

# Kent and Medway Inter-Agency Threshold Criteria for Children in Need



Medway CAN

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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 Services/Care in Kent &amp; 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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## 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 Services / Care in Kent & Medway.

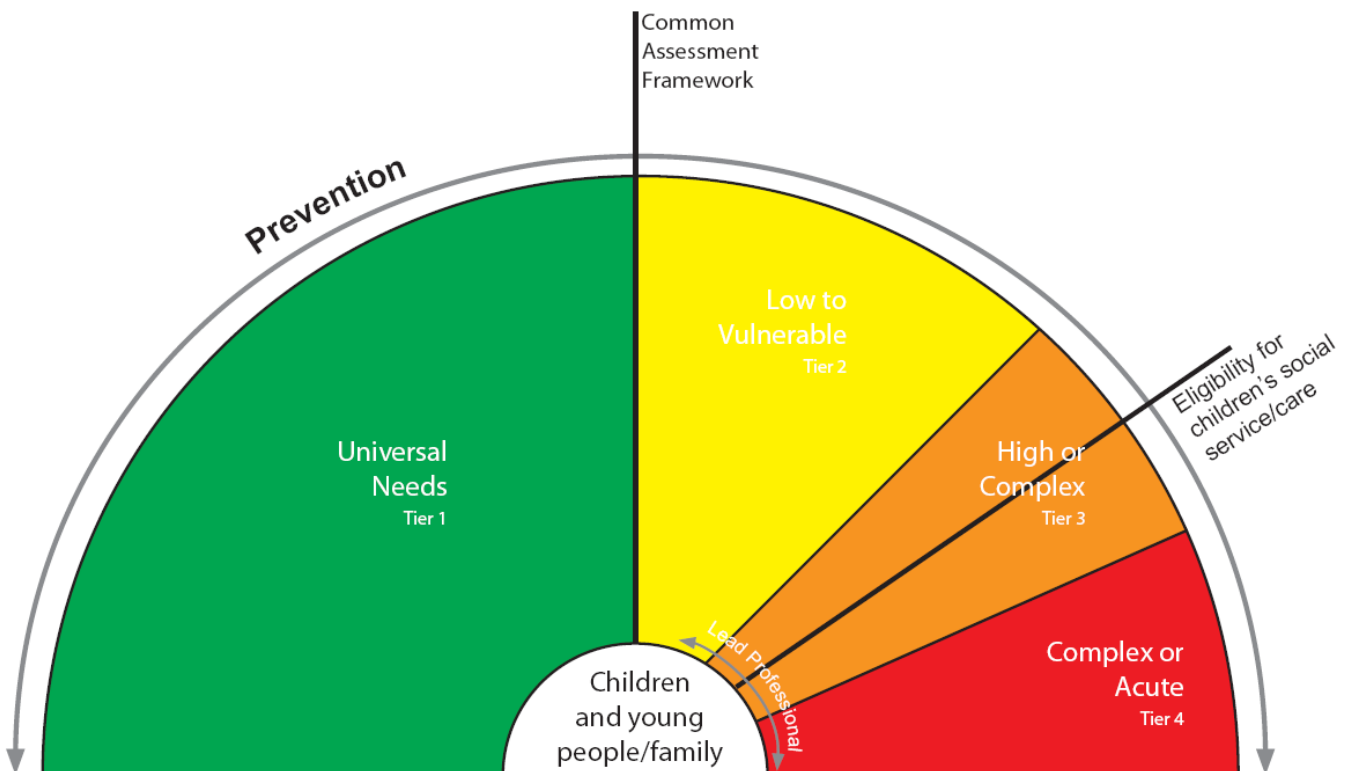
This document describes:

- the criteria for access to Children's Social Services/Care in Kent and 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 Services/Care;
- the process by which Children's Social Services/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 Services / 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 Services/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.

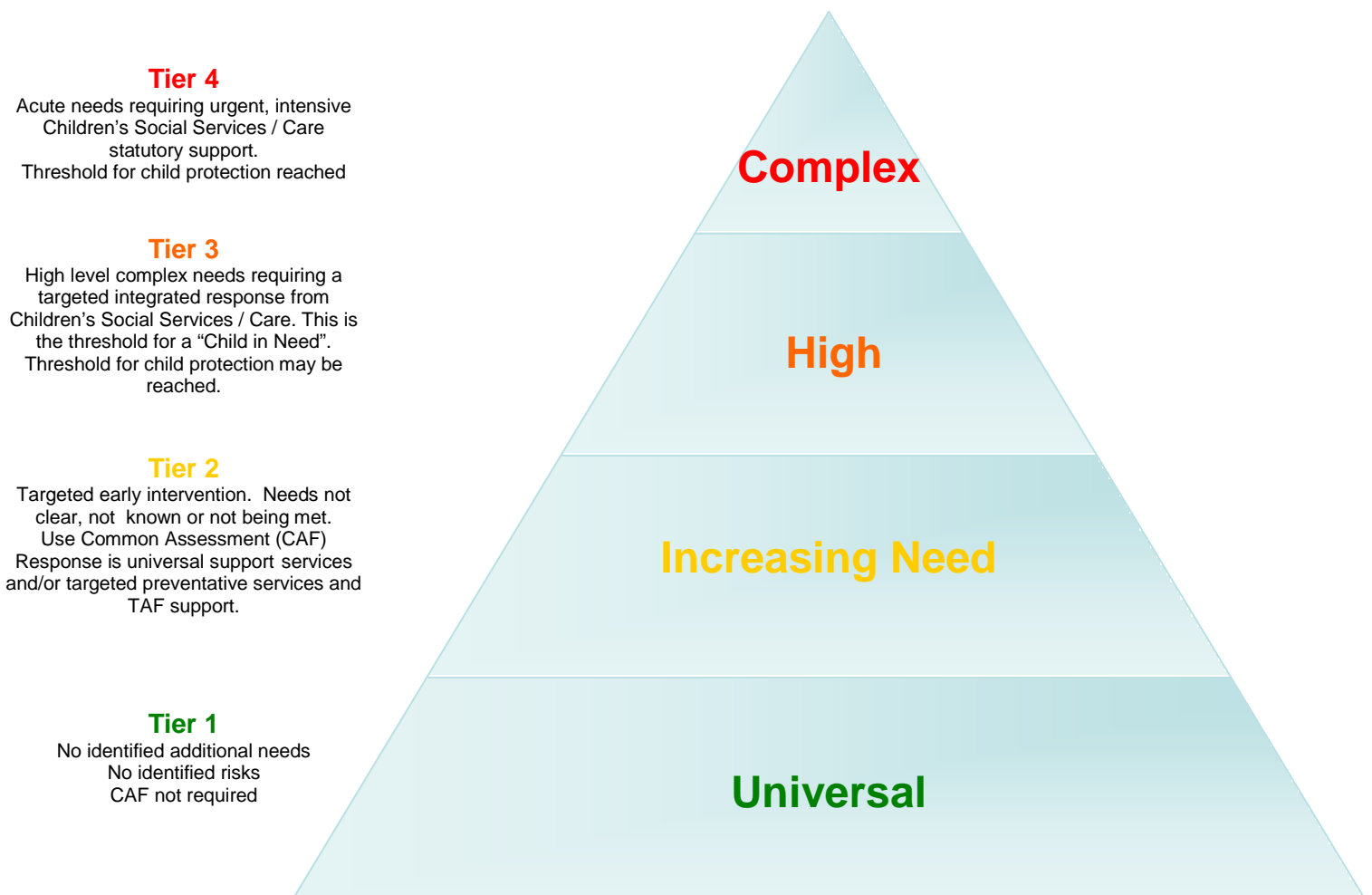


Figure 2

## 5. 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:

### Kent

[http://www.kelsi.org.uk/pupil\\_support\\_and\\_wellbeing/targeted\\_support/caf\\_integrated\\_processes/common\\_assessment\\_framework.aspx](http://www.kelsi.org.uk/pupil_support_and_wellbeing/targeted_support/caf_integrated_processes/common_assessment_framework.aspx)

### Medway

<http://www.medway.gov.uk/healthandsocialcare/childrenandyoungpeople/makinglifebetter/childrenact2004/commonassessmentframework.aspx>

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

## 6. 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 Services/Care will have a clear plan in place, whether this is a 'Child Protection' plan, 'Child in Need' plan, 'Looked After Children' (LAC) 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 Looked After Children, the Looked After Children 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' 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 services/care 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.

## 7. Eligibility for Children's Social Services/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 and allow 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 refer a child to Children's Social Services/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 Children's Trust 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 Services/Care will become involved.



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

Please ensure you consult the correct section

### Medway

#### 8. 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 complete a referral into Medway CSC.

If a professional is unclear about whether to make a referral 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 Children's Social Care via Medway Triage service. The Triage service encourages consultation with partner agency professionals. A record of the consultation is entered into framework i, and in the child's file if one has been created.

##### *Contacts and Referrals*

Professionals wishing to make a contact or referral (completed referral forms will be considered as contacts until they are accepted as appropriate referrals) will need to complete the inter-agency referral form.

The referral form and guidance can be found at:

- <http://www.medway.gov.uk/healthandsocialcare/childrenandyoungpeople/makinglifebetter/childprotectionchildabuse.aspx>

Or by following this link to the online form

- [Medway Children's Social Care Referral Form](#)

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 attached to the referral form.

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 will be accepted without a common assessment. Professional referrers will receive a written confirmation of receipt within 24 hours.

A Child in Need referral 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, 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 Triage Service 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 & Medway Safeguarding Children Procedures will be invoked immediately

Where the child is not eligible for assessment or services, the Triage Senior Practitioner 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 2013 emphasises the need for multi-agency collaboration, and every assessment should draw together information from all relevant professionals and agencies, including 3rd sector organisations, and will be a key focus under Ofsted's new proposed multi-agency framework for inspection from 2014/15.**

If at any stage there are child protection concerns, the Kent & 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

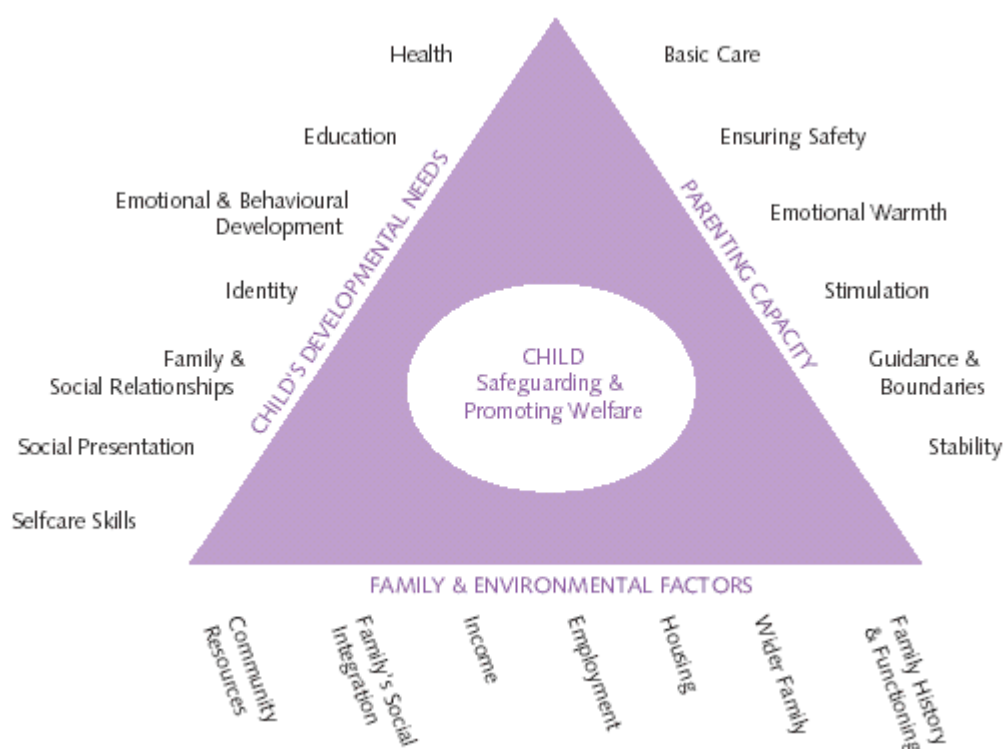
The gathering of relevant information will:

- 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 & 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 Triage. 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, 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 & 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, 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 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.

## **9. Complaints and Representations**

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

01634 306000 or by email at [childrens.services@medway.gov.uk](mailto:childrens.services@medway.gov.uk) (Medway Council)

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. If a resolution is not achieved, contact the Customer Care Team on

01634 306000 or by email at [childrens.services@medway.gov.uk](mailto:childrens.services@medway.gov.uk) (Medway Council)

**Kent (To be added)**

## Appendices:

Appendix 1	Threshold Matrix
Appendix 2	How to make a referral to Children's Social Services / 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><b>Children with no additional needs</b> 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><b>These indicators need to be kept in mind when assessing the significance of indicators from Tiers 2-4</b></p>	<p><b>Parents or Carers Capacity</b></p>	<p>These children require <b>no additional support beyond that which is universally available.</b> 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>		<p><b>Family and Environmental factors</b></p>
	<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>		<p><b>Child or Young Person’s Developmental Needs</b></p>
	<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</p>	<p style="text-align: center;"><b>Parents or Carers Capacity</b></p> <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>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, a referral to Children's Social Services/Care should be considered. As a minimum there should be a consultation with Children's Social Services/Care.</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 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,</li> </ul>
	<p style="text-align: center;"><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>	

required you should discuss needs with specialist 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

- school nurse
- Tier 2 CAMHS (CAST Medway)
- Sure Start or Children's Centres
- Education
- 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 Services/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</li> </ul>	<h3 style="background-color: #f4a460; padding: 5px;">Parents or Carers Capacity</h3> <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>	<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>Children's Social Services/Care</b> will decide on their response based on the information supplied in the referral. If appropriate they will undertake their Initial Assessment and complete a Child in Need Plan. Following this the case may:</p> <ul style="list-style-type: none"> <li>▪ be closed</li> <li>▪ be actioned</li> <li>▪ lead to a fuller core assessment</li> </ul> <p><b>Key agencies that may provide support at this level:</b></p> <ul style="list-style-type: none"> <li>▪ Children's Services</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</p>
	<h3 style="background-color: #f4a460; padding: 5px;">Family and Environmental factors</h3> <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>	

<p>impaired' without the provision of LA services</p> <ul style="list-style-type: none"> <li>▪ or s/he is disabled.</li> </ul>	<p><b>Social and Community Resources</b></p> <ul style="list-style-type: none"> <li>▪ Child or family need immediate support and protection due to harassment/discrimination and have no local support</li> <li>▪ Significant levels of targeted hostility towards the child and their family, and conflict/volatility within neighbourhood</li> </ul> <p style="text-align: center;"><b>Child or Young Person's Developmental Needs</b></p> <p><b>Learning / Education</b></p> <ul style="list-style-type: none"> <li>▪ Child not in education, in conjunction with concerns for child's safety</li> <li>▪ Chronic non attendance/truanting/authorised absences/fixed term exclusions</li> <li>▪ Statement of Special Educational Needs</li> </ul> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>▪ Chronic/recurring health problems with missed appointments, routine and non routine</li> <li>▪ Child with a disability in need of assessment and support to access appropriate specialist services</li> <li>▪ Serious delay in achieving physical and other developmental milestones, raising significant concerns</li> <li>▪ Frequent accidental injuries to child requiring hospital treatment</li> <li>▪ Mental health issues requiring referral to CAMHS, including self harm or suicidal thoughts</li> <li>▪ Poor or restricted diet despite interventions</li> <li>▪ Child has chronic health problems or high level disability which with extra support may/may not be maintained in a mainstream setting</li> <li>▪ Learning significantly affected by health problems</li> <li>▪ Significant dental decay that has not been treated</li> </ul> <p><b>Social, Emotional, Behavioural, Identity</b></p> <ul style="list-style-type: none"> <li>▪ Child with serious level of unexplained and inappropriate sexualised behaviour</li> <li>▪ Child is at risk of sexual exploitation</li> <li>▪ Child missing from home and concerns raised about their physical and emotional safety and welfare</li> <li>▪ Child whose behaviour is putting them at risk, including substance and alcohol misuse</li> <li>▪ Evidence of regular/frequent substance misuse which may combine with other risk factors</li> <li>▪ Evidence of escalation of substance use and of changing attitudes and more disregard to risk</li> <li>▪ Continuous breaches of curfew / order with other risk taking behaviours that impact on the child's welfare and safety</li> <li>▪ Frequently goes missing from home</li> <li>▪ Failure or inability to address serious (re) offending behaviour leading to risk of serious harm to self or others</li> <li>▪ Child/young person out of control in the community</li> </ul> <p><b>Self-care and independence</b></p> <ul style="list-style-type: none"> <li>▪ Child suffers accidental injury as a result of inadequate supervision</li> <li>▪ Child found wandering without adequate supervision</li> <li>▪ Child expected to be self reliant for their own basic needs or those of their siblings beyond their capabilities, placing them at potential risk</li> <li>▪ Severe lack of age appropriate behaviour</li> </ul>	<p>include continuing multi-agency support coordinated by a Lead Professional to enable the child and family's move back to universal services</p>
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## 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 <b>verbal</b> referral to the Kent contact and assessment services or Medway's customer first team and accompany this with <b>written referral form</b></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 Services</b> will decide on their response based on the verbal information as repeated in the <b>written notification form</b>. 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 Core Assessment a decision will be made whether to hold a conference. <b>Key agencies that may provide support at this level:</b></p> <ul style="list-style-type: none"> <li>▪ Children's Services – 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>	<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>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>	
	<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>	Proceedings to accommodate the child or young person in a kinship, fostering or residential placement, or to place the child for adoption

## How to make a Referral to Children Social Services / Care (CSS / CSC)

Child in Need (High Tier 3 and Tier 4)

### Kent: Contacting Central Duty Team

Secure e-mail: [CentralDutyTeam@kent.gcsx.gov.uk](mailto:CentralDutyTeam@kent.gcsx.gov.uk)

Standard e-mail: [central.duty@kent.gov.uk](mailto:central.duty@kent.gov.uk)

Fax: 01732 221645

Phone: 03000 411111

Minicom: 01233 898504

Secure e-mail can only be used by agencies from the following e-mail addresses:

@kent, @pnn.police.uk, @gcsx.gov.uk, @nhs.net,

@gsi.gov.uk

### Medway: Contacting Triage

Email: [ss.accessandinfo@medway.gov.uk](mailto:ss.accessandinfo@medway.gov.uk)

Phone: 01634 334466

Fax: 01634 333188

Online referral form <https://www.medway.gov.uk/cpreferral/>

(Referral forms may only be submitted online or via fax/post  
Customer First Adult and Children's Team, Gun Wharf,  
Dock Road, Chatham ME4 4TR)

### Out of Hours for Kent and Medway (between 5pm-8:30am weekdays and 24/7 weekends and bank holidays)

Urgent referrals that cannot wait until the next working day should be referred to the Out of Hours team by phone on 0845 762 6777.

Professional Screening by Duty Senior within 24 hours

Contact doesn't meet criteria for a child and family assessment

Referrer informed. Advice regarding any possible alternative services is given as appropriate.

Contact closed

Contact is screened as meeting Child in Need criteria

- Social worker is allocated
- Child and Family assessment (45 days max)
- Agencies contacted to inform assessment
- Written feedback to referrer on plan of action within 15 working days

Referral assessed as no further action

Referrer informed & where appropriate, advice provided regarding a possible CAF, if family consent, pass to referrer and local CAF co-ordinator or alternative services

Referral assessed as 'Child in Need', TAF formed to plan, deliver and monitor 'Child in Need' plan.

Contact is screened as meeting child protection criteria

- Kent & Medway child protection procedures invoked
- An initial strategy meeting is convened with CSS/C, Police, referrer and other agencies
- Social Worker allocated
- Agencies contacted to inform risk assessment

## Glossary

ASSET	Structured assessment tool to be used by Youth Offending Teams
CAF	<b>Common Assessment Framework</b>
CAMHS	<b>Child and Adolescent Mental Health Services</b>
CAST	<b>Child and Adolescent Support Team</b>
CSE	<b>Child Sexual Exploitation</b>
CSS/C	<b>Children's Social Services / Care</b>
DA	<b>Domestic Abuse</b>
DASH	<b>Domestic Abuse, Stalking and Harassment and honour based violence</b>
DUST	<b>Drug Use Screening Tool</b>
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>Looked After Child</b>
MARAC	<b>Multi Agency Risk Assessment Conference</b>
NEET	<b>Not in Education, Employment or Training</b>
TAF	<b>Team Around the Family</b>