Suffolk’s Threshold of Need Guidance
### Policy Version History

<table>
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<tr>
<th>Version</th>
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Welcome

Suffolk Safeguarding Children Board – Threshold of Need Guidance

This threshold guidance has been compiled by Suffolk LSCB and partners. It meets the requirements of the Government’s ‘Working Together to Safeguard Children 2015’.

It is designed to help identify when a threshold has been reached, indicating when a child, young person or family might need support and then to identify where best to get this support from.

Children, young people and their families have different levels of need and these may change over time.

The Signs of Safety and Wellbeing (SOS) Model of intervention has been adopted by Suffolk County Council. It is an evidence based, solution focused model and provides a framework to capture and balance concerns and risks alongside strengths. The Threshold Guidance should be used to inform SOS practice and interventions.
Who is this document for?

- Anyone who is in contact with children and families and who has a concern about a child or young person and wants to know how they should help them.

- All children’s service partners to ensure there is clarity on thresholds and to enable them to be consistent in how they support children who are referred to them.

- All professionals from all agencies working with children and young people have a shared responsibility to keep them safe and provide effective, efficient and coordinated services to support their health and well-being.
Threshold of Need

Understanding Thresholds

The diagram above illustrates the different thresholds of need and appropriate responses.

**Level 1** - **Universal** - All children and young people accessing mainstream services with low-level need that can be met by a single agency CAF assessment and Family Network Plan.

**Level 2** - **Low Risk to Vulnerable – Targeted Support** - Children with emerging needs or low level CSE concerns that can be met with the support of a multi-agency CAF assessment and Family Network Plan.

**Level 3** - **Medium Risk** - Children with multiple or complex needs including medium risk of CSE have to be met by targeted services or by a multi-agency CAF assessment or by a Child In Need social work assessment.

**Level 4** - **High Risk** - Children and young people who present with complex needs/risk. Including high level CSE concerns/risk. They will require specialist services and multi-agency statutory response.

Understanding thresholds and how they relate to the support of identified needs is vital to providing a multi-agency intervention that will help children and young people achieve their full potential. As the needs of children and young people change, we need to ensure that we provide ‘the right intervention and help at the right time’. A smooth transition through the continuum is essential to support their journey from needing, to receiving the help and support they require. It is vital that children, young people and their families receive appropriate support and services regardless of where they live or how accessible services are.
Children and young people can move from one level to another, and as they do, their needs, as well as support from other services, will either increase or decrease. Movement between levels of services should happen fluidly by ensuring that information is shared appropriately and that evidence of involvement and interventions are recorded systematically.

**Early Help**

Working Together 2015 states that effective Early Help requires local agencies working together to:

- Identify children and families who would benefit from Early Help.
- Undertake an assessment of the need for Early Help.
- Provided targeted Early Help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child.

The CAF is the baseline assessment for professionals to use. It should be used to explore and understand the child/young person’s development needs, family and environmental factors and the care provided by their parents or carers. It can also be utilised when a child/young person has additional needs or where identified as being vulnerable. The CAF identifies what help the child or young person and family require, at the earliest opportunity, preventing needs escalating to a point where intervention would be needed in a social work assessment.

Professionals consider the need for a CAF assessment when:

- The child or young person has an unmet need and early intervention will avoid a problem becoming worse.
- You are not sure what the child or young person’s needs are.
- You/child/young person/family think that the child or young person has unmet needs that cannot be addressed by you and the family.

If at any point during the CAF assessment, risk is increased and there is concern that the child/young person is suffering significant harm then a referral should be made to Customer First.

If a family does not agree to a CAF assessment, and the professional is concerned about the child or children, they should speak to their Practice Manager who will consult with the Consultant Social Worker to determine if a step up to Social Care might be needed.

More information about CAF assessments and Early Help can be found on the Suffolk County Council website.
Children with a Disability

The Children Act 1989 Definition of a Child in Need and Disability

The Children Act 1989 sets out the duty of every local authority to undertake assessments of children in need, their families and others in order to:

Safeguard and promote the welfare of children within their area who are in need: and so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those Children’s needs.

A child is defined as a child in need if:

- They are unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority;
- Their health or development is likely to be significantly impaired, or further impaired, without the provision of such services; or
- They are disabled.

The Children Act definition of disability states that:

*A child is disabled if he is blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed. (Development means physical, intellectual, emotional, social or behavioural development; and health means physical or mental health).*

The Disabled Children and Young People’s (DCYP) team in Suffolk is a specialist team who work with young people up to the age of 25. There are three DCYP office bases across Suffolk: Ipswich, Lowestoft, and Bury St Edmunds. The DCYP team work with children and young people where their disability is impacting on their ability to have opportunities to be safe, develop skills for life and be part of their local community growing up. The social work team work to the same statutory requirements as all other locality social work teams. Within the CYP Directorate there is criteria for DCYP input due to the capacity of the team.

Identifying Children and Young People

Appropriate referrals to the team would include:

- Children will have a severe, substantial, and permanent disability or life threatening or life limiting illnesses.
- Children who have severe learning disabilities and attend either a special school for children with severe learning disabilities or are educated therapeutically at home.
- Children with physical disabilities that significantly impact on the child’s ability to access the community, that require a high level of personal care support, without which their independence would be significantly restricted.
- Children and young people with severe learning disabilities.
• Children and young people who fall on the severe end of the Autistic spectrum with associated learning disability which has a significant impact on their communication needs, social and behavioural development.

• Children and young people with severe global development delay which seriously impedes daily functioning.

Children with the following diagnosis can be referred to other appropriate teams or agencies:

- ADHD
- ADD
- Aspergers syndrome
- Tourette’s
- Dyspraxia
- ME
- Dyslexia
- Oppositional defiance disorder
- Social conduct disorder
- Foetal Alcohol Syndrome

Children whose main needs centre around emotional/behavioural development and or mental health can be referred or signposted to other appropriate teams or agencies who can best meet their needs, e.g.

- Activities Unlimited
- Early Help teams
- Other Social Care teams.
- Other Community Services for example GP, CAMHS, Health support services and voluntary provision.

Children with sensory impairments can be referred to the Sensory and Communication Team via Customer first.

Referrals to Disabled Children and Young People’s Team

Referrals to DCYP are completed via Customer First (0808 800 4005) either by a parent or a professional. The Multi-Agency Safeguarding Hub (MASH) screen the referrals and make a decision to undertake a Social Work Assessment or signpost to appropriate services e.g. Activities Unlimited or Early Help team.

Support and Advice

If you require further clarification or advice and information for a child/family you are working with please contact the DCYP duty Social Worker at Endeavour House (01473 265044), West Suffolk House (01284 758560) or Customer First (0808 800 4005).
Children in Need

Level 3

Medium Risk

The Children Act (1989) Section 17, states that a child shall be considered In Need if:

- They are unlikely to achieve, maintain or have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision of services by a local authority.
- Their health and development is likely to be significantly impaired, or further impaired, without the provisions of such services and/or;
- They are disabled.

Social work assessments are undertaken in a timely manner reflecting the needs of the individual child. If the assessment determines the child or children are Children in Need, a multi-agency plan will be developed which sets out which agencies will provide services to the child and family and following the Signs of Safety model to address the worries and identify the strengths.

Complex or serious needs, where without Social Care Intervention a child would be at risk of significant harm, require a Social Work assessment.

This can include issues that need to be resolved urgently or may include support for vulnerable children and young people who are Section 20, in private fostering arrangements and children with a disability and children with complex needs. It might also include children or young people, who have special educational needs, are vulnerable young carers or who have committed a crime.

In some cases, children or young people may have a CAF assessment and a Family Network Plan and review before serious or complex needs are identified. If positive change has not been achieved or sustained by this support a referral to Social Care might need to be made. In cases such as this the CAF Assessment, Family Network Assessment Plan and review documents will contribute to the assessment and analysis of the current situation.
Children in Need of Protection

Level 4

High Risk

The Children Act (1989), Section 47 states that where a Local Authority:

a) Is informed that a child who lives or is found in their area;
   i. Is subject of an emergency protection order;
   or
   ii. Is in police custody;

b) Has reasonable cause to suspect that a child who lives or is found in their area is suffering, or likely to suffer, significant harm.

The authority shall make such enquiries, as they consider necessary to enable them to decide whether they should take action to safeguard or promote the child’s welfare.

Evidence shows that a single traumatic event can cause significant harm to a child or young person but more often it is a buildup of significant events, both severe and long-term, which interrupt, change or damage the child’s physical and psychological development. It may also include serious events such as forced marriage, female genital mutilation or serious self-harm.

Where there is an immediate need to protect a child because there is reasonable cause to suspect that the child or young person is at risk then a contact must be made with Children’s Social Care and the Police immediately.

Child protection concerns include where there is reason to believe that a child or young person is being:

- Subjected to physical abuse.
- Subjected to emotional abuse.
- Subjected to sexual abuse.
- Subjected to or witnessing domestic abuse.
- Subjected to neglect which has impacted on the physical and emotional wellbeing of the child or young person.

Where there are child protection concerns a strategy discussion involving the Local Authority, Police, Health and if needed, other agencies, must take place to decide whether a Section 47 enquiry is required.

The Section 47 enquiry is undertaken by Social Care, alongside other agencies to find out what is happening to the child and to consider whether protective action is required, including the need for legal action.
“A child is looked after by a Local Authority if she/he is in their care by reason of a Care Order (Section 31 of the Children Act 1989) or is being provided with accommodation under Section 20 of the 1989 Act for more than 24 hours with the agreement of the parents or of the child if s/he is aged 16 or over.”

Section 20 requires the Local Authority to provide accommodation for a child who requires accommodation where:

- There is no person who has parental responsibility for the child.
- The child is lost or abandoned.
- The person who has been caring for him/her is prevented (whether or not permanently and for whatever reason) from providing him with suitable accommodation or care.
- He/she is over 16 and his/her Local Authority considers his/her welfare is likely to be seriously prejudiced without accommodation.

How will the Local Authority decide whether to accommodate a child under Section 20?

- Is the person a child?
- Is the child a Child in Need?
- Is the child within the Local Authority's area?
- Does it appear to the Local Authority that the child requires accommodation?
- Is the need the result of:
  - there being no person with parental responsibility for the child, for example, where parents are deceased,
  - the child having been lost or abandoned, or
  - the person who has been caring for him being prevented from providing him with suitable accommodation or care?
- What are the child's wishes and feelings regarding provision of accommodation for them?
- What considerations, in light of the child's age and understanding, should be given to those wishes and feelings?
- Does anyone who has parental responsibility for the child who is willing to provide accommodation object to the local authority’s intervention?
- If there is an objection by someone with parental responsibility, is there agreement from an individual who has a child arrangements order setting out where the child should live to the local authority's intervention?
Who can provide a Care Order?
Under Section 31 of the Children Act 1989 the Local Authority or any authorised person can apply to the Court for a child or young person to become the subject of a Care Order.

Authorised person means:
- The NSPCC and any of its Officers.
- Any person authorised by order of the Secretary of State to being proceedings under this section and any Officer of a body which is so authorised; Care Orders can only be made by the Court.

What do the Courts consider before making a Care Order?
The Court must be satisfied:
1. That the child concerned is suffering or is likely to suffer significant harm
   AND
2. The harm or likelihood of harm is attributable to the care given to the child or likely to be given to him if the order were not made, not being what it is reasonable to expect a parent to give or the child being beyond parental control.

Arrangements in Suffolk
Please refer to the County Resource Panel Policy and Procedure and Social Work Guidance regarding use of Section 20 for further information with regard to procedures in Suffolk.
Making a Referral

Referral
If the child is in immediate danger please call 999 and contact the Police.

If you have an immediate safeguarding concern you should contact Customer First on: 0808 800 4005 (24 hours). All referrals should be followed up by completion of a Multi-Agency Referral Form (MARF) within 24 hours. The MARF is available from the LSCB website: http://www.suffolkscb.org.uk/working-with-children/how-to-make-a-referral/

Cases open to Social Care or Early Help
In Early Help cases a discussion with the Practice lead or Early Help Manager of the relevant Early Help Team, needs to take place. If a child and family have an allocated Social Worker, it is important to contact them in the first instance with any concerns.

Seeking Advice
If you are worried about a child, talk to your safeguarding lead within your organisation to discuss your concerns at the earliest opportunity.

You can seek advice from The MASH Professional Consultation line: 0345 6061499. The MASH Professional Consultation line is for you to discuss the most appropriate and effective way of providing or obtaining help and support for a child (or adult) you feel is at risk of abuse. This will include advice and guidance about making a referral where necessary, including how to involve parents.
Use the Assessment of Need triangle to support the SOS framework and practice.

Factors to consider when considering making a referral

- What support or interventions can your agency/organisation offer? Could this meet the needs of the child/young person and their family?
- What is life like for this child/young person and their family?
- What are the child or young person’s wishes and feelings?
- What are the child/young person and family’s strengths and protective factors? Can they help the situation?
- A child’s/young person’s behaviour, health or disability must be understood in the context of the parenting they are experiencing.
- What support or intervention has been offered previously? Did this make a difference?
- The need to always consider the bigger picture?
- Consideration of historical information.
- What are the worries for this child or children?
- Are you clear about the signs and symptoms of neglect?
- Can you recognise risk?
- Have you given consideration to the child’s development?
- Have you considered family and environmental factors?
- Have you considered the capacity of parents?

Please refer to the LSCB website for detailed guidance on neglect, abuse and risk.
## Useful Contact Numbers

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Number</th>
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<tbody>
<tr>
<td>Customer First</td>
<td>0808 800 4005</td>
</tr>
<tr>
<td>MASH Professional Helpline</td>
<td>0345 606 1499</td>
</tr>
<tr>
<td>Local Safeguarding Children Board</td>
<td>01473 265359</td>
</tr>
<tr>
<td>Suffolk Police</td>
<td>101 or 01473 613500</td>
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<tr>
<td>NSPCC National Helpline</td>
<td>0808 800 5000</td>
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<tr>
<td><strong>Thresholds Matrix</strong></td>
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<td>-----------------------</td>
<td></td>
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<tr>
<td><strong>Level 1</strong></td>
<td><strong>Universal</strong></td>
</tr>
<tr>
<td><strong>Children and young people are achieving expected outcomes within universal provision without additional support.</strong></td>
<td><strong>Child or young person has low level additional needs, likely to be short term and that may be known but are not being met. Child’s needs are unclear or child with additional needs requiring multi agency intervention</strong></td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td><strong>Good physical health with age appropriate milestones including speech and language</strong></td>
</tr>
<tr>
<td><strong>Accessing health services and developmental checks/immunisations up to date</strong></td>
<td><strong>Minor Health problems which can be maintained in mainstream school</strong></td>
</tr>
<tr>
<td><strong>Sexual activity appropriate for age</strong></td>
<td><strong>Missed appointments – routine and non-routine</strong></td>
</tr>
<tr>
<td><strong>Good mental health</strong></td>
<td><strong>No substance misuse (including alcohol)</strong></td>
</tr>
<tr>
<td><strong>No substance misuse (including alcohol)</strong></td>
<td><strong>Evidence of changing attitudes and more risk taking</strong></td>
</tr>
<tr>
<td><strong>SOCIAL, EMOTIONAL BEHAVIOUR AND IDENTITY</strong></td>
<td><strong>Good mental health and psychological well-being</strong></td>
</tr>
<tr>
<td><strong>Good quality early attachments, confident in social situations</strong></td>
<td><strong>Early onset of offending behaviour or activity (age 10-14)</strong></td>
</tr>
<tr>
<td><strong>Knowledgeable about the effects of crime and antisocial behaviour</strong></td>
<td><strong>Early onset of sexual activity (13-14) or sexually active (15+) with inconsistent use of contraception</strong></td>
</tr>
<tr>
<td><strong>Appropriately knowledgeable about sex and relationships and consistent use of contraception if sexually active</strong></td>
<td><strong>Low level substance misuse (current or historical)</strong></td>
</tr>
<tr>
<td><strong>Age appropriate independent living skills</strong></td>
<td><strong>Lack of age appropriate behaviour and independent living skills that increase vulnerability to social exclusion</strong></td>
</tr>
<tr>
<td><strong>Evidence of regular/frequent drug use which may be combined with other risk factors</strong></td>
<td><strong>Evidence of changing attitudes and more risk taking</strong></td>
</tr>
<tr>
<td><strong>Evidence of regular/frequent drug use which may be combined</strong></td>
<td><strong>Evidence of changing attitudes and more risk taking</strong></td>
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| **LEARNING/EDUCATION** | Accessing early education at two, three and four years prior to starting school (and/or parents providing suitable opportunities for learning and development in the home environment)  
Good attendance at school/college/training  
No barriers to learning, achieving key stages | Removal from early education / resistance to attending early education  
Occasional truanting or non-attendance  
Identified language and communication difficulties  
Reduced access to books, toys or educational materials  
Few or no qualifications/NEET | No previous participation in early education even though it has been offered to the parent/family  
Short term exclusions or at risk of permanent exclusion, persistent truanting  
Statement of special educational needs/Education, Health, and Care Plan  
No access to books, toys or educational materials | No previous participation in early education and active resistance to accepting a free place (especially where a child protection plan is in place)  
Chronic non-attendance/persistent truanting  
Permanently excluded, frequent exclusions or no education provision  
No access to books, toys or educational materials  
No parental support for education |

| **PARENTS AND CARERS/FAMILY AND ENVIRONMENTAL FACTORS** | Supportive family relationships, parents able to provide care for child’s needs, child fully supported financially and with good community, social and friendship networks  
An appropriate home environment that supports the child’s physical, developmental and emotional needs.  
Parents/carers interested in and supporting their child’s development and learning.  
Appropriate boundaries and guidance to help child develop appropriate values | Children affected by difficult family relationships or bullying  
Parent unable to meet child’s needs without support.  
Reduced access to books, toys or educational materials in the family home.  
Inconsistent care/care arrangements, lack of response to concerns raised regarding child | Physical care or supervision of the child is inadequate, inconsistent parenting having significant impact  
Family home lacking in appropriate resources that would support the child’s physical, developmental and emotional needs  
Parental learning disability, parental substance misuse or mental health impacting on parent’s ability to meet the needs of the child  
Parental non-compliance  
History or a serious incident of domestic violence  
Risk of relationship breakdown with parent or carer and the child  
Young carers, privately fostered, children or prisoners, periods of LAC  
Child appears to have undifferentiated attachments  
Family require support services as a result of social exclusion – parents socially excluded | Physical care or supervision of the child is inadequate, inconsistent parenting having significant impact  
Parental learning disability, parental substance misuse or mental health impacting on parent’s ability to meet the needs of the child  
Parental non-compliance  
History or a serious incident of domestic violence  
Risk of relationship breakdown with parent or carer and the child  
Young carers, privately fostered, children or prisoners, periods of LAC  
Family require support services as a result of social exclusion – parents socially excluded |
Suffolk Safeguarding Children Board

Endeavour House
8 Russell Road
Ipswich
Suffolk
IP1 2BX

Tel: 01473 265359
Email: LSCBCommunication@suffolk.gov.uk
www.suffolkscb.org.uk