



## **Threshold of need framework and guidance**

Working together to meet the individual needs of children, young people and families

May 2018

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## Introduction from the Independent Chair

Everyone who works with children, or with their parents/carers, has a shared responsibility for keeping them safe.

In Hull, agencies and services have a shared commitment to ensuring that children and families get **the right help at the right time**. This relies on everyone who comes into contact with them playing their full part in identifying needs and concerns, sharing information and taking prompt action.

Local safeguarding children boards have a duty to publish a threshold document which is agreed with the local authority and its partners. Having clear thresholds for action which are understood by all professionals, and applied consistently, should ensure that the right help is given to the children and young people at the right time, across the continuum of need. This duty will pass from LSCBs to safeguarding partners in 2019.

The Board agreed that it was timely to review and refresh our local thresholds guidance and framework now for a number of reasons:

- To reflect key developments in targeted early help, particularly in relation to early help assessment and the role of lead practitioner;
- To clearly describe “stepping down” and “stepping up” arrangements and practices, particularly at the interface between ‘specialist’ and ‘targeted early help’;
- To describe the role of the Early Help and Safeguarding Hub as the single point of contact where there are safeguarding concerns which require either a targeted early help response or referral to children’s social care; and
- To ensure that our local guidance and framework reflects national changes to statutory guidance.

During our consultation on this revision with practitioners and managers from across the partnership there was

widespread consensus about the importance of 'threshold guidance and framework' as a means of:

- Sustaining a strong culture of partnership working
- Promoting shared understanding and a common language
- Emphasising that all agencies and services share responsibility for helping and supporting children and families across the continuum
- Ensuring a culture of professional curiosity and respectful uncertainty when working with children and families.

At whatever stage in a child's life, it is well recognised that providing early help is much more effective in promoting their safety and welfare than reacting later. This is fundamental in ensuring that children do get the right help at the right time.

This 'Threshold of Need Framework and Guidance' has been designed and produced in partnership to help all those who work with children and their families to ensure that children get the help that they need at the earliest possible opportunity and based upon their individual needs and circumstances.



Rick Proctor

Independent Chair

Hull Safeguarding Children Board

## **Meeting the needs of children, young people and families in Hull**

Every child, young person and families' situation is unique and the discussions and decisions about how to best meet their needs, and who is best placed to do so, will be based on:

- A clear understanding of strengths and needs of the whole family;
- The views of children and young people;
- An understanding of the child or young person's lived experience;
- Informed, evidence based professional judgements.

The individual support needs of children, young people and families do not easily fit into categories or boxes. Circumstances can change quickly, and over time the need for support may increase or decrease depending on the interplay and impact of the strengths, vulnerabilities and risk factors that are present at any one time.

Most children and young people will be best supported and have their needs met by universal service provision or some additional support from a single agency response or partnership working. However some children may require the provision of universal, targeted and / or specialist services working together in a co-ordinated way to meet their needs.

The term 'Targeted early help' describes a co-ordinated, partnership approach to working with children, young people and families whose needs and circumstances might make them more vulnerable. In order for targeted early help to be successful, this requires a firm commitment by all agencies to working in partnership to meet the needs of children, young people and families at the earliest opportunity.

Safeguarding children is everyone's responsibility. No single practitioner or agency can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into

contact with them has a role to play in identifying emerging need and escalating concern, in sharing information appropriately and in taking prompt action.

All partner agencies should ensure that their practitioners are suitably trained and supported to provide high quality services which prevent children, young people and families' support needs escalating to more specialist services where possible.

Services for adults play an essential role in targeted early help. Adults may have additional needs or vulnerabilities such as substance misuse, mental health needs, learning disabilities and / or domestic abuse, which can all impact on parenting ability. All agencies should adopt a **'Think Family'** approach to secure better outcomes for children, young people and families, through co-ordinating the support they provide.

Services provided to children, young people and families need to be child centred and based on a clear understanding of the needs and views of children and young people. It is important when working with a family that the individual voices of children and young people are heard.

### **What is included in the framework and guidance pack**

Hull's threshold of need framework and guidance has been designed to assist all whose work brings them into contact with children, young people and their families (including an unborn child) to identify the most appropriate level of support required to ensure that children are kept safe and grow up in circumstances that allow them to achieve their best outcomes.

The threshold 'windscreen' framework ([Appendix 1](#)) is designed to illustrate the relationship between universal services, additional support, targeted early help support and specialist support, and offers:

- A shared language and a shared understanding of levels of service provision; and
- A process to assess and manage need to enable practitioners and agencies to balance strengths and support needs within a family.

The indicator tables ([Appendix 2](#)) are illustrative of where a child, young person or families' circumstances **may** fit within the levels of the framework. These are **not** definitive check lists: they are prompts designed to assist the conversations between practitioners, and with children and families, in order to be able to make informed decisions about what level of support might meet their individual needs and circumstances.

Examples of some of the services which could be available at the different levels of support are attached ([Appendix 3](#))

Additional tools and guidance designed to support good assessment, planning and decision making to meet the needs of children young people are available following the links below:

[DASH \(Domestic Abuse Stalking and Harassment\)](#)

[Headstart checklist \(emotional wellbeing 10-16 years\)](#)

[Neglect Observational Tool](#)

[Neglect Assessment Framework Tool](#)

[Risk Indicator Tool \(Child sexual Exploitation\)](#)

**NB. The threshold windscreen ([Appendix 1](#)) is available as a wall chart on request. It should be used in conjunction with the guidance that follows.**



## Effective communication, information sharing and consent

Effective communication requires a culture of listening and engaging in dialogue within and across agencies. It is essential that all communication is as accurate and complete as possible, and that it is clearly recorded.

Effective information-sharing underpins joint working and is a vital element of work to safeguard and promote the welfare of children. Issues of consent should always be considered, but should not be a barrier to information sharing.

It is important to be open, honest and respectful with children, young people and families from the outset about why, what, how and with whom information will, or could be shared, and to seek their consent to this sharing - unless it is unsafe to do so.

Each situation should be considered on a case-by-case basis. Practitioners should seek advice from senior colleagues, where necessary.

Early Help is a consent based service. The parent / carer and child (where appropriate) must consent before a referral is made to any service for additional or targeted early help support.

For consent to be valid it must be:

- Voluntary – The decision to either consent or not to consent to information being shared must be made by the person themselves;
- Informed – The person must be given all of the information in terms of what information will be shared. This involves being explicit with children and families about what will be shared, who will see their information, the purpose to which it will be put and the implications of sharing that information. Consent to share must be given by a person with the [Capacity](#) to do so.

Where there are child protection concerns the parent / carer must be informed that contact is being made with the EHASH, and the reasons for doing so, unless to do so would increase the risk of harm to the child.

Further guidance on information sharing and working with consent can be found ([http://hullscb.proceduresonline.com/chapters/full\\_contents.html#core](http://hullscb.proceduresonline.com/chapters/full_contents.html#core)).

### **Informed professional judgement**

When making informed professional judgements about the level of support that a child, young person or family needs, there are a number of key questions that should be given consideration. The answers to these questions will assist both single and multi-agency conversations to determine the right level of support.

- What is the evidence of impact on the child or young person in relation to their health and development or harm / likely harm?
- What are the concerns for the child or young person if things do not change?
- What is the severity of harm / likely harm?
- What have you and / or others done to try to help already?
- What are the individual needs and views of each child in the family?

### **Management oversight in decision making**

In order to support informed professional judgements, practitioners should seek guidance and approval from their supervisor or safeguarding lead. Conversations and actions in relation to any decision making should be clearly documented within the individual child, young person or family record for the individual agency.

In addition to in-house processes, advice and support can be sought from locality Early Help Hubs or from the Early Help and Safeguarding Hub (EHASH) to help support decision making.

### **Resolving differences**

When having conversations (and working) alongside practitioners from other agencies there will at times be differences of opinion.

Disagreements can be a sign of developing thinking, and the value of exchanging ideas from different perspectives should not be under-estimated. However, disagreements may disadvantage the child or family involved if they are not resolved constructively and in a timely manner.

When such disagreements cannot be resolved, practitioners should consult with their line managers. The [Resolving Inter-agency Disagreements Guidance \(Escalation Policy\)](#) should be followed. It provides a clear framework for the timely resolution of inter-agency disagreements in the best interests of children and families.

It is designed to work alongside, and support, existing individual agency procedures and escalation policies and should be used in conjunction with Hull Safeguarding Children Board Guidelines and Procedures.

### **Describing a continuum of support**

Deciding the level of support a child, young person or family needs requires information to be gathered and professional judgements formed about the needs of the child or young person and the ability of the family to meet those needs within any given situation. On occasion, this will require considering the likely level of risk of harm to a child where there are concerns about the circumstances in which the child is living or wider environmental factors.

The levels of support in this continuum are described as follows:

## **Universalservices**

All children, young people and families can access a wide range of universal services such as a midwife, a health visitor, children's centres, youth services, GP or school.

The majority of children and young peoples' needs can be met at a universal level, without any additional support.

All services should support children and families to find their own solutions. This may include helping them access the internet for advice and guidance with regard to a specific issue or signposting them to help within their community.

The vast majority of the Children and young people's workforce are based within Universal settings. This is where the majority of children and young people's needs are, and should be, met.

## **Additional support**

Some children, because of emerging needs, temporary or enduring circumstances, may require some additional support to be healthy and safe and to achieve their potential.

This group of children may require additional support either at school, home or in the local community. Additional support can be provided in response to these emerging needs by a single agency response and /or partnership working between a few agencies.

Where there are emerging needs, practitioners may wish to consider the use of a single or multi-agency assessment in order to better understand need and determine the most appropriate support to meet the individual needs of the child young person or family. A multi-disciplinary or multi-agency meeting may also be beneficial in order to support effective communication and decision making about access to and provision of any additional services.

The following services are available through the Local Authority Early help hubs:

Please tick which service you would like to refer into:	
Early Help Family Support (0-11yrs)	Drug & Alcohol Support (Children & Young People)
Early Help Family Support (11-19yrs)	Drug & Alcohol Support (Parental/Adults)
Early Help Family Support (targeted pregnancy)	Family Group Conferencing
Early Help Family Support (SEND)	Parenting Support
Early Help Family Support (NEETs)	Young Carers Support
Early Help Children's Centre Services	Youth Services (10-19yrs)

In order to make a direct referral for these services please use the [Early Help Requests for Additional Support Form](#) to make a direct referral for these services by emailing the completed form to [Early.Help@hullcc.gcsx.gov.uk](mailto:Early.Help@hullcc.gcsx.gov.uk)

### Targeted early help support

There are a smaller group of children, young people and families who may have multiple needs which require a multi-agency co-ordinated response in order to provide more intensive help and support. Universal, targeted and / or specialist services working together may be sufficient and appropriate to meet the needs of these children.

Targeted early help is a partnership model of working which is based on the consent of the child, young person or family.

Under a targeted early help approach, a lead practitioner should co-ordinate a multi-agency early help assessment and plan in order to better understand the family needs and identify the most appropriate support for the child, young person or family, at the right time.

Points for consideration for working with children, young people and families in targeted early help support:

- At any time in the early help assessment process, any practitioner can discuss concerns/seek advice from their line manager, designated safeguarding advisor within supervision, or with the early help locality hubs or Early Help and Safeguarding Hub.
- If the child or family decline/refuse an early help assessment being undertaken and concerns persist or escalate in relation to the child's welfare, a decision to consult with the Early Help and Safeguarding Hub may be made or a decision to revisit the family at a later date to see if they will reconsider.
- If there are child protection concerns (reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm), **always** contact the Early Help and Safeguarding Hub and follow this up in writing within 48 hours.

### **Supporting children and young people with a disability**

Disabled children and young people (CWD) are defined as 'children in need' under s17 of the Children Act 1989. They are a group of children and young people who may be more vulnerable and whose health and development is likely to be impaired, or further impaired, without the provision of additional, targeted early help or specialist support.

This does not necessarily mean that children's social care intervention is needed to identify and meet the needs of CWD and their families, provided that there is a good understanding of the level of need and that families have access to clear information about the support available locally and how they can access it. More information about Hull's local offer for CWD can be found here link <http://hull.mylocaloffer.org/s4s/WhereILive/Council?pageId=3018&lockLA=True>

CWD and their families will not all need the same level of support and access to services; some will need more than others because of the nature of the child's disability and the impact of this on the child, young person and/or family. As with any other family, some may need more support because of their individual family circumstances.

In some cases there may be a need for a more formal assessment, for example, where there are multiple needs or multiple support services involved. In these situations, the approach for targeted early help support should be followed.

An Education, Health and Care (EHC) plan is for some children and young people aged up to 25. EHC plans identify educational, health and social needs and set out the additional support to meet those needs. Where an EHC plan is in place this should form the basis of any early help assessment.

What is important is that access to support services, including short breaks, is as easy and flexible as possible in order to meet the individual needs of children, young people and their families.

Contact should be made with the Early Help and Safeguarding Hub where there are any concerns that a child or young person with a disability may have been harmed or is at risk of harm.

## **Processes supporting additional and targeted early help support**

### **Role of Lead Practitioner**

While all practitioners working with a child, young person and family are responsible for contributing to the multi-agency assessment and plan, when a child/young person needs a package of support, experience shows that they and their families benefit from having one person who can help them through the system, ensure that they get the right service at the right time and that agencies/ organisations communicate effectively with each other. In Hull this is the role of the lead practitioner.

Where a child or young person has been identified as needing targeted early help support, a lead practitioner can act as a key point of contact for children, young people, parents, carers and practitioners. They form a partnership not just with their colleagues across the multi-agency partnership but with the child and their family too.

An agency or individual cannot be allocated the lead practitioner role without the knowledge and agreement of themselves, the child and family.

The lead practitioner is accountable to their own agency for delivering the role. They are not accountable for the actions of other practitioners or services.

Decisions about who is best placed to be lead practitioner need to be made on a case by case basis and should be informed by the wishes of the child, young person and family, alongside conversations between practitioners as to who might be best placed to undertake this role effectively.

The lead practitioner can change depending on the needs of the child, young person and family, and the multi-agency group.

### **Early help assessment**

The preferred model for early help assessment in Hull is the Family Star Plus or the My Star which should be completed in collaboration with the child, young person and their family. However agencies may have in place their own assessment model which may be as appropriate to identify the needs of the child and family.

Early help assessment is designed to be used when:

- a practitioner is worried about how well a child or young person is progressing (e.g. concerns about their health, development, welfare, behaviour, progress in learning or any other aspect of their wellbeing)
- a child or young person, or their parent/carer, raises a concern with a practitioner
- a child or young person's needs are unclear, or broader than the practitioner's service can address alone.



The process of early help assessment is entirely voluntary and informed consent is mandatory. Children, young people and families do not have to engage. If they do engage, they can choose what information they want to share. Children, young people and families should not feel stigmatised by the early help assessment; indeed they can ask for an early help assessment to be initiated.

The early help assessment should follow the family so they do not have to repeatedly tell their story.

If an early help assessment has been undertaken and upon consideration / analysis of the information it contains, there is an indication that a child is 'in need' or suffering, or likely to suffer, significant harm contact should be made with the EHASH and any existing assessment should always accompany this contact.

### **Good practice in early help assessment**

Assessment requires that information is gathered and professional judgements formed about what the needs of the child or young person are and the ability of the family to meet those needs within day to day situations. At times, this will require considering the likely level of risk to a child where there are concerns about the circumstances in which the child is living.

Understanding the child's 'lived experience' is critical. While the degree of severity of concerns or the presence of multiple factors may escalate concern, the presence of protective factors may reduce a child's vulnerability.

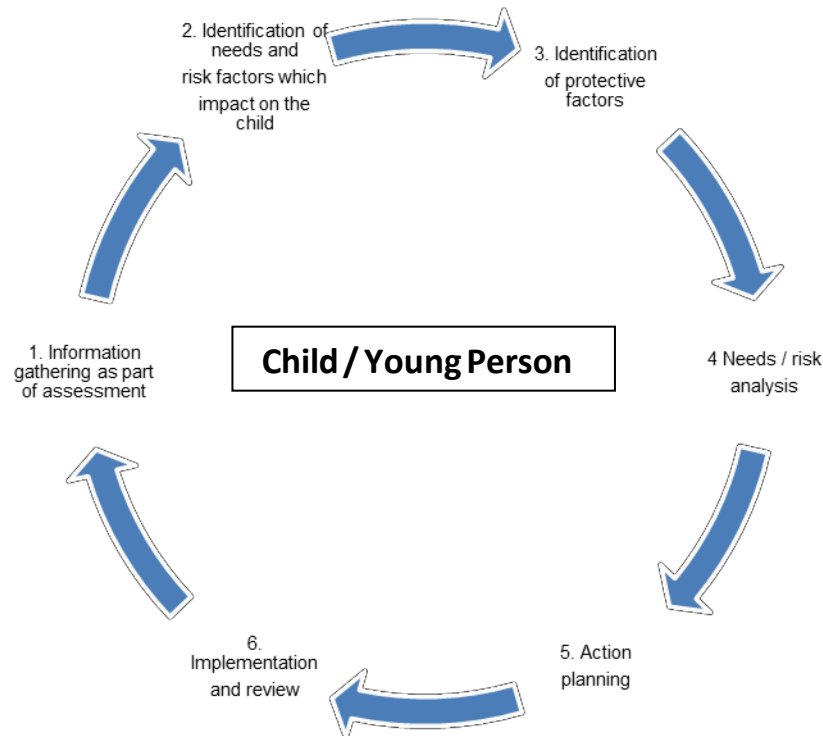
Where vulnerability is increased by the presence of risk factors, the presence of protective factors provides the potential for increased resilience.

Once needs, strengths, protective factors and risk factors have been considered, the process requires an analysis of the likely impact of these factors on the outcomes for the child.

Assessments should:

- Be a dynamic process, which analyses and responds to the changing nature and level of need and/or likelihood of harm faced by the child;
- Monitor and record the impact of any services provided to the child and family and review the help being provided; and
- Be focused on the needs of the child and on the impact any services are likely to have on the child. This leads to action planning.

The following diagram illustrates the process of assessment:



At any time in the early help assessment process any practitioner can discuss concerns/seek advice from their line manager, designated safeguarding advisor within supervision or with the early help locality hub or Early Help and SafeguardingHub.

### **Team around the family (TAF) and Team around the young person (TAYP) meetings**

Best practice suggests that targeted early help support is best co-ordinated through a multi-agency plan, which is developed and monitored in a multi-agency meeting with the child, young person and family. In Hull we call these meetings Team around the Family (TAF) or Team around the Young Person (TAYP) meetings. However, if a multi-agency meeting of any other kind is already in place, there is no need for a separate/additional TAF / TAYP meeting.

The identified lead practitioner is usually responsible for co-ordinating the meeting. The success of the TAF relies on agencies and practitioners having a genuine desire to work together and openly with families. All practitioners have a shared responsibility for the multi-agency plan and ensuring that actions are carried out in a timely way.

Each practitioner involved in the multi-agency meeting is responsible and accountable to their own agency for the services that they deliver to the children and families that they are working with. They are also jointly responsible for:

- Developing, delivering and monitoring the impact of the multi-agency plan
- Delivering the activities that they have agreed to carry out
- Keeping other members of the meeting informed about progress and attending meetings
- Contributing to recording and chairing of meetings and taking on other tasks as necessary

- Supporting the lead practitioner by providing information, guidance and advice
- Contributing actively and positively to solving problems and resolving difficulties

It is good practice to fully involve children, young people and the family in the meeting. However, this may not always be possible.

### **Multi-agency plans**

The multi-agency plan should show clearly how progress is being measured using appropriate tools and scales. The plan should include realistic timescales for the required changes to occur. The record of the meeting and review of the plan should show progress made or lack of it, how this has been measured and by whom. Planning should focus on improved outcomes for the child / young person and their family.

All plans should include a contingency plan which states clearly what will happen if progress is not made within the required timescale. Ideally contingency plans will be discussed and agreed in advance with children, young people and families and with all practitioners involved in contributing to the multi-agency plan.

### **Locality Hub - Early help action meetings**

Early Help Action Meetings (EHAMs) are part of Hull's collaborative approach to delivering early help support. The meetings are held in locality areas and provide a multi-agency forum for practitioners and agencies who are working within the early help framework to come together to discuss alternative partnership responses to meeting escalating concern or where multi-agency plans are not progressing towards positive outcomes for children and young people.

The EHAM is not a substitute for contacting the EHASH about serious concerns relating to significant harm.

Early Help Action Meeting membership includes children's centre practitioners, targeted youth support, substance misuse services, housing options, parenting practitioners, children's social care and other universal, targeted and specialist services.

They are designed to:

- Build skills and confidence for practitioners working in universal and targeted services and enable practitioners and managers in these services to meet need and manage risk in cases below the level of specialist services
- Be a place to bring cases that are 'stuck' and in need of a discussion with a broader group of practitioners from different services and disciplines
- Be solution focused. Practitioners are expected to come to the meetings prepared to contribute and pick up actions and / or cases as required
- Identify, discuss and provide solutions to issues in the community and interpret and act upon reports of local need in the area

If a lead practitioner or anyone working with a child and family feel that they would benefit from the support provided by one of the Locality Early Help Action meetings, they can be contacted using the following numbers:

West locality - Priory Children's Centre	t: 305770
East locality - Acorns Children's Centre	t: 708953
North locality - Lemon Tree Children's Centre	t: 828901

### **Early Help and Safeguarding Hub (EHASH)**

Anyone who has concerns about a child's welfare should make a referral to children's social care by contacting the Early Help and Safeguarding Hub (EHASH) and should do so immediately if there is a concern that the child is suffering

significant harm or is likely to do so. The EHASH is the single point of contact for practitioners and members of the public where there are:

- Emerging needs which may require a multi-agency coordinated response (targeted early help), or
- More complex needs or child protection concerns (reasonable cause to suspect a child is suffering, or likely to suffer, significant harm),

When making contact with EHASH, practitioners should use this threshold guidance and be clear as to whether, in their professional judgement, the needs of the child can be met by a targeted early help response or, where the needs are more complex or there are clear safeguarding (child protection) concerns, a referral to children's social care is needed.

Based on the information provided, social workers (and their managers) in the EHASH will decide whether or not the circumstances meet the statutory threshold for children's social care assessment. Contacts which are deemed to meet this threshold are accepted as referrals by children's social care.

The following chapter of the HSCB guidelines and procedures gives a detailed guide to making contact with EHASH [http://hullscb.proceduresonline.com/chapters/p\\_referrals.html](http://hullscb.proceduresonline.com/chapters/p_referrals.html)

EHASH arrangements enable social care and key partner oversight to secure the most appropriate route for contacts, so that those which do not meet the threshold for social care are still provided with a timely targeted early help response that meets their needs.

It is possible to have a consultation with EHASH about a case in anonymous terms without giving personal details of a child or family, in order to help make a decision as to whether a formal contact needs to be made.

If there is a combination of factors which raise the level of concern about a child's wellbeing, then consultation with children's social care may be needed.

If the child or family decline/refuse an early help assessment being undertaken and there is serious concern about the child's welfare, a decision may be made to consult with children's social care. If there are concerns that a child is suffering or likely to suffer significant harm, **always** make full and evidence based information available to EHASH.

Parents/carers and children (if old enough) must always be informed before a contact is made to children's social care in relation to significant harm unless to do so would increase the risk of harm to the child.

All practitioners making contact with the EHASH will be informed of the outcome of the contact. If the practitioner making contact with the EHASH has not received feedback within 5 working days then it is important that they seek feedback themselves.

EHASH can be contacted on 01482 448879 for advice and guidance in relation to Early Help or Child Protection services. Email address is [EHASHgc@hullcc.gcsx.gov.uk](mailto:EHASHgc@hullcc.gcsx.gov.uk) for all secure correspondence and then [EHASH@hullcc.gov.uk](mailto:EHASH@hullcc.gov.uk) for all non-confidential matters.

Please click here for the [EHASH Referral Form](#)

If you are clear that the needs of the child and family can be met by access to specific additional support, you **do not** need to make this request via EHASH. In these circumstances, with the consent of the child/family, contact the relevant Early Help Locality Hub, or other service provider, directly to make this request. [Early.Help@hullcc.gcsx.gov.uk](mailto:Early.Help@hullcc.gcsx.gov.uk)

Please click here for the [Early Help Requests for Additional Support Form](#)

### **‘Stepping down’ to targeted early help from children’s social care**

Where a child has been subject to a multi-agency Child Protection or Child in Need plan but it has been determined that there is no longer a role for children’s social care to be the lead agency, it may be agreed that, although safeguarding concerns have been addressed, the child, young person or family may still need some ongoing support at the level of targeted early help in order to sustain change and prevent any re-escalation of concerns.

There are two ways in which a child and family can be ‘stepped down’ to a targeted early help level of support:

- Where there have been regular core group meetings and there is a robust and up to date child’s plan the social worker as the lead practitioner organises a review meeting in which a new lead practitioner will be identified from those agencies continuing to support the family. During the review meeting a clear plan of action should be drawn up to consider what support would continue to be offered and by whom. The meeting should also consider the most appropriate course of action should concerns escalate in the future.
- Where safeguarding concerns have been addressed and there has been a need identified for some ongoing support at the early help level but there is no clearly identified lead agency to continue to work alongside a family, the allocated social worker, with the consent of the family, is able to access the support and decision making from the Early Help Action Meetings in their locality area. At the Early Help Action Meeting, organisations will look at who may be best placed to pick up work with the family and agree a lead.

### **‘Stepping up’ to children’s social care from targeted early help**

If a child, young person and their family are in receipt of services from any agency within Targeted Early Help and there are concerns from the Lead Practitioner or other TAF/TAYP practitioners that needs and/or risks are increasing, but they are unsure whether the threshold for children’s social care involvement is met, the lead practitioner can contact the locality hub for a conversation with a social worker about their concerns.



**NOTE - if there is a clear concern about significant harm, then a contact must be made, by the person with the concern to the EHASH. This should not be delayed.**

A discussion with the locality early help social worker should result in 1 of 3 outcomes

1. Advice is given, or a joint visit undertaken, but no other input is required.
2. It is agreed that there are some complexities and further discussions will be held at the next Early Help Action Meeting (EHAM).
3. There is a safeguarding concern which necessitates formal contact with EHASH
  - West Locality Early Help Hub – Priory Children Centre, tel: 305770
  - East Locality Early Help Hub – Acorns Children Centre, tel: 708953
  - North Locality Early Help Hub – Lemon Tree Children Centre, tel: 828901

### **Specialist support**

There are a small number of children and families who require specialist support to meet their needs. This may be where there are more complex and enduring concerns and where there is increasing evidence of impairment to health and development or reasonable cause to suspect significant harm. Examples of specialist support services include:

- Children's social care
- Child and Adolescent Mental Health Services (CAMHs)
- Youth Justice Service

The Lead practitioner role will be taken by the agency responsible for the specialist or statutory assessment and plan.

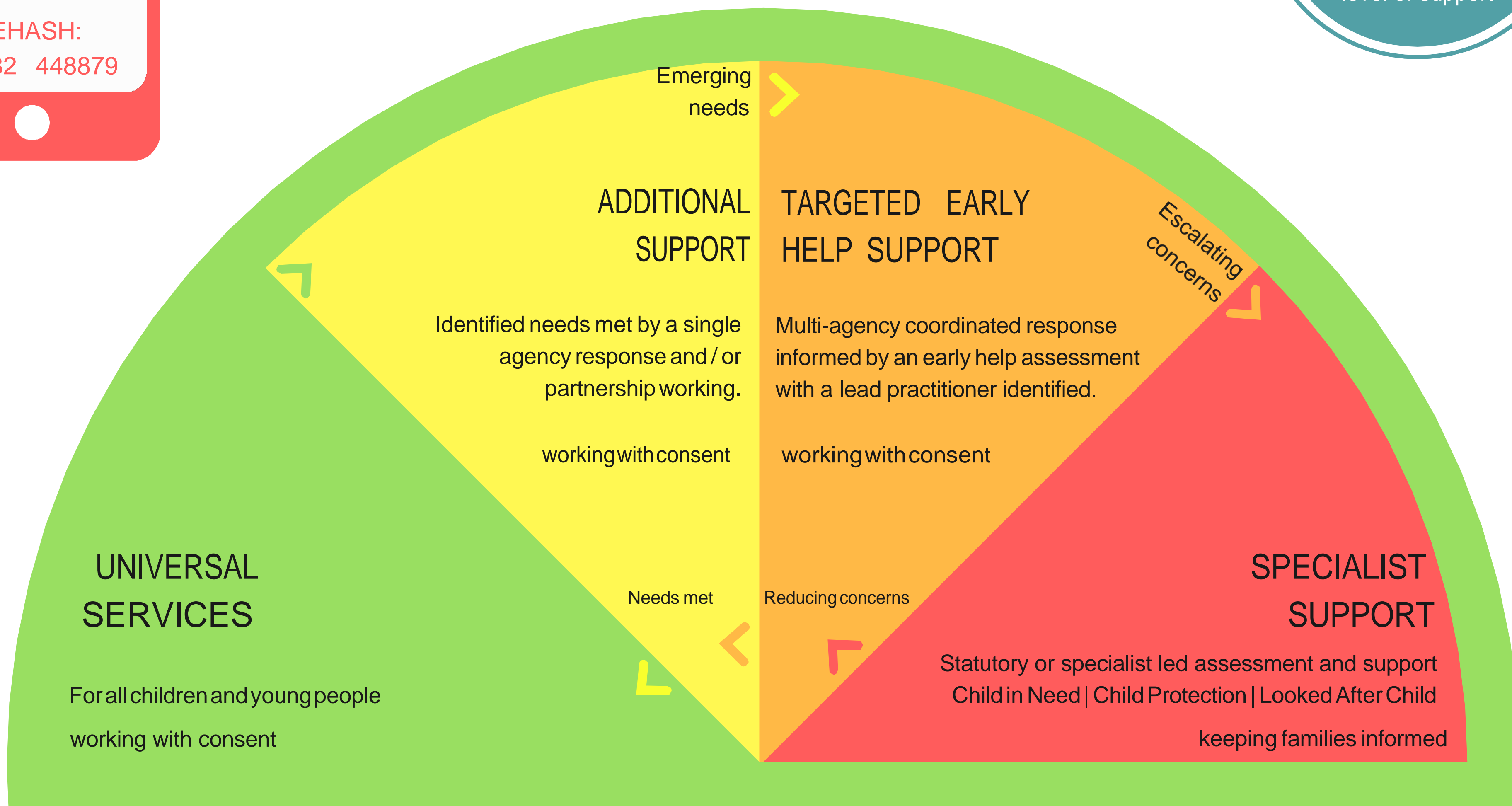
Where Children's social care is the lead agency for any child, this will **always** involve multi-agency working. For more information about roles and responsibilities refer to [HSCB Guidelines and procedures](#)

# THRESHOLD OF NEEDS

If at any point significant harm is known/suspected contact

EHASH:  
01482 448879

Effective communication; with the child, with the family and with other professionals, is essential at every level of support



Each child is unique and decisions about level of support need to be based on conversations between practitioners and with the child and family

## UNIVERSAL SERVICES

For all children and young people.

## ADDITIONAL SUPPORT

Children, parents, carers or families express a willingness to accept support or are engaging with support services

Factors relating to the child or young person's health and development

- developmental assessment / immunisations up to date
- good relationship with carers, siblings and peers
- success and achievements are celebrated
- positive sense of self and demonstrates belonging
- sexual activity and awareness appropriate for age
- good state of mental health and emotional well being
- growing level of competencies in practical and emotional skills
- meets developmental milestones
- regular school attendance
- good quality early attachments
- access to health services
- balanced healthy diet
- physically well
- regular school attendance

- emotional well-being or mental health concerns
- disruptive and anti-social or risk taking behaviour
- non-attendance of appointments (was not brought)
- disengaging from education, training or employment
- not reaching developmental milestones
- drug or alcohol use concerns
- poor school attendance or exclusion
- slow in reaching developmental milestones
- exam stress impacting on emotional well being
- low self esteem / confidence
- lack of problem solving skills

Factors relating to parents and carers

- provide for children's needs and protect them from danger or harm
- show warmth and encouragement
- consistency of providing appropriate boundaries and guidance
- encourage appropriate development through support and play
- attend planned antenatal appointments during pregnancy
- ensure children attend all health appointments

- parental conflict
- lack of parental support or boundaries
- parental engagement with services is poor
- parent requires advice on parenting issues
- inconsistent attendance at antenatal appointments
- post-natal depression
- parent in prison
- teenage pregnancy and parenthood
- parent has physical / mental health problems
- parent has a learning disability

Relating to Family and Environmental Factors

- basic needs are met
- supportive wider family and community networks
- appropriate accommodation (housing)
- safety and security in the home

- family is socially isolated
- family / community members holding extremist views
- loss of significant adults e.g. bereavement / separation impacting on child's emotional well being
- family struggling to accept child's self identity
- historic domestic abuse
- involvement in / risk of offending

the presence of protective factors may reduce a child's vulnerability

## TARGETED EARLY HELPSUPPORT

Child has multiple needs requiring a multi-agency coordinated response. Children, young people, parents, carers or families accept or engage with support services.

## SPECIALIST SUPPORT

Factors which may be evident for children in need and children in need of protection

### Factors relating to the child or young person's health and development

- slow in reaching developmental milestones
- limited social opportunities
- low self esteem / confidence
- lack of problem solving skills
- difficulties with peer group relationships
- some evidence of inappropriate responses or behaviour
- being a young carer
- disabilities
- experiencing bullying / bullying
- sexually inappropriate behaviour
- Repeated pattern of 'was not brought' to appointments impacting on a child's physical and emotional well being
- long term life limiting health condition
- persistent patterns of absence from home or school / missing episodes
- risk of sexual grooming
- self-harm concerns
- suicidal thoughts (ideation)
- risk of overdose

- sustained bouts of depression / self-harm
- serious risk to self or others
- unexplained injuries, suspicious injuries or inconsistent explanation
- high level of caring task impacting on life chances and emotional well-being
- neglect which significantly impacts on child development
- children in custody
- threats or attempted suicide
- child who has abused another child
- severe / chronic health problems
- concealed pregnancy / lack of antenatal care
- sexually harmful behaviour
- children who go missing
- offending behaviour
- serious mental health issues

Consider the impact on the individual child or young person in relation to their health + development or harm / likely harm

### Factors relating to parents and carers

- complex family relationship breakdown
- physical, learning disability, mental ill health, serious illness, substance misuse
- parenting is not safe and / or parental conflict
- parent does not take medical advice as directed
- parental history impacting on ability to care for a child
- previously subject to CP plan or CIN plan
- parent has experienced female genital mutilation
- erratic, inconsistent parental care
- parents not responding to advice and support
- domestic abuse present

- parent support female genital mutilation
- parents have been unable to care for previous child
- domestic abuse or long standing impacting on the child's physical emotional well being
- children who are at risk of fabricated or induced illness parental
- substance misuse problems at a level which place the child at risk of significant harm
- private fostering arrangements
- parents mental health issues impacts on their ability to care safely for a child
- parents have learning disability which impacts on their ability to care for a child, without support.

### Relating to Family and Environmental Factors

- without adaptations the child's physical environment would not meet their needs
- children returning home from care
- risk of ideological grooming / holding extremist views
- subject to discrimination
- some level of risk to or from siblings
- poor / hazardous / overcrowded accommodation which places child in danger / hoarding
- poverty impacting on ability to care for child (including families who have no recourse to public funds)
- family chronically socially excluded
- risk of exploitation

- children at risk of forced marriage, honor based abuse, female genital mutilation
- families who are homeless or at immediate risk of becoming homeless
- children in contact with an individual identified as a risk to children
- families seeking asylum with no leave to remain or recourse to public funds
- children who are being trafficked
- Significant concern of radicalisation
- children being exploited

the degree of severity or the existence of multiple factors may escalate concern



# EXAMPLES OF SERVICES SUPPORTING CHILDREN, YOUNG PEOPLE & FAMILIES

