**Level 3:  
CHILDREN AND FAMILIES WITH COMPLEX NEEDS  
EXAMPLE INDICATORS**

CHILD DEVELOPMENT FACTORS
<p><b>Learning/education</b></p> <ul style="list-style-type: none"> <li>● Chronic or poor nursery/school attendance/punctuality/ poor home and nursery or school link/no parental support for education.</li> <li>● Short term exclusion or at risk of permanent exclusion, persistent truanting or no education provision.</li> <li>● Statement of Special Education Needs or on-going difficulty with learning and development.</li> <li>● No access to books, toys or education materials</li> <li>● Is (or is at risk of becoming) not in education, employment or training.</li> </ul>
<p><b>Health</b></p> <ul style="list-style-type: none"> <li>● Disability requiring specialist support to be maintained in mainstream setting</li> <li>● Developmental milestones are unlikely to be met/concerns about weight, dental decay, and language development delays.</li> <li>● Child has some chronic/recurring health problems: not treated or badly managed/missed appointments</li> <li>● Unsafe sexual activity, teenage pregnancy/smokes/uses illegal substances</li> <li>● Teenage pregnancy or parent</li> </ul>
<p><b>Social, emotional, behavioural and identity</b></p> <ul style="list-style-type: none"> <li>● Child finds it difficult to cope with or express emotions</li> <li>● Family relationships or with other adults are a cause for concern</li> <li>● Significant poor peer relationships/difficult sustaining relationships/issues of attachment/isolation.</li> <li>● Appears regularly anxious or with low self-esteem, significantly impacting on all relationships</li> <li>● Mental health issues emerging requiring specialist intervention</li> <li>● Subject to persistent discrimination or harm from crime.</li> <li>● Disruptive/challenging/high risk behaviour at school, home or in the neighbourhood which is unresponsive to level one and two interventions (e.g. running away, underage sex, problematic and escalating drug use).</li> <li>● Concerns regarding behaviour development and the development of appropriate social skills.</li> <li>● Starting to commit offences or coming to notice of the police on a regular basis/re-offend/victim of crime</li> <li>● Received fixed penalty notice/reprimand or warning, or triage intervention</li> <li>● Evidence of disregard to risk</li> <li>● Gang affiliation</li> <li>● Repeated incidents of missing from home, care or school</li> </ul>
<p><b>Self-care and independence</b></p> <ul style="list-style-type: none"> <li>● Lack of age appropriate independent living skills, likely to impair development or lead to alienation from peers.</li> </ul>

FAMILY AND ENVIRONMENTAL FACTORS
<p><b>Family and social relationships and family well-being</b></p> <ul style="list-style-type: none"> <li>● Acrimonious divorce/separation impacting on child</li> <li>● Risk of relationship breakdown with parent and the child or young person.</li> <li>● Young carers/children of prisoners</li> <li>● Privately fostered children</li> <li>● Persistent relationship difficulties.</li> <li>● Family has poor relationship with extended family/no support network.</li> </ul>
<p><b>Housing, employment and finance</b></p> <ul style="list-style-type: none"> <li>● Family requires support services as a result of social exclusion or no access to local facilities.</li> <li>● Housing conditions impacting directly on children, including severe overcrowding.</li> <li>● Children are experiencing frequent moves.</li> <li>● Parents or carers have been assessed as intentionally homeless/homeless unaccompanied minors</li> <li>● Extreme poverty impacting directly on welfare of children.</li> <li>● Young person aged 16/17 presents as homeless and to be assessed under "youth homelessness" framework.</li> </ul>
PARENTING FACTORS
<p><b>Basic care, safety and protection</b></p> <ul style="list-style-type: none"> <li>● Physical care or supervisions of child is inadequate.</li> <li>● Parental learning disability, substance misuse, mental health or lifestyle which is impacting on parent's ability to meet the needs of the child.</li> <li>● Level 3 on Barnardo's Domestic Violence Matrix</li> </ul>
<p><b>Emotional warmth and stability</b></p> <ul style="list-style-type: none"> <li>● Inconsistent parenting impairing emotional or behavioural development</li> </ul>



**Level 4:  
CHILDREN WITH ACUTE NEEDS  
EXAMPLE INDICATORS**

CHILD DEVELOPMENT FACTORS
<p><b>Learning/education</b></p> <ul style="list-style-type: none"> <li>● Chronic non-attendance, truanting/no parental support for education.</li> <li>● Permanently excluded, frequent exclusions or no education provision.</li> <li>● Severe and complex learning difficulties requiring residential educational provision.</li> </ul>
<p><b>Health</b></p> <ul style="list-style-type: none"> <li>● High level disability which cannot be maintained in a mainstream setting.</li> <li>● Serious physical and emotional health problems.</li> <li>● Refusing medical care placing child's health and development at significant risk.</li> <li>● Persistent and high risk substance misuse/dangerous sexual activity and/or early teenage pregnancy/sexual exploitation/sexual abuse/self-harming.</li> <li>● Non-accidental injury.</li> <li>● Female genital mutilation.</li> </ul>
<p><b>Social, emotional, behavioural and identity</b></p> <ul style="list-style-type: none"> <li>● Subject to or at risk of physical, emotional or sexual abuse or neglect.</li> <li>● Severe emotional/behavioural challenges resulting in serious risk to the child and others.</li> <li>● Goes missing for long periods of time or on a frequent basis.</li> <li>● Victim of sexual abuse, exploitation and underage sex which is considered abusive.</li> <li>● Sexual exploitation of a child/young person including prostitution/forced involvement in sexual activity.</li> <li>● Forced marriage of a child.</li> <li>● Challenging behaviour resulting in serious risk to the child or others.</li> <li>● Complex mental health issues requiring specialist intervention including in-patient treatment.</li> <li>● Failure or rejection to address serious (re)offending behaviour, as well as being part of a gang.</li> <li>● Distorted self-image.</li> <li>● Young person experiencing current harm through their use of substances.</li> </ul>
<p><b>Self-care and independence</b></p> <ul style="list-style-type: none"> <li>● Severe lack of age appropriate independent living skills likely to result in significant harm e.g. bullying, isolation, inappropriate self-presentation.</li> <li>● Lack of age appropriate independent living skills, likely to impair development or lead to alienation from peers.</li> </ul>

FAMILY AND ENVIRONMENTAL FACTORS
<p><b>Family and social relationships and family well-being</b></p> <ul style="list-style-type: none"> <li>● Parents are unable to care for the child.</li> <li>● Suspicion of physical, emotional, sexual abuse or neglect.</li> <li>● Children who need to be looked after outside of their own family.</li> </ul>
<p><b>Housing, employment and finance</b></p> <ul style="list-style-type: none"> <li>● No fixed abode or homeless or imminently homeless/ housing conditions are posing a serious threat to the welfare.</li> <li>● Family with a lack of access to finance and living in extreme poverty.</li> </ul>
<p><b>Social and community resources</b></p> <ul style="list-style-type: none"> <li>● Child or family at immediate risk due to harassment or discrimination.</li> <li>● No access to community resources.</li> </ul>
PARENTING FACTORS
<p><b>Basic care, safety and protection</b></p> <ul style="list-style-type: none"> <li>● Level 4 of the Barnardo's Domestic Violence Matrix</li> <li>● Parents unable to provide 'good enough' parenting placing child's development at significant risk.</li> <li>● Little or no improvement in parenting despite professional interventions.</li> <li>● Parents are believed to have caused physical injury to a child.</li> <li>● Chronic and serious domestic violence directly or indirectly involving a child.</li> <li>● Where previous children placed at risk by parents' actions.</li> <li>● Parental non-compliance.</li> <li>● Parents involved in crime unable to restrict access to home by dangerous adults.</li> </ul>
<p><b>Emotional warmth and stability</b></p> <ul style="list-style-type: none"> <li>● Evidence of emotionally abusive relationships placing child's development at significant risk.</li> </ul>
<p><b>Guidance, boundaries and stimulation</b></p> <ul style="list-style-type: none"> <li>● An absence of effective parental boundaries placing child's development at significant risk.</li> <li>● Child beyond parental/carer's control/offending/has no one to look after them.</li> <li>● Parent displays or condones serious anti-social behaviour within the community.</li> </ul>

## Assessment process

### Level 1: UNIVERSAL

Children should access universal services in a normal way using each service's referral process.

### Level 2: EARLY HELP AND TARGETED SUPPORT

An assessment of the families' strengths and needs will be undertaken.

Depending on the severity of need, a decision will be made about whether the family receive a service from the Early Help teams or from children's social work services.

Early Help Services may require a common assessment or strengths and needs assessment to be completed.

### Level 3: CHILDREN AND FAMILIES WITH COMPLEX NEEDS

The Common Assessment Framework may be used as supporting evidence to gain specialist/targeted support by requesting agencies Evidence of interventions or support already provided can assist with decision making at this point.

Referrals to social work services differ in each borough:

Westminster and Hammersmith & Fulham have one point of contact, Kensington and Chelsea provide locality teams which receive referrals.

### Level 4: CHILDREN WITH ACUTE NEEDS

Referrals to social work services differ in each borough:

Westminster and Hammersmith & Fulham have one point of contact, Kensington and Chelsea provide locality teams which receive referrals.

The Lead Professional will be the Statutory Social Worker who will be responsible for co-ordinating the core group (child protection planning) or a Child In Need Plan.

The children will require a co-ordinated multi-agency response from both the statutory and non-statutory services.

