

# LONDON BOROUGH OF BROMLEY

# THRESHOLDS OF NEED



**BROMLEY**  
SAFEGUARDING  
CHILDREN  
BOARD

May 2017



# Contents

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1. Introduction	3
2. The Continuum of Need	4
3. Access Routes to Services	6
– 3.1 Early Help	6
– 3.2 Referral to Children’s Social Care	8
4. Escalating Concerns	9
5. Information Sharing	9
6. Stepping up and Stepping down	10
7. Threshold of Need Matrix—Indicators for guidance	11
– Level 1 – Universal – Children with no additional needs	11
– Level 2 – Children with additional needs—Early Help and Targeted Services -	13
– Level 3 – Complex – Children with high or complex additional needs	17
– Level 4 – Children with acute additional unmet needs and/or child protection (Section 47)	21
8. Thresholds Criteria	25
9. Glossary	28
10. Useful Resources (directory) with links to relevant services	30
11. Bromley’s Continuum of Need Model	32

# 1. Introduction

Children need good quality support and help at the earliest stages of life and when problems arise to prevent their situation becoming worse. Most children grow up without needing more than the help of universal services. However, some children at different stages of their life journey may have additional needs which require tailored plans of support from different agencies so that they can grow up successfully in secure, healthy home environments.

*Working Together to Safeguard Children (2015)* 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 Board (BSCB) expects that all practitioners working with families know how to identify children who have additional needs and how to provide support to those by using the Common Assessment Framework and/or making a referral for Early Help.

- a) **Using the Common Assessment Framework (CAF)** - see [www.bromley.gov.uk/caf](http://www.bromley.gov.uk/caf)
- b) **Making a referral for Early Help**, using the BCP Family Support Referral Form – see [www.bromley.gov.uk/bromleychildrenproject](http://www.bromley.gov.uk/bromleychildrenproject)

The Bromley Safeguarding Children Board has set out a Continuum of Need model (figure 1) which ranges from children who have no additional needs to those whose needs are acute. This continuum is supported by agencies offering a graduated range of support from universal to specialist or statutory services.

Children’s needs are not static. Children might move up and down the Continuum of Need at different stages of their lives, and children will need a varying level of support depending on what their needs are on the continuum.

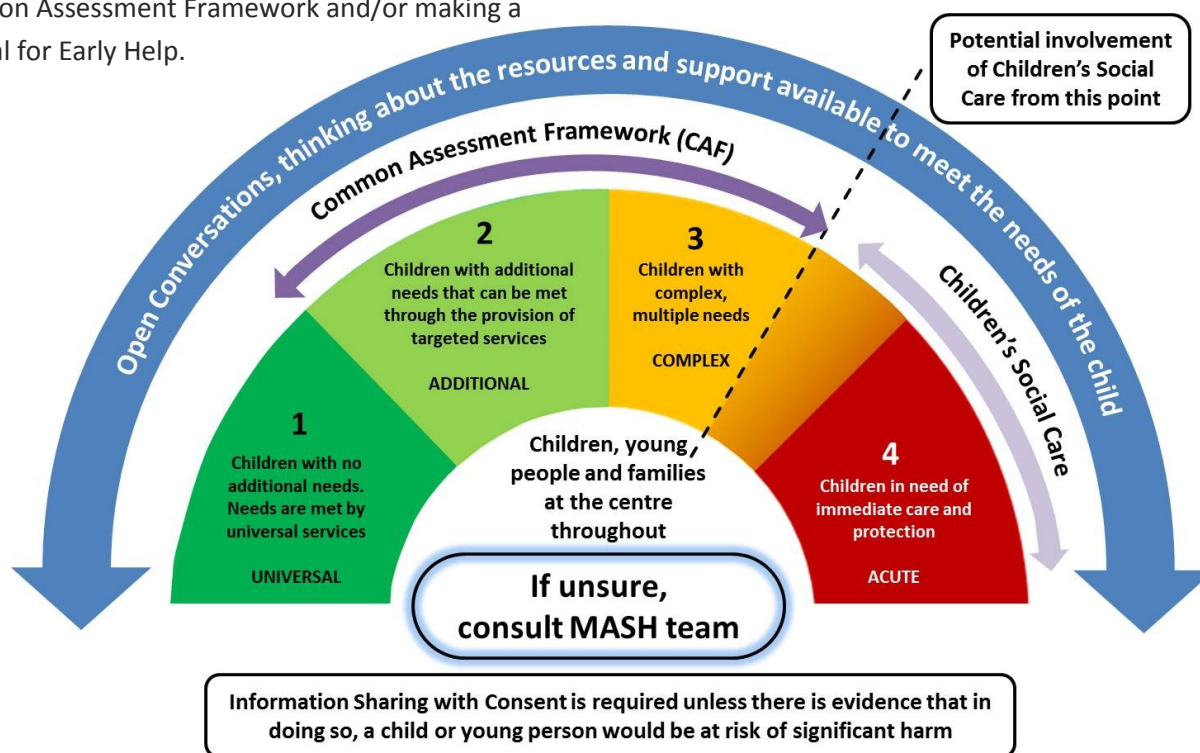


Figure 1: Bromley's Continuum of Need model

## 2. The Continuum of Need

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### Level 1 – Universal

Most children at this level will be healthy, safe, have access to appropriate education or play activities, be engaged citizens of the community and have aspirations for their future. They will be supported through the care of their families with the support of universal services (schools, GPs, Children and Family Centres etc) and, as such, will be considered to meet the threshold at Level 1 of the continuum.

However, at particular times in their lives some children may require additional services to address a specific need over a time-limited period.

A practitioner may wish to seek advice from their own agency and/or partner agency in order to address the need of the child appropriately. In these circumstances consent of the family is required.

If a child has a specific single additional need, the practitioner should consider whether this can be met by a referral to a service within their own agency or to a partner agency (e.g. referral to speech and language therapy).

### Level 2 – Additional Needs

Children and young people who are unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development, without the provision of services, should be considered under Level 2 of the continuum.

At this stage, the Common Assessment Framework (CAF) should be used to complete a holistic Multi-Agency Common Assessment together with the family to identify the child's needs and to develop a multi-agency plan.

The CAF form and guidance can be found at [www.bromley.gov.uk/caf](http://www.bromley.gov.uk/caf)

Consent must be obtained in order to complete the assessment and to share information across services.

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

If the professional is concerned that the family needs more support than a single agency can offer and require support/services from partner agencies, for example education and/or children's social care, 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 Level 2.



## Level 3 – High Needs /Complex Needs

Children and families at Level 3 will be facing complex and/or 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.

A number of agencies may be involved to help families at this level including: Children's Social Care; Youth Offending Service; Children's Centres; Community Wellbeing Service; Child and Adolescent Mental Health Services (CAMHS); Health Services including Health Visitors, midwives, GPs and Mental Health Services and specialist school staff.

Based on need and risk, higher need/more complex cases within Level 3 will require a referral to Children's Social Care. **Where professionals are unsure, they should always seek advice from the MASH team.**

Referral forms can be found on the BSCB website (see <http://www.bromleysafeguarding.org/articles.php?id=600>). Completed forms must be sent to the Multi-Agency Safeguarding Hub (MASH).

Professionals should seek parental consent prior to making this referral; unless this would place the child or young person at risk. (See Section 5— Information Sharing)

If consent is withheld at Level 3 to complete a Bromley 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.

## Level 4 – Acute Needs

Children meeting thresholds at Level 4 of the continuum have suffered or are at risk of suffering significant harm and/or significant impairment to their health or development.

The risks can be broadly of two kinds:

- a) Abuse or ill-treatment causing an immediate and acute risk of significant harm to the child/ young person's health or development, or
- b) A chronic and long-term risk of harm to the child's health or development.

This small group of children/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 local authority or need specialist mental health intervention.

Professionals must make a referral to the Multi-Agency Safeguarding Hub. Professionals should also normally seek consent to share information for Tier 4 referrals, except where this would place the child at potential risk of harm or 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.

### 3. Access routes to services

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

#### 3.1 Early Help (Level 2)

##### The Common Assessment Framework (CAF)

When a child or young person’s needs suggest they could benefit from early help services, the use of the Common Assessment Framework (CAF) should be considered. This means a child’s needs are considered to be at Level 2 of the Continuum of Need model.

The CAF is a tool to support early intervention.

When used effectively it ensures families receive the right support at an early stage before a small need grows into a larger one. The CAF is produced with the family, including discussions with the child and other practitioners. It is a four-step process – prepare, discuss, deliver, review – designed to help practitioners gather and understand information about the needs and strengths of the child and its family.

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

The assessment will consider the child’s needs holistically, drawing on multi-agency knowledge, expertise and information. It will consider all three dimensions of the Assessment Framework (figure 2). The assessment will be used to inform an action plan with the family that sets out what additional support the family and child will receive in order to achieve good outcomes for the child. This action plan will be monitored by the agreed Lead Professional to ensure that it is effective.

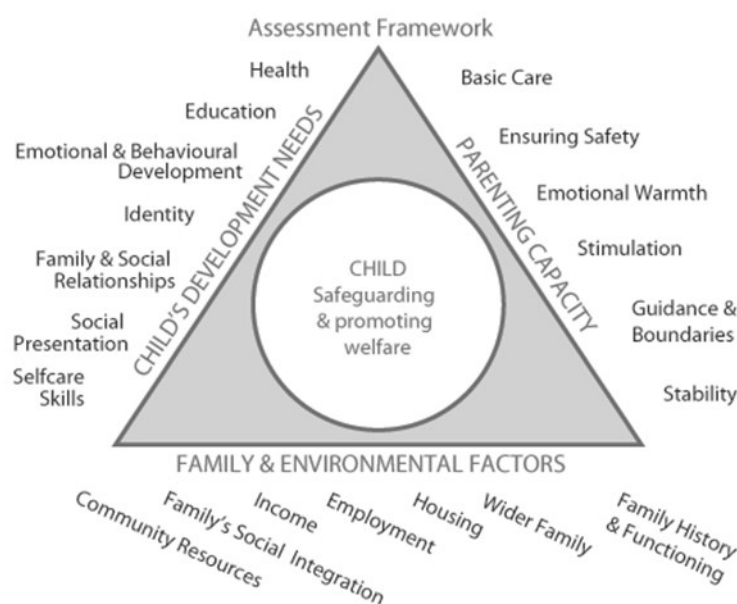


Figure 2: The three dimensions of the Assessment Framework

## Team Around the Child (TAC)

It is helpful to hold a multi-agency meeting including the family so that information can be shared to enable everyone to plan the next steps together. This meeting is referred to as a Team Around the Child (TAC) or Team Around the Family (TAF) meeting.

A TAC meeting between key professionals from the agencies will meet with the family and/or the child, and will draw up an Early Help Plan for the child. The plan will address each of the areas of assessed need and 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 Bromley CAF team provide training, support, advice and information to practitioners using the framework and offer an independent chairing facility for complex 'Team Around the Child/Family' meetings.

## Bromley Children Project (BCP)

The Bromley Children Project is a borough wide service that delivers Early Help and Family Support to families living in Bromley.

The Bromley Children Project is linked to the six Bromley Children and Family Centres. It works with private, voluntary and independent Early Years providers in the borough to create a safe, secure and happy environment for all children. The Project reaches out to expectant parents, current parents and young people aged up to 18 years; particularly those who are struggling and are in need of additional help.

The Children and Family Centres are open to all families although services are targeted at families with children aged 0-5 and expectant parents.

## How to use the Common Assessment Framework

CAF forms and detailed guidance can be found at:  
[www.bromley.gov.uk/caf](http://www.bromley.gov.uk/caf)

## How to make a referral for Early Help

Referrals to the service to receive family support can be made using the online referral option or by downloading the referral form:

<https://bromley.mylifeportal.co.uk/bcpfamilysupport>

Once a referral is received, Bromley Children Project will make contact with the referrer to assess the level of support required. If it is felt that Bromley Children Project may not be the right service for the identified needs, assistance and advice will be given to the referrer in contacting other organisations that might be more suitable.

## 3.2 Children’s Social care— Level 3 – 4

### How to make a referral to Bromley Children’s Social Care

A referral to the Multi-Agency Safeguarding Hub (MASH) is required for children meeting thresholds at Level 4 and the higher end of Level 3 of the Continuum of Need.

**If at any time you have reasonable concern that a child or young person may be at immediate or acute risk of suffering significant harm or has already suffered significant harm, make a referral to Children’s Social Care straightaway. Do not at this stage consider arranging a CAF assessment or organising a multi-agency response.**

Upon receipt of a referral, the MASH 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/ gather information with/from other agencies. MASH undertakes a risk assessment at this point under the following RAG rating:

- RED — decision making within 6 hours
- AMBER — decision making within 2 working days
- GREEN — decision making within 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 MASH Team Manager or MASH Group Manager will review the information and decide what further action is needed.

This could be a number of options:

- 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 Early Intervention/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.**

### Contact details

*During office hours:*

**Multi-Agency Safeguarding Hub (MASH)**

Telephone

**020 8461 7309 / 7373 / 7379 / 7026**

and send the completed referral form to:

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

or **[mash@bromley.gcsx.gov.uk](mailto:mash@bromley.gcsx.gov.uk)** \*

*\* ONLY when sending from any of the following domains—*

*.gcsx.gov.uk - .gsi.gov.uk - .gsx.gov.uk - .gse.gov.uk - .gsiup.co.uk -  
.pnn.gov.uk - .pnn.police.uk - .cjsm.net - .nhs.net*

**Out of Hours (emergencies only):**

**5.00pm – 8:30am and weekends**

Telephone **0300 303 8671**



## 4. Escalating Concerns

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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 Bromley Safeguarding Children Board (BSCB) Escalation Policy (see <http://bromleysafeguarding.org/articles.php?id=609>)

## 5. 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.

For more details on information sharing, please see the Bromley Safeguarding Children Board's Information Sharing Protocol. (see <http://bromleysafeguarding.org/articles.php?id=609>)

## 6. Stepping up and Stepping down

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### **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/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?
- Does the situation need a Single Assessment by a qualified social worker?
- 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 to the Multi-Agency Safeguarding Hub (MASH) for consideration of statutory services by Children's Social Care should be made by the Lead Professional of a CAF or the Team Around The Child based on the multi-agency assessment (CAF) 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 MASH using their first hand information to step up. Delay should not be caused by waiting for a Team Around the Child meeting.

### **Stepping down from statutory Safeguarding Services**

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

- Continue the progress the family has made in accordance with the plan
- Make sure the previous intervention is sustained
- Continue to support the family in transition
- 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

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

## 7. Threshold of Need Matrix

The indicators in this section are an overarching guide to what level of support and intervention a family may need. 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.

### Level 1 – Universal — Children with no additional needs

Children and young people at this level are achieving expected outcomes. There are no unmet needs or need is low level and can be met by the universal services or with some limited additional advice or guidance. Children, young people, parents and carers can access services directly.

#### FEATURES

Children with no additional needs.  
Children whose developmental needs are met by universal services .

#### ASSESSMENT AND LEVEL OF INTERVENTION

No Common Assessment is required.  
Children should access universal services in a normal way.  
Services/people that may be involved at this level:

- Education
- Children's centres and early years
- Health visiting services
- School nursing
- GP
- Play services
- Integrated youth support services
- Police
- Housing
- Voluntary and community sector
- Family
- Parents and carers

## LEVEL 1 EXAMPLE INDICATORS (not an exhaustive list)

### Developmental Needs

#### Learning/Education

- Achieving key stages
- Good attendance at school/college/training
- No barriers to learning
- Planned progression beyond statutory school age

#### Health

- Good physical health with age appropriate developmental milestones including speech and language

#### Social, emotional and behavioural identity

- Good mental health and psychological wellbeing
- Good quality early attachments, confident in social situations
- Knowledgeable about the effects of crime and anti-social behaviour
- Knowledgeable about sex and relationships and consistent use of contraception if sexually active
- Good understanding of consent, confident and able to refuse unwanted sexual behaviour

#### Family and social relationships

- Stable families where parents are able to meet the child's needs
- Self-care and independence
- Age appropriate independent living skills

### Family and environmental factors

#### Family history and wellbeing

- Supportive family relationships

#### Housing, employment and finance

- Child fully supported financially
- Good quality stable housing

#### Social and Community Resources

- Good social and friendship networks exist
- Safe and secure environment
- Access to consistent and positive activities

### Parenting capacity

#### Basic care, safety and protection

- Parents able to provide care for child's needs

#### Emotional warmth and stability

- Parents provide secure and caring parenting

#### Guidance boundaries and stimulation

- Parents provide appropriate guidance and boundaries to help child develop appropriate values

## Level 2 –

### Additional Needs - Early Help and Targeted Services

Children and young people at this level have additional needs. Professionals need to intervene early rather than wait for problems to get worse. Children and young people at this level are in need of co-ordinated early help and support from services. Early help services are targeted at children, young people and families likely to experience difficulties, eg teenage parents, children engaged in criminal or anti-social behaviour, disabled children, young carers and children with parents who have substance misuse problems, domestic abuse and violence and/or mental health problems. The need cannot be met by a universal service/setting alone but can be met by one of more services using the early help assessment process (CAF).

#### FEATURES

These children have low level additional needs that are likely to be short-term and that may be known but are not being met

Vulnerable children's needs are either not clear, not known or not already being met

#### ASSESSMENT AND LEVEL OF INTERVENTION

Children with additional needs require a Common Assessment Framework (CAF) to inform a multi-agency plan of support, led by a lead professional, ideally with a multi-agency Team Around the Child (TAC) approach.

Services that may be involved at this level include:

- Community Wellbeing Service
- Education Welfare
- Education Psychology
- Targeted Youth Services support
- Early Help and Family Support Services



## LEVEL 2 EXAMPLE INDICATORS (not an exhaustive list)

### Developmental Needs

#### Learning/Education

- Children with development delay within Early Years Foundation Stage
- Children with Special Educational Needs and Disabilities (SEND) Education, Health and Care (EHC) plans
- Children whose parent/carer frequently fails to attend meetings with the school or early years provider to discuss the child's wellbeing
- Children with low attendance at school (below 85%) or at early years settings and persistent absence
- Children with identified language and communication difficulties
- Children with persistent short term exclusions and risk of permanent exclusion
- Children who are missing education (who should also be referred to Education Welfare Services)
- Young people not in education, employment or training (NEET) or where attendance is sporadic and they are not reaching their potential

#### 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 who are showing early signs of organic or non-organic failure to thrive

#### Social, emotional and behavioural identity

- Children with mental health or emotional issues requiring intervention
- Children with an early onset of offending behaviour or activity (10-14 years)
- Children who come to the notice of police on a regular basis but this is not progressed
- Children vulnerable to being engaged with gangs and need help to divert them
- Children known to be using drugs and alcohol frequently with occasional impact on their social well-being
- Children with low self-esteem which is impairing their educational and personal development
- Children who are bereaved
- Young parents under 16 years
- Children who display a pattern of risk taking/ inconsequential behaviours
- Children who are victims of crime which could include discrimination

#### Self-care and independence

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

#### Missing

- Child/young person has occasionally gone missing from home for short periods. Support needed to prevent further episodes

## Family and environmental factors

### Family and social relationships and family wellbeing

- 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

### Housing, employment and finance

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

### Social and community resources

- Children vulnerable to gangs due to social environment as victim or associate
- Children negatively affected as a result of insufficient facilities to meet needs or to access local services
- Children negatively affected as a result of the family's social exclusion
- Children associating with anti-social or criminally active peers
- Children who have limited access to age appropriate advice, including contraceptive and sexual health advice, information and services
- Children experiencing bullying, racism or discrimination at school or in the community

## Parenting capacity

### Basic care, safety and protection

- Children affected negatively by inconsistent care (i.e. inappropriate care or very young parents)
- Children affected negatively by significant issues of parents which could include learning difficulties, disability, domestic abuse, substance misuse and mental health needs
- Children affected negatively by parental non-compliance which could include non-attendance at school or early years setting

### 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

### General

- Children taking on some young carer responsibilities
- Early signs of neglectful parenting emerging

**Mental ill health/disability**

- The parent's capacity to meet the child's needs are impaired episodically by mental ill health or disability and additional support could offset harm to the child

**Domestic abuse**

- There are isolated incidents of minor physical and/or emotional violence in the family. Children were present but did not directly witness it. In spite of abuse, victim was not prevented from seeing to the needs of her/his child/ren. Domestic abuse at level 2 (see Barnados Domestic Abuse Risk Assessment Matrix)

**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

**Radicalisation**

- The child expresses extreme or intolerant views, particularly in regards to those who do not share the child's religious/political views, which may be causing some social isolation
- The child associates with peers and adults who hold extreme views
- The child or parents express support for extremist or prescribed organisations but do not express any intention to become involved

## Level 3 –

### Complex– Children with high or complex additional needs

Children and young people with high, complex or multiple needs, may include children who require a qualified social worker assessment to determine whether they are a “Child in Need” as defined by section 17 of the Children Act 1989. To achieve all their outcomes, children will require longer term intervention from specialist and/or statutory services.

#### FEATURES

Children with high level additional unmet or complex needs which are likely to require longer term intervention from statutory and/or specialist services in order for them to attain the same health and development as other children

These children may be eligible for a Child in Need (CIN) service from children’s social care services and are at risk of moving to a high level of risk if they do not receive early intervention

This may include children who have been adopted and now require additional support

If a social worker is allocated they will act as the Lead Professional or Key Worker.

#### ASSESSMENT AND LEVEL OF INTERVENTION

Based on need and risk, some cases at Level 3 will require Children’s Social Care involvement— Practitioners should always telephone the Multi-Agency Safeguarding Hub (MASH) for advice if they are unsure.

Practitioners should use the Children’s Social Care referral form (see page 8) where a case meets threshold. Parental consent should be sought unless it places the child at risk of harm.

Other specialist assessments may be required

Children missing education will be referred to the Education Welfare Services.

The Common Assessment Framework (CAF) can be used as supporting evidence to gain specialist/ targeted support. The CAF may also be completed to support a child moving out of complex needs. NB A CAF must not replace a specialist assessment.

### LEVEL 3 EXAMPLE INDICATORS (not an exhaustive list)

#### Developmental needs

- Children at risk from a series of short term exclusions or children at risk of permanent exclusion or persistent absence (ten days or more) who will also be referred to the Education Welfare Services
- Education Health and Care (EHC) plan
- Disability requiring specialist support to be maintained in a mainstream setting
- Physical and emotional development raising significant concerns
- Chronic/recurring health problems
- Missed appointments – routine and non-routine which are impacting significantly on the child's health
- Over 13 but under 16 and pregnant or in a sexual relationship
- Coming to notice of police on a regular basis but not progressed
- Received fixed penalty notice, reprimand, final warning or triage of diversionary intervention
- Substance misuse dependency is affecting mental and physical health and social well-being
- Mental health issues requiring specialist intervention in the community
- Self-harm
- Suspicion of sexual abuse, for example, sexualised behaviour, medical concerns or referral by concerned relative, neighbor or carer
- Lack of age appropriate behaviour and independent living skills likely to impair development
- Refusal to engage with educational or employment opportunities and increasingly socially isolated

#### Family and environmental factors

##### General

- Risk of relationship breakdown with parent or carer leading to the child coming into care
- Young carers, privately fostered children or children of those detained in prison
- Severe overcrowding, temporary accommodation, homelessness or transience, which is significantly impacting on the parent's ability to look after the child
- The child experiences persistent or severe bullying at school or the community which has impacted on his/her daily outcomes
- The young person is known to be associating with gangs which is placing them at risk of harm and poor outcomes

##### Missing

- The child or young person is persistently missing from home or education, and/or believed to be engaging in risky behaviour

##### Child sexual exploitation (CSE)

- CSE Level 1: A child or young person who has vulnerabilities (including emotional) which may expose them to sexual exploitation; eg children/ young people where there is an early onset of sexual activity and who are not yet clear about consent, or where professionals may be concerned that they are experiencing unwanted sexual pressure from adults or peers or have other vulnerability factors.
- A vulnerable child or young person, where there are concerns they are being targeted and groomed and where any of the CSE warning signs have been identified. However, at this stage there is no evidence of any offences.



## Parents and carers

### General

- No available parent and child is in need of accommodation (i.e. child is seeking asylum or parents in custody)
- 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, see Level 4)
- Inadequate physical care or supervision of a child
- Allegations concerning parents making verbal threats to children
- Pregnant woman with no access to public funds or services due to immigration status
- Inconsistent parenting significantly impairing the emotional or behavioural development of the child
- Allegations of neglect including poor supervision, poor hygiene, clothing or nutrition
- Failure to seek/attend treatment or appointments

### Domestic Abuse

- Incident(s) of serious and/or persistent physical violence in the family increasing in severity/frequency and/or duration
- A history of previous assaults. Incident(s) of violence occur in presence of child/ren
- Emerging concerns about the impact of domestic abuse on children's emotional welfare and the capacity of the parents to consistently meet the emotional, social and physical needs of the children

- Parents willing and able to engage with services and to act protectively
- Consistent with domestic abuse at level 3 of Barnados Domestic Abuse Risk Assessment Matrix

### Parental Substance Misuse

- Drug/alcohol use has escalated to the point where it is chaotic and impairs the parents' capacity to provide safe and appropriate care for the children. This is beginning to impact on the children's health, development and well-being
- Parents are willing and able to engage with services

### Parental mental ill health or disability

- Physical or mental health needs of the parent/carer is overshadowing capacity to meet the needs of the child consistently and this is impairing the child's health and development, or is likely to, without children's social care services being provided

### Female Genital Mutilation (FGM)

- The child comes from a family where FGM is known to have been practiced and there is a need to assess in order to determine whether the child is in future danger of FGM (also refer to Bromley Female Genital Mutilation Guidance document. See <http://bromleysafeguarding.org/articles.php?id=637>)

**Radicalisation**

- The child is known to associate with people who hold extremist views
- The child may be involved in radical activity such as marches or demonstrations and shows intolerance and aggression towards people who do not hold the same political/religious views
- The child views extremist material online but is willing to discuss this
- Either parents or school do not challenge these behaviours/beliefs and may endorse them
- The child may express a wish to travel to combat zones

## Level 4 –

### Children with acute additional unmet needs and/or child protection (section 47)

Children and young people with acute additional unmet needs require a qualified social worker assessment. This could be due to safeguarding issues where there is no risk of actual or likely significant harm, but needs are acute and multi-agency plans are not effective; or because there are child protection issues where there is actual or likely significant harm and the child may be in need of protection.

Professionals need to make an immediate referral by telephone to the Multi-Agency Safeguarding Hub (MASH) and follow up with a written Children’s Social Care MASH referral form.

#### FEATURES

Complex unmet acute needs

These children require specialist/statutory integrated support

These children are experiencing, or at risk of, significant harm that requires statutory intervention, such as child protection or legal intervention

Some of these children may also need to be accommodated by the local authority either on a voluntary basis or by way of Court Order (s20 or s31)

Agencies should make an immediate verbal referral to MASH accompanied by a written referral

#### ASSESSMENT AND LEVEL OF INTERVENTION

A telephone call to MASH followed up by a Children’s Social Care referral form

A social worker will be allocated

CSE screening tool to be completed and referred to the CSE coordinator if appropriate. Risk reduction meetings and Multi Agency Panels arranged

## LEVEL 4 EXAMPLE INDICATORS (not an exhaustive list)

### Developmental Needs

#### General

- Medical referral of non-organic failure to thrive in under 5's
- Unexplained bruising on a pre-ambulant child
- Child/young person engaged in criminal activity, including gang activity, that is placing them at serious risk of harm
- Child demonstrating age inappropriate/ precocious knowledge or sexualized behaviour that indicates the child may have been a victim of sexual abuse
- Child is victimised through sexual or physical assault by another child
- Child exhibiting sexually harmful behaviour
- Child/young person with complex mental health issues requiring specialist interventions in order to prevent them harming themselves or others
- Child/young person in a violent or abusive relationship
- Child's substance misuse dependency putting them at such risk that intensive specialist resources are required
- Child is suspected of being trafficked or believed to have been subject to child trafficking

#### Child Sexual Exploitation (CSE)

- CSE Level 2 (medium risk) Evidence a child or young person is being targeted for opportunistic abuse through exchange of sex for drugs, perceived affection, sense of belonging, accommodation (overnight stays), money and goods etc. The likelihood of coercion and control is significant

- CSE Level 3 (high risk) A child or young person, whose sexual exploitation is habitual, often self-denied and where coercion/control is implicit

### Family and environmental factors

#### General

- Suspicion of physical, emotional or sexual abuse or neglect that may cause significant harm to the child
- Knowledge of a convicted or registered sex offender or violent offender under Multi-Agency Public Protection Arrangements (MAPPA) living in household or having regular unsupervised contact with a child or young person
- An individual (adult or child) or organisation 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 children/young people either in person or via social media
- Children/young people experiencing such persistent or severe bullying, racism or discrimination that their well-being is at risk

#### Forced marriage/ Honour Based Violence

- Concern that the young person is under familial or cultural pressure or duress to marry against their will or wishes. (Do not discuss making a referral with the family)
- Child is believed to be at risk of honour-based violence

## Parents and carers

### General

- 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
- Children/young people suffering neglect emotionally or physically (including a history of apparently minor but cumulative episodes) which is impacting on their long term development
- Parent is emotionally abusive to a child
- No available parent, and child is at risk of suffering significant harm (eg an abandoned baby)

### Female Genital Mutilation (FGM)

- There is concern that the child or their siblings are at risk of Female Genital Mutilation or a sibling has already suffered FGM
- Where a child has undergone FGM, professionals need to report to both the Police and the MASH (also refer to Bromley Female Genital Mutilation Guidance document. See <http://bromleysafeguarding.org/articles.php?id=637>)

### Domestic Violence

- Incident(s) of serious and/or persistent physical violence in family increasing in severity/frequency and/or duration
- History of previous assaults. Incident(s) of violence occur in presence of child/ren
- Physical assault on mother in the presence of a child under the age of 12 months

- Parents lack insight into the harm caused and are resistant to engage with services
- Emerging concerns about the impact of domestic abuse on the children's emotional welfare, and the capacity of the parents to consistently meet the emotional, social and physical needs of the children
- Domestic abuse at level 4 of Barnados Domestic Abuse Risk Assessment Matrix
- Severe domestic abuse that leads to a child being traumatised, injured or neglected

### Parental substance misuse

- Parental drug and/or alcohol use is at a problematic level and the parent/carer cannot carry out daily parenting. This could include blackouts, confusion, severe mood swings, drug paraphernalia not stored or disposed of, using drugs/alcohol when their child is present, involving the child in procuring illegal substances and dangers of overdose

### Parental mental ill health or disability

- Physical or mental health needs of the parent/carer significantly affect the care of their child placing them at risk of significant harm (i.e. parent has delusions or compulsive obsessions about the child or is incapable of meeting the child's needs consistently as a result of mental ill health)
- The parent's capacity to provide appropriate care is significantly reduced and aggravated by the combination of domestic violence, substance misuse and mental ill health
- Suspicion that a child may have suffered, or be at risk of, significant harm due to fabricated or induced illness. (Do not discuss referral with parents/carer)



**Radicalisation**

- The child's parents, or other close associates, are members of prescribed organisations and there is evidence to suggest that the child supports violent extremist ideologies and is actively involved with prescribed or extremist groups
- The child is often intimidating towards others who do not share the same views, distributing material promoting violent extremism and conceals their online activity
- The child shares a non-specific wish to travel to conflict zones in pursuit of the ideology

## 8. Thresholds Criteria

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### Thresholds Criteria: Section 47, Section 17, Section 20, Section 31, Section 1

#### Section 47, Children Act 1989: Child Protection enquiries [Tier 4]

*The list below is an indicator guide of the type of circumstances which would lead to a s47 assessment. This table is intended as a guide and is not exhaustive. reference should also be made to the London Child Protection Procedures fifth edition: <http://www.londoncp.co.uk/>*

- 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 traumatised, injured or neglected as a result of domestic violence
- 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 (for example an abandoned baby)
- Suspicion that child has suffered or is at risk of significant harm due to fabricated or induced illness
- Children subject of parental delusions
- Children 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

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

A child is a Child in Need if:

1. He/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority;
2. His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or
3. He/she is a disabled child.

Children in Need may be assessed under Section 17 of the Children Act 1989, in relation to their special educational needs, disabilities, as a carer or because they have committed a crime. Where an assessment takes place, it will be carried out by a social worker. The process for assessment should also be used for children whose parents are in prison and for asylum seeking children.

## **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
- 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

- accommodating the child would safeguard or promote his/her welfare (even though a person who has parental responsibility for him/her is able to provide him/her 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)
- 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/her if the order were not made, not being what it would be reasonable to expect a parent to give to him/her
- 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 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 he/she 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 the child’s needs
- The range of powers available to the court under the Children Act 1989

## 9. Glossary

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### **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) – 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 Child Protection Procedures fifth edition*:  
<http://www.londoncp.co.uk/>

### **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 well-being 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.

## 10. Useful Resources (directory) *with links to relevant services*

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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

<http://bromleycff.org.uk>

### **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 for Children and Young People**

A single point of access for the emotional wellbeing of young people under the age of 18 in Bromley

[www.bromleywellbeingcyp.org](http://www.bromleywellbeingcyp.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

<https://bromley.mylifeportal.co.uk/localoffer>

### **Bromley Safeguarding Children Board (BSCB)**

The role of the BSCB 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**

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 in Bromley**

For the latest guidance on Children's Social Care practice in Bromley

<http://bromleychildcare.proceduresonline.com/index.html>

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

<https://pruh.kch.nhs.uk>

### **London Child Protection Procedures**

<http://www.londoncp.co.uk/>

### **London Borough of Bromley**

[www.bromley.gov.uk](http://www.bromley.gov.uk)

## **Metropolitan Police Service**

[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**

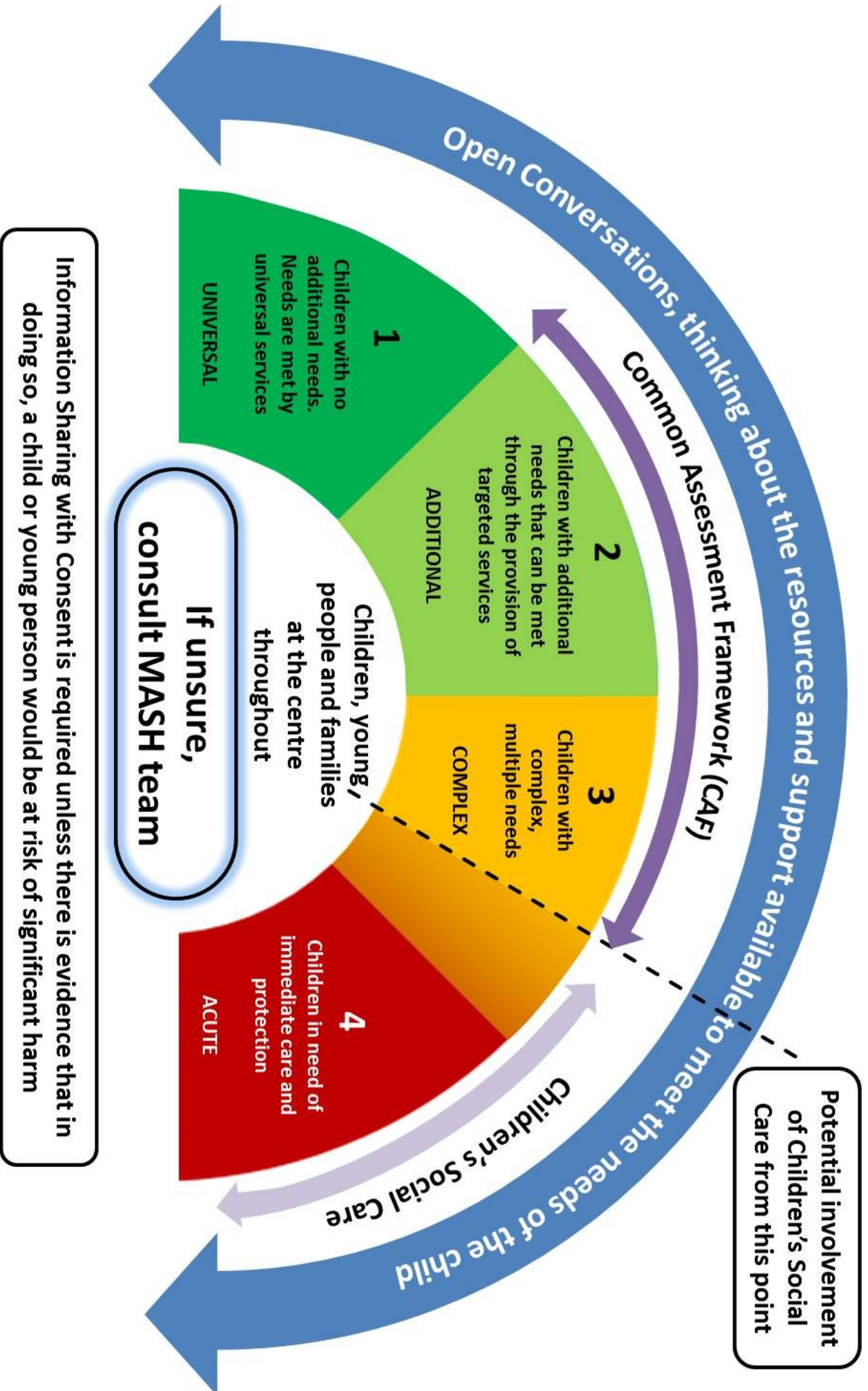
Provides NHS mental health services across Bromley, South London and Kent. CAMHS is based at two sites locally, Stepping Stones and the Phoenix Centre.

<http://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)



Information Sharing with Consent is required unless there is evidence that in doing so, a child or young person would be at risk of significant harm