



Bradford's Threshold of Need

THRESHOLDS OF NEED AND SERVICE RESPONSES: GUIDANCE FOR STAFF

This is a guide for people who work with or are involved with children, young people and their families. Its aim is to assist practitioners and managers in assessing and identifying a child's level of need, parent/carer factors, what type of services/resources may meet those needs and what processes to follow in moving from an assessment to a provision of services. It divides the level of need in to 4 tiers. These tiers should not be seen as rigid or concrete set of procedures. Each child and their situation is unique and specific to them, what follows is therefore a guide to offer clarification. It reinforces the 'Big Idea' in the Children and Young People's Plan; 'local joined-up services focused on prevention'; identifying need early and helping families to access support.

In any tiered approach, the following is crucial to ensure a range of service provision is available to meet the range of need of children in the community and to ensure that the appropriate services are accessed. Everyone should understand that:

- children can and do move from one tier to another; sometimes very quickly.
- children in tiers 2-4 also need and use universal services;
- repeated assessments are not necessary to move children from one tier to another, children's stories can follow them as they progress through service provision;
- there will be some children - for example, those with complex needs – who should be enabled to move quickly and effortlessly to the required service response without necessarily going up through each tier;
- for most children, the aspiration is to secure them support as low down the tier of need as possible.

When using Bradford's Threshold of Need it will be clear for some children/young people where they fall on the continuum. For other children/young people a practitioner may need to use the Threshold Guidance in the appendix to try to decide whether or not the child/young person has additional needs and whether a Common Assessment Framework (CAF) would be appropriate, to help further clarify need and appropriate response. A CAF is essential in securing the right outcomes and practitioners can gain a clear understanding of the child or young person's tier of need and what would be the appropriate service response.

Assessment is an on-going process, not a single event; children and young people's needs often change over time and may cross different tiers, i.e., high in some areas and low in others. The age of the child/young person and protective factors that may enhance resilience are also important contributory factors. Of central importance in understanding where a child's needs might lie on this continuum, is an understanding, respect for and appreciation of the views of parents and carers, whose cooperation and engagement in the first instance is vital to most early support and intervention.

A lack of cooperation or appreciation about the concern may of itself raise the tier of the need and required response.

Most children and young people's needs will be met by their parents and carers, family and communities with support from universal services (Tier 1) – for example, schools, youth services, Connexions, GP surgeries. Tier 2 is where the majority of vulnerable children will have their needs assessed and met through the use of a CAF, a lead professional and a Team Around the Child (TAC) approach. Those in Tier 3 will have met the criteria for assessment by a specialist service such as child and adolescent mental health (CAMHS), Education, Health, Social Care, Youth Offending. It will become a matter of judgement and consultation with partners and line managers whether in fact their needs do need to be referred or can be met 'lower' down the hierarchy. A relatively very small number of children and young people, at risk of significant harm or significant impairment to health or development, require specialist support (Tier 4), usually led by Children's Social Care, CAMHS, Education, Health or the YOT.

Inter-agency liaison and Dialogue

The guidance should not replace the requirement for discussion between individual practitioners around the needs of the individual child or young person. In doing this we should be mindful that:

- We understand and can confidently use the available guidance on *Consent and Information Sharing*.
- Each child and young person will have individual needs.
- No single practitioner or agency will have the full picture of a child's needs. In effect: *"We each have a piece of the jigsaw which we need to put together to enable us to understand what the needs of the child or young person are, and the actions we need to take to meet them."*
- We need to ensure that we seek the views of the child or young person and their parents and that their views inform the plan.
- Research and experience both tell us that: *"Involvement of Children, young people and families in assessing need and planning for change markedly increase the chance of positive outcomes, along with multi-agency teams around the child and family"*.

Address Consent Issues / Consent / Information Sharing:

The majority of the work we do with children, young people and their families is done with their agreement. At the start of our involvement, we seek the "consent" of the parent or young person to share information with colleagues in other agencies. Whether we seek the consent of the parent, or the young person or, in certain circumstances, act without their consent are all issues covered by information available within the 'Bradford Practitioners Toolkit'. The toolkit can be accessed as link from the bottom of the Bradford Council's 'Information Sharing' page:

http://www.bradford.gov.uk/bmdc/health_well-being_and_care/child_care/Integrated_Working/information_sharing/

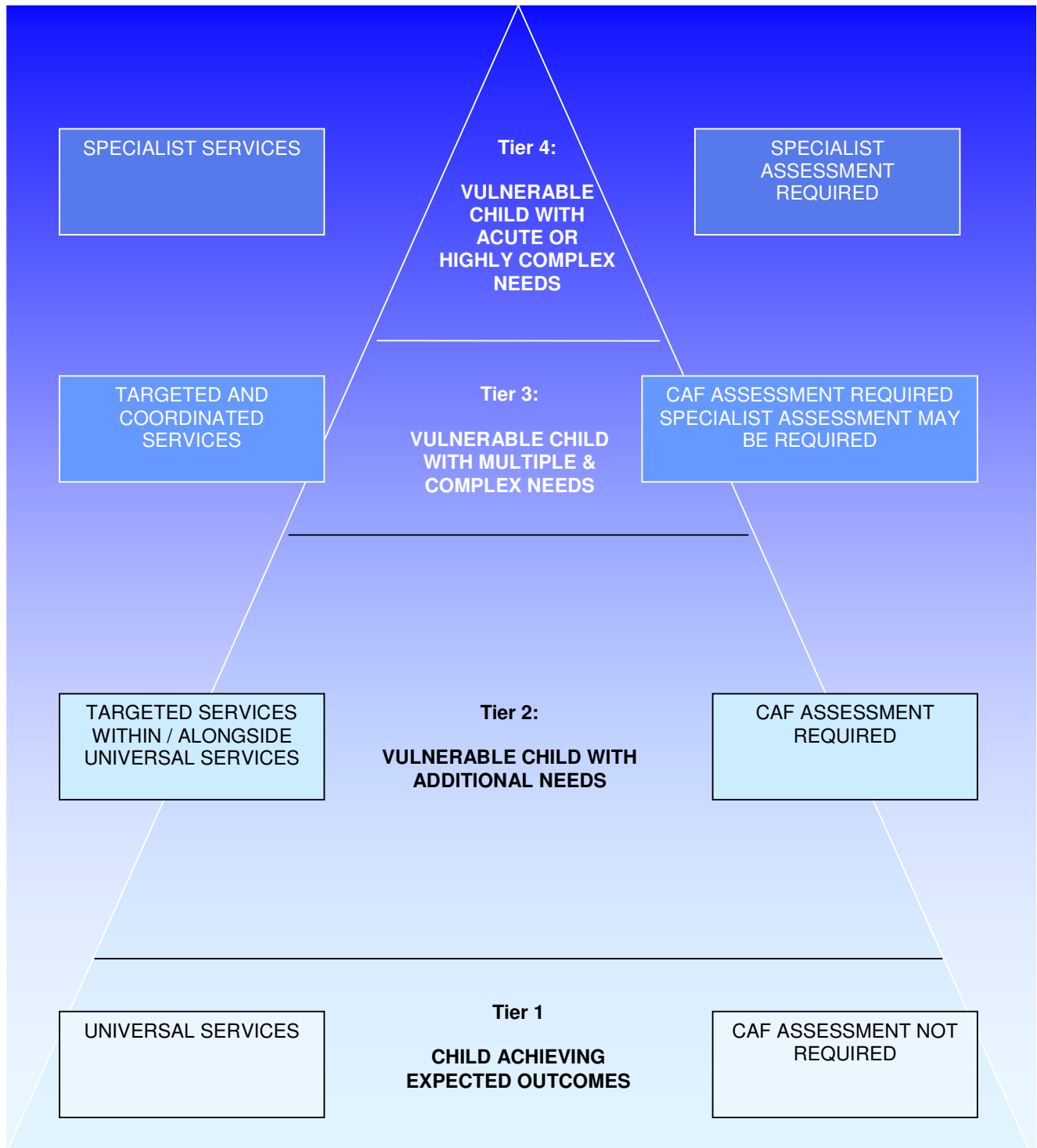
Resolving Differences

It is inevitable that in the course of our work we may find there are differences of opinion between individual practitioners within and across partner agencies.

Any difference of opinion between practitioners or agencies should be quickly and effectively resolved with minimum impact on delivery of services to the child, young person or family.

- 1) Remember that the needs of the child or young person are the key issue.
- 2) Seek advice and guidance from your line manager,
- 3) Where possible arrange a face to face discussion aiming to:
 - Agree that one course of action is in the best interests of the child or young person.
 - Reach a compromise position based on the needs of the child or young person, or
 - Clearly identify and evidence the areas of disagreement.
- 4) Both parties inform their line manager that differences cannot be resolved.
- 5) The respective line managers pursue the matter to a conclusion, including to senior or Board level if required.

In respect of differences of opinion regarding **Safeguarding** issues, there is a formal procedure available at: <http://www.proceduresonline.com/bradford/scb/>



A vulnerable child will have been exposed to factors that jeopardise their health, development, behaviour or motivation to learn. Working Together (2010) outlines some groups of children who may be particularly vulnerable. Please refer to chapters 6 and 11 for guidance.

THRESHOLD OF NEED

TIER 1: CHILD ACHIEVING EXPECTED OUTCOMES	<ul style="list-style-type: none"> • Most children's or young people's needs are met by universal services alone • Some children may require a slight amendment or addition from those universal services to ensure their needs are well met
TIER 2 VULNERABLE CHILDREN WITH ADDITIONAL NEEDS	<ul style="list-style-type: none"> • Assessment: If one or two additional needs have been identified and can be met by the agency with the concern, it is not always necessary to complete a CAF. However, it should always be considered. Consent is required for a CAF. • The CAF will lead to the identification of a Lead Professional and a team around the child response. • Service provision: This would require the co-ordination of several services some delivered outside of universal provision.
TIER 3: VULNERABLE CHILD WITH MULTIPLE AND COMPLEX NEEDS	<ul style="list-style-type: none"> • Assessment: If a child has complex needs they will require an in-depth assessment e.g. by CAMHS, Children's Social Care, Education or YOT. • CAF Assessment, Lead Professional and Team around the Child may already be in place – if not, consideration should always be given to them. • Service Provision: will be multi-agency and reflect the assessment of complex need. This will include transition planning for children with disabilities.
TIER 4. VULNERABLE CHILD WITH ACUTE OR HIGHLY COMPLEX NEEDS	<ul style="list-style-type: none"> • Has suffered or is at risk of suffering significant harm/significant impairment to health or development • Children who are at risk if they remain at home. Children requiring specialist and integrated support. Allegations of abuse physical, sexual, emotional or neglect. <u>Children who fall into this category will always need an immediate referral to Social Care and/or the Police</u> and the Child Protection Procedures must be followed. • Children requiring specialist and integrated support. Children with disabilities, complex health or are a risk to themselves and others. • Assessment: a specialist assessment is required. An initial and core assessment by children's social care which may lead to an Initial Child Protection Case Conference. Specialist assessment by education, health and mental services, YOT Asset assessment, Learning Difficulty Assessment, specialist behavioural assessment. • Service Provision: Service provision will generally take the form of specialist services from CAMHS, education, health, child protection, looked after children teams and the YOT. Plans will be constructed and reviewed within statutory planning fora.

CHILD AT RISK OF HARM

When would I consider referring to children's social care?

If there is a concern about a child's welfare due to physical, sexual, emotional abuse or neglect there should be no delay in an immediate referral to Children's Social Care followed up in writing.

**For advice please ring Children's Safeguarding and Reviewing Unit on 01274 434343.
To make a referral please ring Children's Initial Contact Point on 01274 437500.**

Appendix 1: Threshold Guidance

The following is a guide only. In particular, the examples of indicators can only offer a sense of the threshold. Degrees of severity and combinations of indicators for individual children need to be understood and assessed. The examples cannot be a substitute for professional judgment.

Tier 1: Child Achieving Expected Outcomes - has no current additional needs	
<p>Developmental needs of child or young person</p> <p>Health</p> <ul style="list-style-type: none"> • Physically well • Adequate diet/ hygiene/ clothing • Developmental checks/ immunisations up to date • Dental & optical care as needed • Health appointments are kept • Developmental milestones appropriate • Speech & language development met • Appropriate height & weight • Healthy lifestyle • Sexual activity appropriate for age and access to appropriate information • Good state of mental health <p>Education & Learning</p> <ul style="list-style-type: none"> • Skills/ Interests • Operating within key stage expectations • Appropriate cognitive development • Access to books, toys, play, provision, information and guidance • No major barriers to learning or exclusions • Planned progression beyond statutory school age • Attendance in line with Bradford targets <p>Emotional & Behavioural Development</p> <ul style="list-style-type: none"> • Feelings & actions demonstrate appropriate responses • Good quality early attachment • Able to adapt to change • Able to demonstrate empathy • Early stages of anti-social behaviour <p>Identity</p> <ul style="list-style-type: none"> • Positive sense of self & abilities • Demonstrates feelings of belonging & acceptance • A sense of self • An ability to express needs <p>Family & Social Relationships</p> <ul style="list-style-type: none"> • Stable & affectionate relationships with care givers • Good relationships with siblings • Positive relationships with peers <p>Social Presentation</p> <ul style="list-style-type: none"> • Appropriate dress for different settings • Good level of personal hygiene <p>Self-care Skills</p> <ul style="list-style-type: none"> • Growing level of competencies in practical & emotional skills, such as feeding, dressing & independent living skills 	<p>Parent & Carer Factors</p> <p>Basic Care</p> <ul style="list-style-type: none"> • Provide for child's physical needs: food, drink, appropriate clothing, medical & dental care <p>Ensuring Safety</p> <ul style="list-style-type: none"> • Protect from danger or significant harm, in the home & elsewhere <p>Emotional warmth</p> <ul style="list-style-type: none"> • Show warm regard, praise & encouragement <p>Stimulation</p> <ul style="list-style-type: none"> • Facilitates cognitive development through interaction & play • Enable child to experience success <p>Guidance & Boundaries</p> <ul style="list-style-type: none"> • Provide guidance so that child can develop an appropriate internal model of values & conscience <p>Stability</p> <ul style="list-style-type: none"> • Ensure that secure attachments are not disrupted • Provide consistency of emotional warmth over time <p>Family & Environment Factors – “Think Family”</p> <p>Family History & Functioning</p> <ul style="list-style-type: none"> • Good relationships within family, including when parents are separated • Few significant changes in family composition <p>Wider Family</p> <ul style="list-style-type: none"> • Sense of larger family network & good friendships outside of the family unit <p>Housing/Accommodation</p> <ul style="list-style-type: none"> • Accommodation has basic amenities & appropriate facilities <p>Employment</p> <ul style="list-style-type: none"> • Parents able to manage the working or unemployment arrangements & do not perceive them as unduly stressful <p>Income</p> <ul style="list-style-type: none"> • Reasonable income over time, with resources used appropriately to meet individual needs <p>Family's Social integration</p> <ul style="list-style-type: none"> • Family feels integrated into the community • Good social & friendship networks exist <p>Community Resources</p> <ul style="list-style-type: none"> • Good accessible universal services in neighbourhood
Tier 2: Vulnerable Child with Additional Needs	
Development needs of child/ young person	Parent & Carer Factors

Health

- Defaulting on immunisations/ checks
- Is susceptible to minor health problems
- Slow in reaching developmental milestones
- Minor concerns re diet/ hygiene/ clothing
- Starting to default on health appointments

Education & Learning

- Have some identified learning needs that place child on “School Action” or “School Action Plus” of the Code of Practice
- Poor punctuality
- Pattern of regular school absences
- Not always engaged in learning, e.g. poor concentration, low motivation & interest
- Not thought to be reaching educational potential
- Reduced access to toys, play, provision, information and guidance

Emotional & Behavioural Development

- Some difficulties with peer group relationships & with some adults
- Some evidence of inappropriate responses & actions
- Can find managing change difficult
- Starting to show difficulties expressing empathy

Identity

- Some insecurities around identity expressed, e.g. low self-esteem for learning
- May experience bullying around ‘difference’

Family & Social Relationships

- Some support from family & friends
- Has some difficulties sustaining relationships

Social Presentation

- Can be over-friendly or withdrawn with strangers
- Can be provocative in appearance & behaviour
- Personal hygiene starting to be a problem

Self-care Skills

- Not always adequate self-care – poor hygiene
- Slow to develop age appropriate self-care skills

Basic Care

- Parental engagement with services is poor
- Parent requires advice on parenting issues
- Professionals are beginning to have some concerns around child’s physical needs being met

Ensuring Safety

- Some exposure to dangerous situations in home/community
- Parental stresses starting to affect ability to ensure child’s safety

Emotional warmth

- Inconsistent responses to child by parents
- Able to develop other positive relationships

Stimulation

- Spends much time alone
- Child not exposed to new experiences

Guidance & Boundaries

- Parents/carer can behave in an anti-social way
- Inconsistent boundaries offered

Stability

- Key relationships with family members not always kept up
- May have different carers
- Difficulties with attachments

Family & Environment Factors – “Think Family”**Family History & Functioning**

- Parents have some conflicts/ difficulty that can involve the children
- Experienced loss of significant adult
- May look after younger siblings
- Parent has health difficulties
- Teenage Parent

Wider Family

- Some support from family/ friends

Housing/Accommodation

- Adequate/ poor housing
- Family seeking asylum or refugees who have a failed application

Employment

- Wage earner has periods of no work
- Parents have limited formal education
- Parents stressed by unemployment

Income

- Low income

Family’s Social Integration

- Family may be new to the area
- Some social exclusion problems

Community Resources

- Adequate universal resources but family may have access issues

Tier 3: Vulnerable Child with Multiple and Complex Needs

Developmental needs of infant/child/ young person

Health

- Concerns re: diet, hygiene, clothing
- Has some chronic health problems
- Missed routine & non-routine health appointments
- Overweight/ underweight/ enuresis
- Smokes, alcohol, substance misuse
- Developmental milestones are unlikely to be met
- Some concerns around mental health
- Complex health issues relating to disabled child/ or following serious illness or injury
- Dental decay – no access to treatment

Education & Learning

- Achieving well below national benchmarks
- Identified learning needs & may have Statement of Special Education Needs
- Not achieving key stage benchmarks
- Poor school attendance/ punctuality
- Some fixed term exclusions
- Not in Employment, Education or Training (NEET)

Emotional & Behavioural Development

- Difficulty coping with anger, frustration & upset
- Disruptive/ challenging behaviour
- Cannot manage change
- Unable to demonstrate empathy
- Victim of crime

Identity

- Subject to discrimination – racial, sexual or due to disabilities
- Demonstrates significantly low self-esteem in a range of situations

Family & Social Relationships

- Has lack of positive role models
- Misses school or leisure activities
- Peers also involved in challenging behaviour
- Involved in conflicts with peers/ siblings
- Regularly needed to care for another family member

Social Presentation

- Sexually age inappropriate appearance and behaviour
- Clothing is regularly unwashed
- Hygiene problems

Self-care Skills

- Poor self-care for age – hygiene
- Precociously able to care for self

Parent & Carer Factors

Basic Care

- Difficult to engage parents with services
- Parent is struggling to provide adequate care

Ensuring Safety

- Perceived to be a problem by parent
- Experiencing unsafe situations

Emotional Warmth

- Receives erratic/ inconsistent care
- Care is often poor quality
- Parental instability affects capacity to nurture
- Has no other positive relationships

Stimulation

- Not receiving positive stimulation – lack of new experiences or activities

Guidance & Boundaries

- Erratic/ inadequate guidance provided
- Parent not a good role model by behaving in an anti-social way

Stability

- Has multiple carers
- Periods of being in Local Authority care

Family & Environment Factors– “Think Family”

Family History & Functioning

- Incidents of domestic violence between parents
- Acrimonious divorce/ separation
- Family have serious physical & mental health difficulties
- Parental/ family stress due to additional and complex needs of a child
- Substance and alcohol misuse

Wider Family

- Family has poor relationship with extended family/ little communication
- Family is socially isolated

Housing/Accommodation

- Poor state of repair, temporary or overcrowded
- Homeless 16/17 year olds

Employment

- Parents stressed due to “overworking” or unemployment
- Parents find it difficult to obtain employment due to poor basic skills

Income

- Serious debts/ poverty impact on ability to have basic needs met

Family's Social Integration

- Parents socially excluded

	Lack of a support network <ul style="list-style-type: none"> • Community Resources • Poor quality universal resources & access problems to these & targeted services
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Tier 4: Vulnerable Child with Acute or Highly Complex Needs

<p>Development needs of child/ young person</p> <p>Health</p> <ul style="list-style-type: none"> • Has severe / chronic health problems • Persistent substance misuse, smoking, alcohol • Developmental milestones unlikely to be met • Early teenage pregnancy (under 16) • Serious mental health issues • Sexual exploitation/ abuse • Complex health needs and disabilities <p>Education & Learning</p> <ul style="list-style-type: none"> • Is out of school • Permanently excluded from school or at risk of permanent exclusion • Long term non-attendance and disaffection • Is not accessing any play or leisure activities <p>Emotional & Behavioural Development</p> <ul style="list-style-type: none"> • Regularly appearing in Court for anti-social behaviour/ criminal activity • Puts self or others in danger – e.g. missing • Suffers from periods of depression • Self-harming or suicide attempts <p>Identity</p> <ul style="list-style-type: none"> • Concerning sexual activity e.g. <ul style="list-style-type: none"> ○ in a sexual exploitative relationship ○ is a parent under 16 ○ under 13 and engaged in sexual activity • Experiences persistent discrimination, e.g. on the basis of ethnicity, sexual orientation or disability • Is socially isolated & lacks appropriate role models • Alienates self from others <p>Family & Social Relationships</p> <ul style="list-style-type: none"> • Family breakdown related in some way to child's behavioural difficulties • Periods of being accommodated by Local Authority • Subject to physical, emotional or sexual abuse/ neglect • Is main carer for family member <p>Social Presentation</p> <ul style="list-style-type: none"> • Poor & inappropriate self-presentation <p>Self-care Skills</p> <ul style="list-style-type: none"> • Neglects to use self-care skills due to alternative priorities, e.g. substance misuse 	<p>Parent & Carer Factors</p> <p>Basic Care</p> <ul style="list-style-type: none"> • Parents unable to provide “good enough” parenting that is adequate & safe • Parents’ mental health problems or substance misuse significantly affect care of child • Parental delusional beliefs • Parents unable to care for previous children <p>Ensuring Safety</p> <ul style="list-style-type: none"> • There is an instability & violence in the home continually • Parents are involved in crime • Parents unable to keep child safe • Victim of crime that impacts upon their capacity to parent <p>Emotional Warmth</p> <ul style="list-style-type: none"> • Parents inconsistent, highly critical or apathetic towards child – low warmth <p>Stimulation</p> <ul style="list-style-type: none"> • No constructive leisure time or guided play <p>Guidance & Boundaries</p> <ul style="list-style-type: none"> • No effective boundaries set by parents • Regularly behaves in an anti-social way in the neighbourhood • Parents do not offer good role model e.g. condones anti-social behaviour <p>Stability</p> <ul style="list-style-type: none"> • Beyond parental control • Has no-one to care for him/ her <p>Family & Environment Factors– “Think Family”</p> <p>Family History & Functioning</p> <ul style="list-style-type: none"> • Significant substance and alcohol misuse • Significant parental discord & persistent domestic violence • Poor relationships between siblings • Member of the household subject to a Multi-Agency Risk Assessment Conference (MARAC) <p>Wider Family</p> <ul style="list-style-type: none"> • No effective support from extended family • Destructive/ unhelpful involvement from extended family <p>Housing/Accommodation</p> <ul style="list-style-type: none"> • Physical accommodation places child at risk of harm <p>Employment</p> <ul style="list-style-type: none"> • Chronic unemployment that has severely affected parents’ own identities • Family unable to gain employment due to significant lack of basic skills or long-term difficulties e.g. substance misuse
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	<p>Income</p> <ul style="list-style-type: none">• Extreme poverty/ debt impacting on ability to care for child <p>Family's Social Integration</p> <ul style="list-style-type: none">• Family chronically socially excluded• No supportive network <p>Community Resources</p> <ul style="list-style-type: none">• Poor quality services with long-term difficulties with accessing target populations
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Appendix 2: Additional helpful guidance

Matrix of Need

		TIER 1				TIER 2				TIER 3				TIER 4			
CHILD DEVELOPMENTAL NEEDS	Health																
	Education & Learning																
	Emotional & Behavioural Dev.																
	Identity																
	Family & Social Relationships																
	Social Presentation																
	Self Care Skills																
PARENTING CAPACITY	Basic Care																
	Ensuring Safety																
	Emotional Warmth																
	Stimulation																
	Guidance and Boundaries																
	Stability																
FAMILY & ENVIRONMENTAL FACTORS	Family History & Functioning																
	Wider Family																
	Housing/Accommodation																
	Employment																
	Income																
	Family's Social Integration																
	Community Resources																
		TIER 1 Children with no additional needs				TIER 2 Children with additional needs				TIER 3 Child with multiple and complex needs				TIER 4 Child with acute or highly complex needs			

The needs of a child and family can be mapped on this matrix to indicate the level of support required.

Pre-assessment checklist

Notes for use: If you are completing form electronically, text boxes will expand to fit your text Where check boxes appear, insert an 'X' in those that apply.

Identifying details (For unborn baby, infant, child or young person; include contact name for parent/carer)

Name	<input type="text"/>	Contact name	<input type="text"/>
Date of birth or EDD ¹	<input type="text"/>	Contact tel. no.	<input type="text"/>
Address	<input type="text"/>		

Checklist (Record evidence and comments in the white boxes below, where relevant)

Does the unborn baby, infant, child or young person appear to be:

- Healthy? Yes No Not sure

- Safe from harm? Yes No Not sure

- Learning and developing? Yes No Not sure

¹ Expected date of delivery

- Having a positive impact on others?

Yes

No

Not sure

- Free from the negative impact of poverty?

Yes

No

Not sure

If you answered 'No' to any of the previous questions, what additional services are needed for the unborn baby, infant, child or young person or their parent(s), carer(s) or families?

Can you provide the additional services needed?

Yes

No

If you answered 'No' or 'Not sure' to any of the previous questions, or it is not clear what support is needed, would an assessment under the Common Assessment Framework help?

Yes

No

If you answered 'Yes' to the previous question, who will do this assessment?

I will

Another practitioner will

Name of practitioner/agency

Date completed form

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Model for Child-Centred Working



A Model for Child-Centred Working

