

**Brighton & Hove
Inter-Agency Threshold of Need and
Intervention Criteria
for Children and Young People**

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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 :</p> <p>Provide clarity and shared agreement on the thresholds for referring a child to Children’s Social Work Services and Early Help Services in Brighton & Hove.</p> <p>Move forward the preventative agenda and support the Early Help and Team Around the Family (TAF) process</p> <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>	
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	Step 2	Supporting Families in Brighton & Hove – Clarifying expectations for family CAF and Social Work.
	Step 3	Amalgamated and clarified in January 2014. Draft document sent out to all partners for consultation and comments in February. This final amended document based on received comments between 19 th February and 2 nd May. Produced 16th May 2014.
Equalities	During the preparation of this policy and when considering the roles and responsibilities of all agencies, organisations and staff involved, care	

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Brighton and Hove Inter-Agency Threshold of Need and Intervention Criteria

Aim

This document provides guidance for professionals and service users to:-

- Identify and assess level of individual need.
- Clarify the circumstances in which to refer a child to the Multi Agency Safeguarding Hub (MASH), Early Help Hub (EHH) or to a specific agency to address an individual need.

1. Introduction

Most children and young people have a number of basic needs that can be supported through a range of universal services (Level 1). These services include education, early years, health, housing, youth services, leisure facilities and services provided by voluntary and community sector organisations. However, some children have additional needs (Level 2) or complex (Levels 3 & 4) needs and will require access to Targeted/Early Help (Level 2 and 3) or specialist services (Level 4) to support them.

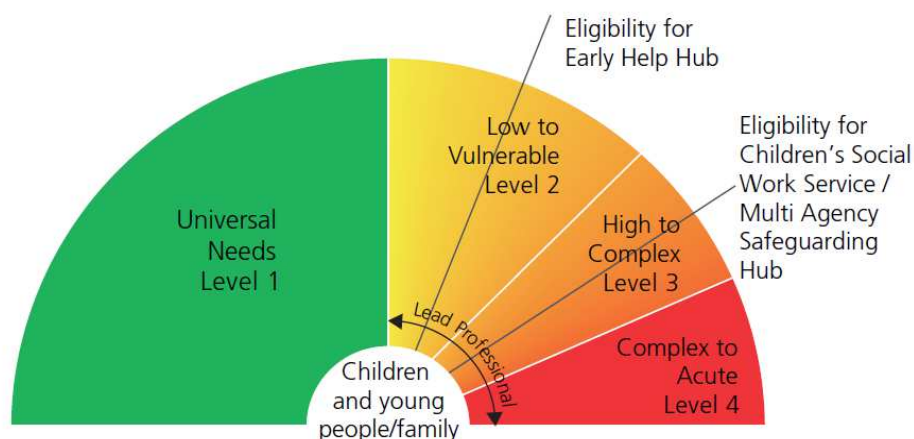
This document describes:

- The criteria for access to the various services within Children Services in Brighton and Hove 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 Work Services
- The process by which Children's Social Work Services assess eligibility for 'Children in Need.'
- The purpose and structure of the Multi Agency Safeguarding Hub (MASH)
- The purpose and structure of the Early Help Hub (EHH)

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

These form a continuum as follows:

Figure 1



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

Children with additional needs should be offered an Early Help Assessment with the consent and involvement of parents/carers, and the young person.

There will be some circumstances where consent to share information is not required. All agencies have a duty to share information where there are clear child protection issues or for the purpose of reducing or preventing anti-social behaviour, crime and disorder

3. Principles

The following principles should be considered in applying the framework:

- (i) The Level 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 targeted or specialist services.
- (iii) If there are child protection concerns about a child's health, development or welfare professionals must follow the Pan Sussex Safeguarding Children Procedures and make an immediate referral to Children's Social Work Services via the MASH

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.

4. Levels of Need

The four levels of need identified in the windscreen diagram on page 3 have been developed into a matrix of needs and risks below to help describe the circumstances in which a referral to the Early Help Hub (Level 2 and 3) or MASH (Level 3 and 4) should be made.

Which Level?

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 Level 2 when considered together may indicate the need for a Level 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 Level 1, may need to receive a more coordinated response within Level 2. Similarly, a child in Level 2 whose circumstances and situation do not improve sufficiently may need to receive the specialist assessment and support provided at Level 3. It is acknowledged that children may move from one level of need to another and that agencies and services may offer support at more than one level. What is important is that this is monitored and reviewed to inform the most appropriate level of support.

5. Multi Agency Safeguarding Hub – MASH

The MASH is a team of professionals based together sharing information in order to make timely and correct decisions to protect and support children and young people. The team consists of social work staff, police officers and staff from Housing, Education, Youth Offending, Probation and a range of Health providers. Decisions are made on all referrals within 24 hours. Action required is then carried out by the relevant team or service e.g. Assessment Teams in Social Work Service.

6. Early Help Hub – EHH

The EHH is a team of professionals from a range of services. It provides support for professionals working with a child, young person or family where the professionals needs additional information, advice or support to improve outcomes.

The EHH offers 3 services to professionals:

- Information and signposting to services
- Advice
- Finding appropriate services and professionals in the city to provide interventions for the child, young person or family.

Staff in the EHH support professionals in the city to target, coordinate and provide early help interventions to families that do not meet the threshold for the council's social work service. The purpose of the EHH is to prevent problems from become more serious, reduce the need for intensive and specialist services and improve outcomes for families.

7. Multi Agency Working

Please note: in all planning around children and families permission must be sought from parents/carers to share information with other agencies / professionals. Only where a child may be at risk, and it is thought that the risk may escalate by approaching the parents/carers, then enquiries can begin without the parents/carers consent.

A) If the Early Help Assessment identifies that multi agency support is required to meet the needs of the child and family then the professionals involved become the Team Around the Family (TAF), develop an Early Help Plan and review progress against the desired outcome. The parent/carer and the professionals involved must then agree who is best placed to coordinate support and be a link person for all (Lead Professional).

B) All children receiving an on-going service from Children's Social Work Services 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.
All 'Child in Need' plans will be co-ordinated by a Social Worker.

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

D) For Looked After Children, the Looked After Children Review forms a Team Around the Child. The social worker is always the lead professional for a looked after child.

Lead Professionals and meetings for multi agency plans around the child and family	
Lead Professional	
Early Help Assessment	Lead Professional agreed in TAF meetings
Child In Need	Social Worker or in some situations most suitable professional
Child Protection	Social Worker
Looked After Child (LAC)	Social Worker
Meetings	
Team Around the Family (TAF)	TAF meetings
Child in Need	Network Meetings
Child Protection	Child Protection Meetings Core Group Meetings Strategy Meetings
Looked After Child (LAC)	LAC Review meetings

8. Eligibility for Children's Social Work 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.

This would include:

- A child whose parent/s are in prison
- A child who is an asylum seeker

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 Work Service via MASH and what to expect in terms of who should receive a service and with what level of priority.

The 'Level' 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.

Levels one and two indicate the circumstances in which 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. Levels three and four identify the point at which Children's Social Work Services will become involved.

9. The Process for Assessing Eligibility for 'Child in Need' Services

Consultations

Anyone, including children and young people as well as professionals, can request assistance from Children's Social Work. However, there will be times when professionals 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 advice can be sought from a professional within the Multi Agency Safeguarding Hub (MASH). The MASH hub deals with all referrals relating to safeguarding or the welfare of children in Levels 3 & 4 unless already open to another team in Social Work Services

Referrals to MASH

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

<http://www.brightonandhovelscb.org.uk/professionals.html>

If an Early Help Assessment or any service specific assessment has been completed (e.g. DASH, DUST or ASSET) it must be attached to the referral form.

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 an assessment.**

Professionals who refer to the MASH will receive a written confirmation of receipt within 24 hours and action being taken.

A referral to the MASH should be made with the parents/carers consent unless there are child protection concerns.

If the concerns do not meet the criteria for child protection, the MASH worker will support a referral to the Early Help Hub. However, should the referrer have concerns that the child's needs may be increased due to the parents/carers' refusal to engage, so that the child protection criteria might be met, then it is essential that they consult within their own agency and, if necessary, with the MASH

Screening

On receipt of a referral, the Practice Manager (Social Work) and other professionals within the MASH will carry out a professional screening and risk assessment, exercise within one working day or 24 hours depending on when the referral was received, to determine if the referral meets the Threshold criteria for an assessment under level 3 or 4.

If the referral appears to be about a child protection concern, the Pan Sussex Safeguarding Children Procedures will be invoked at any stage of the process.

Where the child is not eligible for Social Work assessment or services, the Practice Manager in MASH will discuss a referral to the Early Help Hub with the referrer and/or parent/carer where appropriate seeking consent for that referral. Details will then be passed to the Early Help Hub which will work with the refer and parent/carer to consider what services might be needed.

If there is a disagreement between the MASH and EHH as to where a referral fits in the Threshold criteria then both parties should use the usual dispute process i.e. escalate via their line managers.

Single Assessments

Under the Children Act 1989, Brighton and Hove City Council are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Brighton and Hove City Council undertake assessments of the needs of individual children to determine what services to provide and action to take. A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled. In these cases, **Single Assessments** are completed by a qualified Social Worker are carried out under **section 17** of the Children Act 1989.

Brighton and Hove City Council, with the help of other organisations as appropriate, also have a duty to make enquiries under **section 47** of the Children Act 1989 if there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, to enable them to decide whether they should take any action to safeguard and promote the child's welfare.

Some children in need may require accommodation because there is no one who has parental responsibility for them, because they are lost or abandoned or because the person who has been caring for them is prevented from providing them with suitable accommodation or care. Under **section 20** of the Children Act 1989, Brighton and Hove City Council has a duty to accommodate such children in need in their area.

- Following an application under **section 31A**, where a child is the subject of a Care Order, Brighton and Hove City Council, as a corporate parent, must assess the child's needs and draw up a Care Plan which sets out the services which will be provided to meet the child's identified needs.

Whatever legislation the child is assessed under, the purpose of the **Single Assessment** is always to:-

- Gather important information about a child and family ;
- Analyse their needs and/or the nature and level of any risk and harm being suffered by the child;
- Decide whether the child is a child in need (section 17) and/or is suffering or likely to suffer significant harm (section 47);
- Provide support to address those needs to improve the child's outcomes to make them safe.

A good assessment is one which investigates the follows the domains of the:

- child's developmental needs, including whether they are suffering or likely to suffer significant harm
- parents' or carers' capacity to respond to those needs
- impact and influence of wider family, community and environmental circumstances.
- analysis of any risk to the child.

A Single 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 2013, 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.

Each child who has a Single Assessment completed by a Social Worker should have an individual assessment to respond to their needs and to understand the impact of any parental behaviour on them as an individual. Brighton and Hove City Council give due regard to a child's age and understanding when determining what (if any) services to provide under section 17 of the Children Act 1989, and before making decisions about action to be taken to protect individual children under section 47 of the Children Act 1989.

The maximum timescales for completion of a **Single Assessment** is 45 days. The urgency of the situation may dictate that the timescales are much shorter or that more time is required to complete the assessment.

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 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. 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 from a Single Assessment includes:

- The child is in need of protection and Pan Sussex 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 the Integrated Child Development & Disability Service.
- The child is a 'Child in Need' and a Network Meeting/ multi agency group should be identified to draw up and deliver a 'Child in Need' plan.
- The child does not meet Children's Social Work eligibility and threshold criteria (Level 3 and 4). 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.
- Case is referred to the Early Help Hub with the consent of the family
- Case is closed as No Further Action.

In all cases the outcome will be communicated to the referring professional.

10. Early Help Assessment

The aim of the Early Help Assessment is to help identify, at the earliest opportunity, a child or young person and family's additional needs which are not being met by current services and to provide timely and co-ordinated support to meet those needs.

The Early Help Assessment

- is a process for carrying out a holistic family assessment, to help everyone working with the child or young person to 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.
- Informs the development of the early Help Plan which agrees action to support identified difficulties and is reviewed on a regular basis with the family and the Team around the Family (TAF)

All professionals in the City are expected to complete an Early Help Assessment when at least one child/young person and /or one adult in the family needs, or are likely to need multi agency support because of their additional needs.

Professionals should make referrals to the Early Help Hub when they need support with more complex cases

If a referral to the MASH has assessed that there are no significant risks but clear difficulties within the family which would benefit from support through the Early Help process then details will be promptly passed onto the Early Help Hub for their involvement.

Or see the Pan Sussex Safeguarding Children procedures:

<http://pansussexscb.proceduresonline.com/index.htm>

9. Complaints and Representations

Members of the public who are dissatisfied with the service provided by Children's Services should contact the Children's Services – Standards and Complaints Team on Freephone 0500 291229

Appendices:

- Appendix 1 - Threshold Matrix
- Appendix 2 - Glossary

Level 1 – Universal Needs No additional support needs		
Features	ILLUSTRATIVE EXAMPLES	Assessment Process
<p>Children with Level 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. These indicators need to be kept in mind when assessing the significance of indicators from Levels 2-4</p>	Parents or Carers Capacity	<p>These children require no additional support beyond that which is universally available. An Early Help Assessment is not needed for these children / young people / families. Examples of key universal services that provide support at this level:</p> <ul style="list-style-type: none"> • Early year providers, schools and colleges. • Children's Centres, • Nursery • Health Visiting Service • Midwifery • School Nursing • GP • Play Services • Police • Housing • Voluntary & Community Sector • Family information service.
	<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 • Healthy weight <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) 		

Level 2 – Low to Vulnerable Threshold for targeted support for children with additional support needs			
Features	ILLUSTRATIVE EXAMPLES	Assessment Process	
	<p>NB In assessing needs and risk that require additional services, multiple factors are likely to be present.</p>		
<p>Children with Level 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 not 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 specialist services and may need to move into Level 3. A child and family may need a number of these short term supports over the child's childhood as their needs change.</p>	<p>Parents or Carers Capacity</p> <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 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>An Early Help Assessment should be completed with the child/family to identify their strengths & needs. The Plan and the Parent's/carers should identify the child's additional needs, appropriate services and will form a TAF interventions to meet those needs and who will co-ordinate support as a LP.</p> <p>If an Early Help Assessment is refused and the needs of a child cannot be met, and may escalate, a referral to Children's Social Work Service via the MASH</p> <p>Exit Strategy The TAF should aim to enable the child and family's move back to universal service's support.</p> <p>Key agencies that may provide support at this level:</p>	
		<p>Family and Environmental factors</p> <p>Family History and 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 the 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. • 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 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 service regarding social exclusion e.g. hate crimes, harassment and disputes in the community. • Child associating with peers who are involved with anti social or criminal behaviour. • Limited access to contraceptive and sexual health advice, information and 	<p>Universal and targeted</p> <ul style="list-style-type: none"> • Youth crime prevention • Youth services • Health, e.g. HV (universal partnership), GP, midwifery, school nurse • Adult substance misuse services • Family nurse partnership • Domestic violence services • Ethnic minority Achievement service • Adult Mental Health service. • Probation • ITF • Housing • Sure Start Children's Centres • Health Visitors • School Nurses • Education

- services.
- Family demonstrating low level anti social or criminal behaviour towards others
- Parents/carers are socially excluded, have no access to local facilities and require support services.

Child or Young Person's Developmental Needs

- Learning/Education**
- Occasional truanting, non attendance or punctuality issues ,attendance below 85%
 - School action or action plus.
 - Identified language or communication difficulties linked to other unmet needs.
 - Lack of adequate Parents/carer support for child's learning.
 - Lack of age appropriate stimulation and opportunities to learn.
 - Few or no qualifications leading to NEET 9(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.
- Health**
- 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.
- Social, Emotional, Behavioural, Identity**
- 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 a 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.
- Lack of age appropriate behaviour and independent living skills that increase vulnerability to social exclusion
- Self-Care and Independence**
- 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 risky use of technology leading to E-safety concerns.

- Early Years
- Educational Psychology
- Specialist play services
- Voluntary & community services.
- Triple P tip sheets plus level 2 / 3 discussion groups & seminars.
- Families & Schools Together (FAST)

**Level 3 – High or Complex
Threshold for Children in Need**

Features	ILLUSTRATIVE EXAMPLES	Assessment Process
<p>This Level 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 vulnerability.</p> <p>Children in Need: These children may be eligible for a Child in Need service from Children's Social Work Service and are potentially at risk of developing acute/complex needs if they do not receive early statutory intervention.</p>	<p align="center">Parents or Carers Capacity</p> <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 have a direct impact on child's health or development. • Parent/carer has substance misuse that has 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 childcare 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 align="center">Family and Environmental factors</p> <p>Family History and 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. <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 the neighbourhood. <p align="center">Child or Young Person's Developmental Needs</p>	<p>An Early Help Assessment Common should be used as the first assessment tool of choice. This may be used to support a referral to specialist support.</p> <p>Children's Social Work Service will decide on their response based on the information supplied in the referral. If appropriate they will undertake a Single Assessment.</p> <p>Key agencies that may provide support at this level:</p> <ul style="list-style-type: none"> • Youth Service • Integrated Child Development & Disability services • Police • Youth Offending Service • RUOK – Targeted drug and alcohol • CAMHS • Voluntary & Community Services • Services at Universal level • Triple P level 4 group & individual • Integrated Team for families • BILT Team • Education Services <p>Exit Strategy A TAF formed under Early Help Plan process may also be required to support child moving out of complex needs with an agreed action plan. This could include continuing multi-agency support coordinated by a</p>

	<p>Learning/Education</p> <ul style="list-style-type: none"> • Child not in education, in conjunction with concern for child's safety. • Chronic non attendance/truanting/authorised absences/fixd 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 levels 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 of substance use and of changing attitudes and a more disregard to risk • Continuous breeches 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>Lead Professional to enable the child and family's move back to universal services.</p>
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**Level 4 4 – Complex or Acute:
Threshold for Child Protection**

Features	ILLUSTRATIVE EXAMPLES	Assessment Process
<p>Children with Level 4 Needs Children requiring statutory/specialist 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 Work Service 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 must make a verbal referral to MASH and accompany this with written referral form.</p>	<p align="center">Parents or Carers Capacity</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 Parent's 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 id 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 the parents 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 id 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 align="center">Family and Environmental factors</p> <p>Family History and 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. <p align="center">Child or Young Person's Developmental</p>	<p>Children's Social Work Services In the case of suspected abuse they will follow the Working Together procedures as laid out in the Pan Sussex Safeguarding Children's Procedures.</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 Clermont Family Assessment Centre Specialist health or disability services Youth Offending Service RUOK – Targeted drug and alcohol Specialist CAMHS Children's Centres Voluntary & Community Services Services at Universal level Triple P level 5 path ways, group and individual Functional family therapy Integrated team for families <p>Exit Strategy Children's Services will work with the</p>

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. • Carers unable to manage high level of child's disability. • Child not accessing appropriate medical care which puts them at direct risk of significant harm. • 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. • Female Genital Multination <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. 	<p>child and family either to reduce the risk to a child in need and ultimately a move out of statutory intervention as described in Level 3, or will embark on Court Proceedings to accommodate the child or young person in a kinship, fostering or residential placement, or to place the child for adoption.</p>

Glossary

ASSET	Structured assessment tool to be used by Youth Offending Teams
ACAS	Advice, Contact and Assessments Team now MASH and Assessment Service in Children's Social Care
CAMHS	Child Adolescent Mental Health Services
CSW	This document can be made available in large print, or in electronic format. There are no copies currently available in other languages.
DA	Domestic Abuse
EHH	Early Help Hub
LAC	Looked After Child
MARAC	Multi Agency Risk Assessment