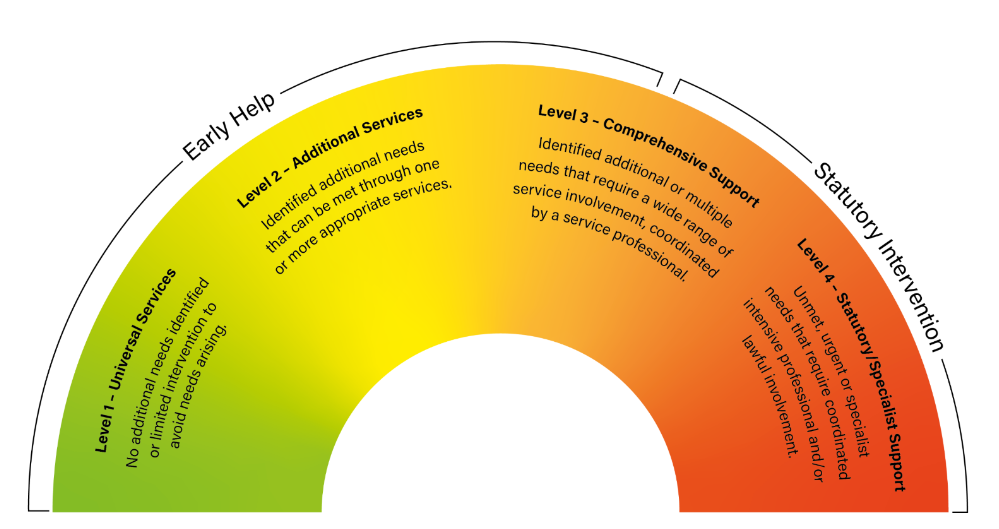


**Continuum of Need incorporating Threshold Guidance**



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| BSCP 300dpi CMYK-01  **CONTINUUM OF NEEDS INCORPORATING THRESHOLD DOCUMENTS** | | | | |
|  | EARLY HELP | | EARLY HELP TO TARGETED SERVICES | STATUTORY INTERVENTION |
| **Threshold** | **Universal Services**  **Level 1** | **Additional Support**  **Level 2** | **Complex Needs/Specialist/Child in Need**  **Level 3** | **Acute/Child Protection**  **Level 4** |
| **The child or young person (including unborn)** | **No additional needs identified, or limited intervention needed to avoid needs arising.**  **Children and young people whose needs are met by on-going services such as schools, GPs, Health Visitors and Dentist alongside the love, care and protection of parents and carers.**  **Children and young people in this category are making good overall progress in all areas of their development**  **Some limited intervention from a universal service may be needed to avoid needs arising or to meet a single identified need. The majority of children living in the UK will fall into this category.** | **Additional needs:**  **Children and young people with additional needs (not just SEN), that can be met through a single agency response or through agencies working together to provide a coordinated partnership response.** | **Multiple and/or complex needs:**  **Requiring a multi-agency Early Help response with a lead professional. Level 3 also includes the threshold for a Child In Need.**  **Although a Child In Need requires a statutory response from Children’s Social Care, a statutory intervention is not necessarily required.**  **For this reason, the threshold for a Child In Need falls in Level 3, but where a statutory intervention is required from Children’s Social Care this would fall into Level 4.**  **Children and young people in this category have increasing levels of un-met needs that are more significant and complex. The range, depth or significance of the problems faced by children at level 3 may begin to prevent them from achieving or maintaining a reasonable standard of health or development if they don’t receive appropriate services. They are likely to require targeted and/or longer-term intervention from specialist services.** | **High level of unmet, complex needs and protective factors:**  **Children and young people in this category are identified as having suffered or likely to be suffering significant harm or significant impairment to their health or development.**  **Harm is defined under 4 possible categories: physical abuse, emotional abuse, sexual abuse and neglect. These children require intensive support under Section 47 of the Children Act 1989 (Child Protection Plan).**  **Sometimes ‘Significant Harm’ will be a single, traumatic event, but more often it is an accumulation of significant events, both acute and longstanding over time, such as in situations of neglect.** |
| Practitioners should always use their professional judgement; the following circumstances and key features are for guidance only  Children with disabilities will be represented across all 4 levels | | | | |
| **Circumstances and Key features** | **Development of the Baby or Child**  **Health**   * Physically well * Nutritious diet * Adequate hygiene and dress * Developmental and health checks and immunisations up to date * Developmental milestones and motor skills appropriate * Good height/weight * Sexual activity appropriate for age * Good mental health * Not misusing substances or engaging in risk taking behaviours | **Development of the Baby or Child**  **Health**   * Inadequate diet e.g. no breakfast * Missing immunisations/checks * Child is susceptible to persistent minor health problems or accidents * Slow in reaching developmental milestones * Minor concerns re diet, hygiene, clothing * Weight not increasing at rate expected, or obesity * Dental care not sufficient * Vulnerable to emotional problems, perhaps in response to life events such as parental separation e.g. child seems unduly anxious, angry or defiant * Early sexual activity or awareness * Experimenting with tobacco, alcohol or illegal drugs * Frequent accidents or A & E attendance or admissions to hospital | **Development of the Baby or Child**  **Health**   * Physically unwell * Concerns re diet, hygiene, clothing * Child has some chronic/recurring health problems; not treated, or badly managed * Missing routine and non-routine health appointments * Weight gain – drop in centiles * Limited or restricted diet, e.g. no breakfast; no lunch money * Concerns about developmental progress, e.g. overweight/underweight; bedwetting/soiling * Developmental milestones are unlikely to be met * Dental decay * Smokes/ other regular substance misuse * ‘Unsafe’ sexual activity * Learning significantly affected by health problems * Significant speech language difficulties/delay or disordered development * Child has significant disability * Mental health issues emerging * Sexual activity which cause concern and/or sexually harmful behaviour | **Development of the Baby or Child**  **Health**   * Child/young person has severe/chronic health problems * Child/young person’s weight and height drop in centile * Other developmental milestones unlikely to be met; failure to thrive * Lack of food may be linked with neglect * Refusing medical care endangering life/development * Seriously obese * Dental decay and no access to treatment * Persistent and high-risk substance misuse * Dangerous sexual activity and/or early teenage pregnancy * Child sexual exploitation (CSE) * Suspected imminent risk of FGM (female genital mutilation) * Sexual abuse * Self-harming * Non-accidental injury * Acute mental health problems e.g. severe depression; threat of suicide; psychotic episode * Physical/learning disability requiring constant supervision * Disclosure of abuse from child/young person * Evidence of significant harm or neglect * Disclosure of abuse/physical injury caused by a professional |
| **Emotional development**   * Good quality early attachments * Able to adapt to change * Able to understand others’ feelings (appropriate to age and stage of development) * Quality of attachment with caregivers | **Emotional development**   * Some difficulties with family relationships * family relationships * Some difficulties with peer group relationships and with adults, e.g. ‘clingy’, anxious or withdrawn * Some evidence of inappropriate responses and actions * Starting to show difficulties expressing empathy * Limited engagement in play with others | **Emotional development**   * Good quality early attachments e.g. conduct disorder; ADHD; anxiety; depression; eating disorder; self-harming * Frequent accidents | **Emotional development**   * Puts self or others in danger e.g. missing from home * Severe emotional/ behavioural challenges * Unable to connect cause and effect of own actions * Unable to display empathy * Suffers from periods of severe depression * Self-harming or suicide attempts |
|  | **Behavioural developments**   * Takes responsibility for own behaviour * Responds appropriately to boundaries and constructive guidance * Interacts appropriately | **Behavioural developments**   * Not always able to understand how own actions impact on others * Finds accepting responsibility for own actions difficult * Responds inappropriately to boundaries and constructive guidance * Finds positive interaction difficult with peers in unstructured contexts | **Behavioural developments**   * Does not accept responsibility for own actions; finds it hard to understand how own actions impact on others or learn from consequences * Disruptive/challenging behaviour at school, home or in the neighbourhood * Starting to commit offences/re-offend * Interacts negatively with peers in learning and play contexts * Child/young person is withdrawn, isolated/unwilling to engage * Concerns of absences from home without parental consent * Emerging behaviours which could suggest CSE | **Behavioural developments**   * Unable to determine boundaries, roles and responsibilities appropriately * Cannot maintain peer relationships e.g. is aggressive, bully, bullied * Regularly involved in anti-social/criminal activities * Repeated missing persons episodes * Prosecution of offences resulting in court orders, custodial sentences, ASBOs * Non-compliant or poor response to support * Professional concerns – but difficulty accessing child/young person * Unaccompanied refuge/asylum seeker * Privately fostered * Abusing other children * Young Sex Offenders * Serious or persistent offending behaviour likely to lead to custody/remand in secure unit/prison * Subject to Family Support or Child Protection Plan |
| **Circumstances and Key features** | **Identity and self esteem**   * Positive sense of self and abilities * Sense of belonging and acceptance by others * Confident in social situations * Can discriminate between safe and unsafe contacts | **Identity and self-esteem**   * Some insecurities around identity expressed e.g. low self-esteem * May experience bullying around difference * May be perpetrating bullying behaviour * Child can be over friendly or withdrawn with strangers * Child/young person provocative in behaviour/appearance e.g. inappropriately dressed for school | **Identify and self-esteem**   * Child subject to persistent discrimination, e.g. racial, sexual or due to disabilities * Demonstrates significantly low self-esteem/confidence in a range of situations * Victim of crime or bullying * Signs of deteriorating emotional well-being/mental health * May not discriminate effectively with strangers * Clothing is regularly unwashed or unsuitable * Presentation (including hygiene) significantly impacts on all relationships * Child lacks confidence or is watchful or wary of carers/people * May be aggressive in behaviour/appearance | **Identity and self-esteem**   * Child/young person experiences persistent discrimination; internalised and reflected in poor self-image * Failed Education Supervision Order – 3 prosecutions for non-attendance: family refusing to engage * Socially isolated and lacking appropriate role models * Alienates self from others * Bullying * Lack of confidence is incapacitating * Victim of crime; may fear persecution by others * Poor and inappropriate self-presentation * Child/young person likely to put self at risk * Child sexual exploitation (CSE) * Evident mental health needs |
| **Family and social relationships**   * Stable and affectionate relationships with carers * Good relationships with siblings and peers * Developing independent and self-care skills | **Family and social relationships**   * Lack of positive role models * Child has some difficulties sustaining relationships * Unresolved issues arising from parents’ separation, step parenting or bereavement | **Family and social relationships**   * Relationships with carers characterised by inconsistencies * Child has lack of positive role models * Child appears to have undifferentiated attachments * Misses school or leisure activities * Involved in conflicts with peers/siblings * Lack of friends/social network * May have previously had periods of LA accommodation * Concerns of absences from home without parental consent * Emerging behaviours which could suggest CSE | **Family and social relationships**   * Repeated missing persons episodes * Relationships with family experienced as negative (‘low warmth, high criticism’) * Rejection by a parent/carer; family no longer want to care for – or have abandoned -child/young person * Periods accommodated by Council * Family breakdown related to child’s behavioural difficulties * Subject to physical, emotional or sexual abuse or neglect * Child Exploitation (CE) * Suspected imminent risk of FGM (female genital mutilation) * Child is main carer for family member |
|  | **Self-care skills and independence**   * Disability limits amount of self-care possible * Not always adequate self-care, e.g. poor hygiene * Child slow to develop age-appropriate self-care skills | Self-care skills and independence   * Disability prevents self-care in a significant range of tasks * Child takes little or no responsibility for self-care tasks compared with peers * Child lacks a sense of safety and often puts him/herself in danger * Child is main carer for family member | **Self-care skills and independence**   * Severe disability – child/young person relies totally on other people to meet care needs * Child neglects to use self-care skills due to alternative priorities, e.g. substance misuse |
| **Learning**   * Access to books and toys * Attends school/nursery * Acquires a wide range of skills and interests * Enjoys and participates in learning activities * Has experiences of success and achievement * Sound links between home and school * Planning for career and adult life | **Learning**   * Disability limits amount of self-care possible * Have some identified learning needs that result in a school level response * Language and communication difficulties * Some school absence * Poor punctuality/pattern of regular school absences * Not always engaged in play/learning, e.g. poor concentration * Not thought to be reaching his/her education potential * Reduced access to books/toys * Home-School links not well established * Limited evidence of progression planning * At risk of making poor decision about progression * Limited participation of young person in education, employment or training | **Learning**   * Identified learning needs that are being addressed at school level. * Regular underachievement causing concern at school * Poor nursery/school attendance and punctuality * Poor home-nursery school link * Some fixed-term exclusions * Very limited interests/skills displayed * Not in education (under 16) * Not in education, employment, or training post 16 | **Learning**   * Puts self or others at risk through behaviour * No, or acrimonious, home-nursery or school link * Young child with few, if any, achievements * No school placement * Child/young person is out of school * Has no access to leisure activities * Multiple fixed term exclusions or risk of permanent exclusion * Consistently poor or no educational attainment progress |
| **Circumstances and Key features** | **Parents and Carers**  **Basic care, safety and protection**   * Provide for child’s physical needs, e.g. food, drink, appropriate clothing, medical and dental care * Protection from danger or significant harm, in the home and elsewhere * Demonstrates appropriate awareness of safety | **Parents and Carers**  **Basic care, safety and protection**   * Basic care is not provided consistently * Haphazard use of safety equipment e.g. fireguards * Parent/carer engagement with services is poor * Parent/carer requires advice on parenting issues * Some concerns around child’s physical needs being met * Young, inexperienced parents * Teenage pregnancy * Inappropriate childcare arrangements and/or too many carers * Some exposure to dangerous situations in the home or community * Unnecessary or frequent visits to doctor/casualty * Parent/carer stresses starting to affect ability to ensure child’s safety | **Parents and Carers**  **Basic care, safety and protection**   * Parent/carer is struggling to provide adequate care * Parents have found it difficult to care for previous child/young person * Inappropriate care arrangements * Instability and domestic violence in the home * Parent’s mental health problems or substance misuse significantly affect care of child/young person * Non-compliance of parents/carers with services * Practitioners have serious concerns * Experiencing unsafe situations * Child/young person caring for siblings/parent * Child/young person perceived to be a problem by parents * Child/young person may be subject to neglect * Child/young person previously looked after by LA | **Parents and Carers**  **Basic care, safety and protection**   * Parents/carers unable to provide ‘good enough’ parenting that is adequate and safe * Parent/carer’s mental health or substance misuse significantly affect care of child * Parents/carers unable to care for previous children * Instability and violence in the home continually * Parents/carers involved in crime * Parents unable to restrict access to home by dangerous adults * Parents/carers own needs mean they are unable to keep child/young person safe * Chronic and serious domestic violence involving child/young person * Unexplained injuries * Parents not engaging with professionals * Allegation or reasonable suspicion of serious injury, abuse or neglect. * Unable to manage severe challenging behaviour without support –high risk of family breakdown * Suspected/evidence of fabricated or induced illness * Unable to meet child/young person’s physical or emotional needs * Disclosure from parent of abuse to child/young person * Escalating or serious domestic violence |
| **Emotional warmth and stability**   * Stable and affectionate relationships with carers * Good relationships with siblings and peers * Developing independent and self-care skills | **Emotional warmth and stability**   * Inconsistent responses to child/young person by parent/carer * Parents struggling to have their own emotional needs met * Child/young person not able to develop other positive relationships * Child/young person’s key relationships with family members not kept up * Starting to show difficulties with attachment | **Emotional warmth and stability**   * Child receives erratic or inconsistent care * Child has episodes of poor-quality care * Parental/carer instability/emotional needs affects capacity to nurture * Some relationship difficulties * Child has no other positive relationships * Child has multiple carers; may have no significant relationship to any of them * Child has been ‘Looked After’ by the LA | **Emotional warmth and stability**   * Parents/carers inconsistent, highly critical, rejecting or apathetic towards child * Family life chaotic * Child/young person beyond parental/carers’ control * Parent’s own emotional experiences impacting on their ability to meet child/young person’s needs * Child has no-one to care for him/her * Child/young person threatened with rejection from home * Requesting young child be accommodated |
| **Guidance, boundaries and stimulation**   * Encourages learning and development through interaction and play * Enables child/young person to experience success * Ensure the child can develop a sense of right and wrong * Child / young person accesses leisure facilities as appropriate to age and interests | **Guidance, boundaries and stimulation**   * Parent/carer offers inconsistent boundaries * Lack of routine in the home * Child/young person spends considerable time alone, e.g. watching television * Child / young person is not often exposed to new experiences; has limited access to leisure activities * Child / young person can behave in an anti-social way in the neighbourhood, e.g. petty crime * Possible risk of online harm | **Guidance, boundaries and stimulation**   * Erratic or inadequate guidance provided * Parents struggle/refuse to set effective boundaries e.g. too loose/tight/physical chastisement * Child/young person behaves in anti-social way in the neighbourhood * Parent/carer does not offer a good role model, e.g. by behaving in an anti-social way * Child not receiving positive stimulation, with lack of new experiences or activities * Child/young person under undue parental pressure to achieve/aspire * Exposure to online forums increasing risk of online harm. | **Guidance, boundaries and stimulation**   * No effective boundaries set by parents/carers * Multiple carers with no consistency * Child regularly behaved in an anti-social way in the neighbourhood * No constructive leisure * Exposure to online forums evident to resulting in harm |
| **Family and Environment Elements**  **Family functioning and well-being**   * Good relationships within family, including when parents are separated * Sense of wider family, friends and community, networks * Parents/carers provide consistent positive role modelling * No physical or mental health needs or if present do not impact on the ability to parent | **Family and Environment Elements**  **Family functioning and well-being**   * Parents/carers have some conflicts or difficulties that can involve the child/young person * A child or young person has experienced loss of significant adult, e.g. through bereavement or separation * Parent/carer has physical/mental health difficulties * A child/young person is taking on a caring role in relation to their parent/carer, or is looking after younger siblings * Privately fostered * Adopted * Limited friends and family support * Child looked after by many different adults * Parent / carer has learning needs * Physical or mental health needs | **Family and Environment Elements**  **Family functioning and well-being**   * Incidents of domestic abuse between parents/carers * Acrimonious divorce/separation * Family has serious physical and mental health difficulties * Family has poor relationship with extended family or little communication * Family is socially isolated * Parent / carer has learning needs * Physical or mental health needs which impact on parenting capacity. | **Family and Environment Elements**  **Family functioning and well-being**   * Significant parental/carer discord and persistent domestic violence * Family characterised by conflict and serious chronic relationship difficulties * History of rejection * Poor relationships between siblings and wider family * No effective support from extended family * Destructive/unhelpful involvement from extended family * Child/young person has been identified as a child/young person in need, but parents/carers have refused support * Family involved in criminal activity; parent or sibling has received custodial sentence * Individual posing a risk to children in, or known to household * Unsafe home environment * Family home used for drug taking, prostitution, illegal activities * Family has physical or mental health needs that impact on parenting capacity * Parent /care has learning needs that impact on parenting capacity |
| **Circumstances and Key features** | **Housing work and income**   * Accommodation has basic amenities and appropriate facilities, and can meet family needs * Parents/carers able to manage the working or unemployment arrangements * Managing budget to meet individual needs | **Housing, work and income**   * Poor housing * Some problems over basic facilities * Family seeking asylum or refugees * Periods of unemployment of parent/carer * Parents/carers have limited formal education * Low income * Financial/debt problems | **Housing, work and income**   * Poor state of repair, temporary or overcrowded, or unsafe * Living in interim accommodation * Experiencing frequent moves * Intentionally homeless * Parents/carers experience stress due to unemployment or ‘overworking’; may be impacting on other aspects of family life e.g. marital relationship * Parents/carers find it difficult to obtain employment due to poor basic skills * Serious debts/poverty impact on ability to have basic needs met * Low income plus adverse additional factors e.g. up to borrowing limit of Social Care Fund * Rent arrears put family at risk of eviction or proceedings initiated | **Housing, work and income**   * Homeless – or imminent * Housing dangerous or seriously threatening to health * Physical accommodation places child in danger * Chronic unemployment that has severely affected parents’ own identities * Family unable to gain employment due to significant lack of basic skills or long-term substance misuse * Extreme poverty/debt impacting on ability to care for child * No expectation that young person will work |
| **Social and community including education**   * Family feels part of the community * Good social and friendship networks exists * Community is generally supportive of families with children / young people * No concerns of exploitation or risk of online harm * Child’s positive sense of self and abilities reduces the risk that they will be targeted by peers or adults who wish to exploit them * No concerns of discrimination | **Social and community including education**   * Family new to the area or with limited contact with community members * Some social exclusion or conflict experiences; low tolerance * Community characterised by negativity towards children/young people * Difficulty accessing community facilities * Child has a negative sense of self and abilities and suffers with low self-esteem making them vulnerable to peers and adults who pay them attention and/or show them affection but do so in order to exploit them (CE). * Some concerns of possible discrimination | **Social and community including education**   * Parents/carers socially excluded/isolated * Lack of a support network * Low community support for families * Acrimonious relationships within community * Poor quality access to universal and targeted services * Concerns expressed by others * Child’s negative sense of self/low self-esteem contributes to their involvement with peers and/or adults thought to be treating them badly and/or encouraging their involvement in self-harm and/or criminal behaviour. * Child regularly goes missing and family do not know where Child is. * Incidents and or increase of discrimination | **Social and community including education**   * Family chronically socially excluded * No supportive network * Community are hostile to family * Child frequently goes missing and fails to account for their locations or discloses situations indicating risk of CE * Child trafficked to UK for sexual exploitation * Currently being discriminated and or on going and increasing incidents of discrimination |
| **Response:** | **Agencies should identify what they can do first to support the child and their family through their own service.** | **Agencies should refer to a single agency to meet identified need. Agencies can be identified through the Buckinghamshire Family Information Service website which provides details to local support services and access to family support and information of wider early help approaches. Towards the top end of level2, agencies may need to work together to provide a coordinated service to support a child and their family who need support from more than one agency. Schools are advised to consult with their link Family Support Worker to discuss the child/family support needs and agree next steps which may include a Request for Family Support (L2) or submission of a MARF (L3/4).** | **Agencies should contact First Response (aka MASH) using the Multi-Agency Form (MARF). Once contact is made, the case is then screened by Children’s Social Care in the MASH and a decision is made within 72 hours as to what services level is needed in relation in the Continuum of Need. If contact needs to be made out of hours, you can call the Emergency Duty Team on 0800 999 7677. Schools will need to consult with their link support worker to discuss concerns from which a decision to complete a MARF will be decided.** | **Agencies should contact First Response using the Multi-Agency Referral Form (MARF) or by calling 01296 383962 (or 0800 999 7677 for the out of hours Emergency Duty Team). If there is a concern that a child is immediately at risk, call the police on 999.** |
| **Assessment:** | **Agencies may use their own assessment processes to tailor the service they provide** | **Agencies who have carried out their own specific assessment (for example the Outcome Star or Children’s Neglect Tool Kit), should consider sharing those outcomes as this will be particularly helpful when more than one agency may be involved.** | **The Key tools for assessing need are the Outcomes Star, Children’s Neglect Tool and a Child In Need assessment (a statutory assessment led by Children’s Social Care under Section 17 of the Children Act 1989). However, other agencies may use their own assessment tools in the first instance.** | **Statutory assessment will take place under the provisions of the Children Act 1989. This will be led by Children’s Social Care. Where a child is assessed to have met the threshold for statutory intervention there are various options available to ensure a child is protected from harm. This included making the child subject to a Child Protection Plan or taking the child into care.** |