



**Southwark Safeguarding Children Board**

# Multi agency threshold guide

Welcome to Southwark thresholds guide 2015, published by Southwark Safeguarding Children Board. This guide has been produced to support and promote the effective and early identification of needs, and to assist professionals in deciding how best to help protect children, young people and families.

*Southwark*  
Council

## Introduction

The aim of this guide is to ensure a timely and proportionate service response to needs as soon as they emerge. Low-level needs can and should be met within universal provision. Higher level needs will require an additional targeted response through early help arrangements; complex needs and risks of significant harm warrant a statutory intervention by social care.

Whilst some families will need specialist services, these families will also be supported by the services that provide universal and targeted help, during, and in many cases beyond the social care episode.

This document should encourage agencies to meet needs as soon as they occur – and respond to those needs at the lowest level. As such, the partnership aspires that fewer cases reach levels 3 and 4, as help is provided more swiftly at levels 1 and 2. Agencies are urged to pay close attention to the thresholds when assessing children and making referrals to ensure the most appropriate response is requested.

This guide outlines the thresholds, whose overall model is as follows. The higher and more complex the needs of the child, the more services will be involved at more levels. Supporting and protecting children with the highest needs is achieved through provision at all levels, not just level 4.

Some indicators of themselves may be considered either level 2 or level 3 depending on other context. It is therefore important that full consideration is given to assess accumulative indicators that may interplay and escalate or de-escalate through the levels.

**Level 1 needs** which should be met within universal settings; including low level addition needs (**universal and 'universal plus services**)



**Level 2 needs** which meet the criteria for more formal targeted services delivered as part of the **early help offer**, in addition to provision and any additional support in universal services



**Level 3 needs** which meet the threshold for social work assessment and support under Section 17 Children Act 1989 (**children in need**), in addition to provision in universal settings and by targeted services



**Level 4 needs** which meet the threshold for **statutory child protection** by social work teams delivered under Section 47 Children Act 1989, in addition to provision in universal settings and by targeted services



These thresholds are here to guide decisions regarding the welfare of children. If individual decisions do not resolve matters as you see fit please escalate concerns to your line manager at any stage in the process.

This document should be read in conjunction with the information sharing guidance contained in Southwark's multi-agency protocols, available at <http://southwark.proceduresonline.com> and [https://www.southwark.gov.uk/downloads/download/2915/southwark\\_safeguarding\\_children\\_board](https://www.southwark.gov.uk/downloads/download/2915/southwark_safeguarding_children_board)

Remember, there can be no justification for failing to share information that will allow action to be taken to protect children. The golden thread throughout all information sharing rules is that **the duty to safeguard children must be paramount**.

In 2015 the Government published guidance for practitioners on **what to do if you are worried about a child**. This document has been written with reference to the requirements laid out in Working Together to Safeguard Children, available online at [www.workingtogetheronline.co.uk](http://www.workingtogetheronline.co.uk), which states that Local Safeguarding Children's Boards should publish a threshold document.

## Referral and assessment



### Level 1 needs

#### Universal and universal plus service

**No referral is required.** Needs are met within single agencies. Children, young people and families should access **universal services** as required.

In addition to this, universal services should recognise those children, young people and families that require low-level additional support that can be provided within the community to prevent needs from escalating. Practitioners may complete a common assessment framework (CAF) to help them better understand the family's needs. The assessment should be conducted with the family to ensure their early engagement in the process.

Key universal services that may provide support at this level include:

- Schools and nurseries
- Children's centres
- Early years' providers
- Health visiting service
- School nursing
- GP and community health
- Play services
- Integrated youth support services and youth centres
- Police
- Housing
- Voluntary and community sector
- Secondary and further education
- Training

Other services which may be in a position to support a family within universal provision may be identified using the Southwark local offer website, at <http://localoffer.southwark.gov.uk>. The local offer is under development and being continually updated.

### Referral

**A referral is required.** If a referral is required then it can either be to early help (level 2) or social care (level 3). Referrals can be made to both but services are encouraged to make a clear referral decision where possible.



### Level 2 needs

#### Targeted early help services

**A CAF Referral to MASH is required, with early help indicated as preferred response.**

The common assessment should be completed with the child and family to identify their strengths and needs, and to gain targeted support from multi-agency families matter services. If you are unable to gain parental consent a referral can still be made to the MASH, but as the referrer you are required to set out your professional reasons why the referral should be progressed without consent. At this point the referrer may wish to bring the referral to the attention of the safeguarding lead professional in their agency.

Key early help services that may provide support at this level include

- Early help service (includes parenting, education welfare, education psychology, family support, SEN support, CAMHS early intervention)
- Specialist family focus team (includes parenting)
- Team around the family interventions led by other agencies
- A range of commissioned services, for example speech and language therapy, HomeStart
- Other local services listed within Southwark's local offer, available at <http://localoffer.southwark.gov.uk>. The local offer is under development and being continually updated.

Where support from the council's early help service is required, following the receipt and allocation of a CAF, further professional assessments will be undertaken in response to the specific needs of the child identified in the CAF.



### Level 3 needs

#### Children in need

**A CAF referral to MASH is required, with social care indicated as the preferred response. An informal social care consultation is available with the social worker in MASH on request. The MASH is open during office hours and can be contacted on 020 7525 1921.**

The common assessment should be completed with the child to identify their strengths and needs and to gain specialist support from children's social care. It is anticipated that in most cases a referral will be made for a level 3 response.

Upon receipt of the referral, the duty team in the MASH will review the CAF within one working day in line with the thresholds laid out in this document. If it meets the level 3 threshold, it will proceed to single assessment, led by a social worker. This will be preceded by multi-agency information sharing within MASH.

#### **What happens to your referral and how to escalate if you disagree with the outcome**

The MASH will inform you of the outcome of your referral. If you do not agree with the decision, you must challenge it with clear rationale and reference to the thresholds. If there is still disagreement you must escalate the case to your manager within your agency and, if necessary, the safeguarding lead within your agency. Please refer to your own agency's safeguarding policy for further details.

Only once the referral has been accepted by Children's Social Care does the lead professional role change to the social worker. Until that point, the lead professional responsibility would remain within Level 1 or Level 2 services.

If the assessment identifies a need for a child in need plan, a network of professionals will be formed around the child that will meet regularly for the duration of that plan. Universal and early help services will typically be core members of this network.



### Level 4 needs

#### Child protection

**If an agency identifies a child thought to have suffered or be at risk of significant harm, a referral to MASH should be made immediately by:**

- Telephone 020 7525 1921
- Email [mash@southwark.gov.uk](mailto:mash@southwark.gov.uk), where possible with a CAF

In an emergency, the agency should call 999 and ask for a Police response.

#### **What happens to your referral and how to escalate if you disagree with the outcome**

Upon receipt of the referral, within one working day, where MASH identify that the case meets the level 4 threshold, a child protection Section 47 Enquiry will be initiated alongside a single assessment, supported by information sharing between agencies in the MASH.

The MASH will inform you of the outcome of your referral. If you do not agree with the decision, you must challenge it with clear rationale and reference to the thresholds. If there is still disagreement you must escalate the case to your manager within your agency and, if necessary, the safeguarding lead within your agency. Please refer to your own agency's safeguarding policy for further details.

While a level 4 child protection case is led by a named allocated social worker, other services, including universal and early help services will remain fully involved in the case, including through membership of the core group of professionals and/or of the Child Protection Conference, which is independently chaired. Different aspects of the case may be led by different agencies – for example the police will lead on criminal investigation.

## Level 1 needs: Universal and universal plus services

Children, young people and families with no additional needs or where low-level needs can be met by universal services



### Example indicators - Developmental needs

#### Learning / education

- Children whose additional needs can be met within their school or early years setting
- Children whose attendance is maintained at a satisfactory level with the support that can be provided within their school setting
- Barriers to learning can be addressed with the existing resources in the school or setting
- Progression between phases of education is planned within standard procedures or with support of previous mainstream setting

#### Health

- Health needs which can be well met within GPs and other primary or universal care
- Developmental milestones including speech and language can be achieved with help provided within single agency setting as required

#### Social, emotional, behavioural, identity

- Good mental health and psychological well-being can be achieved with low-level single agency support as required
- Good quality early attachments, confident in social situations, with low-level single agency support as required
- Knowledgeable about the effects of crime and antisocial behaviour, with guidance as necessary
- Knowledgeable about sex and relationships and consistent use of contraception if sexually active, with low-level advice if necessary

#### Family and social relationships

- Stable families where parents are able to meet the child's needs

## Level 1 needs continued

### Example indicators -

Family and environmental needs

#### Self-care and independence

- Age appropriate independent living skills are evident or can be easily achieved with low-level single agency intervention

#### Family history and well-being

- Supportive family relationships are evident or can be secured with low-level single agency intervention

#### Housing, employment and finance

- Child adequately supported financially
- Good quality stable housing

#### Social and community resources

- Good social and friendship networks exist or can be easily established
- Safe and secure environment
- Access to consistent and positive activities

### Example indicators -

Parent and carer needs

#### Basic care, safety and protection

- Parents able to provide care for child's needs, with low-level advice if required

#### Emotional warmth and stability

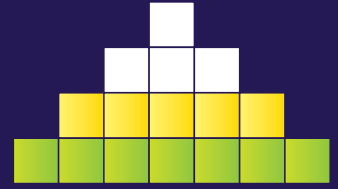
- Parents provide secure and caring parenting, with low-level advice or support as required

#### Guidance boundaries and stimulation

- Parents provide appropriate guidance and boundaries to help child develop appropriate values, with low-level advice from agency if required

## Level 2 needs: Targeted services

Vulnerable children, young people and families with low-level additional needs that are not being met or cannot be met by universal services that require multi-agency intervention, a lead professional and a team around the family approach, in addition to support in Universal settings



### Example indicators - Developmental needs

#### Learning / education

- Children with development delay within early years foundation stage
- Children at early years SEN support and not making progress in meeting targets of action plan
- Children and young people in educational establishments at SEN support and not making progress in meeting targets of action plan
- Children and young people with an education, health and care (EHC) plan and not making progress in meeting targets in plan
- Children with low attendance at school (below 90%) and persistent absence
- Children with identified language and communication difficulties
- Children with persistent short term exclusions and/or risk of permanent exclusion
- Children who are permanently excluded from school and require managed moves or alternative provision
- Missed appointments - routine and non-routine which are impacting significantly on the child's health
- Children who are missing education
- Young carers
- Children who are electively home educated, where there are concerns about the suitability and efficiency of the home education
- Pregnant women with a history of vulnerability that may include disability, mental ill health, learning difficulties, child protection concerns or experience of being a looked after child

#### Health

- Children who are delayed in reaching developmental milestones
- Children whose physical and emotional development raises concerns
- Children with chronic/recurring health problems
- Children with a pattern of missed appointments – routine and non-routine
- Children with complex needs requiring specialist support in both mainstream and specialist provision
- Children who are showing early signs of failure to thrive and there is no medical explanation



## Level 2 needs continued



### Example indicators - Developmental needs continued

#### **Social, emotional, behavioural, identity**

- Children with mental health or emotional issues requiring intervention
- Children with an early onset of offending behaviour or activity (10-14)
- Children who come to the notice of police on a regular basis
- Children where there is evidence of low level substance/alcohol misuse
- Children with low self esteem which is impairing their the educational and personal development
- Children where there is an early onset of sexual activity and who may be vulnerable to sexual exploitation
- Young parents and those in sexual relationships under age of 16
- Children who display a pattern of risk taking
- Children who are victims of crime, which could include discrimination and sexual exploitation
- Children who are bereaved

#### **Self-care and independence**

- Children who lack age appropriate behaviours and independent living skills, likely to impact negatively on development

#### **Family and social relationships and family well-being**

- Children are impacted upon negatively by the significant relationship difficulties of parents/carers which could include domestic abuse (at levels 1 or 2) / substance or alcohol abuse or mental health needs.
- Children's behaviour results in parents/carers requesting support to manage behaviour
- Children negatively affected by difficult family relationships which could include bullying
- Children who are young carers who exhibit additional needs which are a direct result of their caring responsibilities
- Children who may need additional support due to the learning needs of their parents

## Level 2 needs continued



### Example indicators - Family and environmental needs

#### Housing, employment and finance

- Children are negatively affected as a result of overcrowded living conditions and potential homelessness
- Children are negatively affected by their family's low income or unemployment

#### Social and community resources

- Children are negatively affected as a result of insufficient facilities to meet needs or to access local services
- Children are negatively affected as a result of the family's social exclusion
- Children are associating with anti social or criminally active peers including gang association
- Children have limited access to age appropriate advice including contraceptive and sexual health advice, information and services

### Example indicators - Parent and carer needs

#### Basic care, safety and protection

- Children affected negatively by inconsistent care
- Children affected negatively by significant issues of parents which could include learning difficulties, disability, domestic abuse, substance misuse, mental health needs.
- Children affected negatively by parental non – compliance which could include non attendance at school

#### Emotional warmth and stability

- Children's emotional and behavioural development affected negatively by inconsistent parenting

#### Guidance boundaries and stimulation

- Children's development negatively affected by inconsistent parenting in relation to boundaries, responses and engagement in learning

## Level 3 needs: Children in need

Children, young people and families with high or complex additional needs requiring integrated targeted support or defined as a child in need under Section 17 of the Children Act 1989.

A child in need is 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.



### Example indicators - Developmental needs

- Disability requiring specialist support to be maintained in mainstream setting
- Physical and emotional development raising significant concerns
- Chronic/recurring health problems including concerns about weight
- The child shows signs of physical abuse, for example bruising, scalds, burns and scratches, which are accounted for but are more frequent than would be expected for a child of a similar age
- Missed appointments - routine and non-routine which are impacting significantly on the child's health
- A young person over 13 but under 16 and in a sexual relationship and/or pregnant
- Unborn child vulnerable where there are risks of accumulative indicators such as substance misuse, learning difficulties, domestic violence and/or mental health
- Coming to notice of police on a regular basis
- Young people who have admitted a criminal offence and received a diversionary programme (triage) or a pre court disposal, for example youth caution, youth conditional caution or conditional discharge
- Evidence of regular/frequent drug or alcohol use which may be combined with other risk factors
- Mental health issues requiring specialist intervention in the community
- Child/young person self-harms
- Child/young person who is missing education where targeted services are not impacting
- Child/young person who is missing from home
- Self-harm
- Suspicion of sexual abuse or child sexual exploitation e.g. sexualised behaviour, medical concerns or referral by concerned relative, neighbour carer.
- Risk of radicalisation or involvement in extremism

## Level 3 needs continued



### Example indicators - Family and environmental needs

- Lack of age appropriate behaviour and independent living skills, likely to impair development
- Risk of relationship breakdown with parent or carer and the child which would lead to the child coming into care
- History of domestic abuse, current domestic abuse
- The family is excluded and the child is seriously affected but the family actively resists all attempts to achieve inclusion and isolates the child from sources of support
- Young carers where the child's outcomes are being impacted by their caring responsibilities
- Privately fostered children
- Children of those detained in prison
- Severe overcrowding, temporary accommodation, homelessness, transience, which is significantly impacting on the parent's ability to look after the child
- Siblings or other members of the family have a disability or serious health condition, including mental health concerns which impact on the child

### Example indicators - Family and environmental needs

- No available parent and child is in need of accommodation
- Parental learning disability, parental substance misuse or mental ill-health impacting on parent's ability to meet the needs of the child
- Parent is unable to meet child's needs without support
- Allegation of physical assault with no visible or only minor injury (other than to a pre- or non- mobile child)
- Physical care or supervision of a child is inadequate
- Allegations concerning parents making verbal threats to children
- Pregnant woman who has no access to public funds or services due to their immigration status or who is receiving a service during confinement.
- Inconsistent parenting significantly impairing the emotional or behavioural development of the child
- Allegations of neglect including inadequate supervision, poor hygiene, clothing or nutrition
- Failure to seek/attend treatment or appointments
- Hostile and aggressive behaviour by parent and carer that will likely have an impact on the child's emotional wellbeing

## Level 4 needs: Child protection

Children, young people and families with complex or acute needs requiring specialist or statutory integrated response under Section 47 of the Children Act 1989. This may also include children subject to a Care Order (Section 31) or children looked after under Section 20 (duty to accommodate a child) of the Children Act 1989.

A child in need of protection is a child that is suffering, or is likely to suffer, significant harm. Where the local authority suspects this to be the case, it has a duty to make enquiries under section 47 of the Children Act 1989.



### Example indicators - Developmental needs

- Concern where the child is failing to thrive and there is no medical explanation, particularly in those aged under 5
- Child is suspected to have suffered or be at risk of Female Genital Mutilation (FGM)
- Child/young person is engaged in criminal activity, including gang activity that is placing them at serious risk of harm
- Child is the victim of sexual or physical assault by another child
- Child is exhibiting sexually harmful behaviour
- Child/young person has complex mental health issues requiring specialist interventions in order to prevent them harming themselves or others
- Child/young person is in a sexually exploitative relationship or at high risk of child sexual exploitation
- Child/young person is in a violent or abusive relationship
- Young person is under 13 and is pregnant or engaged in sexual activity
- Unborn child vulnerable where there is evidence of accumulative indicators such as substance misuse, learning difficulties, domestic violence or mental health
- Child/young person is at risk of, or has been subjected to, forced marriage
- Child/young person is subject to spiritual abuse
- Child/young person who is missing from education for long periods
- Child/young person is frequently going missing from home for long periods
- Child/young person with complex needs who is at risk of or experiencing current harm through their use of substances
- Child is suspected of being trafficked or subject to child trafficking
- Child is suspected of engaging in radical or extremist activities
- Professional staff being denied access by parent or carer to the child

## Level 4 needs continued



### Example indicators - Family and environmental needs

- Suspicion of physical, emotional or sexual abuse or neglect that may cause significant harm to the child
- Severe domestic abuse that leads to a child being traumatised injured or neglected
- Siblings or other members of family living with disability, health conditions or mental health concerns that are seriously impacting on the child, for example causing neglect, putting them at risk of significant harm or causing them high levels of stress and emotional anxiety
- Knowledge of a registered sex offender or violent offender under multi agency public protection arrangements living in household or having regular contact
- An individual (adult or child) or organisation is posing a serious risk to a child
- Child or family need immediate support and protection due to severe harassment /discrimination within the community
- Grooming of child/young person via social media or other process
- Concern that parents/carers are displaying aggressive behaviour with professionals involved in working with the family

### Example indicators - Family and environmental needs

- Any allegation of abuse or neglect or any suspected injury suspected to be a non-accidental injury to a child
- Repeated allegations or reasonable suspicion of non-accidental injury
- Child/young person is suffering neglect
- Parent is emotionally abusive to a child
- No available parent and child is at risk of suffering significant harm (e.g. abandoned baby)
- Child or young person's safety and emotional development is at risk due to parental substance misuse and/or mental health including parental delusions
- Suspicion that a child may have suffered or be at risk of significant harm due to fabricated or induced illness