

# THRESHOLDS OF NEED



Bromley Safeguarding  
Children Partnership



[www.bromleysafeguarding.org](http://www.bromleysafeguarding.org)

April 2023



# Contents

Section	Content	Page
<b>1</b>	<b>Introduction</b>	<b>4</b>
<b>2</b>	<b>The four levels of need</b>	<b>6</b>
	The assessment triangle	8
	Whole family approach	9
	Neglect	9
	The indicators of possible need	10
<b>3</b>	<b>Access routes to services</b>	<b>11</b>
	Early Intervention and Family Support Service (EIFS)	12
	Children's social care	19
<b>4</b>	<b>Children and Families Hub processes</b>	<b>21</b>
<b>5</b>	<b>Escalating concerns</b>	<b>24</b>
<b>6</b>	<b>Information sharing</b>	<b>25</b>
<b>7</b>	<b>Stepping up and stepping down</b>	<b>26</b>
	Stepping up	26
	Stepping down	27

<b>Section</b>	<b>Content</b>	<b>Page</b>
<b>8</b>	<b>Continuum of need matrix</b>	<b>29</b>
<b>9</b>	<b>Threshold criteria</b>	<b>30</b>
	Section 47, Children Act 1989: Child Protection enquiries (Tier 4)	30
	Section 20, Children Act 1989: Child provided with accommodation	31
	Section 31, Children Act 1989: Initiation of care proceedings	32
	Section 1, Children Act 1989: The Court Welfare Checklist	32
<b>10</b>	<b>0-25 Service</b>	<b>33</b>
	Referral routes for children with disabilities	34
<b>11</b>	<b>Glossary</b>	<b>35</b>
<b>12</b>	<b>Useful resources</b>	<b>38</b>

## SECTION 1

# Introduction

This document provides a thresholds framework for professionals working with children, young people and families in Bromley.

It aims to help identify when a child may need additional support to achieve their full potential. It introduces a continuum of help and support, provides information on the levels of need and gives examples of some of the factors that may indicate a child or young person needs additional support. By undertaking assessments and offering services on a continuum of help and support, professionals can be flexible and respond to different levels of need. The framework recognises that however complex a child's needs, universal services, such as education and health, will always be provided alongside any specialist additional service.

Along the continuum of need services become increasingly targeted and specialised according to the level of need. Children's needs are not static, and they may experience different needs – at different points on the continuum – throughout their childhood years.

This document is aligned to the [London Threshold Document](#) (Continuum of Help and Support) and should be used in conjunction with the [London Safeguarding Children Procedures](#).

The continuum of need matrix (see Section 8) does not provide an exhaustive list but provides examples that can be used as a tool to assist referral, assessment, planning and decision making. Any safeguarding indicators of concern should always be considered alongside any related needs. It should be remembered that some children will have additional vulnerability because of their disability or complex needs and the parental response to the vulnerability of the child must be considered when assessing needs and risks.

**London Safeguarding  
Children Procedures**

[londonsafeguardingchildrenprocedures.co.uk](http://londonsafeguardingchildrenprocedures.co.uk)

**London Threshold Document**

Continuum of Help and Support

[www.londonsafeguardingchildrenprocedures.co.uk/threshold.html](http://www.londonsafeguardingchildrenprocedures.co.uk/threshold.html)

For some areas of need there may be specialist tools available to assess those needs such as the Neglect toolkit and the Safe Lives domestic abuse risk assessment tool. These are available on the [London Safeguarding Children Partnership](https://www.londonscb.gov.uk) website.

### [Working Together to Safeguard Children](#)

(2018) sets out a clear expectation that local agencies will work together and collaborate to identify children with additional needs and provide support as soon as a problem emerges. Providing early help is a key element of achieving this and will avoid problems becoming entrenched.

The Bromley Safeguarding Children Partnership (BSCP) expects that all practitioners working with families know how to identify children who have additional needs and how to provide support to them.

### London Safeguarding Children Partnership

[londonscb.gov.uk](https://londonscb.gov.uk)

### Working Together to Safeguard Children

[www.gov.uk/government/publications/working-together-to-safeguard-children-2](https://www.gov.uk/government/publications/working-together-to-safeguard-children-2)





## SECTION 2

# The four levels of need

### Tier 1: No additional needs

These are children with no additional needs; all their health and developmental needs will be met by universal services. These are children who consistently receive child focused care giving from their parents or carers. **The majority of children** living in each local authority area require support from universal services alone.

### Tier 2: Early help

These are children with additional needs, who may be vulnerable and showing early signs of abuse and/or neglect; their needs are not clear, not known or not being met. These children may be subject to adult focused care giving. This is the threshold for a multi-agency early help assessment to begin. These are children who require a lead professional for a co-ordinated approach to the provision of additional services such as family support services, parenting programmes and Children and Family Centres. These will be provided within universal or targeted services provision and do not include services from children's social care.



### **Tier 3: Children with complex multiple needs**

These children require specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled. They may require longer term intervention from specialist services. In some cases these children's needs may be secondary to the adults needs. This is the threshold for an assessment led by children's social care under Section 17, Children Act 1989 although the assessments and services required may come from a range of provision outside of children's social care.

### **Tier 4: Children in acute need**

These children are suffering or are likely to suffer significant harm. This is the threshold for child protection. These children are likely to have already experienced adverse effects and to be suffering from poor outcomes. Their needs may not be considered by their parents. This tier also includes Tier 4 health services which are very specialised services in residential, day patient or outpatient settings for children and adolescents with severe and /or complex health problems. This is likely to mean that they may be referred to children's social care under section 20, 47 or 31 of the Children Act 1989. This would also include those children remanded into custody and statutory youth offending services.

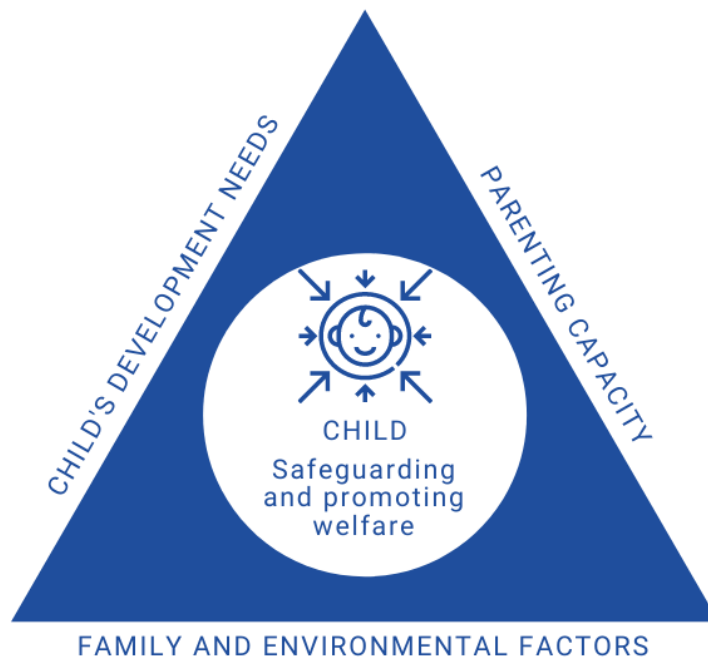


**In an emergency, if the child is at immediate risk  
the referrer should contact the police directly on 999**



# The assessment triangle

The assessment triangle below should be used to identify the interplay between the three domains to assess the child's needs and form a judgement regarding the level of need.



Child's development needs	Family & environmental factors	Parenting capacity
<p><b>Such as:</b> health, education, emotional and behavioural development, identity, family and social relationships, social presentation and selfcare skills</p>	<p><b>Such as:</b> community resources, family's social integration, income, employment, housing, wider family and family history &amp; functioning</p>	<p><b>Such as:</b> basic care, ensuring safety, emotional warmth, stimulation, stability, and guidance &amp; boundaries</p>

# Whole family approach

When considering the needs of a child, it is good practice for professionals to take a whole family approach. This helps to secure better outcomes for both children, adults and their families by coordinating support and delivery of services. Practitioners should explore and understand family networks in order to be effective and consider the impact of any difficulties on ALL family members.

For example, where a parent has mental health concerns, consideration should be given to the impact on parenting capacity and whether a referral should be made to Children's Social Care. Similarly, when a person attends A&E following an incident of domestic abuse, consideration should be given to the safety and welfare of the children.

## Neglect

It can be particularly difficult for practitioners to recognise the signs of neglect because there is unlikely to have been a significant incident or event that highlights the concerns; it is more likely that there will be a series of concerns over a period of time that, taken together, demonstrate that the child is in need or at risk.

For more information about neglect, refer to the [BSCP Neglect Strategy and Toolkit](#) and national training resources:

### **BSCP Policies and Procedures**

[bromleysafeguarding.org/articles.php?id=609](http://bromleysafeguarding.org/articles.php?id=609)

### **NSPCC neglect advice**

[nspcc.org.uk/what-is-child-abuse/types-of-abuse/neglect/](http://nspcc.org.uk/what-is-child-abuse/types-of-abuse/neglect/)

### **NSPCC neglect briefings and research**

[learning.nspcc.org.uk/research-resources/statistics-briefings/child-neglect](http://learning.nspcc.org.uk/research-resources/statistics-briefings/child-neglect)

### **GOV.UK Childhood neglect: training resources**

[gov.uk/government/collections/childhood-neglect-training-resources](http://gov.uk/government/collections/childhood-neglect-training-resources)

# The indicators of possible need

The indicators in the continuum of need matrix (see Section 8) are designed to provide practitioners with an overarching view on what tier of support and intervention a family might need.

It is not intended to be a 'tick box' exercise, but provides examples that can be used as a tool to assist in making referrals, assessing, planning and decision making.

If you have child protection concerns, you must also consult the [London Safeguarding Children Procedures](#) and you must inform your safeguarding lead or line manager.

**London Safeguarding  
Children Procedures**

[londonsafeguardingchildrenprocedures.co.uk](http://londonsafeguardingchildrenprocedures.co.uk)



## SECTION 3

# Access routes to services

The Bromley Children and Families Hub (C&F Hub) is the front door for children and families who need extra help, support and protection in line with tiers 2, 3 and 4 of the continuum of need (see Section 8).

## How to refer to the Children and Families Hub



### During office hours

Call the C&F Hub on one of these numbers:

**020 8461 7373**

**020 8461 7379**

**020 8461 7026**

Email completed forms to [mash@bromley.gov.uk](mailto:mash@bromley.gov.uk).



### Out of Hours (emergencies only)

5.00pm – 8.30am weekdays and at weekends

**0300 303 8671**

Referral forms can be found on the BSCP website:

[bromleysafeguarding.org/articles.php?id=600](https://bromleysafeguarding.org/articles.php?id=600)

Completed referral forms must be sent to the C&F Hub:

[mash@bromley.gov.uk](mailto:mash@bromley.gov.uk)



## Tier 2

Children and families meeting thresholds at Tier 2 of the continuum of need (see Section 8), must be referred to the Children and Families Hub.

# Early Intervention and Family Support Service (EIFS)

Early Intervention and Family Support Service (EIFS) is a consent-based service for children and families with needs considered to be in Tiers 1, 2 or 3 of the continuum of need (see Section 8).

The EIFS aims to provide early help to families before potential issues have a chance to develop and require higher levels of support. EIFS can also be used when the child has a need, unrelated to safeguarding, that is not being met by an existing service (e.g. CAMHS).

EIFS referrals can be made for Bromley families:

- where there is an expectant parent or a child under 18 within the household
- where there are additional needs for one child or the whole family due to issues impacting on parenting such as family health, domestic abuse, substance misuse or low level neglect but where the threshold for statutory services is not yet met
- after work has been undertaken by Children's Social Care to a point where the safeguarding concerns have reduced, or for parenting courses where a child is open to Children's Social Care and on a Child Protection Plan, but the need for short-term support to embed positive change may be required

The EIFS support includes:

- Six Children and Family Centres for 0 to 19 year olds and their families (0 to 25 years for those who have special educational needs and disabilities), including Light Touch family support
- 1:1 family support, where required, through Family Support and Parenting Practitioners within the Bromley Children Project
- Parenting courses, webinars and seminars covering a range of topics and for families with children and young people aged 0-18, including specialist topics, e.g. ASD
- Information Advice and Support Service (IASS) for families of children who have special educational needs and disabilities (SEND) which is impacting on their education





## Early Help Assessment (EHA)

An Early Help Assessment (EHA) supports and coordinates early intervention where there are multiple agencies working with the family. Use of an EHA should be considered where a child or young person's needs are at Tier 2 of the continuum of need matrix (see Section 8).

Please note, an EHA is not a referral for any early help services in Bromley.

When used effectively, EHAs ensure families receive the right support at an early stage before a small need grows into a larger one. An EHA is produced with the family, including discussions with the child and other practitioners, drawing on multi-agency knowledge, expertise and information.

An EHA considers all three dimensions of the Assessment Framework (See Assessment Triangle, Section 2) and is used to inform an action plan with the family that sets out what additional support the family and child will receive. This action plan will be monitored by the agreed Lead Professional, who can be from any partner agency such as education or health, to ensure that it is effective. This Lead Professional should also lead in convening Team Around the Family (TAF) meetings.

## Consent at Tier 2

The EHA process is entirely voluntary and informed consent from the parent or carer, or the young person themselves, is mandatory, so families do not have to engage and if they do, they can choose what information they want to share and with whom.

If consent is withheld to share information and/or to complete an EHA, single agency services should still be offered to the child or young person.

If the professional is concerned that the family needs more support than a single agency can offer and requires support/services from partner agencies, the professional should discuss the case with their designated safeguarding lead and/or their line manager **to ensure that everything is being done to engage the family and gain their trust**. Please note that a single agency service should still continue to be offered at Tier 2.

## Team around the child (TAC) and team around the family (TAF)

A multi-agency meeting between key professionals and the family, which draws up an Early Help Plan for the child, is called a Team Around the Child (TAC) or TeamAround the Family (TAF) meeting. This is a useful way of sharing information and planning next steps together for a child or young person whose needs are considered to be at Tier 2 of the continuum of need matrix (see Section 8), but is not mandatory.

The plan will address each of the areas of assessed need and must be Specific, Measurable, Achievable, Realistic and Timely (SMART). The TAC will meet on a regular basis to check progress of the plan and review how well the plan is achieving good outcomes for the child. If the plan is not achieving good outcomes, it will be reviewed and revisited by the Lead Professional through the TAC meeting.

In some cases where progress is not being made, the TAC meeting will need to consider whether the concerns that remain unresolved need to be 'stepped up' to Social Care. The TAC meeting should also consider revisiting consent with the family and whether any other relevant agency can offer support if the threshold for statutory Children's Social Care is not met.

The C&F Hub provides support, advice and information to practitioners using the EHA framework.

## Bromley Children Project (BCP)

The Bromley Children Project (BCP) is a borough wide service that delivers early intervention and family support to families living in Bromley through its six Children and Family Centres, a range of Parenting Courses and through Family Support and Parenting Practitioners (FSPP) offering 1:1 family support, where needed. BCP works closely with partner agencies such as Jobcentre Plus, and through signposting and multi-agency working to provide holistic support to all family members.

BCP accept both professional and self-referrals via the Children and Families Hub for 1:1 family support. Access to the Children and Family Centres and all the activities running there, including parenting courses, is 'walk-in' at the centres without the need for any referral.

**Children and Family Centres** offer a range of services including:

- information, advice and support
- in-house Learn and Play sessions
- targeted sessions such as family learning and Parenting Courses
- health clinics and supporting other key community agencies to engage with families.

**Parenting courses** are available to any parent in the borough and can be referred by any Bromley agency or by self-referral. Parenting courses can be both face to face and on-line. Programmes can support parents at all different points along the threshold of need. This includes the Parenting Plus element for parents currently on a Child In Need or Child Protection Plan where the social worker can request a parenting practitioner to assess the family's learning from their attended course.

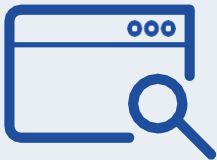
## Family Support and Parenting Practitioners

(FSPPs) meet with families in the community and at their home to complete a holistic Family Assessment and Plan within 42 days of allocation. The goals set out in the intervention plan are family led and child focused. The FSPP

will then use a range of direct work tools, strategies and techniques in line with the [Bromley Relationship Model](#) to support parents to make positive change to improve outcomes for their children. If safeguarding concerns arise the FSPP will consider if it is proportionate to make a referral to Children's Social Care via the C&F Hub.

## Bromley Relationship Model

<http://bromleysafeguarding.org/articles.php?id=608>



For further information on EIFS, BCP, EHAs or TAC, visit the Bromley Parenting Hub:

[bromleyparentinghub.org.uk](http://bromleyparentinghub.org.uk)

## Children's contact centre service

Bromley's Children's Contact Centre Service (CCCS) offers a safe space for children and young people who are looked after by the local authority, or whose parents are in private proceedings, to have supervised and facilitated contact with their parents, extended family and friends. Although Bromley children are our priority, where there is capacity, referrals from other local authorities are welcomed for supervised and facilitated contact for families who are in private proceedings.

The service is open seven days a week. Core hours are 10am to 6pm Monday to Friday (some evenings up to 7pm) and 9am to 5pm on a Saturday and Sunday. Social Workers can refer directly into the CCCS and families in private proceeding can either refer directly into the service themselves or via their legal representatives.

For more information, please contact Orpington Contact Centre on 020 3364 6815 or Royston Centre 020 8778 3966.



## Tier 3

Children meeting thresholds at Tier 3 of the continuum of need (see Section 8), must be referred to the Children and Families Hub.

Children and families at Tier 3 will be facing complex multiple needs which will require an integrated and co-ordinated response. Children at this level are often described as 'children in need' and may be seen to be at risk. Without support their development will be impaired.

Based on need and risk, higher need/more complex cases within Tier 3 may require a Children's Social Care assessment and intervention from specialist services.

**Please note, not all children at Tier 3 will require specialist services provided by Children's Social Care.** There will be occasions where families face complex multiple needs at Tier 3, but there is no **safeguarding** concern and therefore those families will receive support from EIFS. Where professionals are unsure, they should always seek advice from the C&F Hub.

### Consent at Tier 3

Professionals should seek parental consent prior to making a referral for a child meeting thresholds at Tier 3 of the continuum of need matrix, unless this would place the child or young person at risk (see Section 6 – Information Sharing).

If consent is withheld at Tier 3 to complete a Children's Social Care referral and/or share information across agencies, the worker should discuss this with their line manager and/or Designated Safeguarding Lead to ensure that everything is being done to engage the family and gain their trust.



## Tier 4

Children meeting thresholds at Tier 4 of the continuum of need (see Section 8), must be referred to the Children and Families Hub.

The risks for these children can be broadly of two kinds:

Abuse or ill-treatment causing an immediate and acute risk of significant harm to the child or young person's health or development

or

A chronic and long-term risk of harm to the child's health or development

This small group of children and young people will have needs which may meet the threshold for statutory intervention at the highest level. Children at this level may be subject to child protection enquiries, taken into the care of the Council or need specialist mental health intervention.

### **Consent at Tier 4**

Professionals should also normally seek consent to share information for Tier 4 referrals, except where this would:

- a) place the child at potential risk of harm or
- b) compromise a police investigation (eg allegations of parental sexual abuse, or suspicions of fabricated or induced illness)

If consent is withheld for a Tier 4 referral, the practitioner should consider, with their Designated Safeguarding Lead, whether they have grounds to override consent in order to protect the child. Where a referral is necessary to protect the child, practitioners will have a legal basis to share information without parental consent.




Children's Social Care services will take the lead in safeguarding children and coordinating services for children at this level. The agencies involved might include any of those working with children at all levels.

A social worker will be allocated, and will lead the work in line with statutory guidance and requirements.

# Children and Families Hub processes

Upon receipt of a referral, the Children and Families Hub will decide on and record the next steps of action within one working day. This will include making a decision on whether or not to share with, or gather information from, other agencies.

The C&F Hub undertakes a risk assessment at this point under the following RAG rating:

	<b>RED</b>	= decision making within 3 hours
	<b>AMBER</b>	= decision making within 7 hours
	<b>GREEN</b>	= decision making within 72 hours (3 working days)

Decisions will take account of referral information, information held in existing records, discussions with the family (where possible and appropriate) and information provided by other professionals or services as deemed necessary.

The C&F Hub Team Manager or Group Manager will review the information and decide what further action is needed. This could be a number of options:

## SECTION 4

- ✓ If there is already an allocated Social Worker involved with the family your information will be passed straight to them and their manager for review and decision making.
- ✓ The child appears to be a Child in Need and there are concerns about the child's health and development which justify a Single Assessment but there are no present concerns about Significant Harm.
- ✓ The child appears to be a Child in Need and there are concerns about actual or potential Significant Harm that require a Strategy Discussion, which may lead to a Child Protection Investigation.
- ✓ The child does not meet the threshold for statutory Children's Social Care intervention but a referral to EIFS or another agency is made or recommended and/or the provision of advice and information is acted on.
- ✓ No further action is required. The agency who completed the referral must continue to monitor the child or young person's situation. If the child's needs increase or the situation deteriorates then the agency must re-refer.

An automated response will be sent once the referral has been received. Please follow up immediately by telephone if no automated response has reached you to ensure that your referral is being acted on.





## SECTION 5

# Escalating concerns

Safeguarding is everyone's responsibility and effective, collaborative working is essential. Professionals need confidence in talking with each other about decisions that have been made, discussing concerns about those decisions and, when there isn't agreement, escalating those concerns if appropriate. The need for staff to feel confident in their understanding of when and how to raise effective challenges about practice is essential in achieving the best outcomes for children.

Equally important is the culture of how we work and it is vital professionals are encouraged to be professionally curious and raise issues when they feel their concerns for children and young people are not being tackled.

For more information on escalation and how to resolve professional differences, refer to the [BSCP Escalation Policy](http://bromleysafeguarding.org/articles.php?id=609).

**BSCP Escalation Policy**

<http://bromleysafeguarding.org/articles.php?id=609>





## SECTION 6

# Information sharing

Proportionality and necessity are factors to be taken into consideration when deciding whether or not to share confidential information. To share information about a person you need a clear and legitimate purpose to do so, as this will determine whether the information sharing is lawful.

In making the decision, practitioners must weigh up what might happen as a result of the information being shared against what might happen if it is not and apply their professional judgement.

Where there is a clear risk of significant harm to a child you must share the information to safeguard the child.

If you are unsure about confidentiality, you should seek advice from your organisation's Information Manager and/or Caldicott Guardian.

**GOV.UK Guidance: Information sharing advice for safeguarding practitioners**

[www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice](http://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice)





## SECTION 7

# Stepping up and stepping down

## Stepping up

### From early help services to statutory safeguarding services

At each stage, before considering a higher level of intervention, practitioners and lead professionals must consider these factors:

- Is the child or young person at risk of abuse, neglect or significant harm?
- Are the child's needs being met in Early Help, and if not, what is the impact of this on the child now and what would the impact be for the child in the future?
- To what extent is the family engaging effectively with the plan?
- Would the child/family benefit from a social work assessment due to increased concerns or an escalation of their needs?
- In what timescale does change need to happen for the child?
- What are the consequences for this child if the situation does not change? Are the child's needs met under the current level of support?
- Is consent needed?

The decision to step up and to refer back into the C&F Hub for consideration of statutory services by Children's Social Care should be made by the Lead Professional of an Early Help Assessment or the Team Around the Child meeting and there should be a review of the Action Plan identifying the need or the actual or potential harm.

If at any point, however, a professional identifies an immediate safeguarding risk, they should contact the C&F Hub using their first hand information to step up. Delay should not be caused by waiting for a TAC meeting.

# Stepping down

## From statutory safeguarding services to early help services

The objective of this intervention should be to step down from statutory services to the most appropriate EarlyHelp service, with appropriate support for a period of time before the step down into universal services and to:

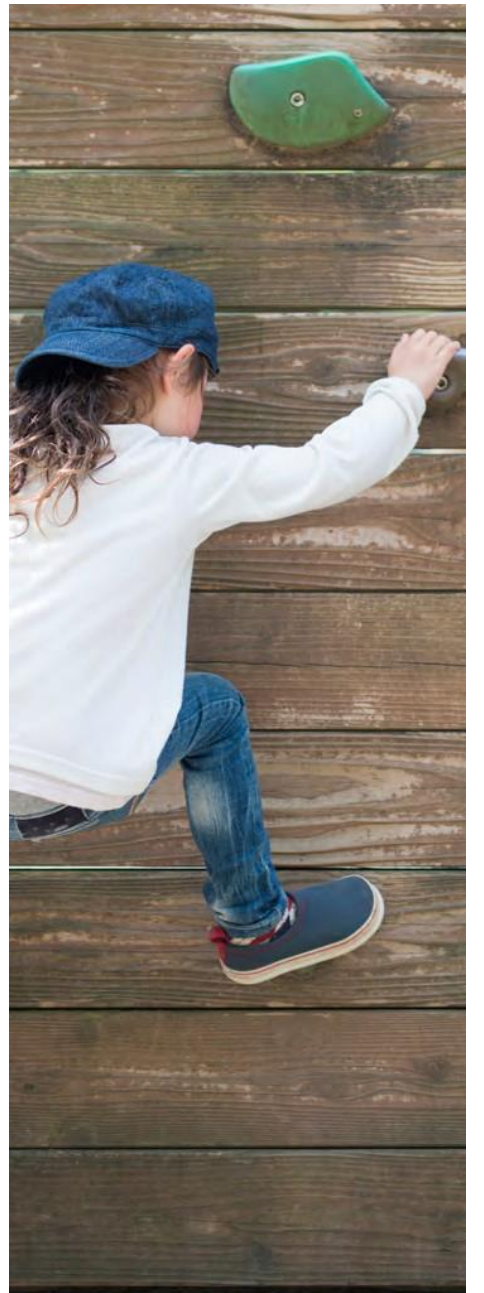
- support the family to maintain the changes they have made under the safeguarding intervention
- support the family in transition between safeguarding services and the identified Early Help service
- develop the plan with the family to support any other changes they wish to introduce to improve the family/children's outcomes
- prevent need escalating to bring about the required changes that enable children, young people and their families to build resilience so their needs can be met within universal provision

Where more than one agency is involved in the development of the ongoing plan, an Early Help Assessment should be instigated.

Whenever possible, a successful intervention should result in a transfer back to universal services.









## SECTION 8

# Continuum of need matrix

Bromley has adopted the indicators set out in the [London Continuum of Need Matrix](#). This matrix is included in the [London Threshold Document \(Continuum of Help and Support\)](#) and is a guide to what level of support and intervention a family may need. This includes

health, mental health, education, abuse and neglect, sexual abuse/activity, police attention, harmful practices, extremism, substance misuse, disability, young carers, domestic abuse, social development and extra-familial harm.

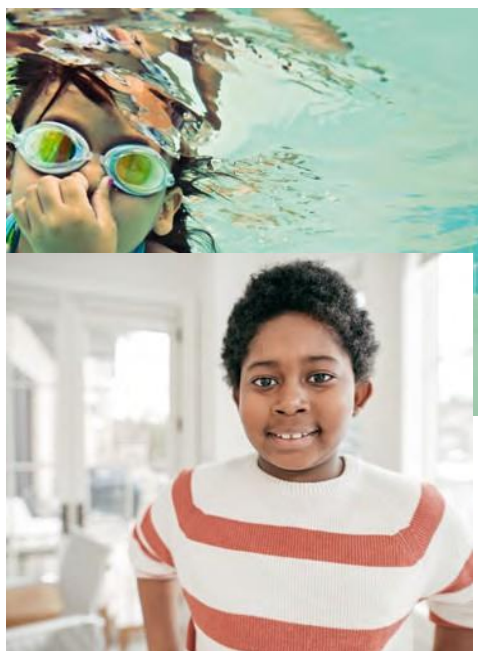
### Continuum of Need Matrix of Indicators

<https://www.londonsafeguardingprocedures.co.uk/files/threshold.pdf>

This provides practitioners with guidance as to the threshold on which decisions need to be based. It is not exhaustive and will require professional judgement to weigh the seriousness and significance of each factor.

Practitioners must consider a child's needs in each section, as well as considering their strengths and those of their family to get a full picture of the child's needs and recognise that need is not static and will change over time and that plans must be reviewed regularly.

There may also be exceptional circumstances and/or environmental factors, such as a pandemic, which shifts the threshold continuum to support families who would usually not require additional services.



## SECTION 9

# Threshold criteria

## Section 47, Section 20, Section 31

In addition, the following threshold criteria also apply:

### Section 47, Children Act 1989: Child Protection enquiries (Tier 4)

Below is an indicator guide of the type of circumstances which would lead to a S47 investigation. This is intended as a guide and is not exhaustive. Reference should also be made to the [London Safeguarding Children Procedures](#).

- Any allegation of abuse or neglect or any suspicious injury in a pre- or non-mobile child.
- Allegations or suspicions about a serious injury / sexual abuse to a child.
- Two or more minor injuries in pre-mobile or non-verbal babies or young children (including disabled children).
- Inconsistent explanations or an admission about a clear non-accidental injury.
- Repeated allegations or reasonable suspicions of non-accidental injury.
- A child being traumatized, injured or neglected as a result of domestic abuse.
- Repeated allegations involving serious verbal threats and/or emotional abuse.
- Allegations / reasonable suspicions of serious neglect.
- Medical referral of non-organic failure to thrive in under-fives.
- Direct allegation of sexual abuse made by child or abuser's confession to such abuse.
- Any allegation suggesting connections between sexually abused children in different families or more than one abuser.
- An individual (adult or child) posing a risk to children.
- Any suspicious injury or allegation involving a child subject of a current child protection plan or looked after by a local authority.
- No available parent and child vulnerable to significant harm (e.g. an abandoned baby).
- Suspicion that child has suffered or is at risk of significant harm due to fabricated or induced illness.
- Child/ren subject of parental delusions.
- A child at risk of sexual exploitation or trafficking.
- Pregnancy in a child aged under 13.
- A child at risk of FGM, honour based violence or forced marriage.
- Use of Police Powers of Protection (Section 46)



## Section 20, Children Act 1989: Child provided with accommodation

This can be on the initiative of the local authority with the agreement of the parents, or at the request of the parents. Any person with parental responsibility can at any time remove the child from the accommodation. The child is a child in need who requires accommodation as a result of:

- Having no person with parental responsibility for him/her; or
- Being lost or abandoned; or
- The person who has been caring for him/her being prevented (whether or not permanently, and for whatever reason) from providing him/her with suitable accommodation or care; or
- Having reached the age of 16, his/her welfare is likely to be seriously prejudiced if he/she is not provided with accommodation; or
- Accommodating the child would safeguard or promote his/her welfare (even though a person who has parental responsibility for him is able to provide him with accommodation), provided that that person does not object.

Before providing accommodation, so far as is reasonably practicable and consistent with the child's welfare:

- Ascertain, and give due consideration to the child's wishes and feelings (having regard to his/her age and understanding); and
- Ascertain whether the parents/person(s) with parental responsibility have given a valid consent:
  - ◊ Does the parent have the mental capacity to consent?
  - ◊ Is the consent fully informed?
  - ◊ Is it fair and proportionate for the child to be accommodated?

## Section 31, Children Act 1989: Initiation of care proceedings

- The child is suffering, or is likely to suffer, significant harm; and
- 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 would be reasonable to expect a parent to give to him; or
  - ◊ The child's being beyond parental control.
- 'Harm' means ill-treatment or the impairment of health or development including, for example, impairment suffered from seeing or hearing the ill-treatment of another;
- 'Development' means physical, intellectual, emotional, social or behavioural development;
- 'Health' means physical or mental health; and
- 'Ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical.
- Where the question of whether harm suffered by a child is significant turns on the child's health or development, his/her health or development shall be compared with that which could reasonably be expected of a similar child.

## Section 1, Children Act 1989: The Court Welfare Checklist

The welfare checklist to which courts will have regard when deciding whether to make an order in respect of a child:

- The ascertainable wishes and feelings of the child concerned (considered in the light of his/her age and understanding);
- His/her physical, emotional and educational needs;
- The likely effect on him/her of any change in his/her circumstances;
- His/her age, sex, background and any characteristics which the court considers relevant;
- Any harm which s/he has suffered or is at risk of suffering;
- How capable each of his/her parents, and any other person in relation to whom the court considers the question to be relevant, is of meeting his/her needs;
- The range of powers available to the court under the Children Act 1989.

## SECTION 10

# 0-25 Service

The 0-25 Service combines the Children's Disability Team, Preparing for Adulthood Team and the Children's Occupational Therapy team.

The children's disability team is a specialist team of social workers, social work assistants, a specialist information officer and business support.

Our team supports families with children aged 0 - 18 who have a severe, profound or complex disability that has a substantial and long-term adverse effect on them. This includes children and young people with a learning and/or physical disability, Autism Spectrum Condition, complex health issues, and hearing, vision and communication difficulties.

We undertake child and family assessments to inform a personalised support plan drawn up to address the child and family's needs, which often provides the provision of specialist short breaks (respite) support.

A child and their family are entitled to an assessment of their needs under section 17 of the Children Act 1989. This assessment also highlights the needs of carers. Our team completes the assessment using the National Framework for the Assessment of Children in Need and their Families (Department of Health 2000).

### **Children's occupational therapy team**

[bromley.gov.uk/info/10122/children\\_and\\_young\\_adults\\_with\\_disabilities\\_and\\_learning\\_needs/1391/childrens\\_occupational\\_therapy\\_0\\_-\\_18\\_years](https://bromley.gov.uk/info/10122/children_and_young_adults_with_disabilities_and_learning_needs/1391/childrens_occupational_therapy_0_-_18_years)

### **Specialist short breaks (respite) support**

[bromley.gov.uk/info/10122/children\\_and\\_young\\_adults\\_with\\_disabilities\\_and\\_learning\\_needs/1260/short\\_breaks\\_for\\_disabled\\_children\\_and\\_young\\_people\\_and\\_their\\_carers](https://bromley.gov.uk/info/10122/children_and_young_adults_with_disabilities_and_learning_needs/1260/short_breaks_for_disabled_children_and_young_people_and_their_carers)

# Referral routes for children with disabilities

Referrals can be made in the following ways:

- For all **referrals** relating to children with disabilities, please contact the Children and Families Hub, regardless of whether there is a safeguarding concern or not. The C&F Hub is the front door for children with disabilities for both safeguarding and support services. The C&F Hub can be contacted directly by a family or by a professional working with a family. See Section 3 for C&F Hub contact details.
- Our **Short Breaks Online Assessment tool** is used to streamline access to short breaks, without the need for a referral to the C&F Hub for a full social work assessment. This can be found online. Applications made in this way are reviewed and assessed by the team, however this referral process will not address any safeguarding concerns or involve any visit to the child and their family.
- The **Early Help Assessment** is intended to be used as an assessment that looks at the issues affecting the family with a strong focus on how to improve the situation and who are the best agencies to support them. This is available for all children, including children with disabilities. See Section 3 for more information.

## Short Breaks Online Assessment

[bromley.gov.uk/shortbreaks](https://bromley.gov.uk/shortbreaks)



For further information on the 0-25 Service, please contact:

**[disabledchildrensteam@bromley.gov.uk](mailto:disabledchildrensteam@bromley.gov.uk)**

**or call 020 8313 4511**

Civic Centre, Stockwell Close, Bromley, BR1 3UH

## SECTION 11

# Glossary

## Section 17, Children Act 1989: Child in Need

This act places a general duty on all local authorities to 'safeguard and promote the welfare of children within their area who are in need.' It means that the child is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by the local authority.

## Strategy discussions and meetings

When there are concerns that a child may be at risk of significant harm, Children's Social Care (CSC) will talk to partner agencies about the child. CSC – together with the Police Child Abuse Investigation Team (CAIT) and Health – will decide if the threshold for a child protection investigation (see Section 47) has been met.

If it has, they will also decide who should carry out the investigation – Children's Social Care and the police (joint agency) or either of them alone (single agency). This may be done as telephone conversations or at a meeting, depending on the nature and urgency of the enquiries.

## Section 47, Children Act 1989: Child Protection enquiries

A Section 47 enquiry means that CSC must carry out an investigation when they have 'reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm'. The enquiry will involve an assessment of the child's needs and the ability of those caring for the child to meet them. The aim is to decide whether any action should be taken to safeguard the child. The child's parents/carers will be interviewed, as well as the child (unless the child is too young). The assessment will also include information from the child's school, doctor and any other relevant professionals involved with the child.

Threshold criteria for initiating a Section 47 enquiry may be met at any time from the point of referral throughout the assessment process or at any time in an open case where concerns are highlighted. An Initial Child Protection Conference should always be preceded by a Section 47 enquiry.

Reference should also be made to the [London Safeguarding Children Procedures](#).



## Police Powers of Protection

Police Powers of Protection can be used without reference to a court, and is only used in emergency situations where a delay in an Emergency Protection Order may put a child at risk. Police Powers last up to 72 hours in which the Police can make decisions as to the where and with whom the child is to remain and what further action is required with regards to the wellbeing of the child.

## Emergency protection order (EPO)

An Emergency Protection Order is an order from the court that allows the child to be removed from home if the child is in imminent danger and grants parental responsibility to the local authority. The court must be satisfied that there are extremely persuasive reasons to make the order. An emergency protection order lasts up to eight days, but can be extended once, for a maximum of seven days.

## Section 20, Children Act 1989: Child provided with accommodation

The child is a Child in Need who requires accommodation as a result of:

- having no person with parental responsibility for him/her
- being lost or abandoned
- the person who has been caring for him/her is being prevented (whether or not permanently, and for whatever reason) from providing him/her with suitable accommodation or care having reached the age of 16, his/her welfare is likely to be seriously prejudiced if he/she is not provided with accommodation or
- accommodating the child would safeguard or promote his/her welfare (even though a person who has parental responsibility for him is able to provide him with accommodation), provided that that person does not object.

This can be on the initiative of the local authority with the agreement of the parents or at the request of the parents. Any person with parental responsibility can, at any time, remove the child from the accommodation.

## Section 31, Children Act 1989: Initiation of care proceedings

On application by the Local Authority the court can grant a care order under Section 31(1) (a) of the Children Act, placing a child in the care of a designated local authority, with parental responsibility being shared between the parents and the local authority. It can only be made if the court is satisfied that the child is suffering, or is likely to suffer, significant harm; and the harm, or likelihood of harm, is attributable to:

- The care given to the child, or likely to be given to them if the order were not made, not being what it would be reasonable to expect a parent to give to a child
- The child's being beyond parental control.

## Private fostering

When a child under the age of 16 (under 18 if disabled) is cared for by someone other than their parent or 'close relative', it is private fostering.

This is a private arrangement made between a parent and a carer for 28 days or more. Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts (whether of full-blood, half-blood or marriage/affinity).

It is an offence not to notify the local council of a private fostering arrangement. If you hear about such an arrangement you should discuss it with your manager. The local authority should also be told because all councils are legally required to make sure that all children that are privately fostered are cared for by a suitable carer in an appropriate environment. This is important to make sure the child is safe and that their needs are being met.

## SECTION 12

# Useful resources

Practitioners can find out more about specific services via the following web links:

### **Bromley Children and Families Voluntary Sector Forum**

Represents Bromley's voluntary sector which supports local children and families  
[www.bcfforum.org](http://www.bcfforum.org)

### **Bromley Children Project**

Borough-wide service which supports children and their families in Bromley  
[www.bromley.gov.uk/bromleychildrenproject](http://www.bromley.gov.uk/bromleychildrenproject)

### **Bromley Community Wellbeing Service (Bromley Y)**

A single point of access for the emotional wellbeing of young people under the age of 18 in Bromley  
[www.bromley-y.org](http://www.bromley-y.org)

### **Bromley Healthcare**

Provides local community health services in Bromley  
[www.bromleyhealthcare.org.uk](http://www.bromleyhealthcare.org.uk)

### **Bromley Local Offer**

Information about support, services, and activities for children with disabilities and learning needs  
[www.bromley.gov.uk/LocalOffer](http://www.bromley.gov.uk/LocalOffer)

### **Bromley Safeguarding Children Partnership (BSCP)**

The role of the BSCP is to co-ordinate the protection of children and young people in the borough, and ensure its effectiveness  
[www.bromleysafeguarding.org](http://www.bromleysafeguarding.org)

### **CAFCASS**

Represents the voice of children in the family courts and works to ensure that their welfare is put first during proceedings  
[www.cafcass.gov.uk](http://www.cafcass.gov.uk)

### **Children's Social Care Protocols and Procedures**

For the latest guidance on Children's Social Care practice in Bromley  
<http://bromleychildcare.proceduresonline.com>

### **Kings College Hospital NHS Foundation Trust**

Provider of local hospital care  
<https://pruh.kch.nhs.uk>

### **London Safeguarding Children Procedures**

London Safeguarding Children Procedures and Practice Guidance which are updated on a 6-monthly basis  
[london safeguarding children procedures.co.uk](https://london safeguarding children procedures.co.uk)

### **London Borough of Bromley**

Local authority providing statutory and non-statutory services for residents of Bromley  
[www.bromley.gov.uk](http://www.bromley.gov.uk)

### **Metropolitan Police Service**

London police service with a Bromley borough command  
[www.met.police.uk](http://www.met.police.uk)

### **Mytime Active**

Provides local leisure and wellbeing services including child weight management programmes  
[www.mytimeactive.co.uk](http://www.mytimeactive.co.uk)

### **Oxleas NHS Foundation Trust**

Provides NHS mental health services across Bromley, South London and Kent  
[www.oxleas.nhs.uk](http://www.oxleas.nhs.uk)

### **South London and Maudsley NHS Foundation Trust**

Provides specialist mental health services across Bromley and South London  
[www.slam.nhs.uk](http://www.slam.nhs.uk)



[www.bromleysafeguarding.org](http://www.bromleysafeguarding.org)

LONDON BOROUGH OF BROMLEY THRESHOLDS OF NEED

APRIL 2023

A product of the Strategy, Performance and Corporate Transformation Division