

Multi-Agency Thresholds Guidance & Continuum of Help and Support Framework



AMENDMENT

This chapter was updated in March 2018. [Figure 1: Continuum of Help and Support Framework](#) was updated.

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1. Introduction

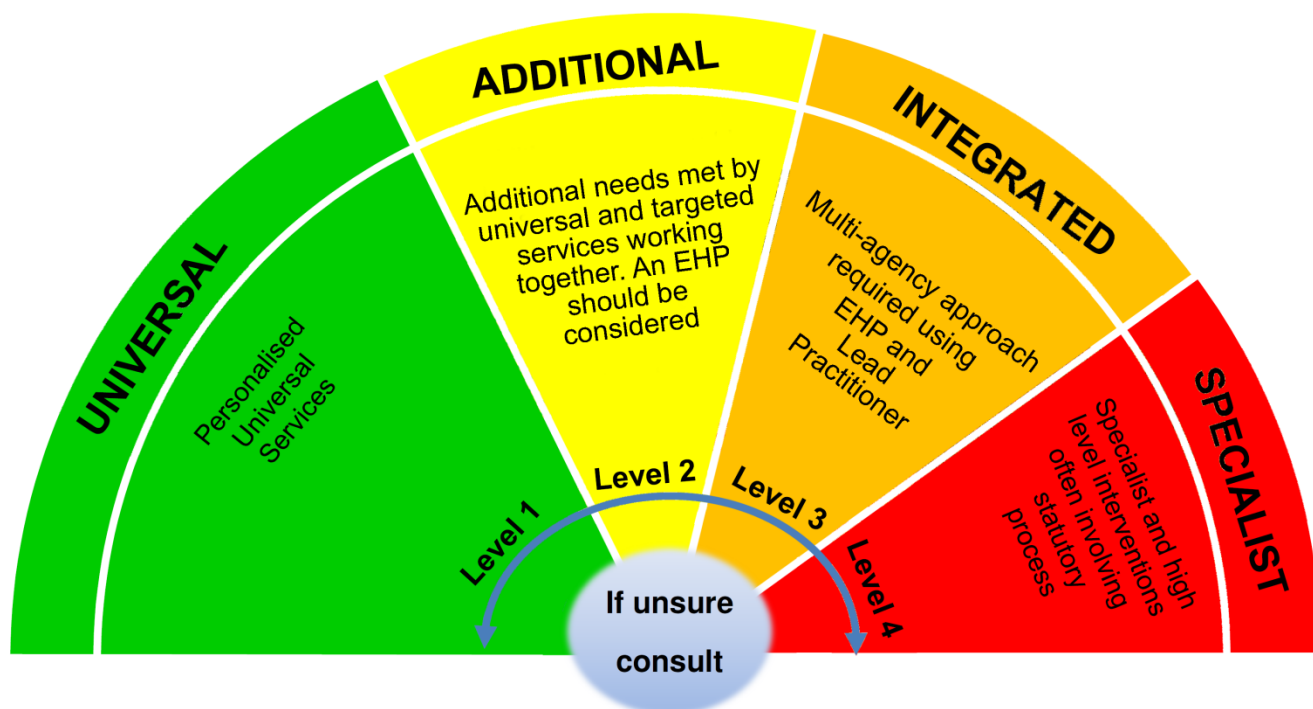
[Working Together to Safeguard Children](#) sets out a clear expectation that local agencies will work together and collaborate to identify children with additional needs and provide support as soon as a problem emerges. Providing [Early Help](#) is far more effective in promoting the welfare of children than reacting later when any problems, for example [Neglect](#), have become more chronic and entrenched. The importance of using a child-centred approach in following the child's journey is also emphasised. All service provision must be based on a sound assessment of need and the views of the individual child in the context of their family and community.

This chapter provides a Framework of Need and guidance for practitioners, managers and volunteers who work with children, young people and families to help identify when a child may need additional support to achieve their full potential. It introduces a Continuum of Help and Support Framework (see [Figure 1](#)), provides information on the levels of need and gives indicators of when a child or young person may need additional support. By undertaking single and multi-agency assessments and offering services across the Continuum, professionals can be flexible and respond to differing levels of need which will change overtime.

Remember – where there is an immediate need to protect a child because they are being harmed or are likely to suffer significant harm (see [Recognition of Significant Harm and Categories of Abuse \(including Non-](#)

Recent (Historical) Abuse Procedure), contact the Police 999 or Children's Social Care, Initial Response Service (see **Local Contacts, Children's Social Care Referral and Assessment Team**).

Figure 1: Continuum of Help and Support Framework



Consultation will include with line managers, designated and named professionals and duty social workers.

2. Core Principles When Working with Children, Young People and Families

- Safeguarding children and young people is everyone's responsibility. Everyone who comes into contact with children, young people and families has a role to play;
- Services should intervene early to tackle any problems as soon as they emerge;
- The child or young person must be at the centre and their needs paramount;
- Children and young people must be listened to and have their voices heard; for the smallest of children this will mean through observation of behaviours;
- Any services provided to safeguard children and young people must be clearly focused on outcomes.

Effective assessment requires all those working with children, young people and families to:

- Be alert to children and their needs;

- Remember that the child's needs are paramount. Where practitioners, or volunteers provide services to adults they must consider the adult service user in their role as a parent or carer and assess the risks to any children in their care or with whom they have contact;
- Understand their individual role in keeping children safe, and the role of others;
- Be able to identify symptoms and triggers of abuse and neglect and share information with colleagues in a timely way; and
- Have a focus on strengths as well as vulnerabilities and concerns.

3. Early Help

Why do we need to provide early help?

- Provides support as soon as a problem emerges;
- Can strengthen family skills, resilience and protective factors to reduce the risk of problems escalating or recurring;
- Improve outcomes and life chances for children, young people and their families;
- Reduce the risk of problems transmitting within families from one generation to the next;
- Reduce the risk of significant harm to a child;
- Reduce the need for costly specialist services.

3.1 For help and advice with Early Help

The majority of Early Help in Newcastle is delivered by universal services coming together as part of a Team Around the Family using the Early Help Assessment. The Early Help Assessment is an assessment tool to enable practitioners and families to form a shared understanding about a child and their family's needs and how best to meet them. The benefits of doing an Early Help Assessment are such that it:

- Provides children, young people and families with a Child and Family Assessment, a single plan and a single point of contact. There is no overlap between services and families will only have to 'tell their story' once;
- Creates a record for the child and family and of the actions being undertaken to support them. This avoids duplication, repetition and confusion;
- Ensures that needs are considered holistically from a broad range of perspectives rather than from the focus of any one agency or need;
- Facilitates a more complete picture of the child/young person and their family through shared information which makes it easier for practitioners to agree which services are required, co-ordinate delivery with other services and monitor progress;

- Ensure that progress is continually monitored and plans adjusted to meet changing needs through regular reviews.

3.2 The Early Help Assessment and Early Help Advisory Teams offer the following support:

- Training on Early Help Assessment and practitioner support groups;
- Management of the electronic system that contains all Early Help Plans logged across the city;
- Direct support to practitioners to develop the most appropriate response to families identified as having additional needs.

You can contact them via email earlyhelp@newcastle.gov.uk or telephone: 0191 211 5805.

See also [Early Help Assessment Procedure](#).

4. The Four Levels of Need

1. **Universal** – these are children with no additional needs; all of their health and developmental needs will be met by universal services e.g. health visitor, early years, school.
2. **Additional** – these are children who have additional needs, which require extra support. An Early Help Assessment should be considered.
3. **Integrated** – these are children, who are disabled or unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be impaired without co-ordinated support. With the consent of the family an Early Help Assessment should be used at this point and a **Lead Practitioner** identified; services may be provided by the Local Authority under Section 17 Children Act 1989.
4. **Specialist** - these are children who have more complex needs and may require longer term intervention from statutory and specialist services under **Section 17** and **Section 47** of the Children Act 1989. This is the threshold for a Child and Family Assessment led by Children’s Social Care, including **Child Protection** enquiries when a child has suffered or is likely to suffer **Significant Harm**, children with disabilities, children in need of support, Looked After Children and the youth justice services.

4.1 Levels of Need Tables

Level 1 - Universal Services Table

Level 1 – Universal Services

Summary	Indicators	Action and the Assessment Process	Services who might be involved with children and families at this
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			level of need
<p>These are children with no additional needs. All health and developmental needs can be met by universal services. Most children will achieve their full potential through the provision of universal services alone.</p>	<p>Learning and Education</p> <ul style="list-style-type: none"> • Achieving Key Stages and targets; • Good attendance; • Planned progression beyond statutory school age; • No barriers to learning. <p>Health</p> <ul style="list-style-type: none"> • Good physical health with age appropriate developmental milestones; including speech and language; • Fully immunised. <p>Social, Emotional, Behavioural and Identity</p> <ul style="list-style-type: none"> • Good mental health and psychological wellbeing; • Good quality early attachments; • Confident in social situations. <p>Family, Environment and Relationships</p> <ul style="list-style-type: none"> • Stable families where parents are able to meet the children's needs; • Age appropriate independent living skills; • Supportive family relationships; • Child fully supported financially; • Good quality stable housing; • Good social and friendship 	<p>No multi-agency assessment is required. Children will access services in the usual way.</p>	<ul style="list-style-type: none"> • Education; • Children's Centres and Early Years Settings; • Health Visiting; • School Nursing; • GP; • Midwifery; • Youth Services; • Housing; • Voluntary and community sector.

	<p>networks exist;</p> <ul style="list-style-type: none"> • Access to positive activities; • Parents able to provide for child's needs; • Parents provide secure and caring parenting; • Parents provide appropriate guidance and boundaries to help child develop appropriate boundaries. <p>Self care and independence</p> <ul style="list-style-type: none"> • Age appropriate living skills. 		
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Level 2 – Additional Needs Table

Level 2 – Additional Needs

Summary	Indicators	Action and the Assessment Process	Services who might be involved with children and families at this level of need
<p>Children with additional needs or children whose needs are not clear, not known or not being met. Professionals should intervene to identify and tackle problems as soon as they begin to</p>	<p>Learning and Education</p> <ul style="list-style-type: none"> • Reduced access to books, toys or educational materials; • Language and communication difficulties; • School action or school action plus / special educational needs; • Occasional non attendance at school; • Few or no qualifications; • Not in education, employment 		

<p>appear, rather than wait for them to escalate. Early help services can also be targeted at children, young people and families who we know might be likely to experience difficulties e.g. teenage parents, children engaged in criminal or anti- social behaviour, disabled children, young carers and children with parents who substance misuse are victims or perpetrators of domestic abuse and violence and /or parental mental ill health.</p>	<p>or training.</p> <p>Health</p> <ul style="list-style-type: none"> • Slow in meeting developmental milestones; • Missed immunisations or health checks; • Minor health problems which can be managed in a mainstream school; • Children in hospital with disabilities; • Children with mild disabilities. <p>Social, Emotional, Behavioural and Identity</p> <ul style="list-style-type: none"> • Asylum seeking children; • Low-level emotional or mental health issues which require intervention; • Early onset of offending behaviour/involvement in the criminal justice system; • Children at risk of gang activity; • Some sexually active young people; • Low level substance misuse; • Poor self esteem. <p>Family, Environment and Relationships</p> <ul style="list-style-type: none"> • Parents/ carers have relationship difficulties which may affect the child, including domestic violence and abuse; • Parents who are known to 	
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	<p>misuse drugs or alcohol;</p> <ul style="list-style-type: none">• Parental mental ill health;• Children who are acting as young carers;• Parents request support to help manage their child's behaviour;• Child affected by difficult family relationships or bullying;• Families affected by low income or unemployment;• Family require advice regarding social exclusion (e.g. hate crime);• Early signs of abuse or neglect;• identified in children through;• Concerns about parenting capacity identified before a child is born (e.g. because of substance misuse, domestic violence and abuse and mental ill health);• Concerns regarding basic care, safety and protection;• Inconsistent care, e.g. inappropriate child care arrangements or young inexperienced parents;• Inconsistent parenting but development not significantly impaired. <p>Self care and independence</p> <ul style="list-style-type: none">• Age appropriate living skills;• Lack of age appropriate behaviour.	
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Level 3 – Integrated Table

Level 3 – Integrated

Summary	Indicators	Action and the Assessment Process	Services who might be involved with children and families at this level of need
<p>These children have multiple complex needs. To achieve all their outcomes, they will require longer term intervention from intensive family support services, a multi-agency plan and a team around the child, including children with a disability.</p>	<p>Learning and Education</p> <ul style="list-style-type: none"> • Short term and permanent exclusions or risk of permanent exclusion; • Persistent absence; • Statement of special educational needs. <p>Health</p> <ul style="list-style-type: none"> • High level disability requiring special support to be maintained in mainstream setting; • Physical and emotional development raising significant concerns among professionals; • Chronic/recurring health problems; • Missed appointments – routine and non routine. <p>Social, Emotional, Behavioural and Identity</p> <ul style="list-style-type: none"> • Under 18 and pregnant who are vulnerable or have additional needs; • Evidence of regular, frequent drug use; • Mental health issues requiring specialist intervention in the 	<p>The Early Help Assessment should be used at this point. The purpose of the assessment is to identify the areas where support is needed, so that targeted, multi agency help services can be provided in response. At the start of the assessment a lead professional will be identified. They will be responsible for co-ordinating the assessment, and liaising with the family. Early Help Assessments require the consent of families. If parents or the child do not consent to an Early Help Assessment the lead professional should make a judgment as to whether, without help, the needs of the child will</p>	<p>Services in Level 1 & 2</p> <ul style="list-style-type: none"> • SEN services and specialist health or disability services; • CAMHS; • Youth Justice Service; • Police; • Targeted drug and alcohol services; • Family support services; • Voluntary and community services; • Services for adults e.g. drug and alcohol; • Services, mental health, social care and Probation.

	<p>community.</p> <p>Family, Environment and Relationships</p> <ul style="list-style-type: none"> • History of domestic violence and abuse • Risk of relationship breakdown between parents, carers and the child; • Children with parents in prison; • Children who have had periods as a Looked After Child; • Child with attachment issues; • Severe overcrowding, temporary accommodation, homelessness; • Family require support as a result of social exclusion; • Signs of neglect through inadequate physical care or supervision of the child; • Parents have a physical or learning disability which impacts on their capacity to meet the needs of their child; • Parents substance misuse (drugs or alcohol) which impact on their capacity to meet the needs of their child; • Parents have mental ill which impact on their capacity to meet the needs of their child; • Parents do not engage with professionals; • Inconsistent parenting impairing emotional or behavioural development; • Inconsistent boundaries or 	<p>escalate. If so, a referral into Children's Social Care may be necessary. Practitioners should consult with their line manager on issues concerning parenting capacity as a referral to Children's Social Care may be needed.</p>	
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	<p>Responses;</p> <ul style="list-style-type: none"> Lack of response to concerns raised by professionals about Child. <p>Self care and independence</p> <ul style="list-style-type: none"> Lack of age appropriate; Behaviour and independent living skills, likely to impair development. 		
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Level 4 – Specialist Table

Level 4 – Specialist

Summary	Indicators	Action and the Assessment Process	Services who might be involved with children and families at this level of need
<p>These children will require intensive support and protection under s.17 and s.47 Children Act 1989. This is the threshold for child in need, children with a disability, child protection, and Looked After Children.</p>	<p>Learning and Education</p> <p>Missing from Education:</p> <ul style="list-style-type: none"> Pupils at risk of harm or neglect; Children of Gypsy, Roma and traveller families; Families of Armed Forces; Missing children and runaways; Young people supervised by the Youth Justice System; Children who cease to attend school. <p>Health</p> <ul style="list-style-type: none"> High level disability; Serious physical and emotional health problems; 	<p>This is the threshold for child in need assessment under s.17 Children Act 1989.</p> <p>The assessment will be carried out by a social worker Children’s Social Care will also make enquiries under s.47 Children Act 1989 and NSCB procedures to determine whether or not a child is suffering, or likely to suffer significant harm.</p> <p>If these enquiries confirm that the child is suffering or likely to suffer significant harm, a</p>	

	<ul style="list-style-type: none"> • Fabricated or induced illness; • Female genital mutilation. <p>Social, Emotional, Behavioural and Identity</p> <ul style="list-style-type: none"> • Challenging behaviours resulting in serious risk to child and others; • Involved in gang activity; • Involved in, or at risk of, child sexual exploitation; • Frequently goes missing from home. <p>Family, Environment and Relationships</p> <p>Suspicion of physical abuse, emotional abuse, sexual abuse or neglect. For example:</p> <ul style="list-style-type: none"> • Previous child/ren removed from parent's care or subject of Child Protection plan/s; • Children who are privately fostered; • Unborn babies where a parent has mental ill health, violence and anger issues, substance misuse or young person/ Care leaver lacking positive parenting experience high levels of domestic abuse and violence, when child is present in the house; • Parents lack the capacity to care for the child; • Children experiencing or likely to experience significant harm, who need to be looked after outside their own family; 	<p>child protection conference will be convened by a social worker. Representative of all agencies working with the family will be invited to the child protection conference, along with parents, carers and the child (or their advocate). The child protection conference will decide whether to make the child the subject of a child protection plan. A child protection plan sets out clearly the action that must be taken to ensure that the child is safe from harm. Failure to progress the actions in the child protection plan may result in legal proceedings being</p>	
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	<ul style="list-style-type: none"> • Child or family need immediate protection and support due to harassment and discrimination; • Unaccompanied asylum seeking children and young people. Depending on their age they would be either Looked After or Care leavers; • Parent lacks the capacity to meet the child's emotional, educational, social and health needs without support; • Parent does not offer good role model; e.g. they are involved in anti social behaviour and are unable to restrict access to the home or child by dangerous adults known or suspected to pose a risk to children. <p>Self care and independence</p> <ul style="list-style-type: none"> • Severe lack of age appropriate behaviour and independent living skills likely to result in significant harm. E.g. bullying, isolation. 		
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These tables include summary indicators, action and the assessment process, and information about services who might be involved with children and families at the particular level of need.

5. Escalation and/De-escalation (Step up/Step down)

Our aim is to identify need at the earliest opportunity and respond to it with timely and effective services. Ensuring the right service to the right family at the right time is critical to the success of this aim. We recognise that a child and/or family's needs can and do change over time. This may be in response to agency intervention or changing circumstances within the family, or it may be as a result of a lack of change and parental motivation or ability to change. This may affect the nature and/or level of the risk to the child. Whatever the cause of the change, our services need to be able to recognise it and respond appropriately.

Disagreements about agency responsibilities for responding to identified need that cannot be resolved through discussions between the referring and the receiving professional should be addressed through NSCB conflict resolution process.

With low level additional needs a child or family is most likely to benefit from the provision of targeted early intervention within a universal service context. A child may for example require a small amount of additional support within the classroom or additional health screening. Such cases do not represent a 'stepping up' of need or response, only additional support within the universal service context.

The **Early Help** process flow chart illustrates how children and their families will receive early help and support via universal and targeted services, and how decisions will be reached to refer into children's social care when a safeguarding threshold has been met (this is termed '**stepping up**').

The '**stepping down**' flow indicates how the support should continue to be offered to families as they move down the Continuum of need. The Lead Professional may change but the multi-agency team and support to the family will continue to be offered where a need continues to exist. Cases closing to Children's Social Care will routinely 'step down' into an early help process unless there is a clear rationale and multi-agency agreement why this is unnecessary (which would be rare). The multi-agency team, with the child and family, will identify who is the most appropriate professional to be the new Lead Professional when a family 'steps down'.

See procedure on step down in the **Review Child Protection Conferences Procedure**.

See procedure on step up and step down from Children's Social Care intervention in the **Early Help Assessment Procedure, Early Help Plan and Children's Social Care (CSC)**.

End