



Keeping children safe is everyone's responsibility

Brent LSCB

Levels of Need and Thresholds Protocol

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1 Introduction

- 1.1 This protocol sets out arrangements for intervention by Brent agencies working to safeguard and promote the welfare of children in Brent. The protocol is endorsed by Brent Local Safeguarding Children Board (LSCB).
- 1.2 This protocol formalises existing and agreed thresholds for intervention, based on the Brent 4 Levels of Need document adopted by Brent LSCB in September 2012. The Brent 4 Levels of Need document is itself based on the London Continuum of Needs and is therefore fully consistent with London-wide protocols. (Please note; The London document is currently under review and this document will be reviewed in line with the revised document once it had been signed off by the London board)
- 1.3 The protocol takes into account the implementation of Brent Family Front Door, incorporating a Multi-Agency Safeguarding Hub (MASH), in July 2013. This has introduced a multi-agency approach to new referrals, with the objective of improving safeguarding of children through better information-sharing between agencies, enabling more robust risk assessments. It will also facilitate a consistent approach to thresholds for intervention across agencies.

2 Key Elements

- 2.1 This document reinforces the key principles for safeguarding arrangements:
 - Safeguarding is everyone's responsibility – everyone must understand the part they have to play, and the role of others
 - The child's needs are paramount, and the needs and wishes of each child, be they a baby or infant, or an older child, should be put first, so that every child receives the support they need before a problem escalates
 - A child-centred approach – based on the needs and the views of children and young people
- 2.2 Brent LSCB and Brent's Working with Families Project recognise the importance of early help for children and families, and the effectiveness of the 'right help, right time' approach. The approach to working with children and families in Brent through the application of the 4 levels of need will demonstrate that a continuum of help is provided across the range and levels of need.

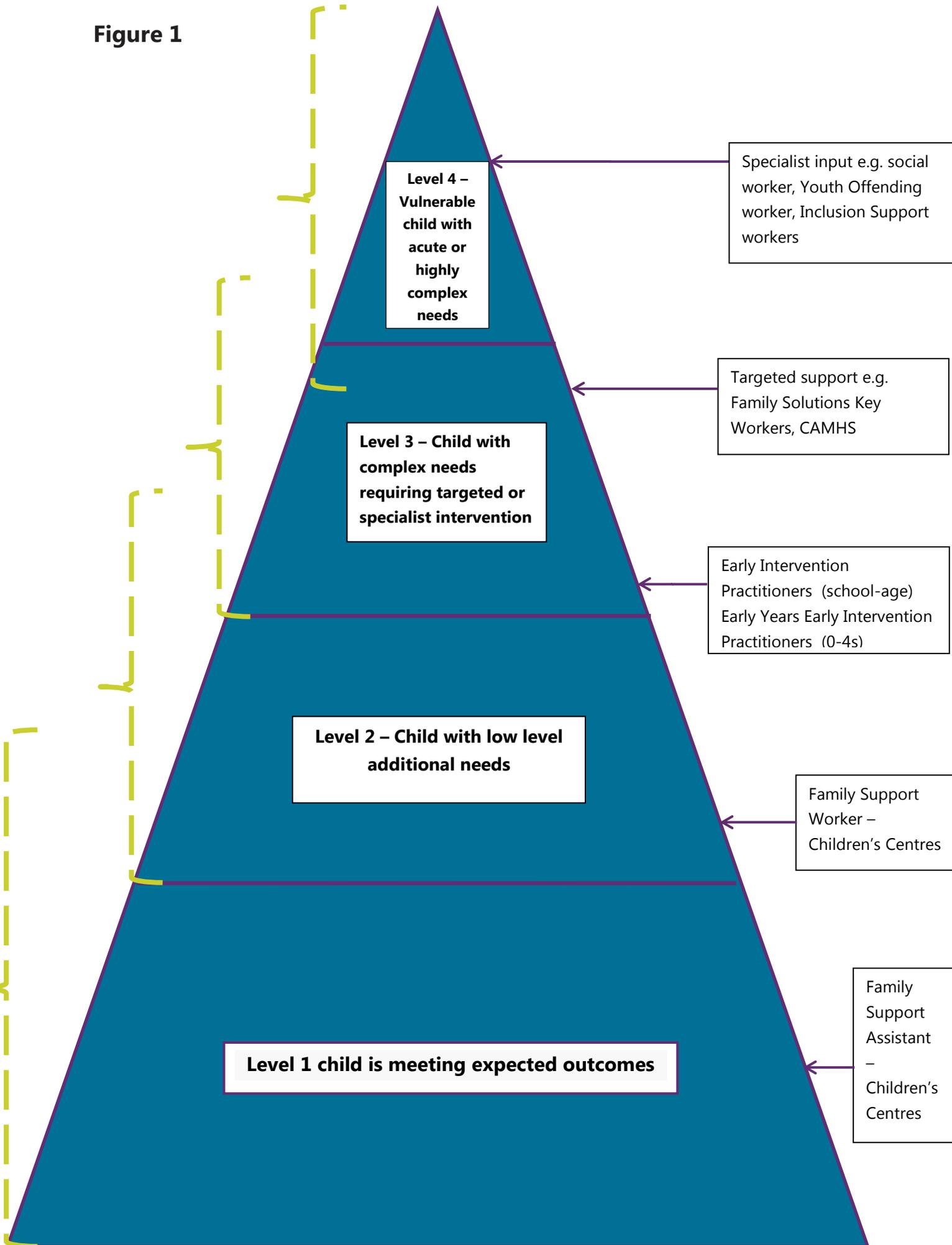
- 2.3 The Child and Family Common Assessment Framework (CAF) contains a plan for children who need a coordinated approach to meet their needs. However, it will also be used as a referral to access help for children at all levels of need from early help from the Family Solutions service (including families meeting the Troubled Families criteria) through to child protection referrals. In December 2012, the LSCB made a decision that all referrals to Brent social care should be made using the Child and Family CAF format. This decision was made to ensure there was a good information base and to encourage a Team Around the Family (TAF) approach. Professionals who wish to report concerns or access support for a child and family will use the Child and Family e-CAF format. The e-CAF will replace previously used methods of accessing social work services, including the inter-agency referral form and secure fax. The e-CAF format will be accessed in exactly the same way as the previous inter-agency referral form, on the Brent Council website. The eCAF is due to be implemented in early 2015. On line online referrals will continue to be made prior to the implementation of e-CAF.**
- 2.4 This protocol also identifies the point at which a referral should be made to social care, and when a child in need assessment (Section 17 of the Children Act 1989) and a child protection investigation (Section 47 of the Children Act 1989) will be undertaken. However, the implementation of Brent Family Front Door takes the onus away from individual professionals to assess whether their concern about a child and family reaches the social care/child protection threshold – the Front Door team will make that assessment. Brent Family Front door will take a multi-agency/disciplinary view across the whole family to build a fuller picture of family circumstance and levels of risk and need. The team will ensure referrals are passed to the right service. This will include the locality social work teams, Family Solutions (early help and family support); another specialist service; or it could involve signposting families and professionals to another service.**
- 2.5 Where a child sexual exploitation (CSE) or the risk of child sexual exploitation is identified or considered a risk, the usual safeguarding child protection procedures should be followed, discussion with the line manager /Child Protection lead, a referral the Brent Family Front Door. [The Brent CSE screening tool](#), located on the LSCB website will provide additional information to the Brent Family Front Door (BFFD). A referral will then be made to the Multi Agency Sexual Exploitation Panel (MASE) through the BFFD unless the referral originates through Social Care in which case the referral can be made directly.**

- 2.6 It is recognised that the needs of children and their families may change while they are involved with a service. For example, during the provision of early support, safeguarding needs may arise. More positively, family circumstances may improve as a result of a child protection plan, and the family may benefit from further support, but such support need not necessarily be provided by a social worker. When the needs of families move up or down the continuum of need, arrangements are in place to 'step-up' or 'step-down' the work with the family to the relevant service.

3 Services at Different Levels of Need

- 3.1 A range of early help services are available in Brent. For more details of these, please see [Brent's Early Help Offer](#) Services for families with young children are available through Brent's Children's Centres. Support is also provided through a keyworker approach from Family Solutions for children and young people aged 0-18 and their families.
- 3.2 A social work assessment will be undertaken for children and families whose unmet needs are at the higher range of Level 3 of the Continuum of Needs. An assessment of children in need of additional support will be undertaken in accordance with [Section 17 of the Children Act 1989](#). This assessment is now known as a single assessment, which will be individually planned in accordance with the needs presented by the child and family. Level 4 of the Continuum of Needs will include children who may be suffering significant harm, who will require an investigation under Section 17 of the Children Act 1989. Social workers will work to try to ensure a child can be safeguarded within the community, including with their extended family. If this cannot be achieved, it may be necessary to safeguard a child through accommodating them ([Section 20 of the Children Act 1989](#)) or seeking a care order through the courts ([Section 31 of the Children Act 1989](#)).
- 3.3 Figure 1 (page 5) indicates the type of services working with children at the different levels of need. Services provided by health and education will be involved with children at all levels of need. The services are indicative only and a range of voluntary or specialist provision may also be called upon to meet needs at different levels.

Figure 1



4 Continuum of Needs

4.1 The Continuum of Needs table, printed below, sets out the 4 levels of need, showing features of the children and young people at each level, and possible indicators of need. This is not a definitive list but addresses core areas.

	Level 1 Children with no additional needs	Level 2 Low risk to vulnerable	Level 3 Complex	Level 4 Acute
Who:	Children whose developmental needs are met by universal services.	Children with low level additional needs that are likely to be short-term but are not being met Child's needs are not clear, not known or not being met	Complex needs likely to require longer term intervention from targeted, statutory and/or specialist services. High level of unmet needs may require targeted integrated response, including specialist or statutory services. More complex level 3 may meet threshold for Children's Social Care assessment or intervention.	Acute needs requiring statutory intensive support, including Youth Offending Service and Children's Social Care This includes meeting the threshold for child protection which will require Children's Social Care intervention.
Features: Children and young people:	Child achieving expected outcomes No CAF assessment required	From households where parents/carers are under stress, possibly impacting their parenting capacity Whose health & development may adversely be affected without multi-agency intervention Absence from school Family CAF assessment required; lead practitioner allocated, TAF process initiated	Who are unlikely to enjoy a reasonable standard of development or health and are at risk of negative outcomes without the provision of co-ordinated targeted services. At risk of offending Regularly missing from home, care or education Family CAF assessment required; lead practitioner allocated, TAF process initiated and/or step up to Children's Social Care as required	Who have suffered or are at risk of suffering significant harm. Where there are serious concerns about his/her health and development or deemed to be suffering neglect and/or abuse. Missing from education Missing from home or Care rather than "absent"

	Level 1 Children with no additional needs	Level 2 Low risk to vulnerable	Level 3 Complex	Level 4 Acute
Possible Indicators: Children and young people	<ul style="list-style-type: none"> • achieving key stages • good physical health with age appropriate developmental milestones including speech and language • good quality early attachments, confident in social situations • supportive family relationships 	<ul style="list-style-type: none"> • occasional truanting or non attendance • slow in reaching developmental milestones • families affected by low income or unemployment • minor health problems which can be maintained in a mainstream school • Parents/carers have relationship difficulties which may affect the child 	<ul style="list-style-type: none"> • short term exclusions or at risk of permanent exclusion, persistent absence (85% or less) • physical and emotional development raising significant concerns • chronic/recurring health problems • evidence of escalation of substance use • evidence of changing attitudes and more disregard to risk • lack of age appropriate behaviour and independent living skills, likely to impair development • previous history of domestic violence • child appears to have undifferentiated attachments 	<ul style="list-style-type: none"> • chronic non-attendance, or persistent absence • no parental support for education • high level disability which cannot be maintained in a mainstream setting • serious physical and emotional health problems • challenging behaviour resulting in serious risk to the child and others • teenage parent under 16 • under 13 engaged in sexual activity • distorted self image • young people experiencing current harm through their use of substances. • severe lack of age appropriate behaviour and independent living skills likely to result in significant harm e.g. bullying, isolation • high levels of domestic violence that put the child at risk • parents are unable to care for the child without support • Risk of Child Sexual Exploitation • Female Genital Mutilation

Useful Links

[London Child Protection Procedures](#)

[Working Together to Safeguard Children 2013](#)

[Keeping Children Safe in Education](#) (page 9 of this document provides useful links to safeguarding issues such as Child Sexual Exploitation, Domestic violence, Drug Abuse, Fabricated or induced illness.)