

Red Hen: Threshold Guidance

- Appropriate Referral
- Referral can be made but needs discussion with Red Hen to assess together most appropriate organisation to pick up lead work on this issue
- Inappropriate Referral

PARENTING CAPACITY: Basic care, ensuring safety and protection

Some concerns around child's physical needs being met
Some exposure to dangerous situations in the home or community
Parental stresses starting to affect ability to ensure child's safety
Lack of appropriate safety equipment in home
Lack of car seats in cars when babies and young children are being transported
Victim of crime
Professionals become aware of 2+ attendances at hospital A&E in the last year

Parent is struggling to provide adequate care
Difficult to engage parents with services
Scale 1 Domestic Violence as per Barnardo's DV Risk Identification Matrix
Professionals have serious concerns
Trauma caused by being victim of crime

Difficulties providing emotional warmth
Children often wear inappropriate clothes/appear unkempt
Learning difficulties/disability that affect parenting
Child or young person being asked to take on inappropriate caring responsibilities
Concerns about physical care of the child
Learning difficulties/disability that affect parenting
Physical health needs that affect the care of the child
A known but stable mental illness that affects the care of the child
Substance and/or alcohol misuse affecting parenting
Criminal or antisocial behaviour affecting parenting
Child/young person deliberately kept out of school
Disabled child where parent is unable to meet needs without significant support
Scale 2 domestic violence as per Barnardo's guidance

PARENTING CAPACITY: Guidance, boundaries, stimulation, emotional warmth and stability

Inconsistent responses to child by parent(s)
Prof. concerns about small no. of opportunities for baby/child social interaction
Child is not often exposed to new experiences
Spends considerable time alone e.g. watching television
Parent provides inconsistent boundaries
Starting to demonstrate difficulties with attachments
Relationships with key family members not always kept up
May have different carers
Can behave in an anti-social way in the community e.g. petty crime
Professionals begin to have concerns about parent's attachment to their baby

Receives erratic or inconsistent care
Has episodes of poor quality care
Parental instability affects capacity to nurture
Erratic or inadequate guidance provided
Not receiving positive stimulation, with lack of new experiences or activities (lack of constructive leisure/activities)

Chaotic, intolerant, critical or rejecting parent
Difficulties providing emotional warmth
Failure to secure school attendance leading to legal action

FAMILY HISTORY & ENVIRONMENTAL FACTORS: Family history and functioning

Parent has physical/mental health difficulties
Fluid household
Some social exclusion experiences
Low income/poor financial management
Current or historic domestic violence
Has experienced the loss of a significant adult e.g. separation or bereavement
Young carer (for siblings and/or parent)
Drug/alcohol issues within the household
Periods of unemployment of the wage earning parent(s)
Parents starting to feel stressed around unemployment or work situation
Parent have limited formal education
Drastic change to family income

Family has poor relationship with extended family/little communication/is socially isolated
Acrimonious divorce/separation
Fluid household
Parent stressed due to unemployment or overworking
Serious debts/poverty impact on ability to meet needs
Parents lack of skills to obtain employment

Family is socially isolated and does not/cannot access local services if required for the child
Family does not have money to meet basic needs

FAMILY HISTORY & ENVIRONMENTAL FACTORS: Housing

Social isolation
Adequate/poor housing
Asylum seeking or refugee family
Families in temporary accommodation
Accommodation could be threatened due to change in circumstances
Homelessness

Asylum seeking/refugee/newly arrive/transient family
Temporary accommodation
Poor state of repair, temporary or overcrowded

Inadequate/overcrowded housing is likely to significantly impair health and development
Homeless in temporary accommodation
Hygiene of home environment is cause for concern and has not improved with intervention

CHILD'S DEVELOPMENT NEEDS: Health

Starting to default on health appointments including immunisation/checks
Frequent minor health problems e.g. head lice/nappy rash
Minor concerns re diet
Some delay in reaching developmental milestones
Mild speech, language and communication delay (almost age appropriate)

Concerns babies/young children are persistently cared for in smoking environment
Persistent or recurring health problems e.g. nappy rash, thrush, head lice
Missing routine and non-routine health appointments
Child of teenage pregnancy
Concerns re diet (overweight/underweight/eating disorders)
Teenage pregnancy
Has some chronic health problems
Moderate speech, language and communication difficulties

Organic failure to thrive/not meeting developmental milestones
Substance misuse potentially damaging to health/development
Multiple A&E attendances causing concern
Significant speech, language and communication difficulties
Medical needs that effect access to learning

CHILD'S DEVELOPMENT NEEDS: Emotional and behavioural

Has some difficulty sustaining relationships (within family, school & community)
Some disturbance of behaviour or emotional distress may be present in response to life stresses (e.g., parental separations, deaths, birth of a sibling)
Significant change in behaviour/demeanour
Overprotected/unable to develop independence
Sporadic or isolated antisocial acts
Some low level criminal and/or anti-social behaviour
May experience difficulties in settling into early years setting, childcare or school
Risk taking behaviour e.g. more than minimal alcohol consumption if under the age of 15, use of illegal drugs, unsupervised alcohol consumption

School refusal and other forms of anxiety
Frequent anxiety attacks or episodes of aggressive or other antisocial behaviour with some preservation of meaningful social relationships
Inappropriate sexual behaviour/relationships
Starting fires
Risk taking e.g. alcohol use in relation to age and effect on life chances; regretted sexual episode as a result of intoxication; drug/alcohol related incident at school; attended A&E due to intoxication; received warning from Police due to alcohol or drug use; disclosure of self-medication to deal with mental health problems
Obsessive rituals major conversion symptoms
Suicidal preoccupation and ruminations

Challenging behaviour caused by parenting/environment, including instances of running away
Failure to establish & sustain positive nurturing relationships with others
Unable to demonstrate empathy
Occasional self harm
Major impairment in functioning in several areas and unable to function in one of these areas, i.e., disturbed at home, at school, with peers, or in the society at large, e.g., persistent aggression without clear trigger; markedly withdrawn and isolated behaviour due to either mood or thought disturbance

CHILD'S DEVELOPMENT NEEDS: Self-care skills

Slow to develop age appropriate self-care skills
Overprotected/unable to develop independence

Poor problem solving and/or practical self-care and social skills for age or precociously able to care for self
Impaired self care skills through disability

Significant mental/physical health needs/behavioural difficulties impacting on ability to care for self
Severe developmental difficulties impacting on ability to care for self
Social circumstances impacting on ability to care adequately for self/own safety

CHILD'S DEVELOPMENT NEEDS: Family and social relationships

Over friendly, withdrawn and/or isolated
Low level hygiene problems
Sometimes clothes are not washed
May experience bullying around "difference"

Limited access to social and community support
Demonstrates significantly low self-esteem in a range of situations
Poor and inappropriate self-presentation
Clothing regularly unwashed
Hygiene problems
Has a lack of positive role models
Involved in conflicts with peers/siblings
Has multiple carers/been "looked after" by local authority
Subject to discrimination, e.g. ethnicity, sexual orientation or disability
Is provocative in behaviour/appearance
Regularly needed to care for another family member (young carer)

Child has caring responsibilities that impact significantly on behaviour/development
No access to pre-school, social and community support
Privately fostered child
Subject to discrimination

CHILD'S DEVELOPMENT NEEDS: Learning

Reduced access to books/toys/play
Not always engaged in learning e.g. poor concentration, low motivation and interest
Poor punctuality
Pattern of occurrence/ regular authorised and/or unauthorised absences
Not thought to be reaching his/her educational potential

Poor school attendance at level of referral to Education Welfare Officer (80-85% or below)
May have experienced some fixed term exclusions
Not making adequate progress or meeting nationally expected attainment

Poor school attendance at stage of legal action
Series of fixed term exclusions
Adequate progress not made despite sustained interventions
Severe and persistent learning difficulties - attainment falling two levels below expectations
Out of school/excluded and family unengaged