

Wigan's Threshold of Need Guidance

Working to keep children and young people
happy, healthy and safe.





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Welcome

Wigan Safeguarding Children Board – Threshold Guidance

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

This Threshold Guidance has been compiled by the Wigan Safeguarding Children Board and partners to meet requirements of the Government’s statutory guidance “Working together to safeguard children 2013” and replaces all previous threshold information. It is designed to help identify when a threshold – or trigger – 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.



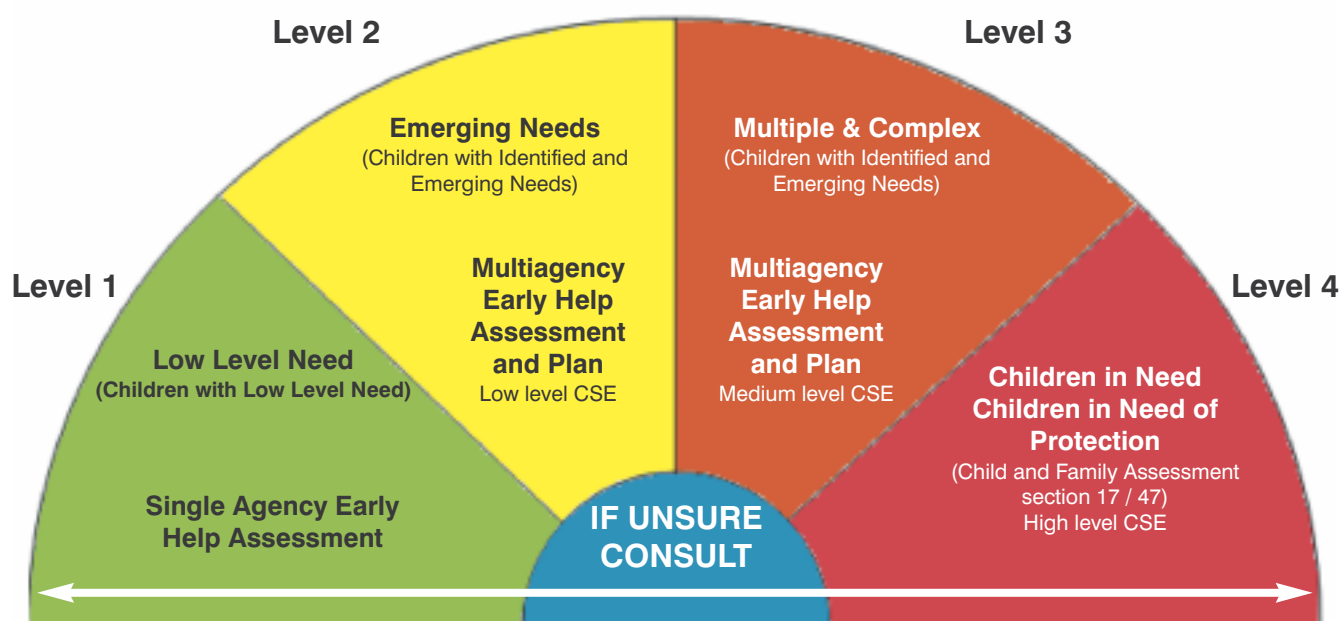
Who is this document for?

- Professionals who are in contact with children and families who have a concern about a child or young person and want to know how they should help them.
- All children's service providers to provide clarity on thresholds and to enable them to be consistent in how they support children who are referred to them.
- Anyone who has concerns about a child or young person.

It should be noted that professionals from all agencies working with children and young people have a shared responsibility to keep them safe and provide effective, efficient and co-ordinated 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** - All children accessing mainstream services with low-level need that can be met by a single agency early help assessment and plan.
- Level 2** - Children with emerging needs or low level CSE concerns that can be met with the support of a multi-agency Early Help assessment and plan.
- Level 3** - Children with multiple or complex needs including medium risk of CSE have to be met by targeted services or by a multi-agency early help assessment or by other specialist assessments e.g. CSE Measurement Tool / Education Health Care Plan.
- Level 4** - Are those children and young people who present with acute needs / risk. Including high level CSE concerns / risk. They will require specialist Social Worker or multi-agency statutory response.

Understanding thresholds and how they relate to the support of identified needs is vital to providing a solid, integrated intervention that will help children and young people achieve their full potential. As the needs of children and young people change 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 the support they need regardless of where they live or how accessible services are to them.

Children can move from one level to another, and as they do, their needs, as well as supplemental 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

Level 1, 2 & 3

Identifying children and families who would benefit from an Early Help Assessment

Intervening early can be critical to achieving positive outcomes for children. The Children Act (2004) states our Statutory Duty to co-operate, it emphasises the need for Local Authorities and relevant partners to work together to meet children's needs. Early Help Assessment is Wigan's response to this statutory duty to co-operate and it replaces the CAF process.

The Early Help Assessment process can be instigated by anyone who has low level concerns about a child or by anyone who identifies emerging needs or more complex needs, where a single agency has been unable to meet that need. The process involves carrying out an Early Help Assessment to determine whether needs can be met via a single agency or multi agency approach. If a multi agency approach is required a Early Help Assessment Meeting will need to be arranged to ensure that a multi agency action plan can be developed. It is important that the child and parent's voice is captured as part of the Early Help Assessment process and that they have ownership of their action plan. The plan should then be reviewed at regular periods, normally up to four to six weeks, until outcomes have been achieved.

If at any point during the Early Help Assessment process risk is increased and you are concerned that the child or young person that you are supporting is suffering significant harm or is likely to suffer significant harm then a referral should be made to Children's Social Care.

If you require any further information about the Early Help Assessment process in Wigan please contact the Early Intervention and Prevention Referral Team on 01942 486262.

Professionals should consider the need for an Early Help Assessment for a child or young person who is for example:

- Showing early signs of neglect.
- Disengaged from education, has poor attendance.
- Displaying behaviours which impact on their emotional and physical wellbeing such as alcohol misuse or missing from home.
- At risk of CSE.
- Showing signs of engaging in anti-social or criminal behaviour.
- Living in a family where there are challenges for the child, such as substance misuse, adult mental health and domestic abuse.
- Disabled and has specific additional needs.
- Has special education needs.

If a family does not agree to an Early Help Assessment, the professional involved in the child or young person's case will speak with their respective manager or safeguarding lead to determine if a professional referral to Children's Social Care might be necessary as a result of this.

More information about Early Help Assessments in Wigan can be found at www.wigan.gov.uk/earlyhelpassessments

Children with a Disability

Level 4 Targeted Disability Service (TDS)

The Targeted Disability Service (TDS) is a specialist service that provides assessment and support for children and young people whose needs are significant and multiple as a result of their disability. The service also aims to support parents where there is a significant risk of family breakdown because of the impact of the child or young person's disability.

TDS sits within the Special Educational Needs and Disability Team (SENDS), which consists of a range of functions to support children and young people with special educational needs and disability. From September 2014, new Education Health and Care (EHC) plans will replace Statements of Special Educational Needs and will require greater input from Health and Social Care.

TDS contribute to the EHC Plans by sharing the most recent assessment information and discussing the child's experiences within the home environment, parenting, school and any other issues that are relevant to the family. Where an assessment is not up to date or is in need of review, or where it is considered that a new referral should have a social care assessment, TDS will

undertake this as part of the EHC process. TDS do not support every child or young person with a EHC plan, for example some children have emotional and behavioural difficulties which inhibit their learning but does not prevent them from accessing universal or targeted services.

Safeguarding Children with Disabilities

Safeguarding issues are managed within the team up to and including the strategy discussion. If, following the strategy discussion a child protection conference is being arranged the allocated worker from TDS will work alongside a social worker from the children's duty team until the first core group, at which point the case will be transferred to the Specialist Disability Service. Once the child protection elements of the case have been addressed and the family return to a Children In Need Plan, the case will be transferred back to TDS for on-going support and monitoring. Similarly, where the child or young person may become a looked after child, TDS will continue to work with that family until the child becomes looked after, at which point the case transfers to the Children in Care and Care Leavers Team.



Children in Need

Level 4

Children in need of help

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.

Complex or serious needs, where without Social Care Intervention a child would be at risk of significant harm, require a specialist in-depth assessment and case co-ordination by a social worker.

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. This is known as a Child & Family Assessment.

Before serious or complex needs are identified, most children or young people will have an Early Help Assessment, plan, and review as part of work to address issues at an earlier stage. If positive change has not been achieved or sustained by this support a referral to Children's Social Care would be appropriate. In cases such as this, the Early Help Assessment and subsequent action plan and review documents will contribute to the Local Authorities Child & Family Assessment, and analysis of the current individual or family situation.

Private Fostering

A Private Fostering Arrangement is a private arrangement made for the care of a child under the age of 16, 18 if disabled, to be cared for by someone other than a parent or a close relative with the intention of the arrangement lasting 28 days or more. It is deemed private as it does not involve the local authority. However, being cared for within a private fostering arrangement means that these are children in need, as their own family are no longer providing care. As such, Children's Social Care need to be informed of arrangements so they can assess the situation and put strategies in place.

Children in Need of Protection

Level 4

Section 47 Enquiries of The Children Act 1989

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, or cause to be made, 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 build up 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.

In all of these circumstances an Early Help Assessment would not be appropriate initial response.

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 the Local Authority, with the help of other organisations to find out what is happening to the child and to consider whether protective action is required, including the need for legal action.



How to make a Referral

Advice and support on how to meet the needs of a child or young person at level 1, 2 or 3 can be obtained from the Early Intervention and Prevention referral team on **01942 486262**.

Child in Need

To make a referral for a child or young person in need, you must complete a professional referral form which can be found at:

www.wigan.gov.uk/professionalreferralform

It is important that parental consent is obtained when making a referral for a child in need.

Following a referral a specialist assessment known as a Child & Family Assessment will be undertaken by a Social Worker to identify the specific needs of the child or young person and to ensure that there is a co-ordinated response by relevant services.

Child Protection Concerns

Where there is reason to suspect a child or young person is suffering, or likely to suffer, significant harm because of abuse or neglect, under Section 47 of The Children Act (1989) the Local Authority Children's Social Care Service must make enquiries and decide if any action must be taken to protect the child or young person.

To make a referral for a child or young person in need of protection, you must complete a professional referral form which can be found at:

www.wigan.gov.uk/professionalreferralform

If you have concerns about a child or young person who may be at immediate need of protection please contact Duty Social Care on 01942 828300 and the Police on 999.

Professionals working with children and young people should make referrals in partnership with parents or carers by involving them and working with them - unless this is likely to cause more risk to the child or young person.



Important factors to consider when requesting advice, support or making a referral

When deciding to request advice, support or make a referral, it is useful to consider:

1. What support or interventions can your organisation offer? Could this meet the needs of the child, young person and their family, or is help needed from another agency? What additional support or intervention is needed to help protect them?
2. What is life like for this child, young person and their family? What are the child's or young persons wishes and feelings?
3. What are the parents or carer's feelings towards the situation?
To what extent do they understand that they need help and support?
4. What are the child's, young person & families strengths? Can these be used to help the situation?
5. What support or intervention has been offered previously? Did these make a difference? If not, why not?

If you have a non-urgent concern, it is important to talk to other professionals connected to the child and their family, to help you decide on the best way to meet their needs. If you are a professional working with the child, young person and their family, and you are unsure about the level of need, you should speak to your safeguarding lead within your organisation.

Where there is a concern about a unborn baby, you should also refer to the Wigan Multi Agency Protocol for the Pre-Birth Assessment and Interventions. This can be found on the local safeguarding procedures and guidance page at <http://www.wigan.gov.uk/WSCB/Professionals/PreBirthAssessment.aspx>

Some helpful case studies are available at www.wiganlscb.com these should give you an idea of different thresholds and the kind of support that could be offered. It is not a definitive list and you should always use your personal judgement when making a decision.

Professionals in all organisations have a responsibility to refer a child or young person to Children's Social Care if:

- **There are serious concerns about the child or young person's wellbeing.**
- **The child or young person is suffering significant harm.**
- **The child or young person is likely to suffer significant harm.**



This is only a guide –
individual cases need judgment and when in doubt contact your local Named or Designated Safeguarding Professional

Important factors to consider when making a referral

Previous information such as chronology, the most recent assessments, plans and reviews should be used to support and evidence the appropriateness of the referral.

If a request is accepted, organisations will carry out appropriate assessment. If appropriate, a multi agency plan will be formulated to provide the required level of support.

If a request does not meet an organisations threshold, they will provide information about suitable alternative resources that might help, and if appropriate, signpost the request on to other services.

Local Safeguarding Children procedures should be followed, which can be found at <http://greatermanchesterscb.proceduresonline.com>

Useful Numbers

Children's Central Duty Team – Wigan Council	01942 828300
Emergency Out of Hours Duty	0161 834 2436
Gateway – Wigan Council	01942 486262
Police Public Protection Unit	0161 856 1940
NSPCC National Helpline	0808 800 5000

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Threshold of Need



Examples of Escalating Need across the
Thresholds in WSCB Key Priority Areas

Threshold of Need

	Level 1 Children accessing universal services, having needs met via universal provision via single agency intervention.	Level 2 Children with emerging need which can be met through partnership working via Early Help Assessment and Planning.
Childs developmental need	<ul style="list-style-type: none"> • Achieving milestones. • Any developmental delay is responded to appropriately. • Age appropriate, positive and healthy relationships with parent / carer. • Ability to cope with everyday emotional and relationship difficulties. • All identified is met by the provision of appropriate services. 	<ul style="list-style-type: none"> • Slow in reaching developmental milestones, needs not consistently attended to. • Missed health checks / immunisations. • Signs of disruptive or challenging behaviour, signs of offending or anti-social behaviour. • Poor attachment. • Unexplained but infrequent absences from school. • Low level mental health issues, self harm without suicidal thought or intent. • Minor concerns regarding self care. • Underage sexual activity.
Parental Capacity	<ul style="list-style-type: none"> • Accesses services appropriately e.g. health and education. • Appropriate feeding, diet, nutrition resulting in age appropriate growth. • Parent ensures child is protected from danger. • Good attachments. • Parent able to implement appropriate boundaries. • Parents respond appropriately to advice given. 	<ul style="list-style-type: none"> • Poor supervision of the child. • Missed health appointments with unscheduled attendances at GP and walk in clinics. • Anti-social behaviour. • Some positive stimulation, new experiences. • Inconsistent care arrangements. • Poor response to emerging need. • Concerns about attachment / interaction. • Inconsistent parenting. • Risk of relationship breakdown. • Reported domestic violence where the child is not present.
Family and environmental factors	<ul style="list-style-type: none"> • Supportive and positive relationships and networks. • Good family relationships. • Accommodation has all basic required amenities. • Secure tenancy. • Family are able to manage financially using resources to meet needs. • Access to positive activities. 	<ul style="list-style-type: none"> • Family affected by low income or unemployment. • Parental advice needed to prevent escalation. • Young carers. • Poor housing / home environment impacting on the child's health. • Poor access to core services.

The following is an illustrative guide and not a comprehensive list of indicators, the examples of indicators can only offer a sense of the threshold. Degree's of Severity and combinations of indicators for individual children need to be understood and assessed. The examples cannot be a substitute for professional judgement.

<p style="text-align: center;">Level 3</p> <p>Has multiple needs which require a multi-agency and coordinated response with support from targeted services. Intervention occurs under Early Help assessment, planning and review.</p>	<p style="text-align: center;">Level 4</p> <p>High level of unmet/complex need requiring statutory intervention under either Section 17 or Section 47 of the Children Act 1989.</p>
<ul style="list-style-type: none"> • Developmental milestones not being met due to persistent parental failure / inability. • Difficulty coping with anger, frustration or upset. • Displays challenging disruptive, offending behaviour. • Risky sexual behaviour / activity. • Persistent non-attendance at school. • Concerns regarding presentation, hygiene, basic care. • Social exclusion. • Regular missed appointments affecting developmental progress. • Self harm with suicidal ideation. 	<ul style="list-style-type: none"> • Non-mobile child with injury. • Non organic failure to thrive. • Complex multiple disabilities. • Sexual exploitation – scoring 41-60 on CSE Phoenix Risk Assessment tool. • Offending behaviour resulting in risk of significant harm. • Frequently missing from home. • High level emotional health issues. • Drug / alcohol misuse affecting development. • Teenage pregnancy under 13 years. • Complex mental health issues affecting development. • Hygiene and presentation concerns resulting in isolation. • Challenging behaviour resulting in serious risk. • Child has contacted the police after witnessing domestic abuse.
<ul style="list-style-type: none"> • Parental learning or physical disabilities. • Substance misuse or mental health issues which impact on parenting. • Inconsistent care arrangements. • Poor supervision from the parent resulting in unmet need. • Poor response to the child's need from the parent. 	<ul style="list-style-type: none"> • Failure to access services likely to result in significant avoidable impairment to the child. • Persistent reports of child presenting as hungry / scavenging for food, at risk due to being over weight / under weight. • Child witness to domestic abuse resulting in risk of significant harm. • Child sustains an injury due to lack of supervision. • Suspected non-accidental injury. • Child abandoned / rejected / persecuted. • Private fostering arrangements. • Non-compliance / disguised non-compliance. • No positive stimulation. • Extreme poverty impacting on parental ability to care for the child. • Significant substance / alcohol misuse. • Significant mental health concerns.
<ul style="list-style-type: none"> • Transient families; frequent moves impacting on the child's education. • Housing concerns; tenancy at risk, home in poor state of repair. • Relationship breakdown. • Community harassment / discrimination. 	<ul style="list-style-type: none"> • Female genital mutilation. • Honour based violence. • Forced marriage. • Unaccompanied asylum seeking children. • Edge of care. • Suspicion of physical, emotional or sexual abuse or neglect.

Examples of Escalating Need Across the Thresholds in WSCB Key Priority Areas

	Level 1 Children accessing universal services, having needs met via universal provision via single agency intervention.	Level 2 Children with emerging needs that can be met with through partnership working via Early Help Assessment and Planning.
Child Sexual Exploitation (CSE)	<ul style="list-style-type: none"> Sexual activity appropriate for age and access to appropriate information. Young person has exited exploitation. Scores 10-20 points Sexual Exploitation and Missing (SEAM) Measurement Tool. 	<ul style="list-style-type: none"> Emerging CSE concerns. Young person's health or development may be affected. Previous CSE with significant protective factors. Scores 21-30 points SEAM Measurement Tool.
Child Mental Health	<ul style="list-style-type: none"> Ability to manage and cope with everyday emotional and relationship difficulties. All difficulties can be managed in the community. 	<ul style="list-style-type: none"> Superficial self-harming or the onset of deliberate self-harm without suicidal thoughts or intent. Can be managed in the community.
Neglect	<ul style="list-style-type: none"> Clean and appropriately dressed for setting. 	<ul style="list-style-type: none"> Minor concerns about cleanliness, hygiene and / or clothing.
	<ul style="list-style-type: none"> Accesses health services appropriately and effectively. 	<ul style="list-style-type: none"> Occasionally missing routine health appointments. Excess attendances to unscheduled care settings.
	<ul style="list-style-type: none"> Age appropriate nutrition resulting in age appropriate growth. 	<ul style="list-style-type: none"> Some concerns regarding nutrition resulting in the child being under or over weight and requiring review.
	<ul style="list-style-type: none"> Child is adequately protected from harm or danger by parent / carer. 	<ul style="list-style-type: none"> Poor supervision of the child by the parent / carer.
Domestic Abuse	<ul style="list-style-type: none"> Good relationships within the family, few significant changes to family composition. 	<ul style="list-style-type: none"> Parents / carers have some conflicts and/or low level incidents of domestic abuse have been reported which have not been witnessed by children.
Parental Mental Health	<ul style="list-style-type: none"> Parent / carer is generally in good emotional health and accesses services appropriately. 	<ul style="list-style-type: none"> Parent / carer has a mental health problem which is being addressed and has minimal impact upon the child.
Parental Substance Misuse	<ul style="list-style-type: none"> Parent / carer is not known to misuse substances. 	<ul style="list-style-type: none"> Parent / carer has a substance misuse problem which is being addressed and has minimal impact upon the child.

The following is an illustrative guide and not a comprehensive list of indicators. The examples of indicators can only offer a sense of the threshold. Degrees of severity and combinations of indicators for individual children need to be understood and assessed. The examples cannot be a substitute for professional judgment.

<p style="text-align: center;">Level 3</p> <p style="text-align: center;">Children with multiple needs which require a multi-agency and coordinated response with support from targeted services.</p>	<p style="text-align: center;">Level 4</p> <p style="text-align: center;">High level of unmet/complex need requiring statutory intervention under either Section 17 or Section 47 of the Children Act 1989.</p>
<ul style="list-style-type: none"> • Young person is vulnerable to CSE but not at immediate risk. • Young person's health or development is being impaired. • Scores 31-40 points SEAM Measurement Tool. 	<ul style="list-style-type: none"> • Sexual activity in child under 13 years or with someone in position of trust. • Young person discloses current CSE or behaviour strongly suggests CSE. • Child at risk of, or suffering significant harm. • Scores 41-60 points SEAM Measurement Tool.
<ul style="list-style-type: none"> • Significant and ongoing deliberate self-harm with some suicidal thoughts without plans and intent. Can be managed in the community. 	<ul style="list-style-type: none"> • Severe mental health concerns with high risk deliberate self-harm and suicidal thoughts, intents and attempts. Cannot be managed in the community.
<ul style="list-style-type: none"> • Frequently presenting as unkempt, wearing inappropriate or inadequate clothing for setting. 	<ul style="list-style-type: none"> • Chronic persistent presentation as unkempt, wearing inappropriate or inadequate clothing for setting impacting on child's self-esteem.
<ul style="list-style-type: none"> • Frequently missing routine / non-routine healthcare appointments including ante-natal. • Excess inappropriate attendances to unscheduled care settings. 	<ul style="list-style-type: none"> • Failure to access healthcare which is likely to cause significant avoidable impairment to child / unborn.
<ul style="list-style-type: none"> • Inadequate nutrition resulting in the child being significantly under or over weight requiring referral to a targeted service. 	<ul style="list-style-type: none"> • Child persistently presenting as hungry and / or scavenging for food. • Child at risk of or suffering significant harm due to being under or over weight.
<ul style="list-style-type: none"> • Persistently poor supervision of the child by parent / carer which may result in numerous preventable accidents. 	<ul style="list-style-type: none"> • Child suffers numerous minor injuries and / or a significant injury as a result of lack of supervision by parent / carer.
<ul style="list-style-type: none"> • Incidents of domestic abuse between parents / carers have been witnessed by children and / or caused them distress. 	<ul style="list-style-type: none"> • Significant parental discord and domestic abuse that is witnessed by children, who appear to have been affected.
<ul style="list-style-type: none"> • Parent / carer has an acute mental health problem that impacts upon child's wellbeing. 	<ul style="list-style-type: none"> • Parent / carer has a severe mental health problem that poses a significant risk to the child's wellbeing.
<ul style="list-style-type: none"> • Parent / carer has a substance misuse problem that impacts on the child's wellbeing. 	<ul style="list-style-type: none"> • Parent / carer has a severe substance misuse problem that poses a significant risk to the child's wellbeing.







If you have any comments or feedback please email:

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