

London Borough of Havering Inter-Agency Threshold Criteria for Children in Need





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Summary of Purpose	<p>The overarching aim of the guidance is to provide a framework for professionals and service users, to clarify the circumstances in which to provide:</p> <ul style="list-style-type: none"> • Clarity and shared agreement on the thresholds for referring a child to Children’s Social Services/Care in Havering. • Move forward the preventative agenda and support the CAF process. <p>The Eligibility Criteria and threshold matrix identifies the level of key vulnerability factors such as domestic abuse, mental health problems, substance misuse etc. It is emphasised that the level of vulnerability will be different in each case. The framework assumes that it will usually be a combination of criteria that will determine the level of concern, rather than any one factor.</p> <p>This framework will be supported by a number of guidance documents in relation to assessments and signpost Havering.</p>	
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	Draft 2	
	Draft 3	
	Draft 4	
Equalities Impact Assessment	During the preparation of this policy and when considering the roles and responsibilities of all agencies, organisations and staff involved,	

	care has been taken to promote fairness, equality and diversity in the services delivered, regardless of disability, ethnic origin, race, gender, age, religious belief or sexual orientation. These issues have been addressed in the policy by the application of an impact assessment checklist.	
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1. Introduction

Most children and young people have a number of basic needs that can be supported through a range of universal services. These services include education, early years, health, housing, youth services, leisure facilities and services provided by voluntary organisations. However, some children have more complex needs and may require access to specialist services to support them. One such service is Local Authority Social Services for 'Children in Need'.

This document provides guidance for professionals and service users, to clarify the circumstances in which to refer a child to a specific agency to address an individual need, to carry out a Common Assessment Framework (CAF) or refer to Children's Social Services / Care in Havering.

This document describes:

- The criteria for access to Children's Social Services/Care in Havering and how that fits within the wider context of multi-agency services and a range of needs;
- The legal definition of 'Children in Need' and eligibility for Children's Social Services/Care;
- The processes by which Children's Social Services/Care assess eligibility for 'Children in Need.'

2. Children's Needs and Multi-agency Tiers of Intervention

The Children's Trust's vision for prevention in Havering is:

- That we establish prevention and safeguarding as the golden threads that run throughout all of our work with children and families locally.
- That we will focus our efforts on intervening early in life as evidence shows that this is the time that intervention has the highest impact.

- That we will act as a partnership, utilising our resources jointly to meet the needs of children and young people in Havering.
- That through prevention we will shift investment away from intensive and reactive services, saving money and improving outcomes for children and families.
- That we will improve our shared intelligence on specific problems and issues in Havering and target our resources to prevent the problem.

Objectives

The objectives of this framework are:

- To define thresholds as the Havering Children's Trust Prevention strategy for improving outcomes for children.
- To set the partnership's operational approach to prevention.
- To explain what we collectively mean on an operational basis by prevention and early intervention.

Definition

The terms 'prevention' and 'early intervention' are used in a number of different ways depending on the situation, and often seem to be used in an inter-changeable way. This section clarifies what we mean when we use these terms in Havering.

Definition: Prevention

Working together to prevent the emergence or escalation of a problem which could lead to negative outcomes for a child or young person.

Successful preventive work puts the child and their family at the heart of the process and builds their capacity to lead independent lives and make a positive contribution.

Prevention is a way of working which seeks, at every point, to put a stop to problems that have negative impacts for children and young people. This way of working can be considered in two different ways, depending on the stage of the problem.

1. Stopping a problem arising –
One type of prevention aims to work with a child/young person and their family before any problem has emerged in order to prevent issues arising.

2. Reducing negative outcomes –
The second type of prevention focuses on intervening once a problem has been identified in order to reduce the negative impacts caused by the problem continuing or worsening.

A very important way of both preventing a problem arising in the first place and of preventing negative outcomes is through 'early intervention'. Early intervention is understood in two different ways:

1. Intervening early in a child's life
(or before birth) in order to stop a problem arising.

2. Intervening as soon as possible
after a problem has emerged, and early in its development to minimise negative outcomes for the child.

The diagram below illustrates how the four different descriptions of prevention and early intervention fit together as a whole. The circle is divided into two to show the two categories of prevention – stopping a problem arising (green) and stopping a problem continuing or worsening (amber).

Early intervention (the inner circle) is a big part of the way we do preventive work. The blue section represents the sort of early intervention which takes place early in a child's life when the child is very young. For the most part, this is a way of stopping a problem emerging in the first place and fits within the first type of prevention (green)

The other type of early intervention is to do with intervening as soon as possible once we know a problem is happening (purple), which fits within the second type of prevention (amber)

Sometimes problems do arise for young children before we are able to intervene – in which case early intervention would mean both things, early in the child's life and early in the development of an identified problem.

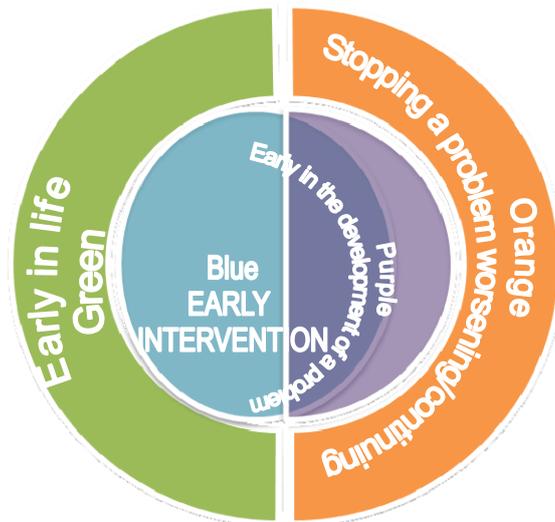


Diagram 1: The Concept of Prevent and Early Intervention

This diagram demonstrates an important point about prevention. Prevention does not describe an isolated process for specific groups of children. Prevention describes the way we understand our work with children of all ages and with all levels of need. For every child we are always trying to stop something worse from happening.

The London Borough of Havering has adopted a common approach to describing the levels of need and intervention that may be required by children, young people and their families. These form a continuum as follows:

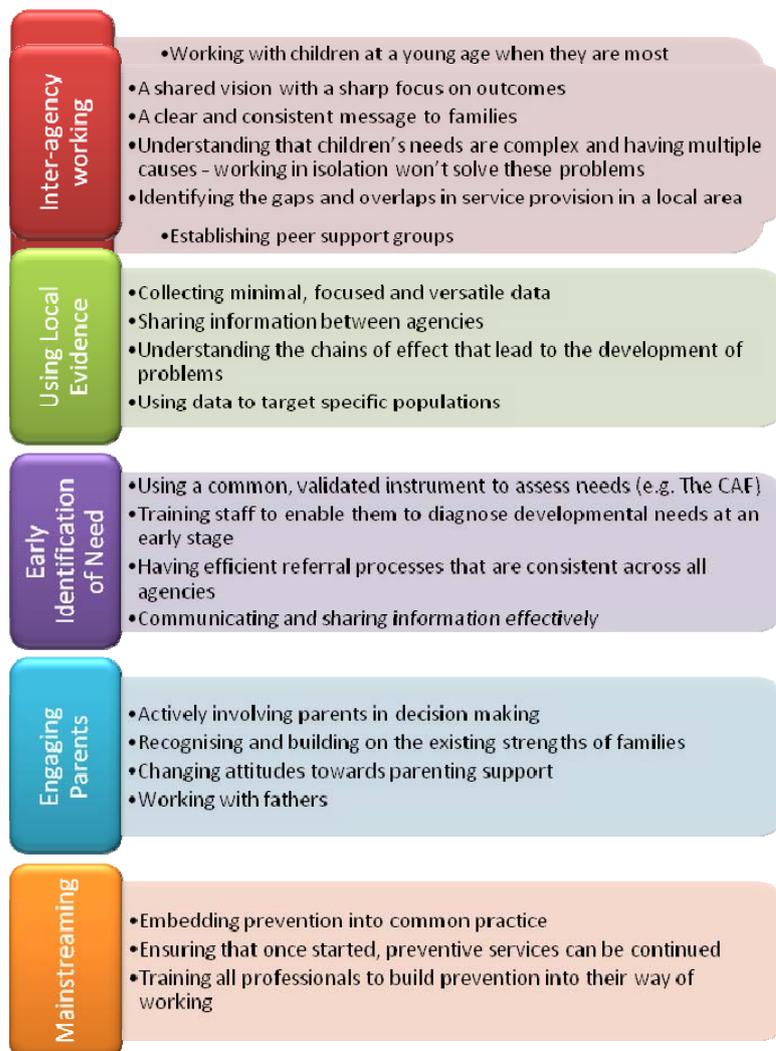
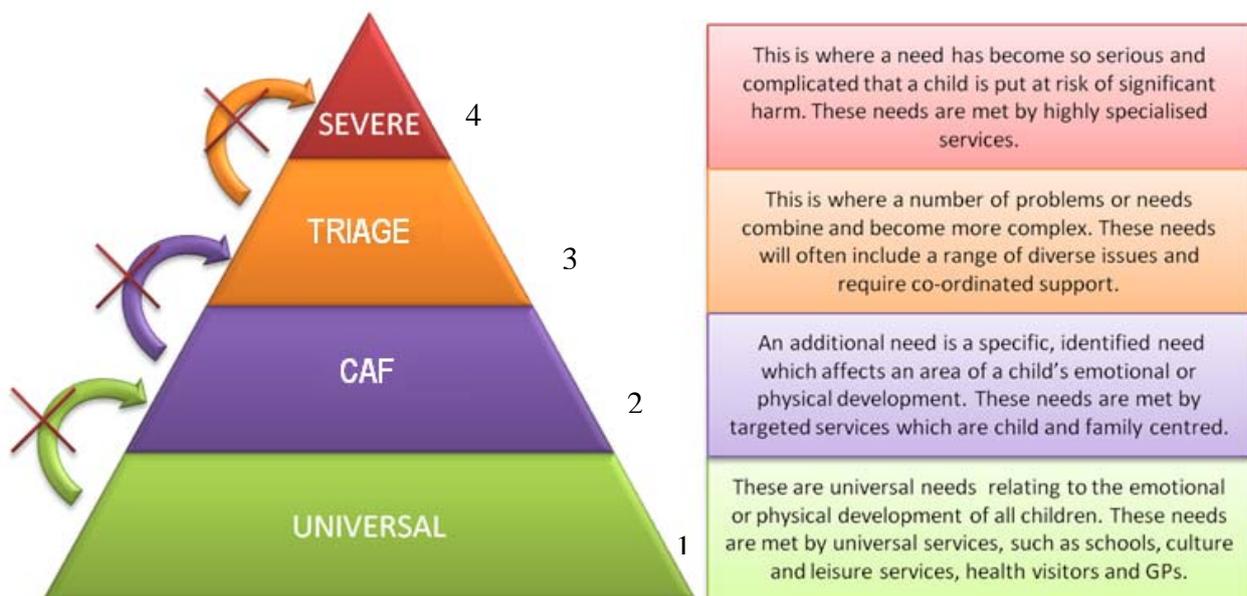


Diagram 2: * The C4EO publication, “Grasping the Nettle: Early Intervention for Children, Families and Communities” provides further information.

The triangle diagram below shows four different tiers which represent one way of categorising the different levels of need that a child may have. The triangular shape illustrates that the number of children in each tier should reduce as the level of need increases.

Diagram 3: The Triangle of Needs

A key principle underpinning the delivery



of services to children is that additional needs should be identified as early as possible and prevention should focus on working with children and parents/carers in order to provide early intervention and prevent the need for specialist services.

Having

Children with additional needs should be offered with consent and involvement of parents/carers, and young person, if appropriate a **Common Assessment (CAF)** and, where appropriate and necessary, to develop a **Team Around the Child (TAC)** plan and review progress towards the desired outcomes. Further information on this is available at: <http://www.havering.gov.uk/index.aspx?articleid=1014>

3. Principles

The following principles should be considered in applying the framework:

- (i) The descriptions in Appendix 1 provide illustrative examples about how need might present itself, rather than an exhaustive list of fixed criteria that must be met. The tier of need will always be increased by the multiplicity of factors.
- (ii) Intervention should be at the lowest tier appropriate to meet the needs of the child and prevent the need for specialist services.
- (iii) Consideration should always be given to undertaking a common assessment (under the CAF) and forming a:
 - Team Around the Child (TAC)
 - To resolve the child's difficulties and prevent the need for a specialist service.
- (iv) If there are child protection concerns about a child's health, development or welfare professionals must follow the [London Child Protection Procedures](#) and make an immediate referral to Children's Social Services/ Care.

4. Tiers of Need

The four tiers of need identified in Diagram 3 (The Triangle of Needs) have been developed into a matrix of needs and risks below to help describe the circumstances in which a CAF should be considered and when a referral to Children's Social Services/Care may be necessary.

Which Tier? (see Diagram 4)

It cannot be over emphasised that the list of indicators contained in this document is **not an exhaustive one. In assessing need and risk that requires specialist services, multiple factors are likely to be present and decisions as to whether the criteria are met remain a professional judgement.** It is also important to remember that often the signs that a child or young person has particular needs are not found in a single piece of evidence but in a combination of factors of indicators. For example, within the framework

described in this document, a cluster of indicators in Tier 2 when considered together may indicate the need for a Tier 3 assessment. There will also be, in some situations, a single indicator that is so obviously significant that it will demand assessment at a particular level even in the absence of any other indicator.

Transitions between levels

In some cases a child or young person will go through a number of transition points on their journey to having their needs met. A child, for example, whose needs do not respond to services provided under Tier 1, may need to receive a more coordinated response within Tier 2. Similarly, a child in Tier 2 whose circumstances and situation do not improve sufficiently may need to receive the specialist assessment and support provided at Tier 3. It is acknowledged that children may move from one tier of need to another and that agencies (including universal services) may offer support at more than one tier.

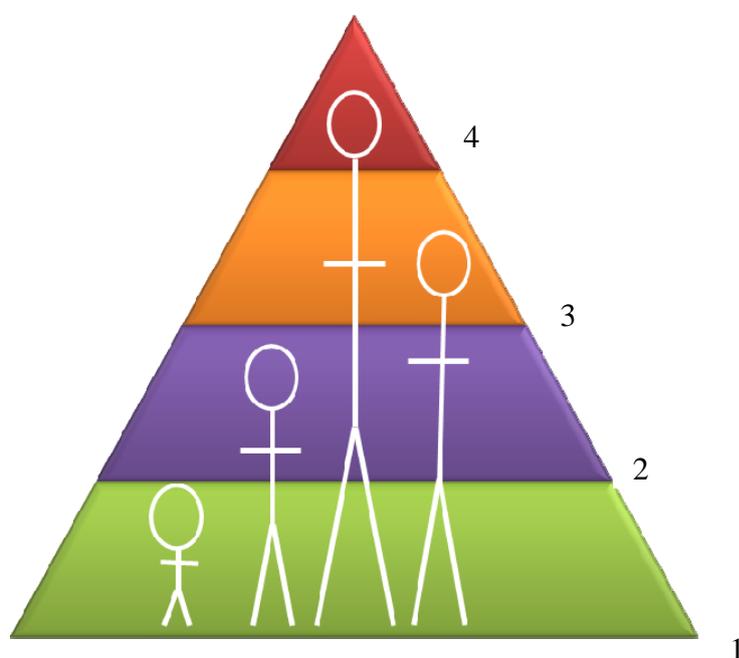


Diagram 4: Progressive Needs

5. The Common Assessment Framework (CAF)

The aim of the CAF is to help identify, at the earliest opportunity, a child or young person's additional needs which are not being met by the universal services they are receiving and to provide timely and coordinated support to meet those needs.

The CAF

- is a process for carrying out a common holistic assessment, to help everyone working with the child or young person understand information about their needs

- and strengths, based on discussions with the child or young person and their family as appropriate;
- uses a standard form to help record and, where appropriate, share with others the information given during the assessment;
 - can only be undertaken with informed and explicit consent from the child/young person and/or their parents / carers.

Further information on the common assessment framework is available at:

<http://www.havering.gov.uk/index.aspx?articleid=14044>

6. Multi agency working or Team Around the Child (TAC)

If the CAF assessment identifies that multi agency support is required to meet the needs of the child and family then this team becomes the Team Around the Child (TAC). The parent/carer and TAC must then agree who is best placed to become the Lead Professional.

All children receiving a service from Children's Social Services/Care will have a clear plan in place, whether this is a Child Protection Plan, 'Child in Need' plan, Looked After Children (LAC) care plan or a plan specific to their circumstances.

For children in need of protection, the Child Protection Conference and the Core Group members are in effect the Team Around the Child. In these circumstances the social worker is always the lead professional.

For Looked After Children, the Looked After Children Review forms the TAC. The social worker is always the lead professional for a looked after child, including children who have overnight Short Breaks.

Children who have been confirmed as a 'Child in Need' and not subject to a Child Protection Plan and/or who are not a 'Looked After Child', but are never the less 'in need', that meet social services/care threshold will also require a Team Around the Child to be formed by the social services worker in order to develop a formal multi-agency plan of action to meet the child's needs. All 'Child in Need' plans will be co-ordinated by the lead professional from social services, monitored and reviewed at least every six months.

In some circumstances where a child is in receipt of services as a 'Child in Need' there may be occasions where the lead professional role should be identified from one of the other professionals involved in the Team Around the Child. One example of this might be where a child has a disability and a health worker might be a more appropriate lead professional.

7. Eligibility for Children's Social Services

The Children Act 1989 places a general duty on the Local Authority to “safeguard and promote the welfare of children within their area who are in need and so far as is consistent with their welfare, promote the upbringing of children by their families by providing a range and level of services to meet their needs”.

The [Children Act 1989](#) defines a ‘Child in Need’ as:

- a child who is unlikely to achieve or maintain, or have opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority;
- a child whose health or development is likely to be significantly impaired or further impaired, without the provision of services;
- a child who has a substantial and permanent disability.

These are not clear-cut definitions and allow room for discussion and professional judgement about the level of need and the associated risk.

The attached Multi-agency Needs/Risks Matrix (Appendix 1) has been developed to help inform decision making about when to refer a child to Children’s Social Services and what to expect in terms of who should receive a service and with what level of priority.

The tier content has been developed taking into account the learning from local and national serious case reviews, good practice and other case reviews and audits as well as the needs of the local population.

Tiers one, two and three indicate the circumstances in which Children’s Trust partner agencies would be expected to intervene and provide support to a child and family in order to prevent the need for a specialist service. Tiers three and four identify the point at which Children’s Social Services/Care will become involved.

8. The Process for Assessing Eligibility for ‘Child in Need’ Services

Consultations

The public, including children and young people as well as professionals, can request assistance from Children’s Social Services. However, there will be times when professional referrers are not sure about how to proceed and whether to make a referral.

If a professional is unclear about whether to make a referral they should, in the first instance, consult with their designated Child Protection Lead within their agency. Following this a consultation can be held with a professional within the Children's Social Services:

- Multi Agency Safeguarding Hub

Referrals

Professionals wishing to make a referral will need to complete the inter-agency referral form (Multi-Agency Referral Form and Guidance):

- Havering Children Services Referral Form:
<http://www.havering.gov.uk/index.aspx?articleid=4984>

If a common assessment or other assessment has been completed (e.g. DASH, DUST or ASSET etc) it should be attached.

If there has been early professional support and intervention and a Common Assessment completed, then this is important information to help inform the screening and assessment process. However, it is recognised that some situations will immediately meet the criteria for a direct referral as a 'Child in Need', which may include a 'Child in Need of protection', and referrals will be accepted without a CAF. Professional referrers will receive written confirmation of receipt within 3 working days.

A Child in Need referral cannot be accepted without the parent/carer's consent. If the parents/carers do not consent to a Child in Need referral, and the concerns do not meet the criteria for child protection, the referrer could consider using a CAF. However, should the referrer have concerns about the child's needs which they consider may be increased due to the parents/carers' refusal to engage in the child in need process, then it is essential that they consult within their own agency and, if necessary, with the Multi Agency Safeguarding Hub (MASH).

MASH

On receipt of a referral, a Children's Social Services/Care Duty Senior Practitioner will carry out a professional screening exercise within one working day or 24 working hours depending on when the referral was received, to determine if the referral meets the 'Child in Need' threshold criteria for an assessment.

If the referral appears to be about a child protection concern, the London Child Protection Procedures will be invoked at any stage of the process.

Where the child is not eligible for assessment or services, the Duty Senior Practitioner will consider what other services at Tier 2 might be needed and advise the family and referrer about other options within the total range of children's services that may be available in the public, private or voluntary sector. The MASH Team will research all relevant information from other agencies to be shared and inform the CAF and TAC.

Assessment

As of December 2011, Professor Munroe recommended a single assessment to replace the initial assessment.

Social Worker Assessment

Following MASH assessment, a Social Worker assessment will be undertaken if it is decided that Children's Social Services/Care will continue to work with and provide services for the child and their family. Children's Social Services/Care will normally seek information from the professional referrer to support the assessment process.

An assessment is "an in-depth assessment which addresses the central or most important aspects of the needs of a child and the capacity of his or her parents/carers or care givers to respond appropriately to these needs within the wider family and community context." (Department of Health 2000, Framework for the Assessment of Children in Need and their Families).

An assessment should be completed within 35 days from referral and will be conducted in accordance with the [DoH Framework for the Assessment of Children in Need and their Families](#).

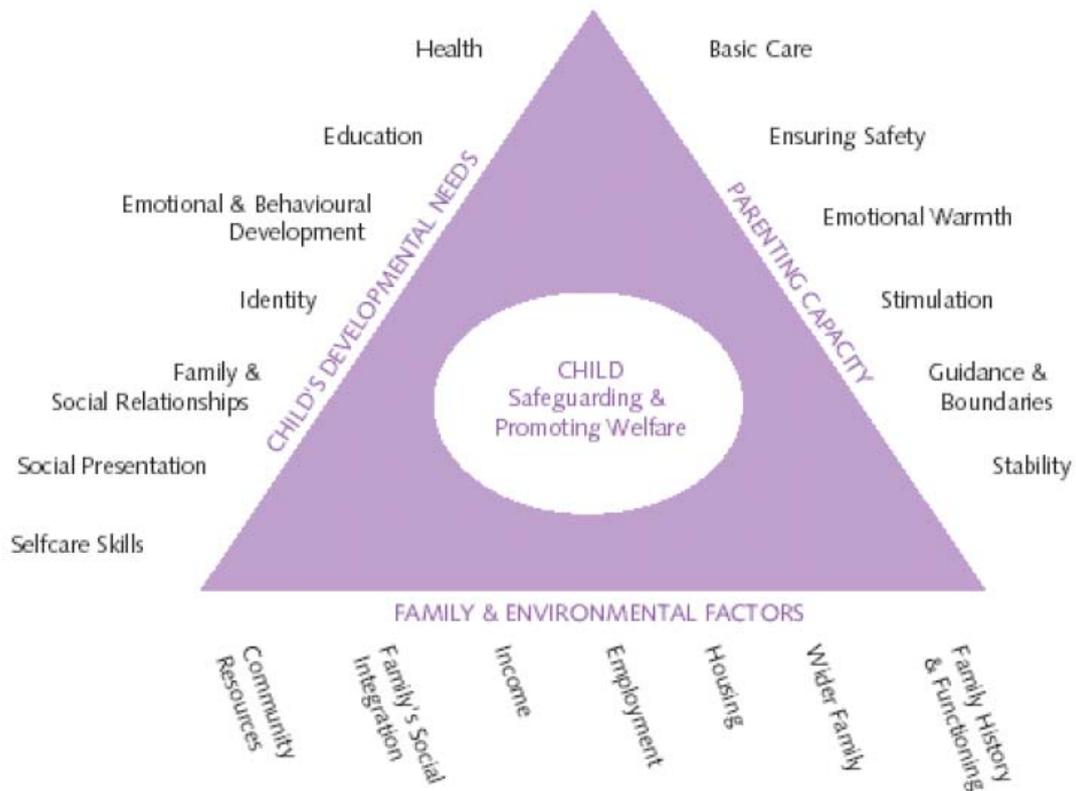


Diagram 5: Progressive Needs

The assessment should be holistic, draw together a family history and recognise the existing strengths and skills of the child and family. Its purpose is to identify the child's and other family members' needs and agree on the desired outcome of any involvement. It will be conducted in a structured way with the full and active involvement of the parents/carers and child. Other family members should be involved as appropriate.

A Social Work assessment will necessitate the social worker obtaining contributions from other professionals involved with the child/family in order to gain a full picture of the child's circumstances. Working Together to Safeguard Children, March 2010, requires professionals to share information regarding parental learning difficulties, domestic abuse, substance misuse, and mental health difficulties being experienced by relevant family members.

The child's wishes and feelings must be ascertained and recorded where possible and due consideration given to them, having regard to his/her age and understanding.

Parental assessment – where the concerns arise as a result of a parent's (or person with parental responsibility) disability, mental health or substance misuse problems, a specialist assessment should be sought from the relevant agency.

Sharing information with parents/carers and child – the assessing social worker must provide a copy of the assessment report to the parents/carers and or persons

with Parental Responsibility and share appropriately with children of sufficient understanding. Any disagreements about the assessment will be recorded. The family should already have been given a copy of the leaflet, 'Comments, Compliments, Complaints'. The assessment must have clear conclusions and recommendations. It will identify the child's and family's needs and also what outcomes should be achieved to make improvements and bring about change.

Likely Outcomes

The range of recommendations includes:

- The child is in need of protection and Safeguarding Children Procedures have been or must be invoked.
- Legal action is required to protect the child.
- The child meets the criteria for a specialist service such as Disabled Children's Service.
- The child is a 'Child in Need' and a 'Team Around the Child'/ multi agency group should be identified to draw up and deliver a 'Child in Need' plan.
- The child does not meet Children's Social Services eligibility and threshold criteria and can be signposted to an alternative specialist children's service, or a lower level service, as appropriate. A common assessment should be considered and discussed with the family at this point.

The decision will be recorded in writing to ensure that the decision making process is explicit, particularly where management of risk is a significant issue.

Where the child and family are not eligible for 'Child in Need' services, Children's Social Services/Care will consider what alternative arrangements may be required to meet the child's needs, including whether a common assessment Team around the child will be appropriate and, where appropriate, discuss with the family and referring professional to enable the family to be linked to the most appropriate service or support. The case will then be closed and return to the referring/lead professional who will then discuss and plan the next steps with the family. The lead professionals at this point will be recorded as the referrers.

Where a child is eligible for a 'Child in Need' service, the conclusion of the assessment and subsequent updates will be made available at relevant review dates to inform planning for the child and family.

9. Complaints and Representations

Members of the public who are dissatisfied with the service provided by

**Tier 1 – Universal Needs
No additional support needs**

Children’s Social Services/Care should contact the Assessment Team and ask to speak to their child(ren’s) allocated social worker. If you are dissatisfied and/or cannot speak with this person ask to speak with your child(ren’s) Line Manager. Should you not be satisfied with this response please ask for a Complaints Form to be sent to you. Your complaint will be addressed as soon as that department has formally acknowledged receipt of your complaint in writing.

Professionals who have made a referral and who are not in agreement with the decision that has been made should speak to the Practice Manager of either the MASH/Triage and Assessment Team. All dissatisfaction with decisions taken should in the first instance go through line management channels and key safeguarding professionals within agencies accountable for the decision being made.

10. Appendices:

Appendix 1	Threshold Matrix
Appendix 2	Havering Overview of Continuum of Need (tiers 1 and 2)
Appendix 3	Havering Flow Chart to demonstrate referral pathway (tiers 1 & 2)
Appendix 4	How to make a referral to Children’s Social Services/Care
Appendix 5	Glossary

Features	ILLUSTRATIVE EXAMPLES	Assessment Process
<p>Children with Tier 1 needs</p> <p>Children with no additional needs and where there are no concerns. Typically these children are likely to live in a resilient and protective environment where their needs are met. These children will require no additional support beyond that which is universally available.</p> <p>These indicators need to be kept in mind when assessing the significance of indicators from Tiers 2-4</p>	Parents or Carers Capacity	<p>These children require no additional support beyond that which is universally available. A Common Assessment is not needed for these children.</p> <p>Examples of key universal services that provide support at this level:</p> <ul style="list-style-type: none"> ▪ Education ▪ Children's Centres, Family Centres & Early Years ▪ Health Visiting Service ▪ Midwifery ▪ School Nursing ▪ GP ▪ Play Services ▪ Integrated Youth Support Services ▪ Police ▪ Housing ▪ Voluntary & Community Sector
	<p>Basic Care, Safety and Protection</p> <ul style="list-style-type: none"> ▪ Parents/carers able to provide care for child's needs <p>Emotional Warmth and Stability</p> <ul style="list-style-type: none"> ▪ Parents/carers provide secure and caring parenting <p>Guidance Boundaries and Stimulation</p> <ul style="list-style-type: none"> ▪ Parents/carers provide guidance and boundaries to help child develop appropriate values 	
	Family and Environmental Factors	
	<p>Family History and Well-Being</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, accessing all welfare benefits ▪ Adequate housing <p>Social and Community Resources</p> <ul style="list-style-type: none"> ▪ Social and friendship networks exist ▪ Safe and secure environment ▪ Access to regular and positive activities 	
Child or Young Person's Developmental Needs	<p>Learning/Education</p> <ul style="list-style-type: none"> ▪ Attendance at school/college/training (above 90%) ▪ Acquired a range of skills/interests, experiences of success/achievement ▪ No barriers to learning ▪ Sound home/school link ▪ No concerns around cognitive development <p>Health</p> <ul style="list-style-type: none"> ▪ Physically healthy, developmental checks up to date ▪ Adequate and nutritious diet, regular dental and optical care ▪ Good state of mental health <p>Social, Emotional, Behavioural, Identity</p> <ul style="list-style-type: none"> ▪ Demonstrates age appropriate responses in feelings and actions ▪ Good quality early attachments, child is appropriately comfortable in social situations ▪ Knowledgeable about the effects of crime and antisocial behaviour (age appropriate) ▪ Able to adapt to change ▪ Able to demonstrate empathy ▪ Positive sense of self and abilities <p>Family and Social Relationships</p> <ul style="list-style-type: none"> ▪ Stable and affectionate relationships with caregivers ▪ Good core relationships with siblings ▪ Positive relationships with peers <p>Self-Care and Independence</p> <ul style="list-style-type: none"> ▪ Developing age appropriate level of practical and independent living skills ▪ Appropriate dress for different settings - allowing for age ▪ Good level of personal hygiene ▪ Able to discriminate between 'safe' and 'unsafe' contacts ▪ Knowledgeable about sex and relationships and consistent use of contraception if sexually active (age appropriate) 	

Tier 2 – Low to Vulnerable
Threshold for targeted support for children with additional support needs

Features	ILLUSTRATIVE EXAMPLES	Assessment
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	NB In assessing need and risk that require additional services, multiple factors are likely to be present	Process
<p>Children with Tier 2 needs These children can be defined as needing some additional support without which they would be at risk of not meeting their full potential. Their identified needs may relate to their health, educational, or social development, and are likely to be short term needs. If ignored these issues may develop into more worrying concerns for the child or young person. These Children will be living in greater adversity than most other children or have a greater degree of vulnerability than most. If their needs are not clear, not known or not being met and multi agency intervention is required, a lead professional will be identified to coordinate a plan around the child.</p> <p>Timescale These should be short term interventions (up to 6 months) and reviewed on a regular basis. If longer support is required you should discuss needs with</p>	Parents or Carers Capacity	
	<p>Basic Care, Safety and Protection</p> <ul style="list-style-type: none"> ▪ Requiring support to provide consistent care e.g. safe and appropriate childcare arrangements; safe and hygienic home conditions; adequate diet. ▪ Parental health problems that may impact on child's health or development unless appropriate support provided ▪ Parental mental health issues that may impact on the health or development of the child unless appropriate support provided ▪ Parental learning difficulties that may impact on the health or development of the child unless appropriate support provided ▪ Parental health / disability that may impact on the health or development of the child unless appropriate support provided ▪ Parental substance misuse that may impact on the health or development of the child unless appropriate support provided ▪ Poor engagement with universal services likely to impact on child's health or development ▪ Parents/carers have had additional support to care for previous child/young person ▪ Poor supervision and attention to safety issues <p>Emotional Warmth and Stability</p> <ul style="list-style-type: none"> ▪ Requiring support for consistent parenting regarding praise and discipline, where the child's development not yet being impaired ▪ Lack of response to concerns raised about child's welfare <p>Guidance Boundaries and Stimulation</p> <ul style="list-style-type: none"> ▪ Requiring support for consistent parenting in respect to routine and boundary setting ▪ Parent has age inappropriate expectations that child or young person should be self reliant ▪ Lack of response to concerns raised about child ▪ Lack of appropriate parental guidance and boundaries for child's stage of development and maturity 	<p>NB Complete the pre-assessment checklist if unsure whether the child needs a common assessment.</p> <p>A CAF should be completed with the child/family to identify their strengths & needs. The action plan should identify the child's additional needs, appropriate services and interventions to meet those needs and who will act as the lead professional.</p> <p>If a CAF is refused and the needs of a child cannot be met, and may escalate, a referral to Children's Social Services should be considered. As a minimum there should be a consultation with Children's Social Services/Care.</p>
	Family and Environmental Factors	
	<p>Family and Social Relationships and Family Well-Being</p> <ul style="list-style-type: none"> ▪ Parents/carers have relationship difficulties which may affect the child ▪ Parents/carers request advice to manage their child's behaviour ▪ Children affected by difficult family relationships ▪ Child is a teenage parent ▪ Child is a young carer ▪ Low level concerns about domestic abuse (that do not meet the Havering Police DA matrix) ▪ Parent was a Looked After Child (LAC) ▪ Large family with several young children under five <p>Housing, Employment and Finance</p> <ul style="list-style-type: none"> ▪ Overcrowding (as per local housing guidelines) that has a potential impact on child's health or development ▪ Families affected by low income /living with poverty affecting access to appropriate services to meet child's additional needs ▪ Low income plus adverse additional factors which affect the child's development ▪ Housing is in poor state of repair or severely overcrowded ▪ Family unable to gain employment due to significant lack of basic skills or long term difficulties <p>Social integration and Community Resources</p> <ul style="list-style-type: none"> ▪ Insufficient facilities to meet needs e.g. advice / support needed to access services for disabled child where parent is coping otherwise ▪ Family require advice regarding social exclusion e.g. hate crimes, harassment, and disputes in the community ▪ Child associating with peers who are involved in anti social or criminal behaviour ▪ Limited access to contraceptive and sexual health advice, information and services ▪ Family demonstrating low level anti-social behaviour towards others ▪ Parents/carers are socially excluded, have no access to local facilities and require support services 	<p>Exit strategy The TAC should aim to enable the child and family's move back to universal services' support</p> <p>Key agencies that may provide support at this level:</p> <p>Universal and targeted</p> <ul style="list-style-type: none"> ▪ YISP –Youth crime ▪ Preventative services ▪ YOT/YOS ▪ Police ▪ Targeted drug and alcohol information, advice and education, including advice re harm reduction

<p>specialist services and may move into Tier 3. A child and family may need a member of these short term supports over the child's childhood as their needs change.</p>	<p style="text-align: center;">Child or Young Person's Developmental Needs</p> <p>Learning/Education</p> <ul style="list-style-type: none"> ▪ Occasional truanting, non attendance or punctuality issues, attendance below 85% ▪ School action or school action plus ▪ Identified language and communication difficulties linked to other unmet needs ▪ Lack of adequate parent/carer support for child's learning ▪ Lack of age appropriate stimulation and opportunities to learn ▪ Few or no qualifications leading to NEET (not in education, employment or training) ▪ Child/young person under undue parental pressure to achieve/aspire ▪ No aspiration for young person ▪ Not educated at school (or at home by Parents/carers) ▪ The child's current rate of progress is inadequate, despite receiving appropriate early education experiences <p>Health</p> <ul style="list-style-type: none"> ▪ Concerns about reaching developmental milestones ▪ Not attending routine appointments e.g. immunisations and developmental checks ▪ Persistent minor health problems ▪ Missing set appointments across health including antenatal, hospital and GP appointments ▪ Low level mental health or emotional issues requiring Tier 2 intervention (CAST) <p>Social, Emotional, Behavioural, Identity</p> <ul style="list-style-type: none"> ▪ Emerging anti-social behaviour and attitudes and/or low level offending ▪ Child is victim of bullying or bullies others ▪ Expressing wish to become pregnant at young age ▪ Low level substance misuse (current or historical) ▪ Low self esteem ▪ Limited peer relationships/social isolation ▪ Expressing thoughts of running away ▪ Received fixed penalty notice, reprimand, final warning or triage of diversionary intervention. ▪ Disruptive / challenging behaviour at school or in neighbourhood ▪ Behavioural difficulties requiring further investigation / diagnosis <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 ▪ Early onset of sexual activity (13-14); sexually active young person (15+) with some risk taking behaviours e.g. inconsistent use of contraception ▪ Low level alcohol / substance misuse (current or historical) ▪ Some evidence of risky use of technology leading to E-safety concerns 	<ul style="list-style-type: none"> ▪ Health, e.g. HV, GP, midwifery, school nurse ▪ Tier 2 CAMHS ▪ Children's Centres ▪ Education ▪ Early Years ▪ Educational psychology ▪ Educational welfare ▪ Integrate Youth Support & Extended Services ▪ Voluntary & community services ▪ Parenting Programmes
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Threshold for Children in Need				
Features	ILLUSTRATIVE EXAMPLES NB In assessing need and risk that require additional services, multiple factors are likely to be present	Assessment Process		
	Parents or Carers Capacity			
<p>This Tier applies to those children identified as requiring specialist support. It is likely that for these children their needs and care are at present very significantly compromised. Only a small fraction of children will fall within this band. These children will be those who are highly vulnerable or experiencing the greatest level of adversity.</p> <p>Child in Need: These children may be eligible for a Child in Need service from Children's Services/Care and are potentially at risk of developing acute/complex needs if they do not receive early statutory intervention. If a social worker is allocated they will usually act as the lead professionals and coordinate services.</p> <p>Definition: Section 17 of the 1989 Children Act</p> <ul style="list-style-type: none"> 'is unlikely to achieve or maintain a reasonable standard of health or development' 'health or development is likely to be significantly impaired' without the provision of LA services. 	<p>Basic Care, Safety and Protection</p> <ul style="list-style-type: none"> Parent/carer is unable to meet child's needs even with support and not providing adequate care Serious concern that an unborn child is at risk of significant harm Chronic or acute neglect where food, warmth and other basics often not available Parent/carer has mental health difficulties that has a direct impact on child's health or development Parent/carer substance misuse that has a direct impact on child's health or development. Parental learning difficulties that have a direct impact on child's health or development Parental health / disability that has a direct impact on child's health or development Child exposed to contact with individuals who pose a risk of physical or sexual harm to children History of previous child protection concerns <p>Emotional Warmth and Stability</p> <ul style="list-style-type: none"> Parent is emotionally unavailable Succession of carers or child/young person has multiple carers, but no significant relationships with any of them Inappropriate child care arrangement Inconsistent parenting impairing emotional and behavioural development Parental instability affects capacity to nurture Parents/carers own emotional needs compromise those of the child/young person <p>Guidance Boundaries and Stimulation</p> <ul style="list-style-type: none"> Child/young person receives little positive stimulation despite appropriate toys being available Parents/carers provide inconsistent boundaries or present a negative role model which seriously impacts on child's development 	<p>A Common Assessment (CAF) should be used as the first assessment tool of choice. This may be used to support a referral to specialist/targeted support</p> <p>Children's Social Services/Care will decide on their response based on the information supplied in the referral. If appropriate they will undertake their Initial Assessment and complete a Child in Need Plan. Following this the case may:</p> <ul style="list-style-type: none"> be closed be actioned lead to a fuller core assessment <p>Key agencies that may provide support at this level:</p> <ul style="list-style-type: none"> Children's Services Other statutory service e.g. SEN services Specialist health disability services Police Youth Offending Team / Service Targeted drug and alcohol CAMHS Family support services Voluntary & community services Services at universal level Early Support Programme <p>Exit strategy A TAC formed under the CAF process may also be required to support child moving</p>		
			Family and Environmental Factors	
			<p>Family and Social Relationships and Family Well-being</p> <ul style="list-style-type: none"> Domestic Abuse where the risk to the victim is assessed as standard/medium risk (DASH) and the child is present within the home during the incident An initial domestic abuse incident is reported but the victim discloses details of historic abuse with children resident/normally resident Child is privately fostered Unaccompanied asylum seeking children Child subject to a court application where a s7 or s37 report has been ordered to be completed by children's social care Pre-birth assessment where a history of past child protection concerns Risk of family relationship breakdown leading to need for child to become looked after outside of family network Child is a young carer requiring assessment of additional needs Child requires assessment for respite care service due to family circumstances and has no appropriate friend / relative carer available to support Parents/carers are unable or unwilling to continue to care for the child <p>Housing, Employment and Finance</p> <ul style="list-style-type: none"> Homeless child in need of accommodation including 16-17 year olds Extreme financial difficulties impacting on ability to have basic needs met No access to funding/community resources Family at risk of eviction having already received support from Housing services <p>Social and Community Resources</p> <ul style="list-style-type: none"> Child or family need immediate support and protection due to harassment/ discrimination and have no local support Significant levels of targeted hostility towards the child and their family, and conflict/volatility within neighbourhood 	

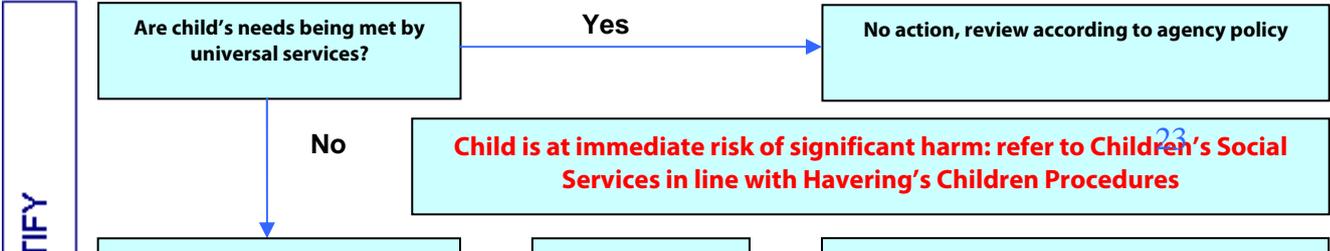
<ul style="list-style-type: none"> ▪ Or s/he is disabled. 	<p style="text-align: center;">Child or Young Person's Developmental Needs</p> <p>Learning / Education</p> <ul style="list-style-type: none"> ▪ Child not in education, in conjunction with concerns for child's safety ▪ Chronic non attendance/truanting/authorised absences/fixed term exclusions ▪ Statement of Special Educational Needs <p>Health</p> <ul style="list-style-type: none"> ▪ Chronic/recurring health problems with missed appointments, routine and non routine ▪ Child with a disability in need of assessment and support to access appropriate specialist services ▪ Serious delay in achieving physical and other developmental milestones, raising significant concerns ▪ Frequent accidental injuries to child requiring hospital treatment ▪ Mental health issues requiring referral to CAMHS, including self harm or suicidal thoughts ▪ Poor or restricted diet despite interventions ▪ Child has chronic health problems or high level disability which with extra support may/may not be maintained in a mainstream setting ▪ Learning significantly affected by health problems ▪ Significant dental decay that has not been treated <p>Social, Emotional, Behavioural, Identity</p> <ul style="list-style-type: none"> ▪ Child with serious level of unexplained and inappropriate sexualised behaviour ▪ Child is at risk of sexual exploitation ▪ Child missing from home and concerns raised about their physical and emotional safety and welfare ▪ Child whose behaviour is putting them at risk, including substance and alcohol misuse ▪ Evidence of regular/frequent substance misuse which may combine with other risk factors ▪ Evidence of escalation of substance use and of changing attitudes and more disregard to risk ▪ Continuous breaches of curfew / order with other risk taking behaviours that impact on the child's welfare and safety ▪ Frequently goes missing from home ▪ Failure or inability to address serious (re) offending behaviour leading to risk of serious harm to self or others ▪ Child/young person out of control in the community <p>Self-care and independence</p> <ul style="list-style-type: none"> ▪ Child suffers accidental injury as a result of inadequate supervision ▪ Child found wandering without adequate supervision ▪ Child expected to be self reliant for their own basic needs or those of their siblings beyond their capabilities, placing them at potential risk ▪ Severe lack of age appropriate behaviour 	<p>out of complex needs with an agreed action plan. This could include continuing multi-agency support coordinated by a Lead Professional to enable the child and family's move back to universal services</p>
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Threshold for Child Protection			
Features	ILLUSTRATIVE EXAMPLES NB In assessing need and risk that require additional services, multiple factors are likely to be present	Assessment Process	
	Parents or Carers Capacity		
<p>Children with Tier 4 Needs Children requiring specialist/statutory integrated support</p> <p>Child Protection Children experiencing significant harm that requires statutory intervention such as child protection or legal intervention. These children may also need to be accommodated (taken into care) by the Children's social care either on a voluntary basis or by way of Court Order</p> <p>Definition Section 47 of the 1989 Children Act. Child or young person. Where a child is at risk of significant harm. Through neglect, physical, emotional or sexual abuse.</p> <p>Process Agencies should make a verbal referral to the Havering Assessment Team and accompany this with written referral form</p>	<p>Basic Care, Safety and Protection</p> <ul style="list-style-type: none"> Parents/carers are unable to care for the child Parents/carers have or may have abused/neglected the child/young person Pre birth assessment indicates unborn child is at risk of significant harm Parents' own needs mean they cannot keep child/young person safe Parent unable to restrict access to home by adults known to be a risk to children and other adults Child/young person left in the care of an adult known or suspected to be a risk to children, or lives in the same house as the child Low warmth, high criticism is an enduring feature of the parenting style Parent's own emotional needs/experiences persistently impact on their ability to meet the child/young person's needs Parent/carer has mental health issues, including self harming behaviour, that present a risk of significant harm to the child Parent/carers' substance misuse that presents a risk of significant harm to the child Parental learning difficulties that present a risk of significant harm to the child Parental health / disability that presents a risk of significant harm to the child <p>Emotional Warmth and Stability</p> <ul style="list-style-type: none"> Deliberate cruelty or emotional ill treatment of a child resulting in significant harm Child is continually the subject of negative comments and criticism, or is used as a scapegoat by a parent/carer, resulting in feelings of low worth and self-esteem and seriously impacting on the child's emotional and psychological development. Previous child/young person(s) have been removed from parent's care <p>Guidance Boundaries and Stimulation</p> <ul style="list-style-type: none"> Lack of appropriate supervision resulting in significant harm to a child Child is given responsibilities that are inappropriate for their age / level of maturity resulting in significant harm to the child Adult in a position of trust, staff member or volunteer behaves in a way that results in harm to a child, or that might indicate unsuitability to work with children 	<p>Children's Services will decide on their response based on the verbal information as repeated in the written notification form. In the case of suspected abuse they will follow the Working Together procedures as laid out in the London Safeguarding Children Procedures. On the basis of a Core Assessment a decision will be made whether to hold a conference.</p> <p>Key agencies that may provide support at this level:</p> <ul style="list-style-type: none"> Children's Services – Social care, Fostering, Adoption Teams Family Group Conferencing Service Police Other statutory service e.g. SEN services; Education & Child Psychology Specialist health or disability services Youth Offending Team Targeted drug and alcohol CAMHS Family support services Voluntary & community Services Services at universal level 	
	Family and Environmental Factors		
			<p>Family and Social Relationships and Family Well-Being</p> <ul style="list-style-type: none"> Assessment identifies risk of physical, emotional, sexual abuse or neglect History of previous significant harm to children, including any concerns of previous child deaths Family characterised by conflict and serious, chronic relationship difficulties Parent/carer has unresolved mental health difficulties which affect the wellbeing of the child Adult victim of Domestic Abuse is assessed as high level risk (DASH) and the child (including unborn) is at risk of significant harm Child's carer referred to MARAC Members of the wider family are known to be, or suspected of being, a risk to children Child needs to be looked after outside of their immediate family or parents/carers due to abuse / neglect <p>Housing, Employment and Finance</p> <ul style="list-style-type: none"> Hygiene conditions within the home present a serious and immediate environmental /health risk to children
	Child or Young Person's Developmental Needs		
	<p>Health</p> <ul style="list-style-type: none"> Parents/carers refusal to recognise or address high level disability, serious physical and/or emotional health problems Carers refusing medical care endangering life/development Child not accessing appropriate medical care which puts them at direct risk of significant harm 	<p>Exit strategy Children's Services will work with the child and their family either to reduce the risk to a child in need and ultimately a move out of statutory</p>	

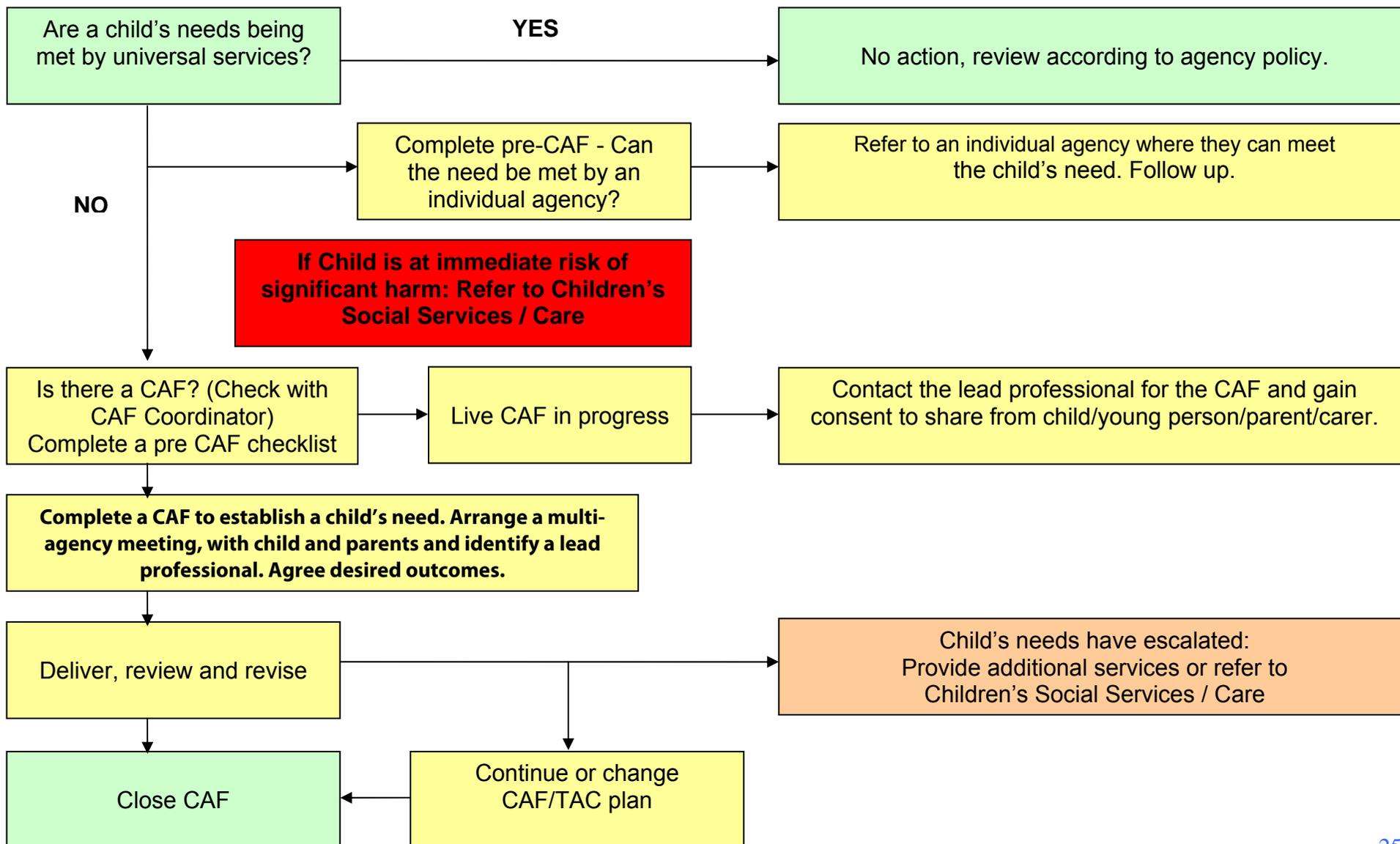
	<ul style="list-style-type: none"> ▪ Concerns that a child is suffering or likely to suffer harm as a result of fabricated or induced illness ▪ Sexually Transmitted Infection in a child under 13 ▪ Child who is suspected to having suffered inflicted, or serious unexplained, injuries <p>Social, Emotional, Behavioural, Identity</p> <ul style="list-style-type: none"> ▪ Challenging behaviour resulting in serious risk to the child and others ▪ Child/young person beyond parental control – regularly absconds from home and places self at risk of significant harm ▪ Failure or inability to address complex mental health issues requiring specialist interventions ▪ Under 13 engaged in sexual activity ▪ Subject to sexual exploitation under 18 years of age ▪ Is missing from home for repeated short periods of time or prolonged periods ▪ Young people experiencing current harm through their use of substances ▪ Young people with complicated substance misuse problems requiring specific interventions and/or child protection <p>Self-Care and Independence</p> <ul style="list-style-type: none"> ▪ Child is left “home alone” without adequate adult supervision or support and at risk of significant harm ▪ Distorted self image and lack of independent living skills likely to result in significant harm 	<p>intervention as described in Tier 3, or will embark on Court</p> <p>Proceedings to accommodate the child or young person in a family and friends, fostering or residential placement, or to place the child for adoption</p>
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Appendix 2

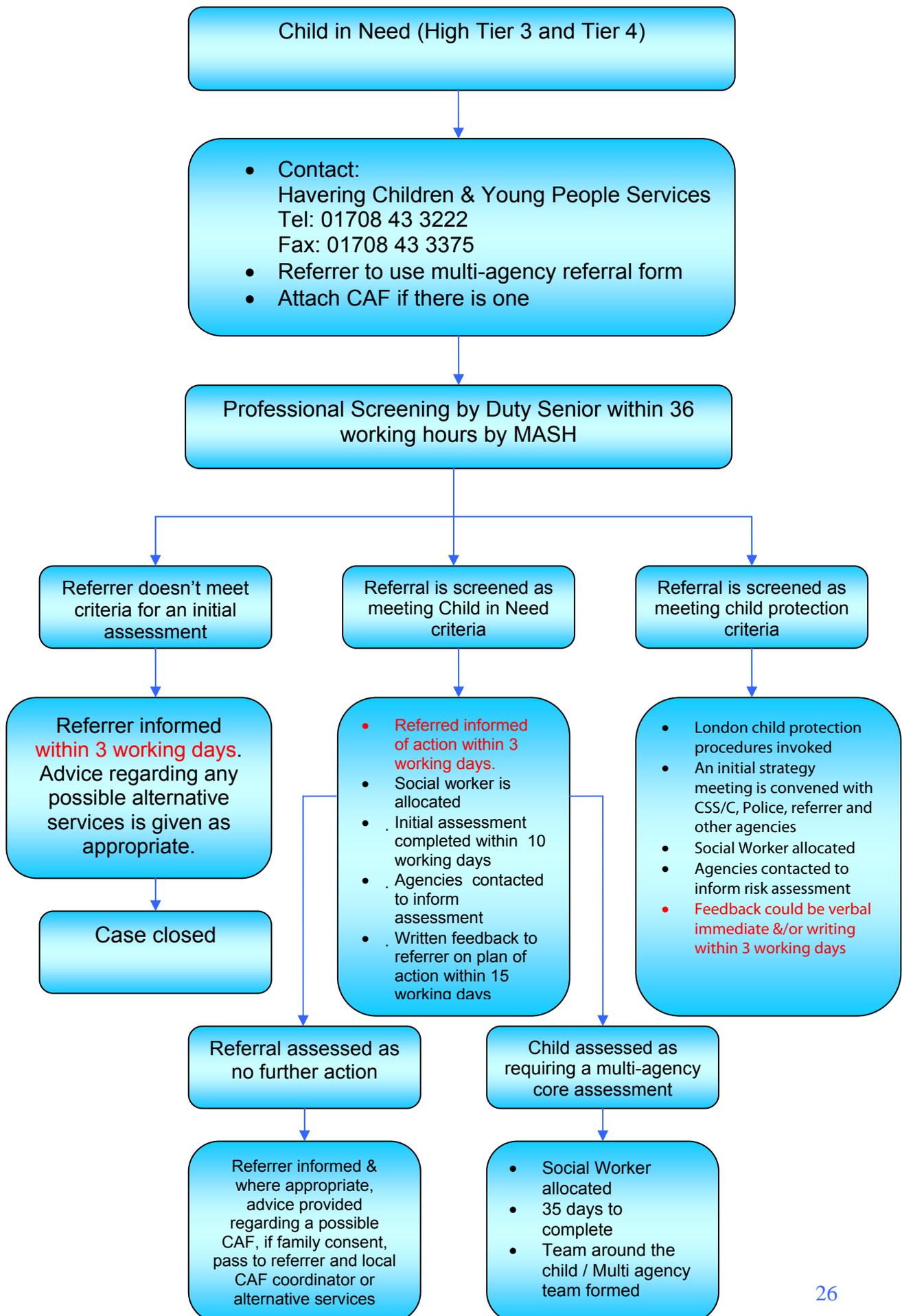
Havering Overview of Continuum of Need (tier 1 and 2)



Having Flow Chart to Demonstrate Referral Pathway (tier 1 & 2)



How to make a Referral to Children Social Services



Glossary

ASSET	Structured assessment tool to be used by Youth Offending Teams
CAF	Common Assessment Framework
CAMHS	Child and Adolescent Mental Health Services
CAST	Child and Adolescent Support Team
CSS/C	Children's Social Services / Care
DA	Domestic Abuse
DASH	Domestic Abuse, Stalking and Harassment and honour based violence
DUST	Drug Use Screening Tool
Havering Police Domestic Abuse Matrix	Matrix used by Havering Police to establish whether a Domestic Abuse incident needs a notification to social services/care or a referral.
LAC	Looked After Child
MARAC	Multi Agency Risk Assessment Conference
NEET	Not in Education, Employment or Training
TAC	Team Around the Child