



‘Making a Difference’

A co-ordinated approach – ‘safeguarding is everyone’s responsibility’

“Everyone who works with children has a responsibility for keeping them safe. No single practitioner can have a full picture of a child’s needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.”
[*\(Paragraph 16 – Working Together to Safeguard Children 2018\)*](#)

This guidance has been developed in consultation with partners with this fundamental principle at its core. It is essential that all members of the children’s workforce, and those that come into contact with adults who care for or are connected with children, are familiar with Working Together and through its application are able to demonstrate a commitment to supporting children and their families at the earliest point of identified need.

Introduction

This Multi-Agency Guide of Levels (Thresholds) of Need is for practitioners and managers in all agencies that work with, or are involved with, children, young people and their families in Halton. This Guidance covers the period from pre-birth up to 17 years and 364 days.

What is a threshold?

A threshold is a point at which something happens, stops happening or changes for a child or family. Thresholds are a way of describing transitions between levels of need and types of services and support. They are also ways of identifying the points at which professionals should engage in dialogue with each other and with families to assess what has happened and what, if anything, needs to happen next or needs to happen differently. Thresholds are dynamic and need to be reviewed at each contact with the child and family.

This document will assist practitioners and managers in assessing and identifying a child’s level of need and matching that need to the right service response. The purpose is to help us to provide the right support, at the right level, at the right time. We know that failing to do this often means that there is an escalation of need, poorer outcomes for children and families and increased risk for the child.

To support children and families effectively we need to share information across different agencies and professional disciplines. This is important when providing early help where a family has emerging problems, and it is essential when putting in place effective child protection services. Information sharing amongst partners is essential in identifying and meeting a child’s needs and to keeping them safe.

Children and their families have a right to expect that we will be open and honest with them when we are worried about them and think they need some help. **Professionals should not make a referral to iCART without seeking the consent of the family unless there is a risk of immediate harm to the child.** See section on Consent

When do we provide support?

There is significant research that shows preventative services, and those that provide early help and support deliver the best outcomes for children and their families. Working Together to Safeguard Children (July 2018) describes how providing early help is more effective in promoting the welfare of children than reacting later. As such our approach deliberately seeks to encourage prevention and early help with a view to reducing demand for the more reactive, intrusive and expensive services.

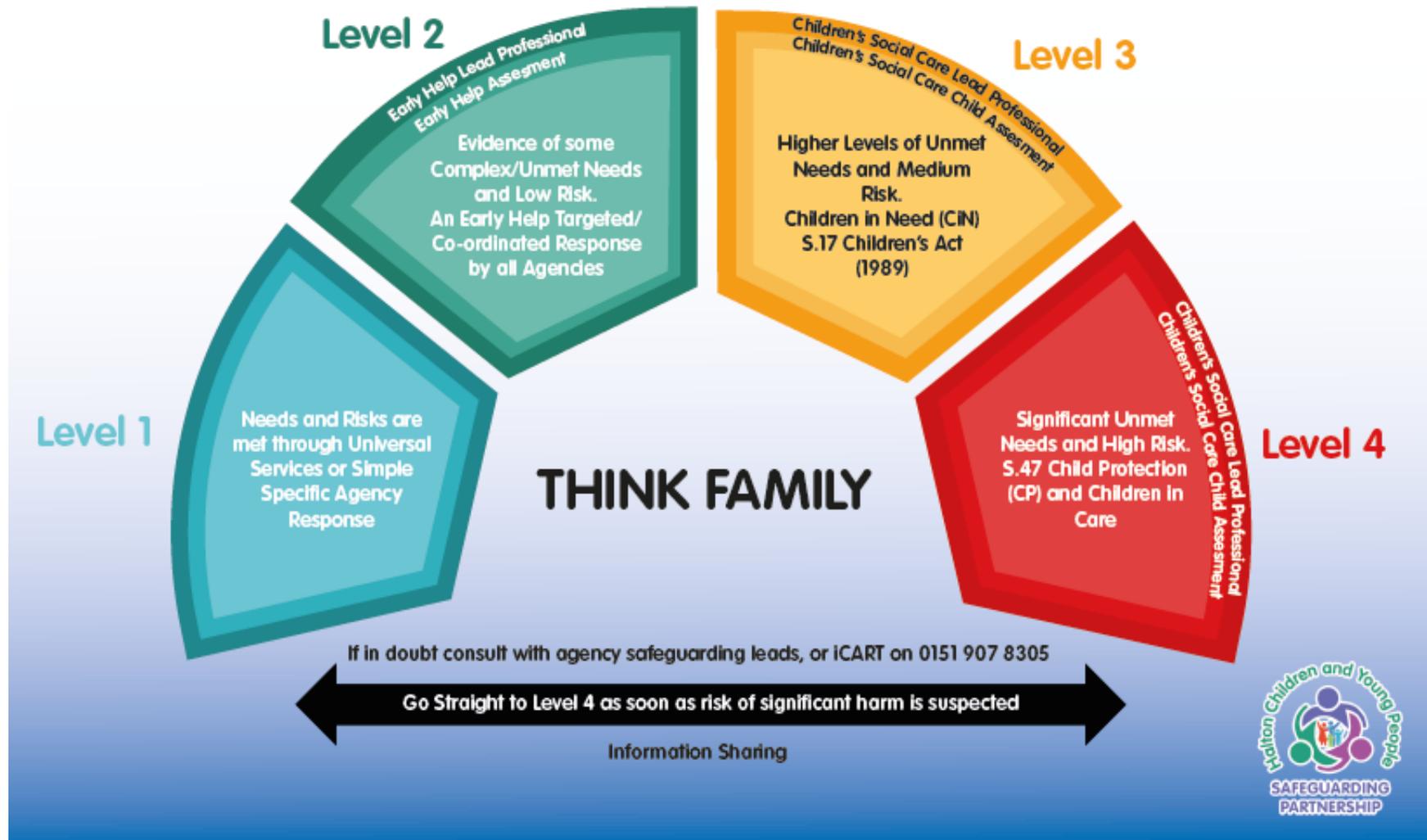
The threshold document is not intended to give professionals ‘the answer’. Professional dialogue is essential if we are to make informed decisions in the best interests of the child. Talk to the family, talk to your safeguarding lead, talk to other professionals.

The levels of need are not prescriptive and allow for practitioner judgement. Examples are provided within each dimension to aid practitioner decision-making – they are examples not definitions and should be used to support a practitioner’s assessment. The list of needs is not exhaustive, does not take into account protective factors and is not age specific. There will always be issues that do not easily fit and would benefit from a discussion with agency safeguarding leads, and if still unresolved, with the Integrated Contact and Referral Team (iCART). The threshold document is a starting point to assist people who work with children young people and families to come to common understanding of what the family needs.

Partnership working is essential to ensuring positive outcomes for children and to reduce the need for more intensive interventions at a later stage. Working with families, a strengths based model/approach should be used to support children, young people, families, carers and communities to help themselves wherever possible.



Halton Continuum of Need



Thresholds and Level Descriptors

The Level of Need indicators define in detail the four levels of the framework. These needs and risk indicators are illustrative in assisting practitioners in having a shared understanding of the whole needs/risk of a child/ young person. Practitioners' should be aware that this is not an exhaustive list of needs and is provided as a tool to aid practitioners in decision making. Practitioners when trying to identify the correct level of need should seek advice and guidance from their line manager, and/or agency designated safeguarding lead.

Level 1 – Universal Children, young people and families whose needs and risks are and can be met by universal services or simple specific agency response									
Universal services are provided and are routinely available to all children, young people and families. These services are accessed in the local community and delivered by partners including schools, GPs, hospitals, emergency services, community health services, children's centres, youth hubs, police and voluntary & community groups. Universal services are available to families at any stage on the Halton Continuum of Need									
Response	Signposting to appropriate universal services (some listed above), offer of information and advice and where to find support. Needs can be met from single agency response from services or through a specific piece of individual and/or group work or brief intervention which could be delivered by the agency requesting the need. Pre MAP may be used to identify and address the need.								
Information sharing	Informed and explicit consent required.								
Examples of possible indicators	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 30%;">Health and Wellbeing</td> <td> <ul style="list-style-type: none"> Registered with a GP Meeting developmental milestones Good hygiene Ability to self-care as appropriate to age Appropriately cared for when ill Good emotional health and/or well being Age appropriate social and communication skills Positive sense of self and abilities </td> </tr> <tr> <td>Safe From Harm</td> <td> <ul style="list-style-type: none"> Positive attachments Stable home environments Ability to recognise unsafe activities, places, etc. Secure relationships </td> </tr> <tr> <td>Contribute and Engage</td> <td> <ul style="list-style-type: none"> Children and young people with regular attendance at school/nursery. Children and young people who has their social, moral, spiritual and cultural needs met Children and young people reaching learning milestones Good relationships with peers and adults Appropriate stimulation, boundaries and guidance Good home/school link Children and young people appear happy, good level of emotional literacy Good level of self-esteem and confidence </td> </tr> <tr> <td>Aspire and Achieve</td> <td> <ul style="list-style-type: none"> Effective support networks Confident in social settings Experiences success and achievement Positive role models Planned progression beyond statutory education Access to learning resources Parents are able to offer stability Access to appropriate family support Suitable accommodation Reasonable income, being used appropriately to meet needs Access to inclusive short breaks services for disabled children Good access to services </td> </tr> </tbody> </table>	Health and Wellbeing	<ul style="list-style-type: none"> Registered with a GP Meeting developmental milestones Good hygiene Ability to self-care as appropriate to age Appropriately cared for when ill Good emotional health and/or well being Age appropriate social and communication skills Positive sense of self and abilities 	Safe From Harm	<ul style="list-style-type: none"> Positive attachments Stable home environments Ability to recognise unsafe activities, places, etc. Secure relationships 	Contribute and Engage	<ul style="list-style-type: none"> Children and young people with regular attendance at school/nursery. Children and young people who has their social, moral, spiritual and cultural needs met Children and young people reaching learning milestones Good relationships with peers and adults Appropriate stimulation, boundaries and guidance Good home/school link Children and young people appear happy, good level of emotional literacy Good level of self-esteem and confidence 	Aspire and Achieve	<ul style="list-style-type: none"> Effective support networks Confident in social settings Experiences success and achievement Positive role models Planned progression beyond statutory education Access to learning resources Parents are able to offer stability Access to appropriate family support Suitable accommodation Reasonable income, being used appropriately to meet needs Access to inclusive short breaks services for disabled children Good access to services
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Level 2 – Some Complex/Unmet Needs and Low Risk

Children, young people and families where there are evidence of some complex/unmet needs and low risk but whose needs and risks are and can be met by an early help targeted / co-ordinated response by all agencies

Response	<p>Multiple and/or complex unmet needs sometimes for multi family members that requires a co-ordinated response. A MAP (Multi agency Plan) may be advised to help coordinate support if no existing plan in place. Where consent is declined for a MAP it may still be possible to provide level 2 support by agencies.</p>	
	<p>May have a support worker from an early help service such as school, health professionals, locality early help workers, children centre early help workers or voluntary/ independent sector. Multi-Agency Plan (MAP), Early Help Assessment, Short Breaks Plan and Education, Health and Care Plan (EHCP) may be needed at this level to identify the needs and co-ordinate support in order to reduce the risk of needs escalating.</p>	
Information sharing	<p>Informed and explicit consent required. Where consent is refused parents/carers should be informed that services will be limited to single agency provision and where 'high' risk indicators emerge, multi -agency information sharing may be undertaken without consent.</p>	
Examples of some unmet needs and low risk indicators	Health and Wellbeing	<ul style="list-style-type: none"> • Developmental milestones (e.g. below centile chart height and weight) not being met • Early/unsafe sexual activity • Persistently missed medical appointments • Refusal/avoidance of registration with a GP • Some relationship difficulties (e.g. divorce/separation, bereavement) • Unnecessarily accessing health services e.g. walk in clinics/A&E • Children and young people for whom there are emotional, physical/behavioural health concerns • At risk of self-harm • Perplexing Presentation • Experimenting with substances/drugs • Poor development of self-care skills • Parents struggling to address own emotional needs • Poor home routines • Poor housing • Families with poor hygiene causing health/emotional issues • Child or young person who appear hungry in school • Pregnant age 16 years or under • Identified mental health issues for parent or child • Low educational or physical disability for parent or child • Repeated injuries, infections and infestations • Children and young people whose parents are in prison • Identity/gender issues significantly impacting on emotional health and wellbeing where there is lack of support in place
	Safe From Harm	<ul style="list-style-type: none"> • Families subject to discrimination/harassment • Change in family circumstances • Families at risk of poverty • Very young parents and inexperienced parents • Parent(s) who are absent • Inappropriate childcare • Basic care is not consistent • Wider family and friends may engage in unsafe activities • At risk of eviction through non-payment of rent/utilities • Children and young people beginning to misuse substances • Lack of evidence of attachment/bonding

		<ul style="list-style-type: none"> • Children and young people at risk of entering the Criminal Justice System –engaging in low level offending or anti-social behaviour • Children and young people who have started going missing from home • Families where there are early concerns about domestic abuse • Families where there are early concerns about substance misuse • Parents who are care leavers • Early indications of potential risks regarding CE • Early indications of potential risks regarding Radicalisation • Engaging in potentially unsafe online activities
	Contribute and Engage	<ul style="list-style-type: none"> • Lack of stimulation, boundaries or guidance • Lack of support network/isolation • Some difficulties in building/sustaining relationships with peers and adults • Low/ threatened self-esteem and confidence • Limited access to age appropriate leisure facilities and/or quality education including nursery • Low expectations from community, school and parents/carers • Children and young people presenting challenging behaviour in school • Children and young people refusing to go to school • Bullied or bullying behaviour • Lack of positive role models • Inappropriate responses and actions • Find managing change difficult • Does not always understand how actions impact on others • Sometimes engages in low level offending or anti-social behaviour • Children and young people presenting increasing problems where parents are finding it difficult to manage • Conflicts within the community • Family has recently moved from out of/into the area • Children and young people from migrant families at risk of isolation • Children and young people withdrawing from peers and/or parents • Children and young people disengaging with family, school and peers • Children and young people spending a lot of time alone
	Aspire and Achieve	<ul style="list-style-type: none"> • Attitudes are affecting their ability to achieve economic well being • Fixed term exclusion • Children and young people who missed important education appointments • Below educational levels/not meeting learning milestones • Children and young people may require a differentiated approach to education, additional to or different from their peers • Irregular attendance and children and young people starting to have significant unauthorised absence from school/nursery/early years setting • At risk of making ill-informed/inappropriate progression decisions • Not settled in employment, education or training post 16 • NEET – more than 6 weeks • Not completing education/college plan • Has isolated or unsupported carer • High number of children (more than 5) or more than two under 5 • Low income may affect wider family unit • Periods of unemployment may affect wider family unit • Inadequate poor housing/home conditions due to overcrowding, lack of heating or structure • Young Person living alone • Carers of Disabled Children who require support and services to access a Short Break

**Level 3 – Higher Levels Of Unmet Need And Medium Risk
CHILDRENS SOCIAL CARE STATUTORY CHILD ASSESSMENT**

Children, young people and families are at medium risk and higher levels of unmet need. They are experiencing sustained and persistent problems that has not been possible to resolve at the previous levels

<p>Response</p>	<p>Child in need, section 17 Children Act 1989. Disabled Children who have complex needs that cannot be met at level 2. Children and young people unlikely to meet developmental milestones without concerted multi-agency support assessed by a social worker. A variety of unmet needs and ‘underlying’ risk factors (for example DV, alcohol/drug misuse, mental health issues, CSE, CE). There has been a lack of progress and/or engagement and concerns remain that without services in place children may be at risk of not reaching full potential. CYP is vulnerable and unlikely to achieve good outcomes. Requires multi-agency CIN plan. Step up / Step down.</p>	
	<p>Children’s Social Care Statutory child assessment.</p>	
<p>Information sharing</p>	<p>Informed consent is required. Implicit consent is accepted. Where consent is refused parents/carers should be informed that services will be limited to single agency provision and where ‘high’ risk indicators emerge, multi -agency information sharing may be undertaken without consent.</p>	
<p>Examples of ‘underlying risk’ indicators</p>	<p>Health and Wellbeing</p>	<ul style="list-style-type: none"> • Carers with chronic ill health or terminal illness that is impacting on child or young person • Obesity or malnourishment (failure to thrive) • Refusal/avoidance to register with GP • Persistent non-attendance at health appointments • Very frequent significant illnesses and infections/minor health injuries/ problems • Children and young people for whom there are emotional, physical/behavioural health concerns • Basic needs not being met • Self- harming behaviour/suicidal ideation • Perplexing Presentation • Children and young people using substances/drugs/alcohol • Identity issues significantly impacting on emotional health and well being • Parents/carers with mental health issues impacting on ability to parent • No home routine / boundaries • Hygiene and self -care needs impacting on emotional health • Eating disorder significantly impacting on development and health • Inability of parents to be warm and affectionate, attachment issues • Children with complex health needs or Disabled Children requiring multiple specialist services • Protracting and significant unresolved family breakdown impacting on child or young person
	<p>Safe From Harm</p>	<ul style="list-style-type: none"> • Problematic substance misuse impacting on the CYP • Risk taking behaviours • Children and young people who are repeatedly missing from home • Children and young people who are risk to self and others • Domestic Abuse • Partner of parent, persistently not visible to professionals and contribution to child uncertain

	<ul style="list-style-type: none"> • Privately fostered children • Inadequate supervision • Early indication of potential risk of CE • Early indication of potential risk of Radicalisation • Early indication of potential risk of Honour Based Violence • Early indication of potential risk of Trafficking • Early indication of potential risk of FGM • Children and young people who are homeless (16/17) • Children and young people whose parent is in prison • Children and young people participating in or vulnerable to 'sexting' or bullying through social media
Contribute and Engage	<ul style="list-style-type: none"> • Young carers who are undertaking caring responsibilities • Poor attachments, parents distressed / distracted significantly • Poor sense of belonging within the family • Poor stimulation, boundaries or guidance • Children and young people with significant unauthorised absence from school/nursery • Children and young people who offend/reoffend • Lack of self -control/empathy/violent abusive to others
Aspire and Achieve	<ul style="list-style-type: none"> • Challenging and disruptive behaviour impacting on daily life, achievements and relationships • Income and resources not used to meet CYPs basic needs • NEET • Poor behaviour in school leading to suspension/exclusion and/or alternative provision • Transience high levels of instability • Isolated and victimised with the community • No wider family support • Carers of disabled children who require regular overnight breaks to enable them to continue to care for their child at home



Level 4 – Significant Unmet Needs and High Risks

CHILDRENS SOCIAL CARE STATUTORY CHILD ASSESSMENT

These children, young people have significant unmet needs and are being subject to 'high' risk factors and without a multi -agency co-ordinated response they will continue to suffer or be at risk of suffering significant harm

Response	<p>Child Protection and Safeguarding Response through Children's Social Care.</p> <ul style="list-style-type: none"> • Section 47 Investigation 'reasonable cause to suspect the child is suffering or likely to suffer significant harm. • May need a Multi -agency Child Protection Plan. • May need to be a Child Looked After (Section 20 Voluntary Accommodation) due to; being lost or abandoned, having no person who has PR or person caring for the child is prevented from providing suitable accommodation. • May need to be a Child Looked After (Section 31 Care Order) due to; Child is suffering or likely to suffer (if a court order is not made) significant harm or likelihood of, attributable to the care given to the child (the care not being what it would be reasonable to expect a parent/carer to provide). 	
Information sharing	<ul style="list-style-type: none"> • Best practice is to share information with Informed and Explicit consent. • To overrule this a judgement is required that seeking consent places a child at further risk, prejudice the detection of a crime, or lead to an unjustified delay in making enquiries. • Where consent has not been obtained this should be documented on the case record and clearly provide evidence of one or more reasons as above. • Case notes should clearly record: <ul style="list-style-type: none"> ➢ How consent was sought and refused ➢ How the practitioner and manager's decision to proceed with enquiries on the basis of evidence and reasonable cause 	
Examples of 'underlying risk' indicators	Health and Wellbeing	<ul style="list-style-type: none"> • Life threatening and severe health conditions where appropriate treatment has not been sought • Children and young people whose parents/carers fabricate or induce illness resulting in unnecessary medical treatment/intervention • Suspected Non Accidental Injury • Substance misuse issues with chronic impact on health and wellbeing for children and young people • Severe depression, significant self-harm and/or high risks of suicide • Meets criteria for secure accommodation • Unaccompanied asylum seekers who require accommodation • Full time accommodation for young person with complex Special Educational Needs and/or Disability/Complex Health Needs • Parents are deceased and there are no family/friends options • Acute deterioration/presentation in mental ill health including depression, self-harm and suicidal ideation • Children and young people subject or detained under mental health assessment • Bruising on non-mobile babies • Other forms of abuse such as, neglect, emotional abuse, child sexual abuse etc.
	Safe From Harm	<ul style="list-style-type: none"> • Challenging/disruptive behaviour putting self/ others in danger • At significant risk of child sexual exploitation • At significant risk of criminal exploitation • Suffering or at risk of suffering physical, emotional or sexual abuse • Children whose basic needs are persistently neglected • Children and young people assessed as high risk either to themselves or others as a result of their offending behaviour • Children and young people in prison setting • Regularly involved in anti-social and criminal activities • Poor abusive relationship with sibling/ parental relationships

		<ul style="list-style-type: none"> • Child is left to care for themselves although they are not able • Parents may have abandoned child • Person identified as posing a risk to children living in the home • Children who disappear or are missing from home regularly/for a long period • Children subject to Child Protection Plan • A child having been previously removed from parents • Family is experiencing domestic violence with significant adverse impact on the child • Serious substance misuse Child/Young Person/Family Member • Dangerous house or accommodation which places child in danger • Children who abuse other children • Parents/ carers have significant learning disability/mental health problem which adversely and significantly impacts on their parenting ability • Child whose welfare can only be safeguarded through provision of accommodation outside of the family home • 16/17 year old young people presenting as homeless and accommodated under s.20 • Children and young people at significant risk of Forced Marriage • Children and young people at significant risk of Radicalisation • Children and young people at significant risk of Honour Based Violence • Children and young people at significant risk of Trafficking • Children and young people at risk of FGM • Children and young people have been abandoned and there are no family/friends options • Children and young people consistently behaving in a way that places themselves or others at serious risk • Children and young people remanded to local authority care or remanded to secure children's unit by the court • Parents are in prison and there are no family/friend options
	Contribute and Engage	<ul style="list-style-type: none"> • Those in need of intensive support- individualised packages because of extreme isolation • Child subject to emotional abuse • Eligible & relevant care leavers
	Aspire and Achieve	<ul style="list-style-type: none"> • Denied access to stimulation • School exclusion with other risk factors • Subject to care proceedings in family courts • Young person is unable to cope resulting in significant risk of harm with everyday life (including employment) • Homeless and not eligible for temporary housing • Family not entitled to benefits with no means of other support • Extreme financial difficulties (debt) not allowing needs to be met • Chronically socially excluded/extreme isolation

Consent

Early Help Assessments and Child in Need Assessments can only be carried out with the consent of the parent(s). Participation in the Assessment and in any resulting Plan is voluntary on the part of the parent.

Due to this it is essential that professionals seek consent from the parent prior to making a referral into Children's Social Care or prior to making requests for support from agencies contributing to Multi Agency Plans.

Professionals must make it clear to the parent(s) that they are giving consent for their personal information and their personal circumstances to be shared between agencies. It must be clear to parents where their information will go, for what purpose and for how long the information will be kept on agencies' records.



Referrals into Children's Social Care (Level 3) or requests for support from Early Help Services (Level 2) which are made without parental consent will not be accepted.

Only where there is a clear child protection concern (Level 4), and there is reason to believe that the risk may escalate by approaching the parents/carers, can enquiries can begin without the parent's/carer's consent. Circumstances which meet this threshold may include:

- Suspicion that a child will be forced into marriage or removed from the country against their will;
- Suspicion that a child is at risk of female genital mutilation;
- A disclosure of sexual or physical abuse putting the child at immediate risk;
- Suspicion that illness is being fabricated;
- Evidence that the child is at immediate risk of harm (a child is not generally at immediate risk if they are in school or at some other venue with a professional present, as action can be taken before the child returns home)

In almost all cases, therefore, a parent should be aware that a referral into Children's Social Care is being made.

Transitions between levels

In some cases a child or young person will go through a number of transition points on their journey to having their needs met. For example, a child whose needs do not respond to services provided at Level 1 may need to receive a more targeted response within Level 2. Similarly, a child supported within Level 2 whose circumstances and situation do not improve sufficiently may need to receive the specialist assessment and support provided at Level 3. It is acknowledged that children may move from one level of need to another and that agencies and services may offer support at more than one level. What is important is that this is monitored and reviewed to inform the most appropriate level of support for all children young people and families in Halton.

GLOSSARY

A&E	Accident and Emergency unit within a hospital or clinical setting
Assessment	The process of gathering and interpreting the information needed to decide what action to take to help meet the child's (or their parent or carer) needs. In many cases, it is simply a conversation with the child or young person and/or their parent and carer
CiC	Children in Care (Halton's term for Looked after Children)
CiN	Child in Need
CE	Child Exploitation
CSE	Child Sexual Exploitation
CYP	Children and Young People
DV	Domestic Violence
EHC Plan	Education, Health and Care Plan
FGM	Female Genital Mutilation
GP	General Practitioner
iCART	integrated Contact and Referral Team
Lead Professional	The Lead Professional (LP) is someone who takes the lead to co-ordinate provision and be a single point of contact for a child/young person and their family, when a range of services are involved and an integrated response is required
MAP	Multi-Agency Plan
NEET	Not in Education, Employment or Training
SEND	Special Educational Needs and/or Disability
TAF	Team Around the Family

If you have concerns about a child's welfare, or feel that they may be being abused or neglected, please contact the following:

- If a child is in **immediate danger** or **left alone**, you must contact the police or call an ambulance on 999. For non-emergency call 101
- Integrated Contact and Referral Team (iCART) 0151 907 8305 (9am-5pm Monday to Thursday, 9am-4.30pm Fridays) Email: contactandreferraltteam@halton.gov.uk (always use secure or encrypted email)
- Out of hours - Emergency Duty Team 0345 050 0148 (5pm-9am Monday to Thursday & 4.30pm-9am Fridays; 24 hours on bank holidays & weekends)

[iCART Information](#)

[Halton Assessment Tool Kit and Screening Tools](#)