

Making a Threshold Decision

Calderdale Children and Young People Services understand that the needs of children, young people and families do not easily fit into categories, or 'boxes'. Circumstances can change quickly, and over time a child may have different levels of need depending upon the interplay and impact of the strengths, vulnerabilities, and risk factors that are present at any one time. Making a judgement about level of need is not an exact science, and it should be emphasised that this document seeks to provide clarity and guidance to support a consistent understanding and application of thresholds by professionals from across the spectrum of services for children, but the key to 'getting it right for children' in terms of identifying a child and family's level of need will always be an evidence-based professional judgement.

It may be the case that a child appears to have needs largely at one level, but there is a specific risk factor that means threshold for a specialist assessment is reached i.e. an acute incident and a referral to Children and Young People Services is needed. Equally, there may be situations where an indicator at specialist level is present, but due to the presence of protective factors such as willingness to engage with support, it may be most appropriate for the child to receive services at a lower level from adults with whom they have established relationships.

In making a professional judgement about level of need there are a number of key questions that should be given consideration, whether undertaking an early help assessment or thinking about making a referral to children's services:

- What are the individual needs and views of each child in the family?
- What is the evidence of impact on the child, in relation to their health and development or harm/likely harm?
- What are the risks to the child if things don't change? What is the likelihood of this happening, and what would be the level of severity?
- What have you, and/or others, done to try and help?

When making a judgement about level of need and determining whether to make a safeguarding referral to Calderdale Children and Young People Services s professionals should seek guidance and approval from their supervisor or safeguarding lead within their agency and articulate their concerns in writing to support a referral. Where there is identified harm and or likely harm and it appears that a child may be suffering, or at risk of suffering significant harm, Calderdale Children and Young People Services should be contacted immediately on 01422 393340.

Definition:

The Children Act 1989 introduced Significant Harm as the threshold that justifies compulsory intervention in family life and the best interest of the children. Physical Abuse, Sexual Abuse, Emotional Abuse and Neglect are categories of significant harm. Although there is no clear definition of Significant Harm, Harm is defined as the ill treatment or

impairment of health and development. It was defined in the Adoption and Children Act 2002 that it may also include impairment suffered from seeing or hearing the ill treatment of another “Where there is reasonable cause to suspect that a child is suffering or likely to suffer significant harm.” The children Act 1989 places the responsibility on the local authorities to make enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote a child’s welfare. A strategy discussion/meeting with Police Health and Education and any other agency identified as required should be held in order to determine the required next steps.

Section 17, Children Act 1989

A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services, or a child who is disabled. In these cases, assessments by a social worker are carried out under Section 17 of the Children Act 1989 with parental consent. Children in need may be assessed under Section 17 of the Children Act 1989, in relation to their special educational needs, disabilities, or as a carer, or because they have committed a crime. The process for assessment should also be used for children whose parents are in prison and for asylum seeking children. When assessing children in need and providing services, specialist assessments may be required and, where possible, should be coordinated so that the child and family experience a coherent process and a single plan of action.

Section 47, Children Act 1989

Local authorities, with the help of other organisations as appropriate, have a duty to make enquiries under Section 47 of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, to enable them to decide whether they should take any action to safeguard and promote the child’s welfare. There may be a need for immediate protection whilst the assessment is carried out.

The table below is an indicator guide of the type of circumstances which would lead to a S47 assessment. This table is intended as a guide and is not exhaustive:

Any allegation of abuse or neglect or any suspicious injury in a pre or non-mobile child.
Allegations or suspicions about a serious injury / sexual abuse to a child.
In all cases of an injury in pre-mobile or non-verbal babies or young children (including disabled children).
Inconsistent explanations or an admission about a clear non-accidental injury.
Repeated allegations or reasonable suspicions of non-accidental injury.
A child being traumatised injured or neglected as a result of domestic abuse.

Repeated allegations involving serious verbal threats and/or emotional abuse.
Allegations / reasonable suspicions of serious neglect.
Medical referral of non-organic failure to thrive.
Direct allegation of sexual abuse made by child or abuser's confession to such abuse.
Any allegation suggesting connections between sexually abused children in different families or more than one abuser.
An individual (adult or child) posing a risk to children.
Any suspicious injury or allegation involving a child subject of a current child protection plan or looked after by a local authority.
No available parent and child vulnerable to significant harm (e.g. an abandoned baby).
Suspicion that child has suffered or is at risk of significant harm due to fabricated or induced illness.
Child subject of parental delusions.
A child at risk of sexual exploitation, drug trafficking/county lines and CCE.
Sexual activity or pregnancy in a child aged under 13.
A child at risk of FGM, breast ironing, honour based violence or forced marriage.
Suspicion that the child has been trafficked or at risk of modern slavery.
Severe dental decay and no access to treatment.
Harmful Sexual Behaviour towards others where sexual behaviours are excessive, compulsive, coercive or threatening, may involve secrecy or trickery, significant power/age imbalance.
Significant developmental delay due to neglect/poor parenting.
Child puts self or others in danger through behaviour.
Frequently goes missing from home/school/care or a single episode when the child has been missing from home/care for 72 hours or longer.
Physical chastisement via use of an implement.
Child who abuses others.
Suspicion of radicalisation, extremist views or behaviour.
Parents' mental health problems or substance misuse significantly impact upon care of the child.
Parents unable to care for previous children resulting in removal/alternative carers and there is no significant changes in their life style since the children were removed from their care.
Parents unable/unwilling to keep child safe.

Persistent domestic abuse including referral to MARAC, frequent aggression /violence requiring medical treatment. Some factors may increase risk such as previous history, unborn children, young children, children not seen.

Parents/carers provide inconsistent, emotional warmth and are highly critical or apathetic towards child.

Children having contact with an adult who poses a risk of harm.

Physical accommodation places child in danger due to lack of parental action (e.g. electric wires being exposed, drug paraphernalia being within the children's reach, extreme case of hoarding and so on).

Historical allegations of sexual abuse by those who are now adults – strategy discussion to be convened on the children of the alleged perpetrator (if they have any).