

# Medway Inter-Agency Threshold Criteria for Children in Need



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<b>Summary of Purpose</b>	<p>The overarching aim of the guidance is to provide a framework for professionals and service users, to clarify the circumstances in which to provide:</p> <ul style="list-style-type: none"> <li>▪ Clarity and shared agreement on the thresholds for referring a child to Children’s Social Care in Medway.</li> <li>▪ Move forward the preventative agenda and support the CAF process</li> </ul> <p>The Eligibility Criteria and threshold matrix identifies the level of key vulnerability factors such as domestic abuse, mental health problems, substance misuse etc. It is emphasised that the level of vulnerability will be different in each case. The framework assumes that it will usually be a combination of criteria that will determine the level of concern, rather than any one factor.</p>	
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<b>Accessibility</b>	This document can be made available in large print, or in electronic format. There are no copies currently available in other languages	
<b>Equalities Impact Assessment</b>	During the preparation of this policy and when considering the roles and responsibilities of all agencies, organisations and staff involved, care has been taken to promote fairness, equality and diversity in the services delivered, regardless of disability, ethnic origin, race, gender, age, religious belief or sexual orientation. These issues have been addressed in the policy by the application of an impact assessment checklist.	
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3.0	Amended to ensure compliance with WT 2013	October 2013
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## Please note:

**This document relates specifically to Medway processes. The Kent Safeguarding Children Board owns the Kent version. Whilst processes are different in Kent and Medway the threshold criteria are the same.**

**You can find the Kent version of this document at [www.kscb.org.uk](http://www.kscb.org.uk)**

## 1. Introduction

Most children and young people have a number of basic needs that can be supported through a range of universal services. These services include education, early years, health, housing, youth services, leisure facilities and services provided by voluntary organisations. However, some children have more complex needs and may require access to specialist services to support them. One such service is Local Authority Social Services for 'Children in Need'.

This document provides guidance for professionals and service users, to clarify the circumstances in which to refer a child to a specific agency to address an individual need, to carry out a Common Assessment Framework (CAF) or refer to Children's Social Care in Medway.

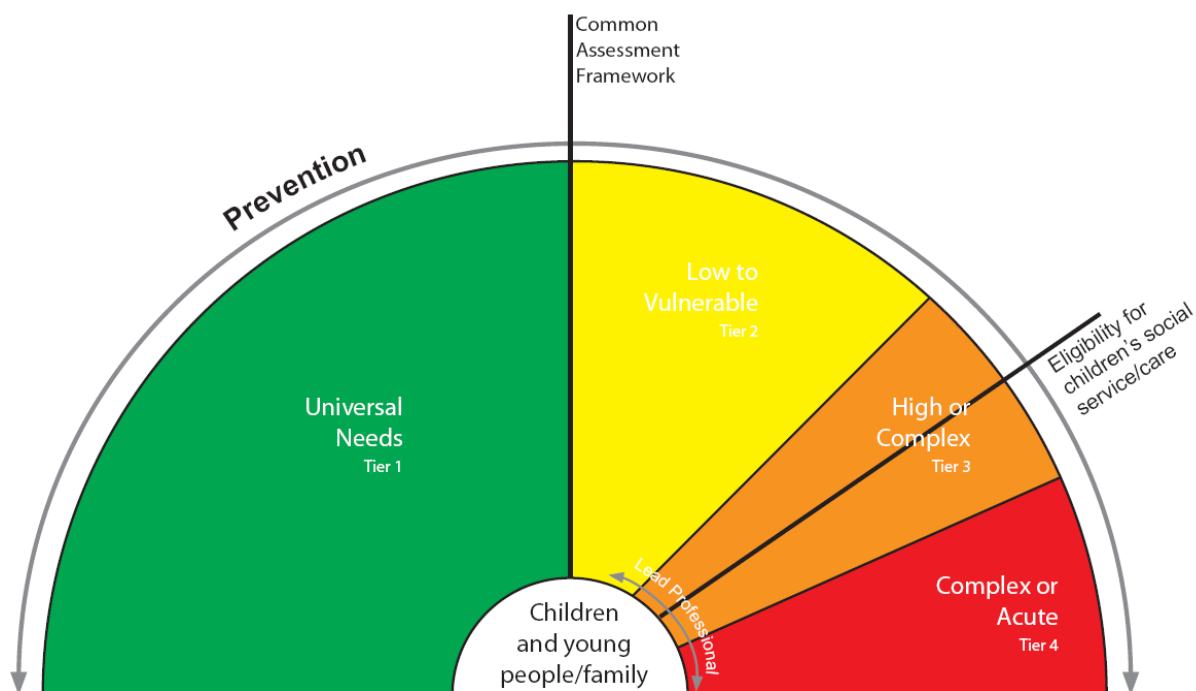
This document describes:

- the criteria for access to Children's Social Care in Medway and how that fits within the wider context of multi-agency services and a range of needs;
- the legal definition of 'Children in Need' and eligibility for Children's Social Care;
- the process by which Children's Social Care assess eligibility for 'Children in Need.'

## 2. Children's Needs and Multi-agency Tiers of Intervention

Kent and Medway have adopted a common approach to describing the levels of need and intervention that may be required by children, young people and their families. These form a continuum as follows:

Figure 1



A key principle underpinning the delivery of services to children is that additional needs should be identified as early as possible and intervention should focus on working with children and parents/carers in order to provide early intervention and prevent the need for specialist services.

Children with additional needs should be offered, where appropriate and with consent and involvement of parents/carers and children/young people, a common assessment (CAF) which will develop a team around the family (TAF) as a way of identifying what support and early services are needed and to plan and review progress towards desired outcomes for the child and family. Further information can be found below in section 5 The Common Assessment Framework.

### 3. Principles

The following principles should be considered in applying the framework:

- (i) The descriptions in Appendix 1 provide illustrative examples about how need might present itself, rather than an exhaustive list of fixed criteria that must be met. The tier of need will always be increased by the multiplicity of factors.
- (ii) Intervention should be at the lowest tier appropriate to meet the needs of the child and prevent the need for specialist services.
- (iii) Consideration should always be given to undertaking a common assessment (under the CAF) and forming a:
  - Team Around the Family (TAF) with a multi -agency CAF plan or
  - to resolve the child's difficulties and prevent the need for a specialist service.
- (iv) If there are child protection concerns about a child's health, development or welfare professionals must follow the [Kent and Medway Safeguarding Children Procedures](#) and immediate contact with Children's Social Care through the referral process.

### 4. Tiers of Need

The four tiers of need identified in the windscreen diagram on page 2 have been developed into a matrix of needs and risks below to help describe the circumstances in which a CAF should be considered and when a contact to Children's Social Care through the referral process may be necessary.

#### *Which Tier?* (See fig 2 below)

It cannot be over emphasised that the list of indicators contained in this document is **not an exhaustive one. In assessing need and risk that requires specialist services, multiple factors are likely to be present and decisions as to whether the criteria are met remain a professional judgement.** It is also important to remember that often the signs that a child or young person has particular needs are not found in a single piece of evidence but in a combination of factors of indicators. For example, within the framework described in this document, a cluster of indicators in Tier 2 when considered together may indicate the need for a Tier 3 assessment. There will also be, in some situations, a single indicator that is so obviously significant that it will demand assessment at a particular level even in the absence of any other indicator.

#### *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. A child, for example, whose needs do not respond to services provided under Tier 1, may need to receive a more coordinated response within Tier 2. Similarly, a child in Tier 2 whose circumstances and situation do not improve sufficiently may need to receive the specialist assessment and support provided at Tier 3.

It is acknowledged that children may move from one tier of need to another and that agencies (including universal services) may offer support at more than one tier.

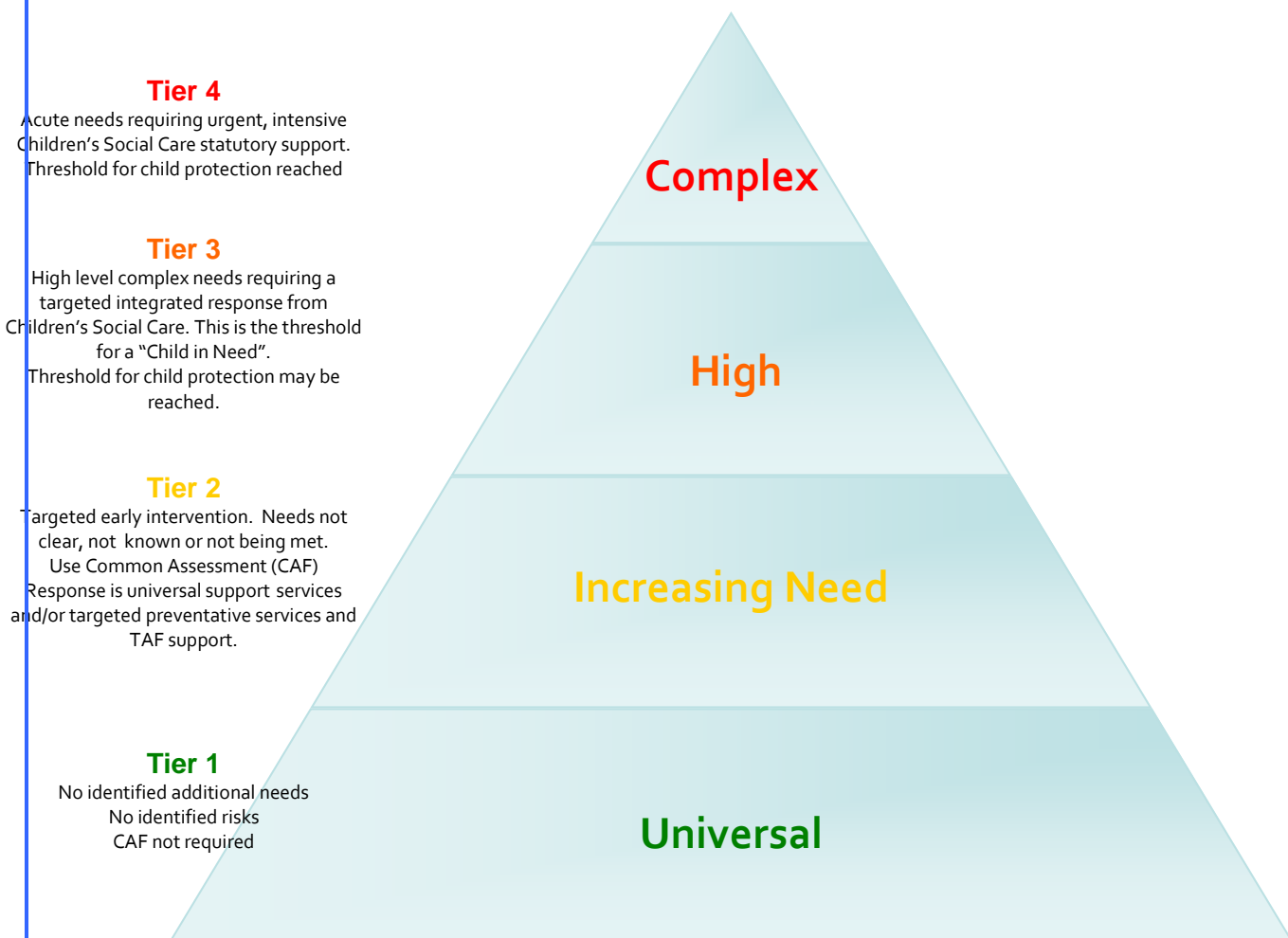


Figure 2

The Medway approach to children's need is underpinned by these key principles;

- **Access:** services to be focused around the needs of children, young people and families, rather than institutional/agency boundaries.
- **Early intervention:** effective early identification and assessment with appropriate intervention will reduce the need for more costly, and possibly less successful, provision later.
- **Reducing dependency:** working with families at all levels of need to reduce dependency and promote self-reliance and resilience, therefore enabling problem solving within the family.
- **Shared responsibility and response:** getting the best for children is everyone's business and services need to develop shared responsibility and response to children, young people and their families.

- **Participation and involvement:** children, young people and families should be active participants in designing, planning and reviewing the services they receive.
- **Equality of opportunity:** services should continue to work together to remove the cultural, geographical and economic barriers to opportunity, which some children and young people face.
- **Services based on clear evidence:** planning and delivery of services should be informed by robust data that evaluates what works and achieves the best outcomes for children and families.

## 5. Early help (tier 2)

Although, Early help is non statutory, Section 10 of the Children Act 2004 requires each local authority to make arrangements to promote cooperation between the authority, each of the authority's relevant partners and such other persons or bodies working with children in the local authority's area as the authority considers appropriate. The arrangements are to be made with a view to improving the wellbeing of all children in the authority's area, which includes protection from harm and neglect. As such, it is essential that there are clear expectations about good practice in relation to early help case management that need to be taken into account to ensure that all children and young people are able to thrive and meet their potential.

The Council's contribution goes wider than Children's and Adults Directorate – Public Health, Housing and Community Safety play important roles in supporting vulnerable families, children and young people.

Early help means taking action to support a child, young person or their family early in the life of a problem, as soon as it emerges. It can be required at any stage in a child's life, from pre-birth to adulthood; and applies to a wide range of additional needs the family, child or young person cannot deal with on their own. The aim of early help is to reduce or eliminate the need for support and to promote resilience in the child and family so that in future their needs can be met by universal services well.

Children, young people and families with additional needs would continue to be supported by practitioners from a wide range of services through the Common Assessment Framework (CAF) and Teams Around the Family. These services include; the services provided in Children's Centres, including the Health Visitor workforce; voluntary and community sector services; sexual health services; and emotional health and wellbeing services within schools.

## 6. The Common Assessment Framework (CAF)

The aim of the CAF is to help identify, at the earliest opportunity, a child or young person's additional needs which are not being met by the universal services they are receiving and to provide timely and co-ordinated support to meet those needs.

The CAF

- is a process for carrying out a common holistic assessment, to help everyone working with the child or young person understand information about their needs and strengths, based on discussions with the child or young person and their family as appropriate;
- uses a standard form to help record and, where appropriate, share with others the information given during the assessment;
- can only be undertaken with informed and explicit consent from the child/young person and/or their parents / carers.

Further information on the common assessment framework is available at:

or in the [Kent and Medway Safeguarding Children Procedures](#).

## 7. Multi agency working or Team Around the Family (TAF)

If the CAF assessment identifies that multi agency support is required to meet the needs of the child and family then this team becomes the Team Around the Family (TAF). The parent/carer and child/young person and TAF must then agree who is best placed to become the Lead Professional

All children receiving a service from Children's Social Care will have a clear plan in place, whether this is a 'Child Protection' plan, 'Child in Need' plan, 'Children in Care' care plan or a plan specific to their circumstances.

For children in need of protection, the Child Protection Conference and the Core Group members are in effect the Team around the Family. In these circumstances the social worker is always the lead professional.

For Children in Care, the Children in Care Review forms the TAF. The social worker is always the lead professional for a looked after child.

Children who have been confirmed as a 'Child in Need' and not subject to a Child Protection Plan and/or who are not a 'Looked After Child'/Child in Care but are never the less 'in need', that meet social services/care threshold will also require a Team Around the Family to be formed by the social worker in order to develop a formal multi-agency plan of action to meet the child's needs. All 'Child in Need' plans will be co-ordinated by the lead professional from social services/care, monitored and reviewed at least every six months.

In some circumstances where a child is in receipt of services as a 'Child in Need' there may be occasions where the lead professional role should be identified from one of the other professionals involved in the Team Around the Family. One example of this might be where a child has a disability and a health worker might be a more appropriate lead professional.

## 8. Eligibility for Children's Social Care

The Children Act 1989 places a general duty on the Local Authority to "safeguard and promote the welfare of children within their area who are in need and so far as is consistent with their welfare, promote the upbringing of children by their families by providing a range and level of services to meet their needs".

The [Children Act 1989](#) defines a 'Child in Need' as:

- a child who is unlikely to achieve or maintain, or have opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority;
- a child whose health or development is likely to be significantly impaired or further impaired, without the provision of services;
- a child who has a substantial and permanent disability.



These are not clear-cut definitions which allows room for discussion and professional judgement about the level of need and the associated risk.

The attached Multi-agency Needs/Risks Threshold Matrix (Appendix 1) has been developed to help inform decision-making about when to make contact with or refer a child to Children's Social Care and what to expect in terms of who should receive a service and with what level of priority.

The tier content has been developed taking into account the learning from local and national serious case reviews, good practice and other case reviews and audits as well as the needs of the local population.

Tiers one and two indicate the circumstances in which Universal Service provider partner agencies would be expected to intervene and provide support to a child and family in order to prevent the need for a specialist service. Tiers three and four identify the point at which Children's Social Care will become involved.

At the boundary of tiers 2 and 3, sometimes referred to as 2.5, Teams Around the Family work intensively with families.

This will include:

1. A dedicated worker, dedicated to a family
2. Practical 'hands on' support
3. A persistent, assertive and challenging approach
4. Considering the family as a whole – gathering the intelligence
5. Common purpose and agreed action

We expect all CAF interventions to provide innovative, family centred interventions designed to motivate and engage whole families with multiple needs to reduce crisis, enable them to gain greater control and stability in their lives and make informed choices about the health wellbeing and safety of children and families as a whole unit. Engagement with the service is voluntary and families must agree to support and intervention being offered to them.

The following sections identify the process for assessing eligibility for 'Child in Need' services in Medway.

## 9. The Process for Assessing Eligibility for 'Child in Need' Services

### *Consultations*

The public, including children and young people as well as professionals, can request assistance from Medway Children's Social Care. However, there will be times when professional referrers are not sure about how to proceed and whether to refer/contact the Medway Children's advice and Duty service (CADS).

If a professional is unclear about whether to make a referral or contact they should, in the first instance, consult with their designated Child Safeguarding Lead within their agency. Following this a consultation can be held with a social worker professional within the Medway Children's Advice and Duty Service. The CADS service encourages consultation with partner agency professionals. A record of the consultation is recorded and will be entered in the child's file if one has been created.

### *Contacts and Referrals*

Professionals wishing to make a referral/contact in **Medway** where they have concerns about the safety of a child will do so through the single point of contact Children's Advice and Duty Service (CADS) on 01634 334466.

Where practitioners want to request advice and support for a child, family or young person at tier 2, they should contact their local Early Help coordinator.

CADS ensures that all discussions with professionals are followed up in writing – this has given confidence and robustness to the procedure of contact and has improved communication with partners. In addition it ensures that families are receiving the appropriate service by the right professional through service provision.

If a common assessment or other assessment has been completed (e.g. DASH, DUST, ASSET, CSE/Trafficking risk assessment, Children who are sexually active risk assessment or) it should be sent securely.

If there has been early professional support and intervention and a Common Assessment completed, then this is important information to help inform the screening and assessment process. However, it is recognised that some situations will immediately meet the criteria for a direct referral as a 'Child in Need', which may include a 'Child in Need of protection', and referrals/contacts will be accepted without a common assessment.

A Child in Need referral/contact can be accepted without the parent/carer's consent, but it is always good practice to notify the parent of such a referral. If the parents/carers do not consent to a Child in Need referral/contact, and the concerns do not meet the criteria for child protection, the referrer could consider using Common Assessment and Team Around the Family. However, should the referrer have concerns about the child's needs which they consider may be increased due to the parents/carers' refusal to engage in the child in need process, then it is essential that they consult within their own agency and the CADS is happy to offer consultation to help resolve uncertainty.

## Screening

All contacts will be dealt with within 24 hours of referral.

If the contact appears to be about a child protection concern, the Kent and Medway Safeguarding Children Procedures will be invoked immediately

Where the child is not eligible for assessment or services, the CADS Social Worker will consider what other services might be needed and advise the family and referrer about other options within the total range of children's services that may be available in the public, private or voluntary sector.

## Child & Family Assessment

Working Together 2013 introduced the Single Assessment (Children and Family Assessment) to replace the old Initial and Core Assessments. This retains the concept of assessment around 3 main domains but simplifies the process as a single assessment format (see diagram below).

The purpose of the assessment is to gather sufficient information about the child and family to understand its needs and make decisions about:

- the nature and impact of the concerns or needs described in the referral and what intervention or support is necessary;
- whether the child meets the criteria for ongoing services as a 'Child in Need'.

**A new maximum timescale of 45 working days from the point of referral to completion allows flexibility and individualisation of response, but the speed should be determined by the needs of the particular children and presenting risk. The assessment must include visits to the child.**

**WT 2015 emphasises the need for multi-agency collaboration, and every assessment should draw together information from all relevant professionals and agencies, including 3<sup>rd</sup> sector organisations, and will be a key focus under Ofsted's framework for inspection.**

If at any stage there are child protection concerns, the Kent and Medway Safeguarding Child Protection procedures must be followed.

The Child and Family assessment will be based on:

- the information contained in the inter-agency referral form (and common assessment if it is attached);
- a proactive process of sharing and gathering information via discussions with key relevant professionals and networks (e.g. the child's GP, school, Health Visitor, Children's Centre Manager, etc). Parents / carers will be required to give consent to the information being shared in 'Child in Need' referrals. Evidence of consent might be requested;
- any historical information held within the agency; or other local authority
- a home visit with the family and children to answer any outstanding questions. With the permission of the parent/carer the child should be seen alone if of sufficient age and understanding and bedroom seen. If this permission is not forthcoming, and there are child protection concerns, the Kent and Medway Safeguarding Children procedures must be followed.
- The "voice of the child" **must** be captured within the assessment

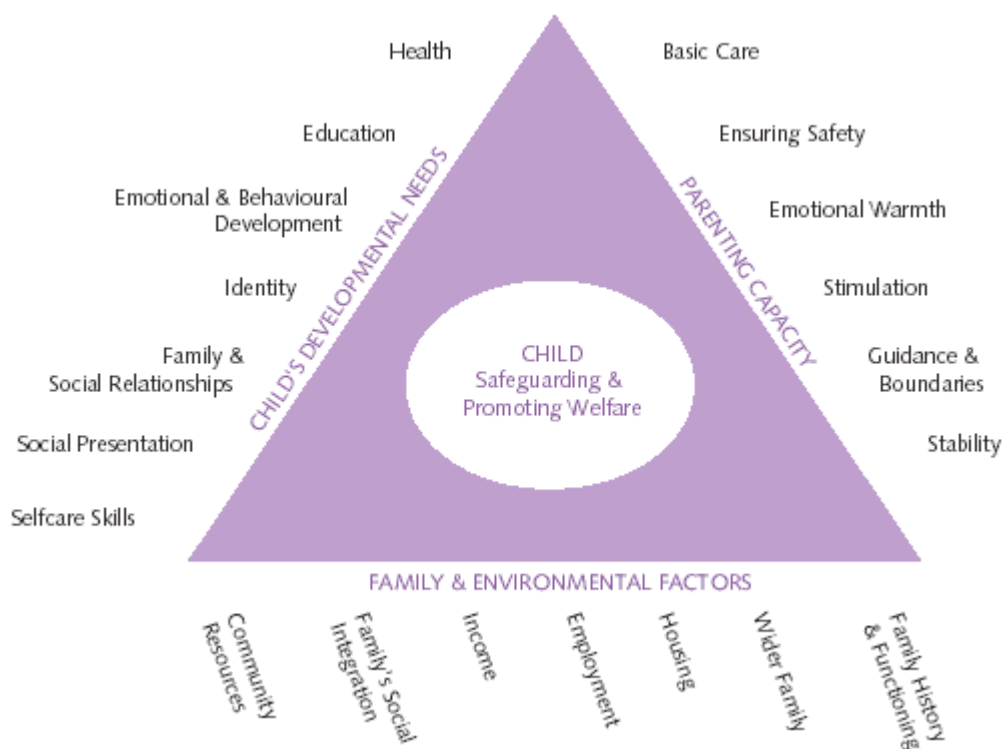
The gathering of relevant information will:

- be focused on the child's developmental needs ;
- be focused on the parents /carers' capacities to meet the child's developmental needs;
- reflect the family strengths as well as any difficulties;
- consider whether the parent/carer has needs independent of the child which may call for the provision of adult community care services.
- consider the impact of any family or environmental factors on the well-being of the child

The Child and Family assessment will lead to a decision about whether the child is a 'Child in Need' who is eligible for services and, if so, decisions about priority. The provision of services will not be delayed by the need to complete an assessment. In certain circumstances a service will be provided in parallel to the assessment process if this is considered necessary by the assessing social worker.

All decisions will be clearly recorded on the allocation record and signed by the relevant senior practitioner within 24 hours of receipt of referral into CADS. The child's parents/carers and the child, if age appropriate, involved in the assessment will be given a copy of the assessment upon completion.

The professional referrer should be contacted and notified in writing of the allocated social worker within 24 hrs from allocation. Feedback on the outcome of a referral should be provided to the referrer.



The assessment should be holistic, draw together a family history with reference to prior information and chronologies, and recognise the existing strengths and skills of the child and family. Its purpose is to identify the child's and other family members' needs and agree on the desired outcome of any involvement. It will be conducted in a structured way with the full and active involvement of the parents/carers and child. Other family members should be involved as appropriate.

The voice of the child and their wishes and feelings must be ascertained and recorded where possible and due consideration given to them, having regard to his/her age and understanding. It is possible to gain an understanding of the child's feelings through a range of age-appropriate techniques, or techniques to overcome communication barriers. It should be rare in an assessment for the voice of the child not to be taken into account. Practitioners should consider current research and techniques for communicating with children and young people.

### *Parental assessment*

Where the concerns arise as a result of a parent's (or person with parental responsibility) disability, mental health or substance misuse problems, a specialist assessment should be sought from the relevant agency.

### *Sharing information with parents/carers and child*

The assessing social worker must provide a copy of the assessment report to the parents/carers and share appropriately with children of sufficient understanding. Any disagreements about the assessment will be recorded. The family should already have been given a copy of the leaflet *If You Wish To Complain*. The assessment must have clear conclusions and recommendations. It will identify the child's and family's needs and also what outcomes should be achieved to make improvements and bring about change.

### *Likely outcomes*

The range of recommendations includes:

- The child is in need of protection and Kent and Medway Safeguarding Children Procedures have been or must be invoked.
- Legal action is required to protect the child.
- The child meets the criteria for a specialist service such as Disabled Children's Team.
- The child is a 'Child in Need' and a 'Team Around the Family / multi agency group should be identified to draw up and deliver a 'Child in Need' plan.
- The child does not meet Children's Social Care eligibility and threshold criteria and can be signposted to an alternative specialist children's service such as the Integrated Family Support Service, or a lower level service, as appropriate. A common assessment should be considered and discussed with the family at this point. A "No Further Action" outcome should be a rare event

The decision will be recorded in writing to ensure that the decision making process is explicit, particularly where management of risk is a significant issue.

Where the child and family are not eligible for 'Child in Need' services, Children's Social Care will consider what alternative arrangements may be required to meet the child's needs, including whether a common assessment will be appropriate and, where appropriate, discuss with the family and referring professional to enable the family to be linked to the most appropriate service or support. The case will then be closed to Medway Children's Advice and Duty service and return to the referring/lead professional who will then discuss and plan the next steps with the family.

Where a child is eligible for a 'Child in Need' service, the conclusion of the Child and Family assessment and subsequent updates will be made available at relevant review dates to inform planning for the child and family.

## 10 Complaints and Representations

Members of the public who are dissatisfied with the service provided by Medway Children's Social Care should contact the Social Care Complaints Manager on:

01634 333036 or by email at [sccm@medway.gov.uk](mailto:sccm@medway.gov.uk) (Medway Council)

Further information for complaints about child services can be found here: [Complain about child services](#)

Professionals who have made a referral and who are not in agreement with the decision that has been made should refer to the [Kent and Medway Safeguarding Procedures](#). All dissatisfaction with decisions taken should in the first instance go through line management channels and key safeguarding professionals within agencies or to the Team Manager accountable for the decision being made.

For Kent, refer to KSCB website:

<http://www.kscb.org.uk/professionals/guidance.aspx>

### Appendices:

Appendix 1	Threshold Matrix
Appendix 2	How to make a referral to Children's Social Care
Appendix 3	Glossary

**Tier 1 – Universal Needs**  
**No additional support needs**

Features	ILLUSTRATIVE EXAMPLES	Assessment Process
<p><b>Children with Tier 1 needs</b></p> <p>Children with no additional needs and where there are no concerns. Typically these children are likely to live in a resilient and protective environment where their needs are met. These children will require no additional support beyond that which is universally available.</p> <p>These indicators need to be kept in mind when assessing the significance of indicators from Tiers 2-4</p>	<b>Parents or Carers Capacity</b>	<p>These children require no additional support beyond that which is universally available. A Common Assessment is not needed for these children.</p> <p><b>Examples of key universal services that provide support at this level:</b></p> <ul style="list-style-type: none"> <li>▪ Education</li> <li>▪ Children's Centres, Family Centres &amp; Early Years</li> <li>▪ Health Visiting Service</li> <li>▪ Midwifery</li> <li>▪ School Nursing</li> <li>▪ GP</li> <li>▪ Play Services</li> <li>▪ Integrated Youth Support Services</li> <li>▪ Police</li> <li>▪ Housing</li> <li>▪ Voluntary &amp; Community Sector</li> </ul>
	<p><b>Basic Care, Safety and Protection</b></p> <ul style="list-style-type: none"> <li>▪ Parents/carers able to provide care for child's needs</li> </ul>	
	<p><b>Emotional Warmth and Stability</b></p> <ul style="list-style-type: none"> <li>▪ Parents/carers provide secure and caring parenting</li> </ul>	
	<p><b>Guidance Boundaries and Stimulation</b></p> <ul style="list-style-type: none"> <li>▪ Parents/carers provide guidance and boundaries to help child develop appropriate values</li> </ul>	
	<b>Family and Environmental factors</b>	
<p><b>Family History and Well-Being</b></p> <ul style="list-style-type: none"> <li>▪ Supportive family relationships</li> </ul>		
<p><b>Housing, Employment and Finance</b></p> <ul style="list-style-type: none"> <li>▪ Child fully supported financially, accessing all welfare benefits</li> <li>▪ Adequate housing</li> </ul>		
<p><b>Social and Community Resources</b></p> <ul style="list-style-type: none"> <li>▪ Social and friendship networks exist</li> <li>▪ Safe and secure environment</li> <li>▪ Access to regular and positive activities</li> </ul>		
<b>Child or Young Person's Developmental Needs</b>		
<p><b>Learning/Education</b></p> <ul style="list-style-type: none"> <li>▪ Attendance at school/college/training (above 90%)</li> <li>▪ Acquired a range of skills/interests, experiences of success/achievement</li> <li>▪ No barriers to learning</li> <li>▪ Sound home/school link</li> <li>▪ No concerns around cognitive development</li> </ul>		
<p><b>Health</b></p> <ul style="list-style-type: none"> <li>▪ Physically healthy, developmental checks up to date</li> <li>▪ Adequate and nutritious diet, regular dental and optical care</li> <li>▪ Good state of mental health</li> </ul>		
<p><b>Social, Emotional, Behavioural, Identity</b></p> <ul style="list-style-type: none"> <li>▪ Demonstrates age appropriate responses in feelings and actions</li> <li>▪ Good quality early attachments, child is appropriately comfortable in social situations</li> <li>▪ Knowledgeable about the effects of crime and antisocial behaviour (age appropriate)</li> <li>▪ Able to adapt to change</li> <li>▪ Able to demonstrate empathy</li> <li>▪ Positive sense of self and abilities</li> </ul>		
<p><b>Family and Social Relationships</b></p> <ul style="list-style-type: none"> <li>▪ Stable and affectionate relationships with caregivers</li> <li>▪ Good core relationships with siblings</li> <li>▪ Positive relationships with peers</li> </ul>		
<p><b>Self-Care and Independence</b></p> <ul style="list-style-type: none"> <li>▪ Developing age appropriate level of practical and independent living skills</li> <li>▪ Appropriate dress for different settings – allowing for age</li> <li>▪ Good level of personal hygiene</li> <li>▪ Able to discriminate between 'safe' and 'unsafe' contacts</li> <li>▪ Knowledgeable about sex and relationships and consistent use of contraception if sexually active (age appropriate)</li> </ul>		

**Tier 2 – Low to Vulnerable**  
**Threshold for targeted support for children with additional support needs**

Features	ILLUSTRATIVE EXAMPLES NB In assessing need and risk that require additional services, multiple factors are likely to be present	Assessment Process	
<p><b>Children with Tier 2 needs</b>            These children can be defined as needing some additional support without which they would be at risk of not meeting their full potential. Their identified needs may relate to their health, educational, or social development, and are likely to be short term needs. If ignored these issues may develop into more worrying concerns for the child or young person. These Children will be living in greater adversity than most other children or have a greater degree of vulnerability than most. If their needs are not clear, not known or not being met and multi agency intervention is required, a lead professional will be identified to coordinate a plan around the child.</p> <p><b>Timescale</b>            These should be short term interventions (up to 6 months) and reviewed on a regular basis. If longer support is required you should discuss needs with specialist</p>	<p><b>Parents or Carers Capacity</b></p>	<p><b>NB Complete the pre-assessment checklist if unsure whether the child needs a common assessment.</b></p> <p>A CAF should be completed with the child/family to identify their strengths &amp; needs. The action plan should identify the child's additional needs, appropriate services and interventions to meet those needs and who will act as the lead professional.</p> <p>If a CAF is refused and the needs of a child cannot be met, and may escalate, practitioners should contact their Early Help coordinator ..</p> <p><b>Exit strategy</b>            The TAF should aim to enable the child and family's move back to universal services' support</p> <p><b>Key agencies that may provide support at this level:</b></p> <p><b>Universal and targeted</b></p> <ul style="list-style-type: none"> <li>▪ YISP –Youth crime</li> <li>▪ Preventative services</li> <li>▪ YOT/YOS</li> <li>▪ Police</li> <li>▪ Targeted drug and alcohol information, advice and education, including advice re harm reduction</li> <li>▪ Health, e.g. HV, GP, midwifery, school nurse</li> <li>▪ Tier 2 CAMHS (CAST Medway)</li> <li>▪ Sure Start or Children's Centres</li> <li>▪ Education</li> </ul>	
	<p><b>Basic Care, Safety and Protection</b></p> <ul style="list-style-type: none"> <li>▪ Requiring support to provide consistent care e.g. safe and appropriate childcare arrangements; safe and hygienic home conditions; adequate diet.</li> <li>▪ Parental health problems that may impact on child's health or development unless appropriate support provided</li> <li>▪ Parental mental health issues that may impact on the health or development of the child unless appropriate support provided</li> <li>▪ Parental learning difficulties that may impact on the health or development of the child unless appropriate support provided</li> <li>▪ Parental health / disability that may impact on the health or development of the child unless appropriate support provided</li> <li>▪ Parental substance misuse that may impact on the health or development of the child unless appropriate support provided</li> <li>▪ Poor engagement with universal services likely to impact on child's health or development</li> <li>▪ Parents/carers have had additional support to care for previous child/young person</li> <li>▪ Poor supervision and attention to safety issues</li> </ul> <p><b>Emotional Warmth and Stability</b></p> <ul style="list-style-type: none"> <li>▪ Requiring support for consistent parenting regarding praise and discipline, where the child's development not yet being impaired</li> <li>▪ Lack of response to concerns raised about child's welfare</li> </ul> <p><b>Guidance Boundaries and Stimulation</b></p> <ul style="list-style-type: none"> <li>▪ Requiring support for consistent parenting in respect to routine and boundary setting</li> <li>▪ Parent has age inappropriate expectations that child or young person should be self reliant</li> <li>▪ Lack of response to concerns raised about child</li> <li>▪ Lack of appropriate parental guidance and boundaries for child's stage of development and maturity</li> </ul>		<p><b>Family and Environmental factors</b></p>
	<p><b>Family and Social Relationships and Family Well-Being</b></p> <ul style="list-style-type: none"> <li>▪ Parents/carers have relationship difficulties which may affect the child</li> <li>▪ Parents/carers request advice to manage their child's behaviour</li> <li>▪ Children affected by difficult family relationships</li> <li>▪ Child is a teenage parent</li> <li>▪ Child is a young carer</li> <li>▪ Low level concerns about domestic abuse (that do not meet the Kent Police DA matrix)</li> <li>▪ Parent was a Looked After Child (LAC)</li> <li>▪ Large family with several young children under five</li> </ul> <p><b>Housing, Employment and Finance</b></p> <ul style="list-style-type: none"> <li>▪ Overcrowding (as per local housing guidelines) that has a potential impact on child's health or development</li> <li>▪ Families affected by low income /living with poverty affecting access to appropriate services to meet child's additional needs</li> <li>▪ Low income plus adverse additional factors which affect the child's development</li> <li>▪ Housing is in poor state of repair or severely overcrowded</li> <li>▪ Family unable to gain employment due to significant lack of basic skills or long term difficulties</li> </ul>		



services and may need to move into Tier 3  
A child and family may need a number of these short term supports over the child's childhood as their needs change

**Social integration and Community Resources**

- Insufficient facilities to meet needs e.g. advice / support needed to access services for disabled child where parent is coping otherwise
- Family require advice regarding social exclusion e.g. hate crimes, harassment, and disputes in the community
- Child associating with peers who are involved in anti social or criminal behaviour
- Limited access to contraceptive and sexual health advice, information and services
- Family demonstrating low level anti-social behaviour towards others
- Parents/carers are socially excluded, have no access to local facilities and require support services

**Child or Young Person's Developmental Needs**

**Learning/Education**

- Occasional truanting, non attendance or punctuality issues, attendance below 85%
- School action or school action plus
- Identified language and communication difficulties linked to other unmet needs
- Lack of adequate parent/carer support for child's learning
- Lack of age appropriate stimulation and opportunities to learn
- Few or no qualifications leading to NEET (not in education, employment or training)
- Child/young person under undue parental pressure to achieve/aspire
- No aspiration for young person
- Not educated at school (or at home by Parents/carers)
- The child's current rate of progress is inadequate, despite receiving appropriate early education experiences

**Health**

- Concerns about reaching developmental milestones
- Not attending routine appointments e.g. immunisations and developmental checks
- Persistent minor health problems
- Missing set appointments across health including antenatal, hospital and GP appointments
- Low level mental health or emotional issues requiring Tier 2 intervention (CAST Medway)

**Social, Emotional, Behavioural, Identity**

- Emerging anti-social behaviour and attitudes and/or low level offending
- Child is victim of bullying or bullies others
- Expressing wish to become pregnant at young age
- Low level substance misuse (current or historical)
- Low self esteem
- Limited peer relationships/social isolation
- Expressing thoughts of running away
- Received fixed penalty notice, reprimand, final warning or triage of diversionary intervention.
- Disruptive / challenging behaviour at school or in neighbourhood
- Behavioural difficulties requiring further investigation / diagnosis

**Self-Care and Independence**

- Lack of age appropriate behaviour and independent living skills that increase vulnerability to social exclusion
- Early onset of sexual activity (13-14); sexually active young person (15+) with some risk taking behaviours e.g. inconsistent use of contraception
- Low level alcohol / substance misuse (current or historical)
- Some evidence of risky use of technology leading to E-safety concerns

- Early Years
- Educational psychology
- Educational welfare
- Specialist play services
- Integrated Youth Support & Extended Services
- Voluntary & community services
- Early Intervention for Family Services
- Early Support Programme

**Additional tools / risk assessments**

- K&M Risk assessment tool for sexually active young people.
- KSCB Adolescent risk management toolkit.
- K&M Safeguarding children abused through sexual exploitation risk assessment toolkit.
- K&M Safeguarding Trafficked Children Toolkit.

## Tier 3 – High or Complex Threshold for Children in Need

Features	ILLUSTRATIVE EXAMPLES In assessing need and risk that require specialist services, multiple factors are likely to be present	Assessment Process	
<p>This Tier applies to those children identified as <b>requiring specialist support</b>. It is likely that for these children their needs and care are at present very significantly compromised. Only a small fraction of children will fall within this band. These children will be those who are highly vulnerable or experiencing the greatest level of adversity.</p> <p><b>Child in Need:</b> These children may be eligible for a Child in Need service from Children's Social Care and are potentially at risk of developing acute/complex needs if they do not receive early statutory intervention. If a social worker is allocated they will usually act as the lead professionals and coordinate services.</p> <p><b>Definition:</b> Section 17 of the 1989 Children Act</p> <ul style="list-style-type: none"> <li>▪ 'is unlikely to achieve or maintain a reasonable standard of health or development'</li> <li>▪ 'health or development is likely to be significantly impaired'</li> </ul>	<b>Parents or Carers Capacity</b>	<p><b>A Common Assessment (CAF)</b> should be used as the first assessment tool of choice. This may be used to support a referral to specialist/targeted support</p> <p><b>The Integrated Family Support Service Business Unit</b> will decide on their response based on the information supplied in the contact.</p> <p><b>Key agencies that may provide support at this level:</b></p> <ul style="list-style-type: none"> <li>▪ Children's Services including Integrated Family Support Service</li> <li>▪ Other statutory service e.g. SEN services</li> <li>▪ Specialist health or disability services</li> <li>▪ Police</li> <li>▪ Youth Offending Team / Service</li> <li>▪ Targeted drug and alcohol</li> <li>▪ CAMHS</li> <li>▪ Family support services</li> <li>▪ Voluntary &amp; community services</li> <li>▪ Services at universal level</li> <li>▪ Early Support Programme</li> </ul> <p><b>Exit strategy</b> A TAF formed under the CAF process may also be required to support child moving out of complex needs with an agreed action plan. This could include continuing multi-agency support coordinated by a Lead Professional to enable the child and family's move back to universal services</p>	
	<p><b>Basic Care, Safety and Protection</b></p> <ul style="list-style-type: none"> <li>▪ Parent/carer is unable to meet child's needs even with support and not providing adequate care</li> <li>▪ Serious concern that an unborn child is at risk of significant harm</li> <li>▪ Chronic or acute neglect where food, warmth and other basics often not available</li> <li>▪ Parent/carer has mental health difficulties that has a direct impact on child's health or development</li> <li>▪ Parent/carer substance misuse that has a direct impact on child's health or development.</li> <li>▪ Parental learning difficulties that have a direct impact on child's health or development</li> <li>▪ Parental health / disability that has a direct impact on child's health or development</li> <li>▪ Child exposed to contact with individuals who pose a risk of physical or sexual harm to children</li> <li>▪ History of previous child protection concerns</li> </ul> <p><b>Emotional Warmth and Stability</b></p> <ul style="list-style-type: none"> <li>▪ Parent is emotionally unavailable</li> <li>▪ Succession of carers or child/young person has multiple carers, but no significant relationships with any of them</li> <li>▪ Inappropriate child care arrangement</li> <li>▪ Inconsistent parenting impairing emotional and behavioural development</li> <li>▪ Parental instability affects capacity to nurture</li> <li>▪ Parents/carers own emotional needs compromise those of the child/young person</li> </ul> <p><b>Guidance Boundaries and Stimulation</b></p> <ul style="list-style-type: none"> <li>▪ Child/young person receives little positive stimulation despite appropriate toys being available</li> <li>▪ Parents/carers provide inconsistent boundaries or present a negative role model which seriously impacts on child's development</li> </ul>		<b>Family and Environmental factors</b>
	<p><b>Family and Social Relationships and Family Well-being</b></p> <ul style="list-style-type: none"> <li>▪ Domestic Abuse where the risk to the victim is assessed as standard/medium risk (DASH) and the child is present within the home during the incident</li> <li>▪ An initial domestic abuse incident is reported but the victim discloses details of historic abuse with children resident/normally resident</li> <li>▪ Child is privately fostered</li> <li>▪ Unaccompanied asylum seeking children</li> <li>▪ Child subject to a court application where a s7 or s37 report has been ordered to be completed by children's social care</li> <li>▪ Pre-birth assessment where a history of past child protection concerns</li> <li>▪ Risk of family relationship breakdown leading to need for child to become looked after outside of family network</li> <li>▪ Child is a young carer requiring assessment of additional needs</li> <li>▪ Child requires assessment for respite care service due to family circumstances and has no appropriate friend / relative carer available to support</li> <li>▪ Parents/carers are unable or unwilling to continue to care for the child</li> </ul> <p><b>Housing, Employment and Finance</b></p> <ul style="list-style-type: none"> <li>▪ Homeless child in need of accommodation including 16-17 year olds</li> <li>▪ Extreme financial difficulties impacting on ability to have basic needs met</li> <li>▪ No access to funding/community resources</li> <li>▪ Family at risk of eviction having already received support from Housing services</li> </ul>		

without the provision of local authority services.

- or s/he is disabled.

**Process**

Agencies should make a phone call to the Medway Children's Advice and Duty service

**Social and Community Resources**

- Child or family need immediate support and protection due to harassment/discrimination and have no local support
- Significant levels of targeted hostility towards the child and their family, and conflict/volatility within neighbourhood

**Child or Young Person's Developmental Needs**

**Learning / Education**

- Child not in education, in conjunction with concerns for child's safety
- Chronic non attendance/truanting/authorised absences/fixed term exclusions
- Statement of Special Educational Needs

**Health**

- Chronic/recurring health problems with missed appointments, routine and non routine
- Child with a disability in need of assessment and support to access appropriate specialist services
- Serious delay in achieving physical and other developmental milestones, raising significant concerns
- Frequent accidental injuries to child requiring hospital treatment
- Mental health issues requiring referral to CAMHS, including self harm or suicidal thoughts
- Poor or restricted diet despite interventions
- Child has chronic health problems or high level disability which with extra support may/may not be maintained in a mainstream setting
- Learning significantly affected by health problems
- Significant dental decay that has not been treated

**Social, Emotional, Behavioural, Identity**

- Child with serious level of unexplained and inappropriate sexualised behaviour
- Child is at risk of sexual exploitation
- Child missing from home and concerns raised about their physical and emotional safety and welfare
- Child whose behaviour is putting them at risk, including substance and alcohol misuse
- Evidence of regular/frequent substance misuse which may combine with other risk factors
- Evidence of escalation of substance use and of changing attitudes and more disregard to risk
- Continuous breaches of curfew / order with other risk taking behaviours that impact on the child's welfare and safety
- Frequently goes missing from home
- Failure or inability to address serious (re) offending behaviour leading to risk of serious harm to self or others
- Child/young person out of control in the community

**Self-care and independence**

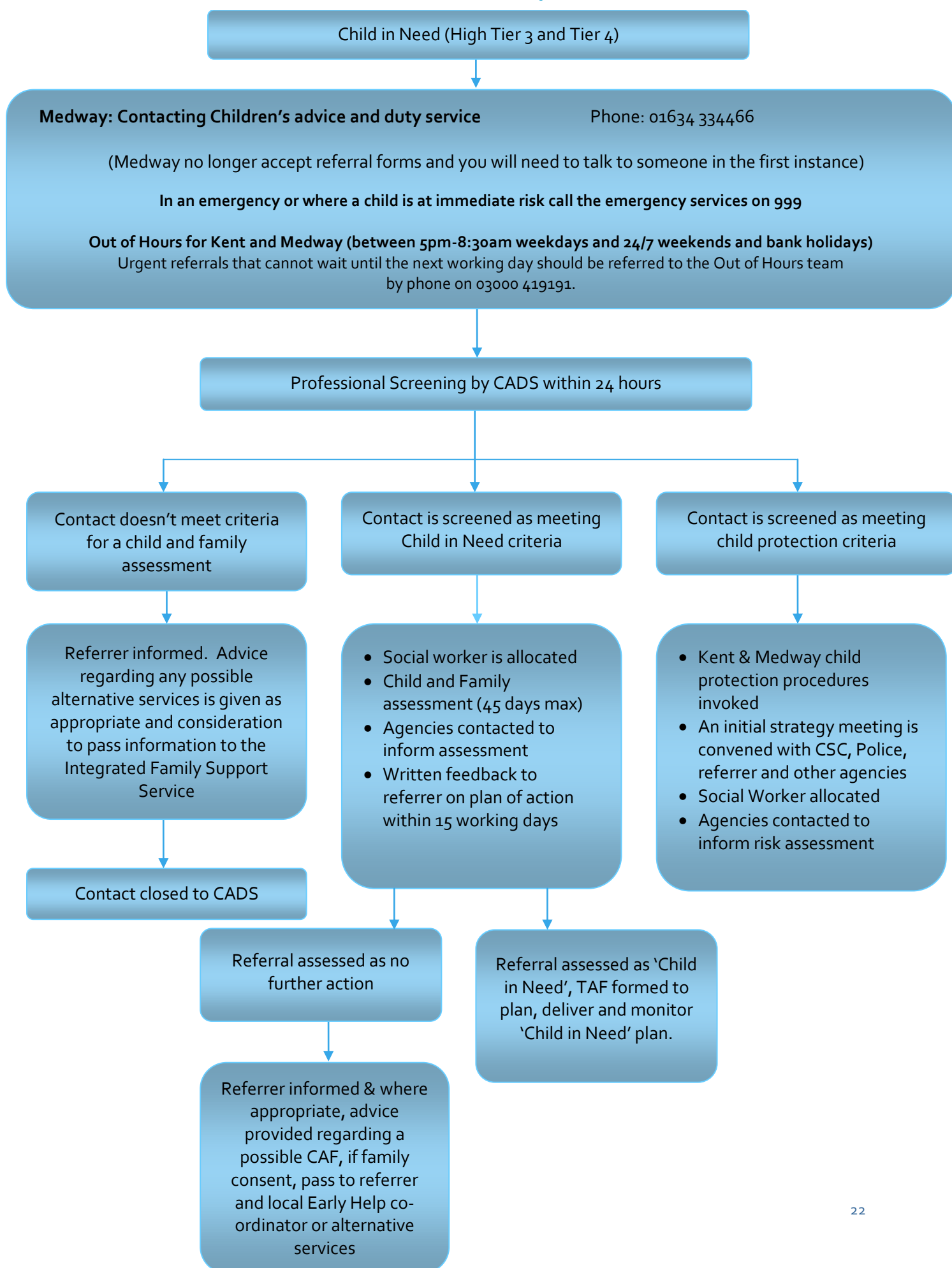
- Child suffers accidental injury as a result of inadequate supervision
- Child found wandering without adequate supervision
- Child expected to be self reliant for their own basic needs or those of their siblings beyond their capabilities, placing them at potential risk
- Severe lack of age appropriate behaviour

## Tier 4 – Complex or Acute: Threshold for Child Protection

Features	ILLUSTRATIVE EXAMPLES In assessing need and risk that require intensive specialist services, multiple factors are likely to be present	Assessment Process
	<b>Parents or Carers Capacity</b>	
<p><b>Children with Tier 4 Needs</b> Children requiring specialist/statutory integrated support</p> <p><b>Child Protection</b> Children experiencing significant harm that requires statutory intervention such as child protection or legal intervention. These children may also need to be accommodated (taken into care) by the Family Services/Children's social care either on a voluntary basis or by way of Court Order</p> <p><b>Definition</b> Section 47 of the 1989 Children Act. Child or young person. Where a child is at risk of significant harm. Through neglect, physical, emotional or sexual abuse.</p> <p><b>Process</b> Agencies should make a phone call to the Medway Children's Advice and Duty service</p>	<p><b>Basic Care, Safety and Protection</b></p> <ul style="list-style-type: none"> <li>▪ Parents/carers are unable to care for the child</li> <li>▪ Parents/carers have or may have abused/neglected the child/young person</li> <li>▪ Pre birth assessment indicates unborn child is at risk of significant harm</li> <li>▪ Parents' own needs mean they cannot keep child/young person safe</li> <li>▪ Parent unable to restrict access to home by adults known to be a risk to children and other adults</li> <li>▪ Child/young person left in the care of an adult known or suspected to be a risk to children, or lives in the same house as the child</li> <li>▪ Low warmth, high criticism is an enduring feature of the parenting style</li> <li>▪ Parent's own emotional needs/experiences persistently impact on their ability to meet the child/young person's needs</li> <li>▪ Parent/carer has mental health issues, including self harming behaviour, that present a risk of significant harm to the child</li> <li>▪ Parent/carers' substance misuse that presents a risk of significant harm to the child</li> <li>▪ Parental learning difficulties that present a risk of significant harm to the child</li> <li>▪ Parental health / disability that presents a risk of significant harm to the child</li> </ul> <p><b>Emotional Warmth and Stability</b></p> <ul style="list-style-type: none"> <li>▪ Deliberate cruelty or emotional ill treatment of a child resulting in significant harm</li> <li>▪ Child is continually the subject of negative comments and criticism, or is used as a scapegoat by a parent/carer, resulting in feelings of low worth and self-esteem and seriously impacting on the child's emotional and psychological development.</li> <li>▪ Previous child/young person(s) have been removed from parent's care</li> </ul> <p><b>Guidance Boundaries and Stimulation</b></p> <ul style="list-style-type: none"> <li>▪ Lack of appropriate supervision resulting in significant harm to a child</li> <li>▪ Child is given responsibilities that are inappropriate for their age / level of maturity resulting in significant harm to the child</li> <li>▪ Adult in a position of trust, staff member or volunteer behaves in a way that results in harm to a child, or that might indicate unsuitability to work with children</li> </ul>	<p><b>Children's Social Care</b> will decide on their response based on the verbal information from contact with CADS. In the case of suspected abuse they will follow the Working Together procedures as laid out in the Kent &amp; Medway Safeguarding Children Procedures. On the basis of a child and family assessment a decision will be made whether to hold a conference.</p> <p><b>Key agencies that may provide support at this level:</b></p> <ul style="list-style-type: none"> <li>▪ Children's Social care, Fostering, Adoption Teams</li> <li>▪ Family Group Conferencing Service</li> <li>▪ Police</li> <li>▪ Other statutory service e.g. SEN services; Education &amp; Child Psychology</li> <li>▪ Specialist health or disability services</li> <li>▪ Youth Offending Team</li> <li>▪ Targeted drug and alcohol</li> <li>▪ CAMHS</li> <li>▪ Family support services</li> <li>▪ Voluntary &amp; community Services</li> <li>▪ Services at universal level</li> </ul>

	<b>Family and Environmental factors</b>	
	<p><b>Family and Social Relationships and Family Well-Being</b></p> <ul style="list-style-type: none"> <li>▪ Assessment identifies risk of physical, emotional, sexual abuse or neglect</li> <li>▪ History of previous significant harm to children, including any concerns of previous child deaths</li> <li>▪ Family characterised by conflict and serious, chronic relationship difficulties</li> <li>▪ Parent/carer has unresolved mental health difficulties which affect the wellbeing of the child</li> <li>▪ Adult victim of Domestic Abuse is assessed as high level risk (DASH) and the child (including unborn) is at risk of significant harm</li> <li>▪ Child’s carer referred to MARAC</li> <li>▪ Members of the wider family are known to be, or suspected of being, a risk to children</li> <li>▪ Child needs to be looked after outside of their immediate family or parents/carers due to abuse / neglect</li> </ul> <p><b>Housing, Employment and Finance</b></p> <p>Hygiene conditions within the home present a serious and immediate environmental / health risk to children</p>	<p><b>Exit strategy</b> Children’s Services will work with the child and their family either to reduce the risk to a child in need and ultimately a move out of statutory intervention as described in Tier 3, or will embark on Court</p>
	<b>Child or Young Person’s Developmental Needs</b>	
	<p><b>Health</b></p> <ul style="list-style-type: none"> <li>▪ Parents/carers refusal to recognise or address high level disability, serious physical and/or emotional health problems</li> <li>▪ Carers refusing medical care endangering life/development</li> <li>▪ Child not accessing appropriate medical care which puts them at direct risk of significant harm</li> <li>▪ Concerns that a child is suffering or likely to suffer harm as a result of fabricated or induced illness</li> <li>▪ Sexually Transmitted Infection in a child under 13</li> <li>▪ Child who is suspected to having suffered inflicted, or serious unexplained, injuries</li> </ul> <p><b>Social, Emotional, Behavioural, Identity</b></p> <ul style="list-style-type: none"> <li>▪ Challenging behaviour resulting in serious risk to the child and others</li> <li>▪ Child/young person beyond parental control – regularly absconds from home and places self at risk of significant harm</li> <li>▪ Failure or inability to address complex mental health issues requiring specialist interventions</li> <li>▪ Under 13 engaged in sexual activity</li> <li>▪ Subject to sexual exploitation under 18 years of age</li> <li>▪ Is missing from home for repeated short periods of time or prolonged periods</li> <li>▪ Young people experiencing current harm through their use of substances</li> <li>▪ Young people with complicated substance misuse problems requiring specific interventions and/or child protection</li> </ul> <p><b>Self-Care and Independence</b></p> <ul style="list-style-type: none"> <li>▪ Child is left “home alone” without adequate adult supervision or support and at risk of significant harm</li> <li>▪ Distorted self image and lack of independent living skills likely to result in significant harm</li> </ul>	<p>Proceedings to accommodate the child or young person in a kinship, fostering or residential placement, or to place the child for adoption</p>

## How to make contact with Medway Children's Social Care



## Glossary

ASSET	Structured assessment tool to be used by Youth Offending Teams
CADS	Children's <b>a</b> dvice and <b>d</b> uty <b>s</b> ervice (Medway)
CAF	<b>C</b> ommon <b>A</b> ssessment <b>F</b> ramework
CAMHS	<b>C</b> hild and <b>A</b> dolescent <b>M</b> ental <b>H</b> ealth <b>S</b> ervices
CAST	<b>C</b> hild and <b>A</b> dolescent <b>S</b> upport <b>T</b> eam
CSC	Children's <b>S</b> ocial <b>C</b> are
CSE	<b>C</b> hild <b>S</b> exual <b>E</b> xploitation
DA	<b>D</b> omestic <b>A</b> buse
DASH	<b>D</b> omestic <b>A</b> buse, <b>S</b> talking and <b>H</b> arassment and honour based violence
DUST	<b>D</b> rug <b>U</b> se <b>S</b> creening <b>T</b> ool
IFFS	<b>I</b> ntegrated <b>F</b> amily <b>S</b> upport <b>S</b> ervice
Kent Police Domestic Abuse Matrix	Matrix used by Kent Police to establish whether a Domestic Abuse incident needs a notification to social services/care or a referral.
LAC	<b>L</b> ooked <b>A</b> fter <b>C</b> hild
MARAC	<b>M</b> ulti <b>A</b> gency <b>R</b> isk <b>A</b> ssessment <b>C</b> onference
NEET	<b>N</b> ot in <b>E</b> ducation, <b>E</b> mployment or <b>T</b> raining
SCCM	<b>S</b> ocial <b>C</b> are <b>C</b> omplaints <b>M</b> anager
TAF	<b>T</b> eam <b>A</b> round the <b>F</b> amily