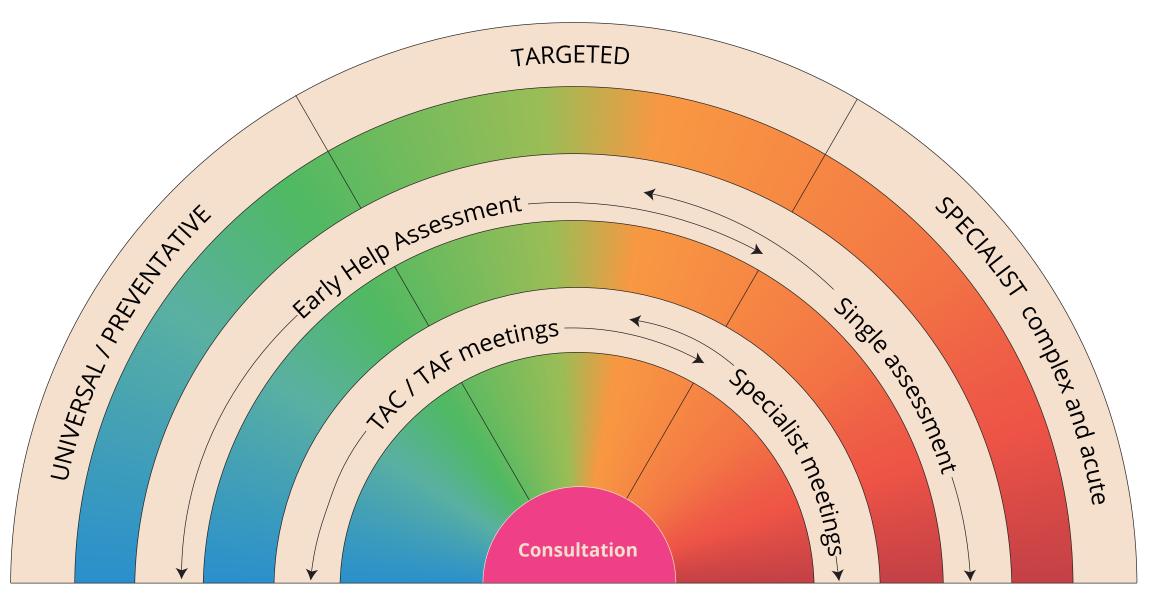
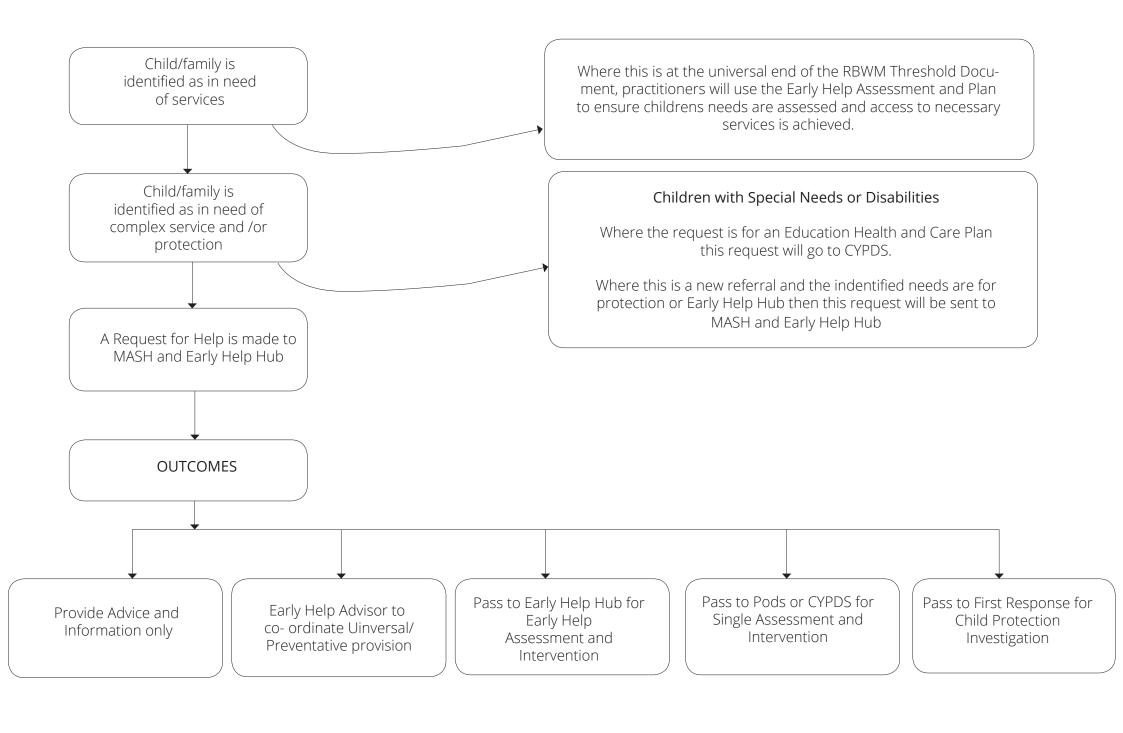


Multi-Agency Threshold Guidance



Offers services in parallel with an assessment of need

PATHWAYS FOR THE ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD CHILDREN AND YOUNG PEOPLE



Level of assessment

Single assessment - may consider completing an Early Help Assessment with child/young person and their family

Outcome of assessment

Usually short term support
Additional 1:1 support identified within the setting, or sought from supporting agency.
Prevention programmes.
Parenting early intervention projects.
Positive parenting programme (Levels 1-4)
Positive activities programme.

Level of assessment

Single assessment - may consider completing an Early Help Assessment with child/young person and their family

Outcome of assessment

Multi-agency co-ordinated plan.

Positive parenting programme (level 5)

Level of assessment

Social care (single) assessment Other specialist assessment

Outcome of assessment

Specialist and/or statutory intervention.

Family intervention projects.

Acute CAMHS.

Services/ interventions provided by:-

Family nurse partnership Health Visitors Midwifes GPs School Nursing Children's Centres Early Years Settings Schools/Colleges Family Centres Police Youth Service Housing Young People's Drug and Alcohol Services

Services/ interventions provided by:-

School and College support staff e.g. SENCO Behaviour Support Team Directions Youth Crime Prevention Services Voluntary Organisations Play Services Community Organsiations Early Inclusion Education Psychology Community Safety Team Young Carers Project Parenting Support Workers Extended Services Provision Community Paediatricians Speech and Language Therapists Berkshire Sensory Consortium Audiology Opthalmology

Services/ interventions provided by:-

Intensive Family Support Project CAMHS Family Intervention Projects Parenting Specialists

Services/ interventions provided by:-

Social Care Youth Offending Teams CAMHS Specialists Specialist Health or Children and Young People's Disabilities Services

Child Care Indicators

CHILD	UNIVERSAL / PREVENTATIVE	TARGETED	SPECIALIST - COMPLEX/ ACUTE
Health	 Poor, or no, pre-natal care. Baby in special care for 48+ hours after birth. Low birth weight/pre term. Baby cries constantly. Multiple births. Short-term illness or hospitalisation. Slow in reaching developmental milestones. Limited diet – no breakfast or proper school lunch. Defaulting on health appointments: immunisations, dentist. Not registered with GP. Mild level of disability not adequately addressed by family. Onset of Enuresis (bed-wetting) / Encopresis (soiling). Dental decay. Poor growth. Other diet concerns. Over/under weight needing further investigation. 	 Chronic, recurring illness. Somatising (physical symptoms caused by psychological problems, with no underlying physical problem identified). Significant physical disabilities. Terminal illness. Significant Developmental Delay. Frequent illnesses. Frequent accidents. Continuing to miss routine /non-routine health appointments. Susceptible to minor health problems affecting learning / school attendance (less than 87%). Anorexic or bulimic child. At risk sexual exploitation. Suspected Fabricated Induced Illness. 	 Health conditions or impairments which severely affect everyday life functioning, whether chronic or acute, including morbid obesity Refusing medical care endangering life/ development. Non-organic failure to thrive (under 5's) suspected as part of neglect and abuse. Suspicious non-accidental injury, especially for non-mobile child/ young person. Multiple A&E attendances causing concern. Evidence of Fabricated Induced Illness. Injuries not consistent with explanation. Disclosure of abuse from child/young person. Evidence of significant harm or neglect. At risk of female genital mutilation Involved in sexual exploitation or trafficking
Mental Health	 Vulnerable to mental health concerns e.g. undue anxiety, anger, defiance. Inability/unwillingness to understand or communicate feelings. Child appears regularly anxious, stressed or phobic. 	 Some evidence of self harming. Regularly self harming. Growing concerns re mental health needs not being addressed. Evidence of severe mental health difficulties. Mental health conditions emerging requiring specilaist intervention (conduct disorder, ADHD, depression, autism, eating disorders). 	 Acute mental health problems - active threat of suicide, suicide attempts, psychotic episode, severe depression. Life threatening self harming: inpatient admission

- Lack of stimulation and access to safe play.
- Not always engaged with learning e.g. poor concentration, low motivation.
- Poor language stimulation environment (TV always on; soother-dummy always in use).
- Not thought to be reaching his/ her educational potential.
- ► Home-school link not well established /poor.
- Limited evidence of, or inappropriate, progression planning.
- Few if any achievements at KS4 and 16+.
- Irregular school attendance (below 90%) / poor punctuality/ collected late / first warning letter.
- Difficulties for services maintaining links with children educated in the home.
- ▶ Special educational needs School support.
- ▶ Undertaking speech/ language therapy.
- No support in place for child not showing engagement in play or learning opportunities
- No access to leisure facilities
- Acrimonious home-school link.
- Limited participation in education, employment or training post-16.
- NEETs (16-18 yrs) (Not in Education, Employment or Training).
- Fixed term exclusion from secondary school.
- Risk of persistent absence.
- > Special educational needs School support.
- Undertaking speech/ language therapy. Not achieving key stage benchmarks commensurate with their known abilities.

- Significant difficulties in understanding and using language for age and ability.
- History of long term poor attendance at school
- Reluctance of parents and carers to address non-attendance.
- Child without school place.
- Out of school, no appropriate specialist
- placement, family engaged.
- At risk of permanent exclusion.
- Education Health and Care Plan is being undertaken.
- Child with EHC in stable provision.
- In residential school or educated otherwise than in school.
- Accessing small amounts of education.
- Has received targeted interventions or specialist support over time with little progress.
- Medical/physical difficulties significantly affecting learning
- Very poor school attendance record / final warning letter.
- Permanently excluded from school or withoutschool place.
- Child/young person with EHC out of school.
- Interim EHC Review breaking down; no longer meets need.

- ► Out of school and family not engaged.
- ► A child permanently excluded from residential school.
- Child in care out of school.

CHILD	UNIVERSAL / PREVENTATIVE	TARGETED	SPECIALIST - COMPLEX/ ACUTE
Identity, Self Image, Self Esteem, Social Presentation	 Some insecurities around identity expressed; low self-esteem. Presentation impacting on school relationships. Can be over friendly or withdrawn with strangers. May experience or perpetuate bullying or discrimination around 'difference'. May not discriminate effectively with strangers. A Victim of crime. Socially isolated and lacks appropriate role models. Child unable to discriminate and likely to put self at risk (may be disability related). 	 Demonstrates significantly low self-esteem in a range of situations. Subject to persistent discrimination. High risk of being, or actual victim of crime. Severe social impairment with little interest in interacting with others. Chronic lack of self confidence. Emerging eating disorder. Some evidence of / regularly self harming. Extremist views that places self or others at risk. Significant eating disorder. 	 Irrational fear of persecution by others. Mental health problems becoming seriously manifest. Demonstrates extremist views. Persistent serious self-harm, including eating disorders affecting life expectancy.
Family and Social Relationships	 Some inconsistencies in relationships with family and friends. Limited support from family and friends. Lack of positive role models. Lack of consistency in routine. Death of a parent/carer or significant other. Lack of friends/social network. Some difficulties sustaining relationships. 	 Child receives inconsistent care from adult carers. Significant issues arising from parents divorce or death of parent/carer. Child is main carer for family member Family is experiencing a crisis likely to result in the breakdown of care arrangements. 	 Relationships with family all experienced as critical and/or negative – low warmth, high criticism. Complete rejection by parents and step parents Subject to physical, emotional or sexual abuse or neglect. At risk from harmful cultural practices (forced marriage of a child; female genital mutilation). Family have abandoned the child. Child in care.
Independence and Self Care	 Impaired self care skills e.g. poor hygiene. Child slow to develop age-appropriate self-care skills. Over protected/unable to develop independence. 	 Additional resources needed to develop sense of self, self care skills and ability to express needs. Disability prevents self-care and independance Young person living independently and not coping. Child lacks age appropriate sense of safety and often puts him/herself or others in danger. Homeless young person (16-18yrs). Young person leaving offending unit who is homeless. 	➤ Offending / substance misuse / sexual activity prevent self-care; also impacts on vulnerability to exploitation.

CHILD	UNIVERSAL / PREVENTATIVE
of 2	 Some difficulties with peer relationships and with adults – 'clingy', anxious. Can be over-friendly or withdrawn with strangers.
elopment Part 1	 Starting to show difficulties expressing empathy. Some difficulties in coping and adjusting following emotional upheaval e.g. DV, bereavement, family breakdown. Difficulty managing changes in routine. Some difficulties with family relationships. Play or social interaction is impaired.
nal, Social and Behavioural Development Part 1 of 2	 Additional resources needed to prevent isolation. Cannot maintain peer relationships – is bullied, bully, aggressive, etc. Cruelty to pets, animals. Sibling(s) in care. Privately Fostered.

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- Significant difficulties with managing change.
- Finds it difficult to cope with anger/frustration Withdrawn, unwilling to engage, unresponsive
- Limited ability to understand how actions impact on others.
- Young Carer regularly needed to care for another family member, with responsibilities that may affect own development.
- Poor attachment to main carer.
- Readily attaches self to strangers.
- Sibling(s) in care.

- Behaviour demonstrates inability to cope following emotional upheaval e.g. DV, bereavement, family breakdown.
- Instability DV in the home (serious arguments and physical/emotional violence witnessed by child).
- DV around pre-birth.
- Returned home to carer after period of accommodation (within last 6 months).
- Sibling removed in the last 12 months.
- Removed from Child Protection Plan (within last 6 months).
- Places self or others in danger.
- Severe attachment disorder/ separation anxiety.
- Fire-setting (8-12 yrs) motivated by curiosity or experimentation
- Fire-setting (13-18 yrs) as a result of psycho social conflicts and turmoil or intentional criminal behaviour

► Severely challenging behaviour which parents unable to manage, resulting in serious risk to child or others, and high risk of family breakdown.

SPECIALIST - COMPLEX/ ACUTE

- Missing from home on regular basis
- Children in households where parents/carer have all of the following problems: mental health, substance dependency and DV.
- Severe and persistent DV.
- Single serious incident, involving weapons/ injury
- ► Severe professional concerns but difficulty accessing child/ young person.
- Unaccompanied refugee/asylum seeker.
- Children who disappear, or are missing from home for long periods, who are high risk.
- In Care with acute placement breakdown.

CHILD	UNIVERSAL / PREVENTATIVE	TARGETED	SPECIALIST - COMPLEX/ ACUTE
Emotional, Social and Behavioural Development Part 2 of 2	 Changes in attitude or behaviour. Disruptive behaviour. Suffers or perpetrates bullying, discrimination or harassment. At risk of offending. Early sexual experience (under 16yrs):- knowledgeable about sex and relationships-consistent use of contraception / protection. Teenage pregnancy (16-18): (family support certain). Expressing wish to become pregnant or be a parent at a young age. Hostile, aggressive. Sexually active 16 -19 year olds with inconsistent use of contraception / not accessing contraceptive and sexual health advice, info and services. 	 Disruptive or victimised behaviour continues or worsens at school and/or at home. Peer group predominantly anti-social and known to law enforcement agencies. Experiences persistent discrimination. Behaviour becoming increasingly challenging. Starting to offend – criminal offence. Coming to notice of police or Community Safety on regular basis but matters not being progressed. Age inappropriate sexualised behaviour. Regularly involved in criminal activities. Sexually active teen (14-16yrs). Reprimand , Fixed Penalty Notice (FPN), Final Warning or Triage of Diversionary Action. Known to associate with young people involved in gang or group offending. Early teenage pregnancy (16 yrs or over and has had (or has caused) two or more previous pregnancies, or is already a teenage parent.) Under 16 yrs and has had previous pregnancy ending in still birth, abortion or miscarriage. 	 Severe and persistent anti-social, and challenging behaviour. Behaviour puts peers at risk. Prosecution for offences – resulting in court orders, custodial sentences. Sexually active (under 13 yrs). Teenage parent under age of 16 yrs with additional concerns that would place the unborn child/ or child at risk of signiificant harm. Sexual or severe abuse of other children. Serious or persistent offending behaviour, involving weapons. In secure unit/ prison. Experience of sexual exploitation Under 16 and in relationship with 4 years or more age difference. Early teenage pregnancy under 16yrs without family support
Substance Misuse	 Occasional experimenting with drugs / substances (12yrs plus). Experimenting with tobacco or alcohol at young age. 	 Frequent experimentation with drugs / substances - low level targeted. Experimenting with substances (12 yrs plus). Escalation of substance misuse potentially damaging to health and development. At risk of being exploited due to substance dependency. 	 Experiencing significant harm through use of substances. Experiencing exploitation by organised crime group.

Parent or Carers Indicators

Parent or Carer	UNIVERSAL / PREVENTATIVE	TARGETED	SPECIALIST - COMPLEX/ ACUTE
Basic Care	 Delay in seeking health care for child/young person. Parent/carer engagement with services is poor. Parent/carer requires advice on parenting issues. Concerns emerging around child's physical / emotional needs being met. Difficulties in pregnancy and/or labour. Inappropriate anxiety regarding child/young person's health. Difficult to engage parents with services: failure to sign on with GP; to attend health appointments; to make application for school place. Poor maternal health -not accessing ante/post natal care. Concealed pregnancy (e.g. due to DV fears) Basic care needs not adequately addressed: diet, clothing, hygiene concerns. Significant language/ communication difficulties. Has disability or significant health problem. 	 Parent not engaging with professionals. Parent struggling to provide adequate care. Struggles to meet special needs without support services. Physically sick or disabled, affecting parenting. Learning difficulties affecting parenting Expects child/young person to take over caring responsibilities (for self / other siblings). Needs support to recognise health care needs for self or child person's development (including obesity). Multiple births/several children aged under 5 and family having difficulty coping. Parents unable to care for previous children. (add amber arrow.) 	 Unable to meet significant needs, despite support. Mental health or severe substance misuse involvement affecting ability to function on daily basis and affecting majority of parenting responsibilities including child's health and development. Failure to seek appropriate health care affecting child/young person. Child is taken into care. Child is on Child Protection Plan Care proceedings are being undertaken
Emotional Warmth	 Parents show lack of warmth in response to child. Inconsistent responses to child/young person by parent(s). Marital / relationship difficulties that impinge on child/ young person (including contact disputes). Anxiety/ low self esteem. Erratic or inconsistent care. Limited opportunities to develop positive relationships 	 Significant parenting difficulties with emotional warmth Parent indifferent, intolerant, critical, rejecting. Leaving child inconsistently with multiple carers - attachment issues manifesting. 	➤ Deep feelings of isolation and distress caused to child/young person due to severe emotional abuse.
Stimulation	 Child not often exposed to new experiences; spends considerable time alone watching TV. Unable to provide constructive leisure or guided play. Unable to provide positive stimulation – lack of positive activities or experiences. Learning not supported/encouraged. 	 Lack of response to child / young person's under achievement at school. Significant parenting difficulties with stimulation. 	

Parent or Carer	UNIVERSAL / PREVENTATIVE	TARGETED	SPECIALIST - COMPLEX/ ACUTE
Ensuring Safety, Protection, Stability	 May experience some exposure to unsafe situations in the home or community. Parental stresses starting to affect ability to ensure child's safety. Taking prescribed medication for medical condition(s) that could impair parenting ability. Post natal depression. Difficulties with managing child's sleeping, feeding, or crying. Regular exposure to dangerous situations in the home or community. DV incident. Unsupported parent. Parent less than 19 years old. Child's key relationships with family members not always kept up. Sense of helplessness. Parental instability affects capacity to nurture. Previous child death. Supported in the community by substance misuse team. 	 Child has different carers leading to attachment concerns. Substance &/or alcohol misuse affecting parenting. Criminal or anti social behaviour affecting parenting. Concerns about parenting of a child/young person who has been looked after. Inability to manage severe challenging behaviour without support – resulting in high risk of family breakdown. Child perceived to be a problem by parents. Requesting young person be accommodated. Physical care or supervision of the child/young person inadequate or erratic. Recent experience of serious loss or trauma affecting parenting ability. Mental illness affecting parenting. 	 Child/young person beyond parental control. Concerns about parenting of a child/young person who is at risk of becoming looked after. Unable to protect child/young person from harm. Domestic Abuse - stalking mother/children. Evidence of, or suspected, Fabricated or Induced illness. DV where abuser violates protective legal orders to commit acts of violence or abuse. Significantly harms child/ young person. Allegation or reasonable suspicion of serious injury, abuse or neglect. Child/young person rejected from home Persistent, serious Domestic Violence.
Guidance &Boundaries	 Lack of consistent boundaries and guidance. Condoned absence from school. Child allowed to behave in an anti-social way in the neighbourhood e.g. petty crime. Lack of routine in the home. Boundaries are too loose/tight/physical. Parent does not offer a good role model e.g. behaving in an anti-social way. 	Significant parenting difficulties with boundaries. Chaotic, inconsistent, insecure parenting.	 Very young child left at home alone or with school age young carers. Inability to judge dangerous or risky situations.

Family and Environment Indicators

Family & Environment	UNIVERSAL / PREVENTATIVE	TARGETED	SPECIALIST - COMPLEX/ ACUTE
Family History and Functioning	 Parent, sibling or family involved in petty criminal activity. Sibling with disability or significant health problem. Family history of parenting difficulties. Stress/conflict in family relationships. Acrimonious divorce/ separation. Daughter of a teenage mother or other teenage parents in family. Early parenthood accepted in family and wider social network. Significant ongoing relationship issues between siblings. Family is socially isolated. Life limiting illness within the family. 	 Family have serious physical/ mental health difficulties. DV suspected or apparent within the household. Criminal activity or offending behaviour in family. 	 Person defined as 'Risk to Children' in vicinity and frequents household Family home used for drug taking, sexual exploitation, illegal activities. Person defined as 'Risk to Children' living in home. Imminent family breakdown and risk of child becoming looked after. Escalating or persistent serious domestic violence.
Wider Family	 Limited support from friends and extended family. Lack of support networks. Family under stress without extended network of support. Family has poor relationship with extended family or little communication 	•	
Housing	 Overcrowded housing . Family / guardian of the child/young person under notice to quit their accommodation. Home insufficiently heated in winter. Poor state of repair; broken windows unattended to. House visibly damp. Unhygienic housing. Inadequate overcrowded home causing family stress 	 Homeless family in temporary housing affecting child's wellbeing. Housing is likely to significantly impair health/ development. Homeless and not eligible for temporary housing, or accommodation at risk. 	▶ Physical accommodation places child in danger.

Family & Environment	UNIVERSAL / PREVENTATIVE	TARGETED	SPECIALIST - COMPLEX/ ACUTE
Employment and income	 Low income / poor budgeting limiting a child/ young person's life chances Periods of unemployment of the wage earning parent Parents find it difficult to obtain employment. Chronic debt problems 	 Serious debts/ poverty impact on ability to have basic needs met, or on ability to care for child / young person. Family not entitled to benefits with no means of support. Family unable to gain employment due to longterm difficulties e.g. substance misuse, disability, and/or with significant lack of basic skills. 	
Family's Social Integration Community Resources	 Adequate universal resources but family may have access issues. Parents socially excluded. Poor community support systems. Family seeking asylum. Family experiencing discrimination or are victims of crime. Children missing education with peers. 	 Family chronically socially excluded. Persistent racial harassment or abuse from neighbours. Socially abusive family involved in ASBO's. 	➤ Family re-housed as part of Witness Protection programme.

Sources of Strength

Sources of Strengths and Protective Factors for Children, Young People & Families Which Build Up Resilience.

Child's Developmental Needs

Education

Experiences of success/achievement
No concerns around cognitive development
Access to books/toys, as appropriate
Acquired a range of skills/interests

Health

Physically healthy
Developmental checks/immunisations up to date
Adequate and nutritious diet
Regular dental and optical care
Developmental milestones met
Speech and language development met
Appropriate height and weight

Emotional and Behavioural Development

Good quality early attachments
Able to express empathy
Able to adapt to change
Demonstrate appropriate responses in feelings and actions

Family and Social Relationships

Positive relationships with peers. Good relationships with siblings. Stable and affectionate relationships with caregivers.

Identity

Positive sense of self and abilities. Demonstrates feelings of belongingness and acceptance. Ability to express needs.

Parenting CapacitySelf-Care Skills

Growing level of competencies in practical and emotional skills, such as feeding, dressing and independent living skills.

Social Presentation

Appropriate dress for different settings Good level of personal hygiene

Parenting Capacity

Basic Care

- for child's physical needs, e.g. food, drink, appropriate clothinG, medical and dental care.

Ensuring Safety - from danger or significant harm, in the home and elsewhere.

Emotional Warmth - warm regard, praise and encouragement.

Stability - ensures that secure attachments are not disrupted - Provides consistency of emotional warmth over time

Stimulation - Facilitates cognitive development through interaction and play.
- Enables child to experience success.

Guidance and boundaries

- Provides guidance so that child can develop an appropriate internal model of values and conscience.

Family and Environmental Factors

Family History and Functioning

- Good relationships within family, including when parents are separated.
- Few significant changes in composition.

Wider Family

- Sense of a larger familial network and good friendships outside of the family unit.

Family's Social Integration

- Family feels integrated within community. - Good social and friendship networks.

Employment

- Parents able to mange the working or unemployment arrangements and do not perceive them as unduly stressful.

Income.

- Reasonable income over time, with resources use appropriately to meet individual need
- Accommodation has basic amenities and appropriate facilities.

Community resources- Ready access to good universal services