Threshold of Need Document

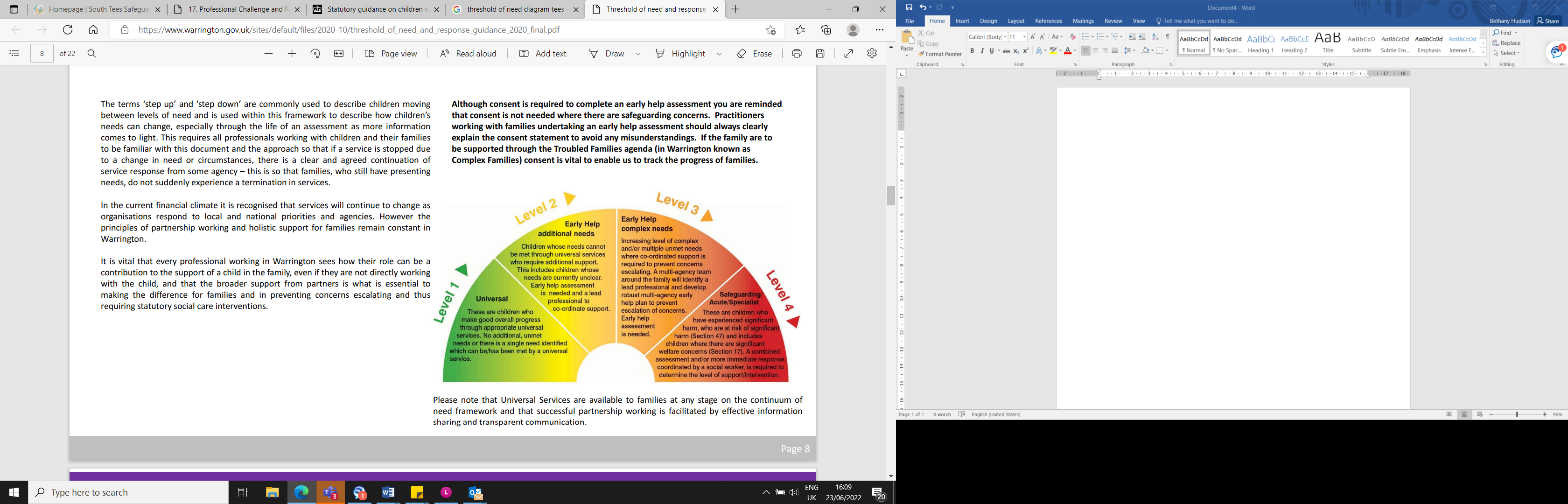
March 2022

Introduction Access to services

Access routes to Early Help and Social Work services provided in Middlesbrough are outlined below. It should be emphasised that these routes are not only for referral but also for consultation and advice if practitioners are unsure if a threshold is met for a referral or not.

In an emergency always ring 999 and ask for the Police. To contact Children's Social care in Middlesbrough, use the contact details listed on page 8 of this document.

Children’s Needs and Multi-Agency Tiers of Intervention. Middlesbrough have adopted a common approach to describing the levels of need and the intervention that may be required by children, young people and their families. These form a continuum as follows:



The example indicators in this document provide illustrative examples about how need may present itself rather than an exhaustive list of fixed criteria that must be met. The level of need will always be increased by the multiplicity of factors.

The purpose of this guidance, which is for practitioners in all agencies working with children, is to assist in decision making about which agency should be involved in helping families have different levels of need. It should be used to help practitioners make decisions about which agency to refer to and when.

The tables in this document give examples of what we might expect to see in families receiving services at different levels of need. The examples are neither exhaustive nor rigid in their application, they are for guidance and should be used to enhance professional judgments and discussion about individual children and families.

This threshold guide sits within the overall framework for dealing with children in need as outlined in the Tees Safeguarding Children Partnerships’ Procedures.

These procedures are more detailed and provide practice guidance about expectations for safeguarding practice across Middlesbrough and between organisations. For more information go to

<https://www.teescpp.org.uk/>

**This document is an interim document for Middlesbrough and will be reviewed following a Tee’s wide exercise to revisit the existing full threshold document.**

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| **Child development factors** | **Family and environmental factors** |
| **Learning/education**   * Achieving age related expectations * Good attendance at school, college and training   **Health**   * Good physical health and emotional wellbeing * Registered with a GP and a dentist * Developmental checks/immunisations up to date * Health appointments are kept * Adequate diet/hygiene/clothing   **Social, emotional, behavioural and identity**   * Positive and safe relationships with peers * Secure early attachments are formed, child is confident in social situations * Responds appropriately to boundaries and guidance * Positive sense of self and abilities * Knowledgeable about the effects of crime and antisocial behaviour (age appropriate) * Involved in leisure and other social activity   **Family and social relationships**   * Stable family where care givers are able to meet the child’s needs * Good relationship with siblings and peers   **Self-care and independence**   * Growing level of competencies in practical and emotional skills (e.g. feeding, dressing, developing age appropriate independent living skills) * Good level of personal hygiene * Able to discriminate between ‘safe’ and ‘unsafe’ contacts * Gaining confidence and skills to undertake activities away from the family | **Family, history and well-being**   |  | | --- | | * Stable and supportive family relationships   **Housing, employment and finance**   * Child fully supported financially * Suitable housing   **Social and community resources**   * Good social and friendship networks * Safe and secure environment * Access to positive activities   **Parenting factors** |   **Basic care, safety and protection**   * Parents be able to meet child’s physical needs * Parent protects from danger or significant harm in the home and elsewhere   **Emotional warmth and stability**   * Parents or carers provide secure and caring parenting   **Guidance, boundaries and stimulation**   * Parents provide appropriate guidance and boundaries to help child develop holistically * Facilitates cognitive development through interaction and play |

**Universal children and young people with no additional needs**

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| **Single agency children and young people with additional needs** | |
| **Child development factors** | **Family and Social relationships and Family Well-Being** |
| **Learning/education**   * Poor school or early years’ attendance (under 85%)/punctuality * Pattern or absences * Behaviour likely to lead to risk of exclusion or fixed period exclusions * Identified learning needs – SEN Support plan * Identified language and communication difficulties linked to other unmet needs * Gaps in schooling/learning due to pregnancy * No access to early education * No access to employment (including work based learning) * Limited access to resources for learning at home, e.g. books/ toys * Not always engaged in learning – poor concentration, low motivation and interest * Disruptive behaviour * Demonstrating bullying behaviours or being bullied   **Health**   * Slow in reaching developmental milestones * Concern re diet/hygiene/clothing/ lack of appropriate hair or skin care * Not being brought for routine appointments e.g. immunisations and developmental checks- impact on child’s health and wellbeing minimal * Starting to not attend appointments across health including antenatal, hospital and GP appointments. * Teenage pregnancy with no other identified vulnerabilities * Sexualised behaviour: for further definition see   <https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool>   * Weight is significantly above or below what would be expected * Limited/ restricted diet or hungry due to environmental factors such as poverty * Sexually transmitted infections * Encopresis /enuresis (soiling and wetting) possible organic cause. * Low level mental health or emotional issues, for example anxiety linked to exams” * Low level substance misuse or smoking * Minor speech/ Language communication issues * Accident & Emergency attendance giving cause for concern, for example causing staff to question the level of supervision being given | * Parents/Carers have relationship difficulties or there is frequent conflict which may affect the child. * Sibling with significant problem (health, disability, behaviour) * Risk of domestic abuse and parenting seeking support – recommendation of DASH tool. * Parental physical/mental health issues * Parental low level substance misuse * Family has limited support from wider family and/or friends * Child is a young carer * Poor supervision * Unresolved issues relating to loss   **Housing, Employment and Finance**   * Inadequate/poor/overcrowded housing * Families affected by low income/debt/living with poverty affecting access to * appropriate services to meet child’s additional needs * Family seeking asylum or refugees   **Social Integration and Community Resources**   * Experiencing harassment/discrimination * Child starting to low level offend. * A missing from home – child running away from home. * Child starting to demonstrate behaviour that could link to risk in the community. * Child associating with inappropriate peer group * Socially or physically isolated * Lack of a support network * Insufficient facilities to meet social Integration needs e.g. advice/support needed to access services for disabled child where parent is coping otherwise * Child associating with peers who are involved in anti-social or criminal behaviour * Family demonstrating low level anti-social behaviour towards others |
| **Social/ Emotional, Behavioural, Identity**   * Disruptive/challenging behaviour including in school or early years setting * Emerging anti-social behaviour and attitudes and/or low level offending   **Parenting Factors**  **Basic Care, Safety and Protection**   * Requiring advice/support on parenting issues e.g. safe and appropriate childcare arrangements; safe home conditions * Professionals beginning to have concerns about child’s physical needs being met * Parental stresses starting to affect ability to ensure child’s safety * Poor supervision and attention to safety issues   **Emotional Warmth and Stability**   * Inconsistent responses to child by parents * Difficult parent/child relationship * Starting to demonstrate difficulties with attachment * Lack of response to concerns raised about child’s welfare   **Guidance Boundaries and Stimulation**   * Parents offer inconsistent boundaries * Behaviour problems not recognised and addressed by parents * Lack of response to concerns raised about child * Lack of appropriate parental guidance and boundaries for child’s stage of development maturity | |

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| **Multi-agency children and young people with complex needs** | |
| **Child development factors** | **Family and environmental factors** |
| **Learning/education**   * Occasional truanting or non-attendance, poor punctuality, poor links between home and school and child is not supported to reach educational potential. Child refusing to attend school * Developmental delay with basic skills * Few or no qualifications or NEET (Not in Education, Employment or Training) * Mild learning or behavioural difficulties emerging, poor concentration, lack of interest in education and other school activities * Has an education, health and care plan. * Significant disruptive behaviour or challenging behaviour in school   **Health**   * Slow in reaching developmental milestones * Missing immunisation or checks, minor concerns regarding health, diet, hygiene and clothing * Neglect of oral health * Bedwetting or soiling with no organic cause evident * Mental Health issues including self-harm. * Eating disorders   **Social, emotional, behavioural and identity**   * Mild or specific learning disability * Low level mental health or emotional issues * Difficulties with peer group/ family or other relationships * Early onset of sexual activity * Young person missing from home: repeated incidents * Vulnerable to emotional problems in response to life events such as parental separation or bereavement. * Low self-esteem, lack of confidence, suffering from anxiety or withdrawn * Can be overly friendly or withdrawn with strangers or lacks an awareness of danger * Difficulties in expressing empathy, understanding impact of action on others or taking responsibility for actions * Victim or perpetrator of bullying or discrimination causing impact * Early sexual activity (13/14 years) for further definition see   <https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool>   * Vulnerable to Child sexual exploitation or Criminal Exploitation - VEMT Risk assessment tool added * Experiment with tobacco, alcohol or illegal drugs * Early onset of offending behaviour or activity and coming to the notice of the police because of this behaviour (10-14 years)   **Self-care and independence**   * Lack of age-appropriate independent living skills that increase vulnerability to social exclusion * Poor self-care which is impacting on health | **Housing, employment and finance**  Overcrowding  Families affected by low income or unemployment  **Family and social relationships**   * Parents or carers have relationship difficulties which affect the child * Inappropriate behaviour management, no boundaries, physical chastisement * Parents request advice to manage their child’s behaviour * Child affected by difficult family relationships or bullying * Parent or carer has physical or mental health difficulties that may affect the child * Child is a young carer   **Social and community resources**   * Insufficient facilities to meet need e.g., transport or access issues * Family requires advice regarding social exclusion * Family has limited support or is new to the area * Child is associating with anti-social or criminally active peers or there are indicators that the child is at risk of sexual and/or criminal exploitation * Limited access to contraceptive or and sexual health advice, information and services * Child impacted by deprivation and poverty  |  | | --- | |  |   **Parenting factors**  **Basic care, safety and protection**   * Inconsistent care (inappropriate childcare arrangements or young inexperienced parent * Parental learning disability, parental substance misuse or mental health which may be impacting on parent’s ability to meet the needs of the child * Child left home alone (Judgement needed regarding age and appropriateness) * Domestic Violence thresholds and risk could be considered using the safe lives matrix   <http://www.safelives.org.uk/practice-support/resources-identifying-risk-victims-face>  **Emotional warmth and stability**   * Inconsistent parenting including emotional availability but development not significantly impaired * Post-natal depression or persistent low mood which affects the child   **Guidance, boundaries and stimulation**   * Parents have inconsistent boundaries or lack of routine in the home * Lack of response to concerns raised regarding child * History of parenting difficulties with siblings, e.g., exclusion from school, involvement in substance misuse |

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| **Child development factors**  **Specialist children and young people with acute/severe needs** | **Family and environmental factors** |
| **Learning/education**   * Chronic or poor nursery/school attendance/punctuality/ poor home and nursery or school link/no parental support for education. * Parents preventing children accessing school. * Education, Health and Care Plan or on-going difficulty with learning and development. * Severe and complex learning difficulties requiring residential educational provision   **Health**   * Developmental milestones are unlikely to be met/concerns about weight, dental decay, and language development delays. * Failure to thrive without organic issue * Child has some chronic/recurring health problems: not treated or badly managed/missed appointments causing impact. * Teenage pregnancy or parent * Serious physical and emotional health problems. Refusing medical care placing child’s health and development at significant risk. * Significant mental health problems and threat of suicide, psychotic episodes and severe depression * Seriously obese or underweight * Persistent and high-risk substance misuse/dangerous sexual activity and/or early teenage pregnancy/sexual exploitation/ sexual abuse/self-harming. * Early sexual activity (under 13/14 years) for further definition see   <https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool>   * Non-accidental injury, bruising on immobile baby * Female genital mutilation/Breast Ironing * Evidence of fabricated induced illness   **Self-care and independence**   * Severe lack of age appropriate independent living skills likely to result insignificant harm e.g. bullying, isolation, inappropriate self-presentation. * Lack of age appropriate independent living skills, likely to impair development or lead to alienation from peers | **Family and environmental factors**   * Privately fostered children * Family has poor relationship with extended family/no support network. * Parents are unable to care for the child or have had children removed from their care previously * Unborn babies meeting the criteria for assessment under Safeguarding the unborn procedures * Parents substance is significant and has an impact on parenting * Poor parental mental health including detention under the Mental Health Act * Concerns for non-abusing parenting being unable to protect from risk * Domestic abuse which poses a risk to children, or children living in a household whereby domestic abuse is ongoing – Domestic Bill 2020. * Members of the wider family posing a risk to children * Suspicion of physical, emotional, sexual abuse or neglect. * Children who need to be looked after outside of their own family * Child subject to VEMT and at risk of child sexual exploitation or criminal exploitation   **Housing, employment and finance**   * Housing conditions impacting directly on children, including severe overcrowding * Parents or carers have been assessed as intentionally homeless/homeless unaccompanied minors * Extreme poverty impacting directly on welfare of children * Young person aged 16/17 presents as homeless * No fixed abode or homeless or imminently homeless/housing conditions are posing a serious threat to the welfare * Family with a lack of access to finance and living in extreme poverty   **Social and community resources**   * Child or family at immediate risk due to harassment or discrimination * Modern day slavery * Trafficked * At risk of being taken to conflict zones |

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| Worried about a child - report your concerns  **Emergency: If a child is in immediate danger or left alone, you should contact the police or call an ambulance on 999.** Non-emergency: If there is no immediate danger or you need advice or information, you should contact the following numbers: |
| **If this is a new referral then please ring:-**  **01642 726004 option 2 option 2**  **or send a written referral to: MiddlesbroughMach@middlesbrough.gov.uk** |