

LSCB MULTI-AGENCY THRESHOLD GUIDANCE

for referral and assessment



Sutton LSCB
Local Safeguarding
Children Board

Owner: Sutton LSCB
Version: 4.1
Issued: October 2018
Contact: suttonlscb@sutton.gov.uk

CONTENTS

1	Introduction	1
2	Legal and policy context	1
3	Early Help and Child Protection pathways	2
4	Attendance matters	4
5	The four levels of need framework	4
6	The assessment triangle	6
7	Sutton threshold guidance (based on London SCB threshold guidance)	7
8	Indicator of needs matrix (tiers 1-4)	11
9	Threshold criteria: section 47, section 20, section 31	31

APPENDICES

A	Sutton threshold pathways	34
B	MASH referral form	35

1. INTRODUCTION

This threshold document is guidance for responding to a concern about a child under the age of 18 years, based on the London Child Protection procedures, which should be followed by all staff and volunteers in the London Borough of Sutton.

While most children grow up without needing more than universal services, we know that some will need early help services at different stages of their development. Sutton Local Safeguarding Children Board (LSCB) expects that all those in contact with children know how to complete an early help assessment, and are able to identify and respond to concerns about actual or likely significant harm under the definition of the Children Act 1989.

Everyone has a responsibility to refer a concern about abuse and neglect to the Multi-Agency Safeguarding Hub (MASH), using the standard MASH referral form (see Appendix B).

The LSCB multi-agency safeguarding training programme provides core child protection modules based on the LSCB threshold guidance, including safeguarding children with disabilities training, and should also form the basis of single-agency child protection training and staff briefing.

Employers must ensure that staff and volunteers are equipped with the knowledge and skills to fulfil safeguarding responsibilities under the S.11 duty of the Children Act 2004.

Sutton LSCB partners are all signed up to comply with London Child Protection procedures: <http://www.londoncp.co.uk/>.

Organisations in the London Borough of Sutton should also comply with additional LSCB local protocols and practice guidance that are published on the LSCB website: <http://www.suttonlscb.org.uk>.

2. LEGAL AND POLICY CONTEXT

Working Together to Safeguard Children (2018) sets out a clear expectation that local agencies will work together and collaborate to identify children with additional needs and/or disabilities and provide support as soon as a problem emerges. Providing early help is far more effective in promoting the welfare of children - and keeping them safe - than reacting later when any problems, for example neglect, may have become more entrenched. The importance of using a child-centred approach in following the child's journey is also emphasised. All services which are provided must be based on a clear understanding of the needs and views of the individual child in their family and community context.

Regulation 5 of the Local Safeguarding Children Board's Regulations 2006 sets out the functions of the LSCB, in relation to section 14 of the Children Act 2004. One function is to develop policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:

- The action to be taken where there are concerns about a child's safety or welfare, including **thresholds** for intervention.
- The LSCB should publish a **threshold document** that includes:
 - The process for the early help assessment and the type and level of early help services to be provided; and the criteria, including the level of need, for when a case should be referred to local authority children's social care for assessment and for statutory services under:
 - Section 17 of the Children Act 1989 (children in need, including those with disabilities);
 - Section 47 of the Children Act 1989 (reasonable cause to suspect children suffering or likely to suffer significant harm);
 - Section 31 (care orders); and
 - Section 20 (duty to accommodate a child) of the Children Act 1989, see section 9 for further details.

Safeguarding and promoting the welfare of children can be defined as:

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care;
- Taking action to enable all children, including those with disabilities, to have the best outcomes.

This multi-agency threshold guidance document informs agencies in Sutton how to assess and identify a child's level of need and how to access the right level support. The threshold guidance is divided into four levels:

- Tier 1 - No Additional Needs
- Tier 2 - Early Help/ Early Support
- Tier 3 - Children with Complex Multiple Needs
- Tier 4 - Children in Acute Need

This document should be used in conjunction with The London Child Protection Procedures: <http://www.londoncp.co.uk/>.

3. EARLY HELP AND CHILD PROTECTION PATHWAYS

When to complete an Early Help Assessment

- If you are worried about a behaviour, incident, or information disclosed;
- If you require more information to help you plan next steps to address an issue;
- The child, young person, or family's needs cannot be met by a single agency;
- If a parent expresses concerns;
- If a child has disabilities (these should be sent to Access Point, details below).

Before you start an Early Help assessment contact the Early Help Co-ordinator to find out if an assessment has already been logged by another professional. The Co-ordinator can also advise on whether there is already a lead professional or social worker involved.

The template to complete the Early Help Assessment is available to download on the London Borough of Sutton Council website: <http://www.sutton.gov.uk>.

Early Help Co-ordinator contact details

- Telephone: 0208 770 4128
- Email: earlyhelp@sutton.gov.uk
- Email: ehat@sutton.gov.uk (for completed early help assessments)

Access Point contact details (for early help assessments for short breaks)

- Telephone: 0208 770 4690
- Email: accesspoint@sutton.gov.uk

What is the role of the MASH?

Sutton MASH is the front door to Children's Services, its core function is to assess the level of need and risk associated with the contacts and referrals received. The role of the front door ends once a recommendation has been made on the next steps, for example, a social work assessment, referral to early help, referral to the children with disabilities service, or no further action. Multi-agency safeguarding information is gathered on a proportion of contacts and referrals to Children's Services where it has been identified that this is necessary in order to inform an assessment of need and risk.

The core elements of the MASH process are:

- To process all notifications relating to the safeguarding or welfare of children through a single point of contact;
- To engage with children and families as a vital part of the assessment of need and risk;

- To be a co-located team of professionals from core agencies to research, interpret, and determine what is proportionate and relevant to share; and
- Risk to be analysed and assessed, based on the fullest information picture and used to decide what action should be taken.

When to make a MASH referral

- If you are concerned about the abuse or neglect of an unborn baby or a child aged under 18 years (including those with disabilities);
- If you are concerned about the self-harm and suicide risk of a child or young person;
- If you are concerned about a child being exploited, including peer on peer sexual exploitation;
- If a child is seriously injured or has died;
- If you require information, advice, or guidance about the application of the threshold for a referral and assessment.

A copy of the referral form is available in Appendix B of this document, and can be downloaded from the London Borough of Sutton Council website and the Sutton LSCB website.

MASH contact details

- Telephone: 0208 770 6001
- Mobile: 07736338962
- Non-secure email: mash@sutton.gov.uk
- Secure email: mash@sutton.gov.uk.cjism.net
- Address: Sutton MASH, 1st Floor, Sutton Civic Offices, St Nicholas Way, Sutton, SM1 1EA

Emergency Duty Team (out of hours) contact details

- Telephone: 0208 770 5000
- Email: childrens.edt@sutton.gov.uk.cjism.net
- Fax: 0208 770 5090

When there is an immediate need to protect the child, the Police should be contacted on 999.

For details on the referral and assessment process, see the flowchart in Appendix A.

4. ATTENDANCE MATTERS

Parents and carers are responsible in law (S.7 Education Act 1996) for ensuring their children are in receipt of a suitable full time education. In addition, Local Authorities have a legal obligation (S.437 Education Act 1996) to ensure that all children of statutory school age, who reside in their area, are in receipt of a suitable education. Locally, this duty may be delegated to an Education Welfare Office service or Early Help colleagues.

If a child is experiencing attendance difficulties and it remains below an acceptable threshold once school staff have exhausted internal strategies to improve the attendance, school staff have a duty to inform the relevant services in the Local Authority.

In many cases school staff will have informed parents and carers that a referral is going to be made. However, given that failure to ensure a child's attendance at school is an offence committed by parents and carers, there is no obligation for parents and carers to consent to the referral, and there are no implications for sharing relevant data in relation to the potential offence.

In addition to a duty to make contact on the first day of all instances of unexplained absence for school, staff should consider referrals for all children with six weeks broken attendance or two weeks complete non-attendance. Failure to take timely action to follow up on all days missed from school can have serious safeguarding implications.

5. THE FOUR LEVELS OF NEED FRAMEWORK

It is important to emphasise that the indicators contained in this document are not an exhaustive list. Multiple factors are likely to be present and decisions as to whether the criteria applies relies on professional judgement, including the advice from the agency designated safeguarding specialist or MASH.

We also know that the signs that a child or young person has particular needs may not be found in a single piece of evidence but in a combination of factors or indicators. For example, within this threshold framework, a cluster of indicators at Tier 2 when considered together may indicate the need for a Tier 3 assessment. A single indicator could be sufficient to meet the threshold at Tier 4 even in the absence of any other indicator.

The LSCB has issued a **neglect screening tool** to assist decision making in this area which is available to download from the LSCB website.

Tier 1: No additional needs

These are children with no additional needs; all their health and developmental needs will be met by universal services. These are children who consistently receive child focused care giving from their parents or carers. The majority of children living in each local authority area require support from universal services alone.

Tier 2: Early help/ early support

These are children with additional needs (including disabilities), who may be vulnerable and showing early signs of abuse and/or neglect; their needs are not clear, not known, or not being met. These children may be subject to adult focused care giving. This is the threshold for a multi-agency early help assessment to begin. These are children who require a lead professional for a co-ordinated approach to the provision of additional services such as family support services, parenting programmes, and children's centres. These will be provided within universal or targeted services provision, either outside of or in partnership with Children's Services.

Tier 3: Children with complex multiple needs

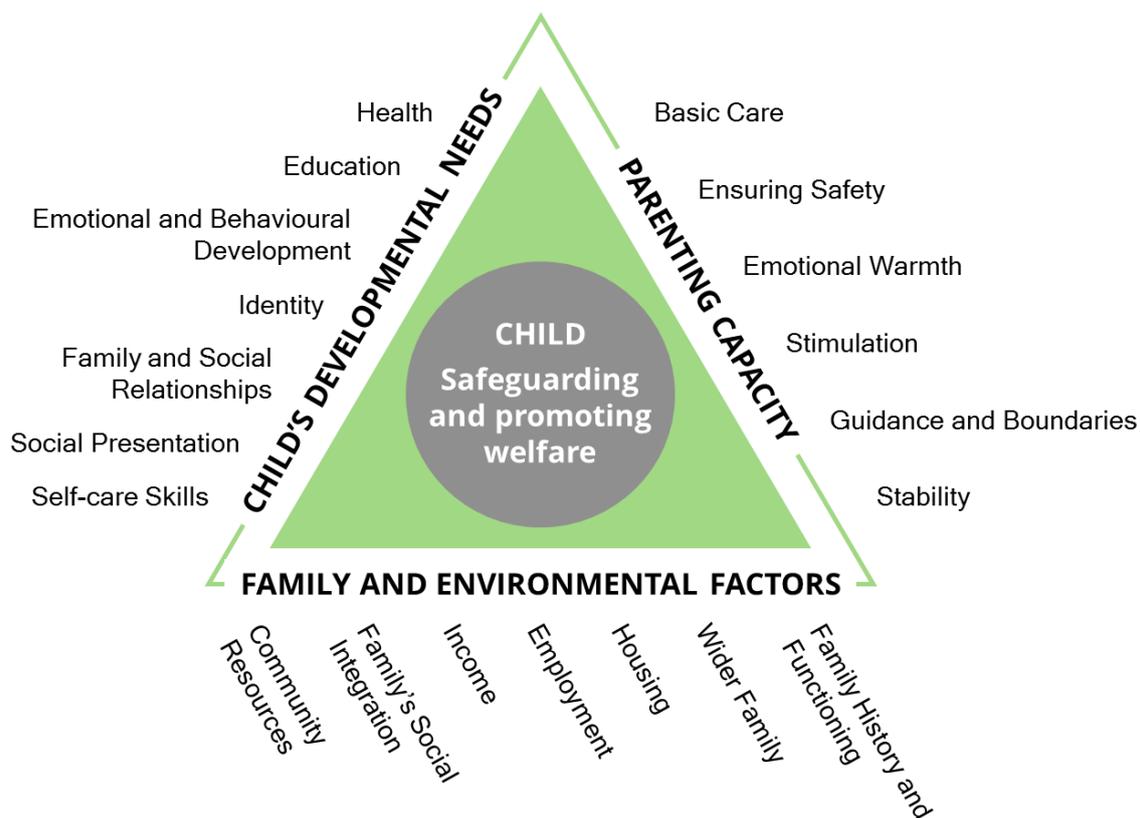
These children require specialist services in order to achieve or maintain a satisfactory level of health or development, or to prevent significant impairment of their health and development, and/or who are disabled. They may require longer term intervention from specialist services. In some cases these children's needs may be secondary to the adult's needs. This is the threshold for an assessment led by Children's Services under S.17 of the Children Act 1989, although the assessments and services required may come from a range of provision outside of Children's Services.

Tier 4: Children in acute need

These children (including those with disabilities) are suffering or are likely to suffer significant harm. This is the threshold for child protection. These children are likely to have already experienced adverse effects and to be suffering from poor outcomes. Their needs may not be considered by their parents. This tier also includes Tier 4 health services which are specialised services in residential, day patient, or outpatient settings for children and adolescents with severe and/or complex health problems, and they may be referred to Children's Services under S.20, 47, or 31 of the Children Act 1989. This would also include those children remanded into custody and statutory youth offending services.

6. THE ASSESSMENT TRIANGLE

The assessment triangle should be used to identify the interplay between the three domains to assess the child's needs and form a judgement regarding the level of need. It is taken from the Framework for Assessment in Need and their Families which is used is the assessment model for considering whether a child is in need under the Children Act 1989.



7. SUTTON THRESHOLD GUIDANCE (BASED ON LONDON SCB THRESHOLD GUIDANCE)

Tier 1: Universal

Development of the baby, child, or young person

- Developmental milestones are met, including age-appropriate emotional, academic, and social development;
- CYP is healthy;
- CYP is in education, employment, or training (EET);
- CYP displays age-appropriate behaviours and self-control;
- CYP does not go missing.

Environmental factors

- Stable and safe housing;
- Safe neighbourhood;
- Financial stability;
- Good social networks and access to community resources;
- No links to proscribed organisations.

Parental and family factors

- Regular access to universal services to meet child's needs;
- Consistent evidence of emotionally warm, encouraging, supportive, and protective parenting, with clear and consistent boundaries in place;
- Positive family network;
- All CYP's needs are fully met by the parents;
- No incidents or violence or criminal activity in the family;
- Parents' health, learning disabilities, and alcohol or drug use does not impact on parenting.

Tier 2: Early Help/ Early Support

Development of the baby, child, or young person

- Developmental milestones are not met, and CYP is below age-appropriate social development expectations;
- CYP has health issues, due to a mild health condition, poor diet, lack of physical activity, or drug and alcohol use;
- CYP is not in education, employment, or training (NEET);
- CYP has a negative sense of self and abilities, occasional demonstration of emotional or behavioural difficulties, and/or lacks emotional support;
- CYP expresses verbal support for extreme/ intolerant views;
- CYP has gone missing on one or two occasions;
- CYP shows occasional signs of neglect or abuse.

Environmental factors

- Financial pressures and restricted access to public funds;
- Housing is stable, but dirty and not always safe;
- Neighbourhood has a negative impact on CYP;
- Family experiences social exclusion, bullying, and/or anti-social behaviour;
- Indirect links to proscribed organisations.

Parental and family factors

- Parent/ carer not accessing universal services appropriately;
- A lack of emotionally warm and supportive parenting and age-appropriate boundaries and routines;
- Lack of support from family network;
- CYP's needs are mostly met by the parents with additional help;
- Low level/ isolated incidents of parental conflict and tension, mitigated by other protective factors;
- Parents' health, learning disabilities, and alcohol or drug use occasionally impacts on parenting;
- Concerns around disciplining of CYP and/or harmful traditional practices;
- CYP lives with adult who holds extreme/ intolerant views;
- History of criminal activity, and/or evidence of gang involvement.

Tier 3: Complex Multiple Needs

Development of the baby, child, or young person

- Some developmental milestones are not met and require specialist support;
- CYP is below age-appropriate academic expectations despite ongoing support, and CYP refuses to engage in education or employment;
- CYP has health issues, due to a health condition, poor diet, no physical activity, or substance misuse;
- Persistent demonstration of behavioural difficulties, which increases risk of anti-social behaviour, bullying, crime, substance misuse, and exploitation;
- CYP has a negative sense of self and abilities which is impacting on their outcomes and/or lacks emotional support. Concern that CYP may be self-harming or feeling suicidal;
- CYP is isolated and has communication difficulties;
- CYP expresses beliefs of extremism/ intolerance.
- CYP persistently goes missing;
- CYP shows consistent signs of neglect or abuse.

Environmental factors

- Family's legal status puts them at risk of involuntary removal from the country;
- Housing is dirty and unsafe;
- Neighbourhood has a negative impact on CYP;
- Financial resources are not used in the best interests of CYP;
- Family experiences social exclusion, bullying, hate crime, violence, and anti-social or criminal behaviour;
- Strong links to proscribed organisations.

Parental and family factors

- Poor engagement with and resistance to recommended support and services;
- CYP discouraged from success in education or employment;
- CYP educated to hold extreme/ intolerant views and is accessing extremist imagery;
- Poor parenting is having a negative impact on CYP and appropriate boundaries are not set;
- Weak or negative family network;
- Historic or current low-level domestic abuse impacts on CYP's emotional wellbeing and increases risk of CYP being a perpetrator or victim of abuse including CSE;
- Physical or mental health, learning difficulties, and/or substance misuse of parents impacts parenting, and parent/ carer unable to protect CYP from harm;
- Concerns around disciplining of CYP and/or harmful traditional practices;
- History of criminal activity, and/or evidence of gang involvement.

Tier 4: Children in Acute Need

Development of the baby, child, or young person

- Developmental milestones are significantly delayed creating risk of significant harm;
- CYP has complex health issues, due to a complex health condition, poor diet, no physical activity, or substance misuse;
- Persistent demonstration of behavioural difficulties, which places CYP at imminent risk of anti-social behaviour, bullying, crime, substance misuse, and exploitation;
- CYP has a negative sense of self and abilities which has been exploited by others. CYP is self-harming or disclosing suicidal thoughts;
- CYP is completely isolated and has little or no communication;
- CYP expresses beliefs of extremism/ intolerance, and there are concerns that CYP is being groomed for involvement in extremist activities;
- CYP persistently goes missing, does not recognise risk, and may be involved in CSE;
- CYP shows consistent physical and emotional signs of neglect or abuse.

Environmental factors

- Family members at risk of deportation;
- Family has no stable housing, and their home is consistently dirty and unsafe;
- Neighbourhood has a profound negative impact on CYP;
- Poor financial resources and budgeting results in CYP's basic needs not being met;
- Family is social excluded and involved in bullying, hate crime, violence, and anti-social or criminal behaviour;
- Family and/or friends are members of proscribed organisations.

Parental and family factors

- Parent/ carer neglects to access recommended support and services;
- Strong suspicions/ evidence of fabricated illness;
- CYP is actively obstructed and discouraged from success in education or employment;
- CYP educated to hold extreme/ intolerant views, is circulating extremist imagery, and/or family is planning on travelling to a conflict zone;
- Relationships between parents and CYP have broken down and appropriate boundaries are not set which exposes CYP to significant harm;
- Highly volatile family network;
- Current domestic abuse is emotionally harming CYP, and CYP is at high risk of being or is already a perpetrator or victim of abuse including CSE;
- Physical or mental health, learning difficulties, and/or substance misuse of parents significantly impacts the care of CYP;
- Parent/ carer unable to protect CYP from harm and places them at significant risk;
- Parent/ carer physically harms CYP and/or may be subjecting them to harmful traditional practices;
- Current criminal activity, and/or evidence of gang involvement.

8. PAN-LONDON INDICATORS OF NEED MATRIX (TIERS 1-4)¹

Indicators of need matrix (tiers 1-4)			
Development of the baby, child, or young person			
<p>This includes the child's health, family, and social relationships, including primary attachment, and emotional and behavioural development. Some of the indicators will depend on the child's age. These are guidelines to support practitioners in their decision-making. This is not intended to be a 'tick box' exercise and practitioners should use their professional judgement.</p>			
Tier 1	Tier 2	Tier 3	Tier 4
<p>Children with no additional needs whose health and developmental needs can be met by universal services.</p>	<p>Children with additional needs that can be met through the provision of 'early help' - a referral to children's social care is not required.</p>	<p>Children with complex multiple needs who need statutory and specialist services. A referral to children's social care is required.</p>	<p>Children in acute need. Require immediate referral to children's social care and/or the police.</p>
The child's education and employment			
Developmental milestones met.	Some developmental milestones are not being met which will be supported by universal services.	Some developmental milestones are not being met which will require support of targeted/ specialist services.	Developmental milestones are significantly delayed or impaired.
The child possesses age-appropriate ability to understand and organise information and solve problems, and makes adequate academic progress.	The child's ability to understand and organise information and solve problems is impaired and the child is under-achieving or is making no academic progress.	The child's ability to understand and organise information and solve problems is very significantly impaired and the child is seriously under-achieving or is making no academic progress despite learning support strategies over a period of time.	The child's inability to understand and organise information and solve problems is adversely impacting on all areas of his/her development creating risk of significant harm.
The young person is in education, employment, or training (EET).	The young person is not in education, employment, or training (NEET) or their attendance is sporadic and they are not likely to reach their potential	The young person refuses to engage with educational or employment opportunities and are increasingly socially isolated - there is concern that this results from or is impacting on their mental health.	

¹ Threshold document: continuum of help and support
www.londoncp.co.uk/files/revised_guidance_thresholds.pdf

Tier 1	Tier 2	Tier 3	Tier 4
The child's health			
The child is healthy and does not have a physical or mental health condition or disability.	The child has a mild physical or mental health condition or disability which affects their everyday functioning but can be managed in mainstream schools. Child may be on school action or action plus/ SEN statement. Child in hospital.	The child has a physical or mental health condition or disability which significantly affects their everyday functioning and access to education. Child may have SEN statement.	The child has a complex physical or mental health condition or disability which is having an adverse impact on their physical, emotional, or mental health and access to education.
The child is healthy, and has access to and makes use of appropriate health and health advice services.	The child rarely accesses appropriate health and health advice services, missing immunisations.	There is no evidence that the child has accessed health and health advice services and suffers chronic and recurrent health problems as a result.	The child has complex health problems which are attributable to the lack of access to health services.
The child undertakes regular physical activities and has a healthy diet.	The child undertakes no physical activity, and/or has an unhealthy diet which is impacting on their health.	The child undertakes no physical activity and has a diet which seriously impacts on their health despite intensive support from early help services.	Despite support, the child undertakes no physical activity and has a diet which is adversely affecting their health and causing significant harm.
The child has no history of substance misuse or dependency.	The child is known to be using drugs and alcohol frequently with occasional impact on their social wellbeing.	The child's substance misuse dependency is affecting their mental and physical health and social wellbeing.	The child's substance misuse dependency is putting the child at such risk that intensive specialist resources are required.
The child's emotional wellbeing			
The child engages in age-appropriate activities and displays age-appropriate behaviours.	The child is at risk of becoming involved in negative behaviour/ activities, for example, anti-social behaviour (ASB) or substance misuse.	The child is becoming involved in negative behaviour/ activities, for example, non-school attendance and as a result may be excluded short term from school. This increases their risk of being involved in ASB, crime, substance misuse, and puts them at risk of grooming and exploitative relationships with peers or adults.	The child frequently exhibits negative behaviour or activities that place self or others at imminent risk including chronic non-school attendance. Child may be permanently excluded or not in education which puts them at high risk of CSE.

Tier 1	Tier 2	Tier 3	Tier 4
The child has a positive sense of self and abilities.	The child has a negative sense of self and abilities.	The child has a negative sense of self and abilities to the extent that it impacts on their daily outcomes.	The child has such a negative sense of self and abilities that there is evidence or likelihood that this is causing harm.
The child's positive sense of self and abilities reduces the risk that they will be targeted by peers or adults who wish to exploit them.	The child has a negative sense of self and abilities and suffers with low self-esteem which makes them vulnerable to peers and adults who pay them attention and/or show them affection but do so in order to exploit them.	The child's negative sense of self and low self-esteem has contributed to their involvement with peers and/or adults who are thought to be treating them badly and/or encouraging them to get involved in self-destructive and/or anti-social or criminal behaviour.	The child's vulnerability resulting from their negative sense of self and low esteem has been exploited by others who are causing them harm.
The child is emotionally supported by his/ her parents/ carers to meet their developmental milestones to the best of their abilities.	The child occasionally does not meet developmental milestones due to a lack of emotional support.	The child is unable to meet developmental milestones due to their inability of their parent/ carer to emotionally engage with them.	The child's development is being significantly impaired.
The child has not suffered the loss of a close family member or friend.	The child has suffered a bereavement recently or in the past and is distressed but receives support from family and friends and appears to be coping reasonably well - would benefit from short term additional support from early help services.	The child has suffered bereavement recently or in the past and doesn't appear to be coping. They appear depressed and/or withdrawn and there is concern that they might be/are self-harming or feeling suicidal.	The child has suffered bereavement and is self-harming and/or disclosing suicidal thoughts.
The child has not suffered the loss of a close family member or friend.	The child has suffered a bereavement recently or in the past and is distressed but receives support from family and friends and appears to be coping reasonably well - would benefit from short term additional support from early help services.	The child has suffered bereavement recently or in the past and doesn't appear to be coping. There are concerns the child's behaviour has deteriorated significantly at school and/or at home and/or they are engaging in risky behaviours such as going missing or substance misuse.	The child has suffered bereavement recently or in the past and is going missing from school or home and is thought to be at risk of child sexual exploitation or of involvement in gang/ criminal activity.

Tier 1	Tier 2	Tier 3	Tier 4
The child's social development			
The child has strong friendships and positive social interaction with a range of peers.	The child has few friendships and limited social interaction with their peers.	The child or young person is isolated, and refuses to participate in social activities.	The child or young person is completely isolated, refusing to participate in any activities.
The child is able to communicate with others, engages in positive social interactions and demonstrates positive behaviour in a wide variety of social situations. Child demonstrates respect for others.	The child has communication difficulties and poor interaction with others.	The child has significant communication difficulties. The child interacts negatively with others and demonstrates significant lack of respect for others.	The child has little or no communication skills. Positive interaction with others is severely limited.
The child demonstrates accepted behaviour and tolerance towards their peers and others. Where on occasion this is not the case, this is managed through effective parenting and universal services.	The child exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community. Support is in place to manage this behaviour.	The child exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community. Early support has been refused, or been inadequate to manage this behaviour.	The child exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community, and which is impacting on their wellbeing or safety.
The child demonstrates feelings of belonging and acceptance.	The child is a victim of discrimination or bullying.	The child has experienced persistent or severe bullying which has impacted on his/her daily outcomes.	The child has experienced such persistent or severe bullying that his/ her wellbeing is at risk.
The child's behaviour			
The child's activities are legal.	The child has from time to time been involved in anti-social behaviour.	The child is involved in anti-social behaviour and may be at risk of gang involvement.	The child is currently involved in persistent or serious criminal activity and/or is known to be engaging in gang activities.
The child's activities are legal.	The child expresses sympathy for ideologies closely linked to violent extremism but is open to other views or loses interest quickly.	The child expresses beliefs that extreme violence should be used against people who disrespect their beliefs and values.	The child supports people travelling to conflict zones for extremist/ violent purposes or with intent to join terrorist groups. The child expresses a generalised non-specific intent to go themselves.

Tier 1	Tier 2	Tier 3	Tier 4
The child demonstrates self-control appropriate with their age and development.	The child from time to time displays a lack of self-control which would be unusual in other children of their age.	The child regularly displays a lack of self-control which would be unusual in other children of their age.	The child displays little or no self-control which seriously impacts on relationships with those around them putting themselves/ others at risk.
The child has growing level of competencies in practical and independent living skills.	The child's competencies in practical and independent living skills are at times impaired or delayed.	The child does not possess, or neglects to use, self-care and independent living skills appropriate to their age.	Severe lack of age-appropriate behaviour and independent living skills likely to result in significant harm, e.g. bullying, and isolation.
The child engages in age-appropriate use of internet, gaming, and social media.	The child is at risk of becoming involved in negative internet use, lacks control, and is unsupervised in gaming and social media applications.	The child is engaged in or victim of negative and harmful behaviours associated with internet and social media use, e.g. bullying, trolling, and transmission of inappropriate images. Or is obsessively involved in gaming which interferes with social functioning.	The child is showing signs of being secretive, deceptive and is actively concealing internet and social media activities, e.g. at risk of being groomed for child sexual exploitation or is showing signs of addiction (gaming, pornography).
The child engages in age-appropriate use of internet, including social media.	The child is at risk of becoming involved in negative internet use that will expose them to extremist ideology. They have unsupervised access to the internet and have disclosed to adults or peers that they intend to research such ideologies although they haven't done so yet. They express casual support for extremist views.	The child is engaged in negative and harmful behaviours associated with internet and social media use. The child is known to have viewed extremist websites and has said s/he shares some of those views but is open about this and can discuss the pros and cons of different viewpoints.	There are significant concerns that the child is being groomed for involvement in extremist activities. The child is known to have viewed extremist websites and is actively concealing internet and social media activities. They either refuse to discuss their views or make clear their support for extremist views.

Tier 1	Tier 2	Tier 3	Tier 4
The child engages in age-appropriate activities and displays age-appropriate behaviours and self-control.	The child is at risk of becoming involved in negative behaviour/ activities. For example, the child is expressing strongly held and intolerant views towards people who do not have extreme views.	The child is becoming involved in negative behaviour/ activities. For example, the child is refusing to cooperate with activities at school that challenge their religious or political views. The child is influenced by them.	The child expresses strongly held beliefs that people should be killed because they have a different view. The child is initiating verbal and sometimes physical conflict with people who with extremist views and perceives these people as teaching her/ him the correct way to live and those who don't hold these views as deluded and/or as a threat.
The child engages in age-appropriate activities and displays age-appropriate behaviours and self-control.	The child is expressing verbal support for extreme views some of which may be in contradiction to British law, for example, the child has espoused racist, sexist, homophobic, or other prejudiced views and links these with a religion or ideology.	The child has connections to individuals or groups known to have extreme views.	The child has strong links with individuals or groups who are known to have extreme views and/or are known to have links to violent extremism. The child is thought to be involved in the activities of these groups.
The child does not run away from home.	The child has run away from home on one or two occasions or not returned at the normal time.	The child persistently runs away and/or goes missing.	The child persistently runs away and/or goes missing and does not recognise that he/ she is putting him/ herself at risk.
The child's whereabouts are always known to their parents or carers.	The child has been missing from home on one or two occasions and there is concern about what happened to them whilst they were away.	The child persistently goes missing.	The child persistently goes missing and is engaging in risky behaviours whilst they are away. There is concern they might be being sexually exploited or being drawn into criminal behaviour.

Tier 1	Tier 2	Tier 3	Tier 4
The child does not run away from home.	The child has run away from home on one or two occasions or not returned at the normal time. There is concern that they might have been staying with friends or relatives who have extreme views.	The child persistently runs away and/or goes missing. There are serious concerns that they are running away in order to spend time with friends or relatives with extreme views and that they being influenced by them.	The child persistently runs away and/or goes missing and does not recognise that s/he is putting him/ herself at risk. For example, whilst missing the young person is spending time with people with extremist views and perceives these people as teaching her/ him the correct way to live and those who don't hold these views as deluded and/or as a threat.
The child does not have caring responsibilities.	The child occasionally has caring responsibilities for members of their family and this sometimes impacts on their opportunities.	The child's outcomes are being adversely impacted by their caring responsibilities.	The child's outcomes are being adversely impacted by their unsupported caring responsibilities which have been ongoing for a lengthy period of time and are unlikely to end in the foreseeable future.
The child is able to communicate with others, engages in positive social interactions and demonstrates positive behaviour in a wide variety of social situations. Child demonstrates respect for others.	The child expresses intolerant views towards peers and this leads to their being socially isolated.	The child often interacts negatively or has limited interaction with those they perceive as holding different views from themselves. They demonstrate a significant lack of respect for others, for example, becoming aggressive with those who do not share their intolerant or extreme views.	Positive interaction with others is severely limited. The child has isolated themselves from peers and/or family because of their extreme and intolerant views. They glorify acts of terrorism and/or believe in conspiracy theories and perceive mainstream society as hostile to themselves. They are frequently aggressive and intimidating towards others who do not share their views or have a lifestyle they approve of.

Tier 1	Tier 2	Tier 3	Tier 4
Abuse and neglect			
The child shows no physical symptoms which could be attributed to neglect.	The child occasionally shows physical symptoms which could indicate neglect such as a poor hygiene or tooth decay.	The child consistently shows physical symptoms which clearly indicate neglect.	The child shows physical signs of neglect such as a thin or swollen tummy, poor skin tone/ sores/ rashes, prominent joints and bones, poor hygiene, or tooth decay which are attributable to the care provided by their parents/ carers.
The child is appropriately dressed.	The child or their siblings sometimes come to nursery/ school in dirty clothing or they are unkempt or soiled.	The child or their siblings consistently come to school in dirty clothing which is inappropriate for the weather and/or they are unkempt or soiled. The parents/ carers are reluctant or unable to address these concerns.	The child consistently wears dirty or inappropriate clothing and are suffering significant harm as a result, (e.g. they are unable to fully participate at school, are being bullied, and/or are physically unwell).
The child has injuries, such as bruising on their shins etc., which are consistent with normal childish play and activities.	The child has occasional, less common injuries which are consistent with the parents' account of accidental injury. The parents seek out or accept advice on how to avoid accidental injury.	The child has injuries, for example, bruising, scalds, burns, and scratches, which are accounted for but are more frequent than would be expected for a child of a similar age.	The child has injuries, for example bruising, scalds, burns, and scratches, which are not accounted for. The child makes disclosures and implicates parents or older family members.
The child is provided with an emotionally warm and stable family environment.	The child's experiences parenting characterised by a lack of emotional warmth and/ is overly critical and/or inconsistent.	The child experiences a volatile and unstable family environment and this is having a negative effect on the child who, due to the emotional neglect they have suffered is vulnerable to grooming and/or exploitative relationships with abusive adults or risky peer groups.	The child has suffered long term neglect of the emotional needs and, as a result, is now at high risk of, or is already involved in, sexual or other forms of exploitation either as a perpetrator or victim.

Environmental factors

Including access to and use of: community resources; living conditions; housing; employment status; legal status. These are guidelines to support practitioners in their decision-making. This is not intended to be a 'tick box' exercise and practitioners should use their professional judgement.

Tier 1 Children with no additional needs whose health and developmental needs can be met by universal services.	Tier 2 Children with additional needs that can be met through the provision of 'early help' - a referral to children's social care is not required.	Tier 3 Children with complex multiple needs who need statutory and specialist services. A referral to children's social care is required.	Tier 4 Children in acute need. Require immediate referral to children's social care and/or the police.
The family feels integrated into the community.	The family is chronically socially excluded and/or there is an absence of supportive community networks.	The family is socially excluded and isolated to the extent that it has an adverse impact on the child.	The family is excluded and the child is seriously affected but the family actively resists all attempts to achieve inclusion and isolates the child from sources of support.
The family has a reasonable income over time and financial resources are used appropriately to meet the family's needs. The family are living on a very low income and/or have significant debt but the parents use their limited resources in the best interests of their child/ children. The parents maximise their income and resources. The parent/ carer is able to manage their working or unemployment arrangements and do not perceive them as unduly stressful.	There are concerns that the parents are unable to budget effectively and as a result the child occasionally does not have adequate food, warmth, or essential clothing. However, the parents are working with support services to address these issues.	The family does not use its financial resources in the best interests of the child and the child regularly does not have adequate food, warmth, or essential clothing. For example, expenditure on drug, alcohol, gambling, or other addictive behaviours means that there isn't enough money to meet the child's basic needs.	The child consistently does not have adequate food, warmth, or essential clothing. The parents are consistently unable to budget effectively and are resisting engagement.
The family's accommodation is stable, clean, warm, and tidy, and there are no hazards which could impact the safety or wellbeing of the child. For example, the parent/ carer ensures access to balconies is restricted unless a young child is with an adult.	The family's accommodation is stable however the home itself is not kept clean and tidy and is not always free of hazards which could impact on the safety and wellbeing of the child.	The family's home is consistently dirty and constitutes health and safety hazards.	The family's home is consistently dirty and constitutes health and safety hazards. The family has no stable home, and is moving from place to place or 'sofa surfing'.

Tier 1	Tier 2	Tier 3	Tier 4
The neighbourhood is a safe and positive environment encouraging good citizenship.	The child is affected by low level anti-social behaviour in the locality	The neighbourhood or locality is having a negative impact on the child - for example, the child is a victim of anti-social behaviour or crime, or is participating in anti-social behaviour or at risk or participating in criminal activity.	The neighbourhood or locality is having a profoundly negative effect on the child who is involved in frequent anti-social behaviour and criminal activity.
The neighbourhood is a safe and positive environment encouraging good citizenship.	The neighbourhood is known to have groups of children and/or adults who are engaged in threatening and intimidating behaviour and the child is intimidated and feels threatened in the area.	The neighbourhood or locality is having a negative impact on the child. The child has been a victim of anti-social behaviour or crime (including sexual or other forms of harassment) and is at risk of being further victimised.	The neighbourhood or locality is having a profoundly negative effect on the child who has been a repeated victim of anti-social behaviour and/or crime and is now at high risk of sexual and other forms of exploitation - including being groomed to be a perpetrator.
The neighbourhood is a safe and positive environment encouraging good citizenship.	The neighbourhood or locality is having a negative impact on the child, for example, the child is known to be part of a group or associated with a group which is involved in anti-social behaviour - including sexual and other forms of harassment.	The neighbourhood or locality is having a negative impact on the child who is sometimes participating in anti-social behaviour (including sexual and other forms of harassment) or is present in a group when others do so.	The neighbourhood or locality is having a profoundly negative effect on the child who is frequently involved in anti-social behaviour and criminal activity including, for example, sexual and other forms of harassment or assault.
The family is legally entitled to live in the country indefinitely and has full rights to employment and public funds.	The family's legal entitlement to stay in the country is temporary and/or restricts access to public funds and/or the right to work, placing the child and family under stress.	The family's legal status puts them at risk of involuntary removal from the country (e.g. asylum-seeking families or illegal workers) or having limited financial resources/ no recourse to public funds increases the vulnerability of the children to criminal activity (e.g. illegal employment, child labour, CSE).	Family members are being detained and at risk of deportation or the child is an unaccompanied asylum-seeker. There is evidence that a child has been exposed or involved in criminal activity to generate income for the family (e.g. illegal employment, child labour, CSE).

Tier 1	Tier 2	Tier 3	Tier 4
<p>The child is legally entitled to live in the country indefinitely and has full rights to education and public funds.</p>	<p>The child's legal entitlement to stay in the country is temporary and/or restricts access to public funds placing the child under stress.</p>	<p>The child's legal status as, for example, an asylum-seeker or an illegal migrant who may have been trafficked puts them at risk of involuntary removal from the country. Their immigration status means they have limited financial resources/ no recourse to public funds and increases their vulnerability to criminal activity (e.g. illegal employment, child labour, CSE).</p>	<p>There is evidence that a child has been exposed to or involved in criminal activity either as a result of being trafficked into the country or to support themselves (e.g. illegal employment, child labour, CSE).</p>
<p>The child and their family have no links to proscribed organisations. See link below for list of terrorist groups or organisations banned under UK law: https://www.gov.uk/government/publications/proscribed-terror-groups-or-organisations-2</p>	<p>The child and/or their parents/ carers have indirect links to proscribed organisations, for example, they attend religious or social activities which are, or have been in the recent past, attended by members of proscribed organisations.</p>	<p>Family members, family friends or friends of the child have strong links with proscribed organisations.</p>	<p>The child, their parents/ carers or other close family members or friends are members of proscribed organisations.</p>
<p>The child spends time in safe and positive environments outside of the home.</p>	<p>The child is known to be/ have been a victim or perpetrator of bullying and/or is part of a group or associated with a group which bullies others.</p>	<p>The child is a repeated victim and/or perpetrator of bullying including sexual or other targeted forms of bullying.</p>	<p>The child is a victim of serious and/or repeated and/or escalating acts of bullying, including sexual bullying.</p>

Parental and family factors

Including basic care, emotional warmth, stimulation, guidance and boundaries, stability and parenting styles and attitudes, and whether these meet the child's physical, educational, emotional and social needs. These are guidelines to support practitioners in their decision-making. This is not intended to be a 'tick box' exercise and practitioners should use their professional judgement.

Tier 1	Tier 2	Tier 3	Tier 4
Children with no additional needs whose health and developmental needs can be met by universal services.	Children with additional needs that can be met through the provision of 'early help' - a referral to children's social care is not required.	Children with complex multiple needs who need statutory and specialist services. A referral to children's social care is required.	Children in acute need. Require immediate referral to children's social care and/or the police.

Parenting during pregnancy and infancy

The parent/ carer accesses antenatal and/or postnatal care.	The parent/ carer demonstrates ambivalence to antenatal and postnatal care with irregular attendance and missed appointments.	The parent/ carer is not accessing antenatal and/or postnatal care.	The parent neglects to access antenatal care and is using drugs and alcohol excessively whilst pregnant, and/or the parent neglects to access antenatal care where there are complicating obstetric factors that may pose a risk to the unborn child or new born child.
The parent/ carer is coping well emotionally following the birth of their baby and accessing universal support services where required.	The parent/ carer is struggling to adjust to the role of parenthood.	The parent/ carer is suffering from postnatal depression.	The parent/carer is suffering from severe postnatal depression which is causing serious risk to themselves and their child/ children.
The parent/ carer is able to manage their child's sleeping, feeding, and crying and is appropriately responsive.	The parent/ carer has sustained difficulties managing their child's sleeping, feeding, or crying but accepts support to resolve these difficulties.	The parent/ carer has sustained difficulties managing their child's sleeping, feeding, or crying despite the intervention of support services or refuses to engage with support services.	The parent/carer is unable to manage their child's sleeping, feeding, or crying, and is unable or unwilling to engage with health professionals to address this, causing significant adverse impact on the child.

Tier 1	Tier 2	Tier 3	Tier 4
Meeting the health needs of the child			
The parent/carer understands and is appropriately responsive to the health demands of their child.	The parent/ carer displays high levels of anxiety regarding their child's health and their response is beginning to impact on the wellbeing of the child.	The parent/ carer displays high levels of anxiety regarding their child's health and their response is impacting on the wellbeing of the child. For example, they are unnecessarily removed from school or prevented from socialising or playing sport. There are some indications that the parent/ carer's concerns for the health of the child are unrelated to any physical or mental symptoms of illness.	The parent/carers' level of anxiety regarding their child's health is significantly harming the child's development. For example, their attendance at school is poor and/or they are socially isolated. There are strong suspicions or evidence that the parent/ carer is fabricating or inducing illness in their child.
All the child's needs (e.g. disability, behaviour, long-term conditions) are fully met by the parents.	Parents are meeting the child's needs but require additional help in order to do so.	One or more child's needs (e.g. disability, behaviour, and long-term conditions) are not always met by the parents, with additional support required, and this is having an impact on the day to day lives of the child/ children's siblings/ parents.	One or more children's needs (e.g. disability, behaviour, and long-term conditions) have a significant impact on the day to day lives of the child/ children and their siblings and/or parents.
Meeting the educational and employment needs of the child			
The parent/ carer positively supports learning and aspirations and engages with school.	The parent is not engaged in supporting learning aspirations and/or is not engaging with the school.	The parent does not engage with the school and actively resists suggestions of supportive interventions.	The parent/ carer actively discourages or prevents the child from learning or engaging with the school.
The young person is supported to success in the labour market.	The young person is not supported to success in the labour market.	The young person is often discouraged from success in the labour market.	The young person is actively obstructed and discouraged from success in the labour market.

Tier 1	Tier 2	Tier 3	Tier 4
The child has an appropriate education and opportunities for social interaction with peers.	There is concern that the education the child is receiving does not teach them about different cultures, faiths, and ideas or, if it does, is derogatory and dismissive of different faiths, cultures, and ideas.	The child is being educated to hold intolerant, extremist views. They are not using public services, such as schools or youth clubs, and are only mixing with other children and adults who hold similar intolerant, extremist views.	The child is being educated by adults who are members of or have links to prescribed organisations - see link below for list of terrorist groups or organisations banned under UK law: https://www.gov.uk/government/publications/proscribed-terror-groups-or-organisations-2

Meeting the emotional needs of the child

The child is provided with an emotionally warm and stable family environment. The parenting generally demonstrates praise, emotional warmth and encouragement.	Parenting often lacks emotional warmth and/or can be overly critical and/or inconsistent.	The family environment is volatile and unstable. For example, parenting is intolerant, critical, inconsistent, harsh or rejecting and this is having a negative effect on the child who, due to the emotional neglect they have suffered is vulnerable to grooming and/or exploitative relationships with abusive adults or risky peer groups.	The child has suffered long term neglect of their emotional needs and, as a result, is now at high risk of, or is already involved in sexual or other forms of exploitation either as a perpetrator or victim.
There is a warm and supportive relationship between the parent/ carer and the child which supports the child's emotional, behavioural, and social development.	Occasional periods of relationship difficulties impact on the child's development.	Relationship difficulties between the child and parent/ carer significantly inhibits the child's emotional, behavioural, and social development which if unaddressed could lead to relationship breakdown.	Relationships between the child and parent/ carer have broken down to the extent that the child is at risk of significant harm. For example, the parent/carer rejects their child from home.
The parent/ carer sets consistent boundaries and gives guidance.	The parent/ carer struggles to set age appropriate boundaries and has difficulties maintaining their child's routine.	The parent/ carer is unable to judge dangerous situations and/or is unable to set appropriate boundaries.	The parent/ carer is unable to judge dangerous situations and/or is unable to set appropriate boundaries and their child is frequently exposed to dangerous situations in the home and/or community.

Tier 1	Tier 2	Tier 3	Tier 4
There is a positive family network and good friendships outside the family unit.	There is a significant lack of support from the extended family network which is impacting on the parent's capacity.	There is a weak or negative family network. There is destructive or unhelpful involvement from the extended family.	The family network has broken down or is highly volatile and is causing serious adverse impact to the child.
The child is not privately fostered, or the child is privately fostered by adults who are able to provide for his/ her needs and there are no safeguarding concerns. The local authority has been notified as per the requirements of 'The Children (Private Arrangements For Fostering) Regulations 2005'.	There is some concern about the private fostering arrangements in place for the child.	There is some concern about the private fostering arrangements in place for the child, and that there may be issues around the carers' treatment of the child, and/or the local authority hasn't been notified of the private fostering arrangement.	There is concern that the child is a victim of CSE, domestic slavery, or being physically abused in their private foster placement.
	A child is known to live with an adult or older child who has extreme views. The child either doesn't express support for these views or is too young to express such views themselves.	A child is taken to demonstrations or marches where violent, extremist and/or age inappropriate imagery or language is used.	The child, their parents/ carers, or other close family members, or friends are members of proscribed organisations.
	A child is known to live with an adult or young person who has extreme views and the child has unsupervised access to computers which means they may view violent extremist imagery which the adults or young people have been viewing.	A child is being sent violent extremist imagery by family members/ family friends or is being helped to access it. Parents/ carers either don't challenge this activity or appear to endorse it.	A child is circulating violent extremist images and is promoting the actions of violent extremists and/or saying that they will carry out violence in support of extremist views.
	The child and/or their parents/ carers express strong support for a particular extremist organisation or movement but do not express any intention to be actively involved.	The child and/or their parents/ carers express strong support for extremist views and a generalised, non-specific intention to travel to a conflict zone in support of those views.	The child and/or their parents/ carers are making plans to travel to a conflict zone and there is evidence to suggest that they are doing so to support or participate in extremist activities.

Tier 1	Tier 2	Tier 3	Tier 4
Meeting the practical needs of the child			
The parent/ carer makes appropriate provisions for food, drink, warmth, and shelter.	The parent/ carer occasionally makes inappropriate or inadequate provisions for food, drink, warmth and shelter	The parent/ carer regularly makes inappropriate or inadequate provisions for food, drink, warmth, and shelter.	The parent/ carer has consistently failed to provide appropriate or adequate provisions for food, drink, warmth, and shelter.
The parent/ carer provides appropriate clean, clothing.	The carer gives consideration to the provision of clean, age-appropriate clothes to meet the needs of the child, but their own personal circumstances can get in the way of ensuring their child has these clothes.	Carer(s) neglect their child physically through their indifference to the importance of providing clean, age-appropriate clothes for the child. This impacts on the child and prevents them meeting developmental milestones.	The parent/ carer neglects their child physically and/or emotionally for example providing dirty or inappropriate clothing and this causes the child severe distress and/or prevents him/ her meeting their developmental milestones.
The parent/ carer provides for all the child's material needs.	The parent/ carer is sometimes neglectful of the child's material needs and this could make them vulnerable to peers or adults who offer them clothes, foods etc. in return for favours.	Parent/ carer has been/ is often neglectful of the child's material needs and this is having a negative impact on the child who may, for example, be socially isolated because of their old or dirty clothing, or may be involved in petty theft to get clothes etc. This puts them at risk of grooming for sexual exploitation or involvement in criminal activity.	The child has suffered long term neglect of the material needs and is now at risk of or is already involved in criminal activity to meet their material needs and/or they are being sexually exploited.
Domestic abuse			
The expectant mother or parent/ carer is not in an abusive relationship.	The expectant mother/ parent/ carer is a victim of occasional or low-level non-physical abuse.	The expectant mother/ parent/ carer has previously been a victim of domestic abuse and is a victim of occasional or low-level non-physical abuse.	The expectant mother/ parent/ carer is a victim of domestic abuse which has taken place on a number of occasions.

Tier 1	Tier 2	Tier 3	Tier 4
There are no incidents of violence in the family and no history or previous assaults by family members.	There are isolated incidents of physical and/or emotional violence in the family. The harmful impact of such incidents is mitigated by other protective factors within the family such as supportive grandparents who are able to look after the child when there are arguments/ disputes in the family home.	One or more adult members of the family is physically and emotionally abusive to another adult member/s of the family. The perpetrator/s show limited or no commitment to changing their behaviour and little or no understanding of the impact their violence has on the child. The perpetrator is emotionally harming the child/ren who witness or are otherwise aware of the violence.	One or more adult members of the family is a perpetrator of persistent and/or serious physical violence which may also be increasing in severity, frequency, or duration. The perpetrator is emotionally harming the child/ren who witness or are otherwise aware of the violence. The children may also be at risk of physical violence if, for example, they seek to protect the adult victim.
There are no incidents of violence in the family and no history or previous assaults by family members.	There are isolated incidents of physical and/or emotional violence in the family. The harmful impact of such incidents is mitigated by other protective factors within the family such as supportive grandparents who are able to look after the child when there are arguments/ disputes in the family home.	The child has or continues to witness an adult in their household being physically or emotionally abused by another member of the household and are suffering emotional harm as a result. They are starting to exhibit behaviours that suggest they are at risk of becoming perpetrators or victims of abuse including CSE.	The child is at high risk of, or is already either a perpetrator or a victim of serious abusive behaviour, including child sexual exploitation.
Parental and family health issues and disability			
Parents do not use drugs or alcohol, or parental drug and alcohol use does not impact on parenting.	Drug and/or alcohol use is impacting on parenting but adequate provision is made to ensure the child's safety. The child is currently meeting their developmental milestones but there are concerns that this might not continue if parental drug and alcohol use continues or increases.	Drug/ alcohol use has escalated to the point where it includes binge drinking, drug paraphernalia in their home, the child feeling unable to invite friends to the home, and the child worrying about their parent/ carer.	Parental drug and/or alcohol use is at a problematic level and the parent/ carer cannot carry out daily parenting. This could include blackouts, confusion, severe mood swings, drug paraphernalia not stored or disposed of, using drugs/ alcohol when their child is present, involving the child in procuring illegal substances, and dangers of overdose.

Tier 1	Tier 2	Tier 3	Tier 4
<p>There is no evidence of siblings or other household members misusing drugs or alcohol. NB See Parental factors for assessment of need relating to parental drug/ alcohol misuse.</p>	<p>Siblings' or other household members' drug or alcohol misuse occasionally impacts on the child.</p>	<p>Siblings' or other household members' drug or alcohol misuse consistently impacts on the child.</p>	<p>Siblings' or other household members' drug or alcohol misuse is significantly adversely impacting on the child.</p>
<p>The physical or mental health of the parent/ carer does not affect the care of the child.</p>	<p>Physical and mental health needs of the parent/ carer create an adult focus which at times detracts attention away from the child.</p>	<p>Physical or mental health needs of the parent/ carer is overshadowing the care of their child.</p>	<p>Physical or mental health needs of the parent/ carer significantly affect the care of their child placing them at risk of significant harm.</p>
<p>The parents/ carers learning disabilities do not affect the care of their child.</p>	<p>The parents/ carers learning difficulties occasionally impedes their ability to provide consistent patterns of care but without putting the child at risk.</p>	<p>The parents/ carers learning disabilities are affecting the care of their child.</p>	<p>The parents/ carers learning disabilities are severely affecting the care of their child and placing them at risk of significant harm.</p>
<p>The parent/ carer's mental health does not impact the child adversely.</p>	<p>Adult mental health impacts on the care of the child. The carer presents with mental health issues which have sporadic or low level impact on the child however there are protective factors in place.</p>	<p>Adult mental health impacts on the care of the child. The carer presents with mental health issues which has sporadic or low level impact on the child and there is an absence of supportive networks and extended family to prevent harm.</p>	<p>Adult mental health is significantly impacting on the care of the child. Any carer for the child presents as acutely mentally unwell and/or attempts significant self-harm and/or the child is the subject of parental delusions.</p>
<p>Where siblings or other members of the family do not have disabilities, serious health conditions, or mental health concerns.</p>	<p>Where siblings or other members of the family have disabilities, serious health conditions, or mental health concerns which require additional support.</p>	<p>Siblings or other members of the family have a disability or serious health condition, including mental health concerns, which impact on the child.</p>	<p>Siblings or other members of the family have disabilities, health conditions, or mental health concerns that are seriously impacting on the child, for example, causing neglect, putting them at risk of significant harm, or causing them high levels of stress and emotional anxiety.</p>

Tier 1	Tier 2	Tier 3	Tier 4
Protection from harm: physical or sexual abuse			
The parent/ carer protects their family from danger/ significant harm.	The parent/ carer on occasion does not protect their family which if unaddressed could lead to risk or danger.	The parent/ carer frequently neglects/ is unable to protect their family from danger/ significant harm.	The parent/ carer is unable to protect their child from harm, placing their child at significant risk.
The parent/ carer does not sexually abuse their child.	There is a history of sexual abuse within the family or network but the parents respond appropriately to the need to protect the child.	There are concerns around possible inappropriate sexual behaviour from the parent/ carer. Parent or carer has expressed thoughts that they may sexually abuse their child but are willing to engage in therapeutic support.	The parent/ carer sexually abuses their child. There is a risk the parent/ carer may sexually abuse their child and he/ she does not accept therapeutic interventions.
There is no evidence of sexual abuse.	There are concerns relating to inappropriate sexual behaviour in the wider family.	The family home has in the past been used on occasion for drug taking/ dealing, prostitution, or illegal activities.	The family home is used for drug taking and/or dealing, prostitution, and illegal activities. The child is being sexually abused/ exploited. A schedule 1 offender who is a serious risk is in contact with the family.

Tier 1	Tier 2	Tier 3	Tier 4
<p>The parent/ carer does not physically harm their child.</p> <p>The parent uses reasonable physical chastisement that is within legal limits - that is they do not leave the child with visible bruising, grazes, scratches, minor swellings, or cuts.</p>	<p>The parent/ carer physically chastises their child within legal limits but there is concern that this is having a negative impact on the child's emotional wellbeing (for example, the child appears fearful of the parent).</p> <p>There is concern that it may escalate in frequency and/or severity as the parent seems highly critical of their child and/or expresses the belief that only physical punishment will have the desired impact on the child's behaviour.</p> <p>However, the parent is willing to access professional support to help them manage their child's behaviour.</p>	<p>The parent/ carer physically chastises their child leaving the child with visible bruising, grazes, scratches, minor swellings, or cuts - this may result from a loss of control. The parent is willing to access professional support to help them manage their child's behaviour.</p>	<p>The parent/ carer significantly physically harms child.</p>
<p>There is no concern that the child may be subject to harmful traditional practices such as FGM, HBV, forced marriage, and belief in spirit possession.</p>	<p>There is concern that the child is in a culture where harmful practices are known to have been performed however parents are opposed to the practices in respect of their children.</p>	<p>There is concern that the child may be subject to harmful traditional practices.</p>	<p>There is evidence that the child may be subject to harmful traditional practices.</p>
Criminal or anti-social behaviour			
<p>There is no history of criminal offences within the family.</p>	<p>There is a history of criminal activity within the family.</p>	<p>A criminal record relating to serious or violent crime is held by a member of the family which may impact on the children in the household.</p>	<p>A criminal record relating to serious or violent crime is held by a member of the family which is impacting on the children in the household.</p>
<p>The family members are not involved in gangs.</p>	<p>There is suspicion, or some evidence that the family are involved in gangs.</p>	<p>There is a known involvement in gang activity.</p>	<p>There is a known involvement in gang activity which is impacting significantly on the child and family.</p>

9. THRESHOLD CRITERIA: SECTION 47, SECTION 20, SECTION 31²

In addition the following threshold criteria also apply.

Section 47, Children Act 1989: Child Protection enquiries (Tier 4)
The table below is an indicator guide of the type of circumstances which would lead to a S.47 assessment. This table is intended as a guide and is not exhaustive. Reference should also be made to the London Child Protection Procedures 5th edition: http://www.londonscb.gov.uk/procedures/
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.
Two or more minor injuries in pre-mobile or non-verbal babies or young child (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 violence.
Repeated allegations involving serious verbal threats and/or emotional abuse.
Allegations/ reasonable suspicions of serious neglect.
Medical referral of non-organic failure to thrive in under-fives.
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/ren subject of parental delusions.
A child at risk of sexual exploitation or trafficking.
Pregnancy in a child aged under 13.
A child at risk of FGM, honour based violence, or forced marriage.

² Threshold document: continuum of help and support
www.londoncp.co.uk/files/revised_guidance_thresholds.pdf

Section 20, Children Act 1989: Child provided with accommodation

This can be on the initiative of the local authority with the agreement of the parents, or at the request of the parents. Any person with parental responsibility can at any time remove the child from the accommodation.

The child is a child in need who requires accommodation as a result of:

- Having no person with parental responsibility for him/ her; or
- Being lost or abandoned; or
- The person who has been caring for him/ her being prevented (whether or not permanently, and for whatever reason) from providing him/ her with suitable accommodation or care; or
- Having reached the age of 16, his/ her welfare is likely to be seriously prejudiced if he/ she is not provided with accommodation; or
- Accommodating the child would safeguard or promote his/ her welfare (even though a person who has parental responsibility for him is able to provide him with accommodation), provided that that person does not object.

Before providing accommodation, so far as is reasonably practicable and consistent with the child's welfare:

- Ascertain, and give due consideration to the child's wishes and feelings (having regard to his/ her age and understanding); and
- Ascertain whether the parents/ person(s) with parental responsibility have given a valid consent:
 - Does the parent have the mental capacity to consent?
 - Is the consent fully informed?
 - Is it fair and proportionate for the child to be accommodated?

Section 31, Children Act 1989: Initiation of care proceedings

- The child is suffering, or is likely to suffer, significant harm; and
- The harm, or likelihood of harm, is attributable to:
 - The care given to the child, or likely to be given to him if the order were not made, not being what it would be reasonable to expect a parent to give to him; or
 - The child's being beyond parental control.

'Harm' means ill-treatment or the impairment of health or development including, for example, impairment suffered from seeing or hearing the ill-treatment of another;

'Development' means physical, intellectual, emotional, social, or behavioural development;

'Health' means physical or mental health; and

'Ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical.

Where the question of whether harm suffered by a child is significant turns on the child's health or development, his/ her health or development shall be compared with that which could reasonably be expected of a similar child.

Section 1, Children Act 1989: The Court Welfare Checklist

The welfare checklist to which courts will have regard when deciding whether to make an order in respect of a child:

The ascertainable wishes and feelings of the child concerned (considered in the light of his/ her age and understanding);

His/ her physical, emotional, and educational needs;

The likely effect on him/ her of any change in his/ her circumstances;

His/ her age, sex, background, and any characteristics which the court considers relevant;

Any harm which s/he has suffered or is at risk of suffering;

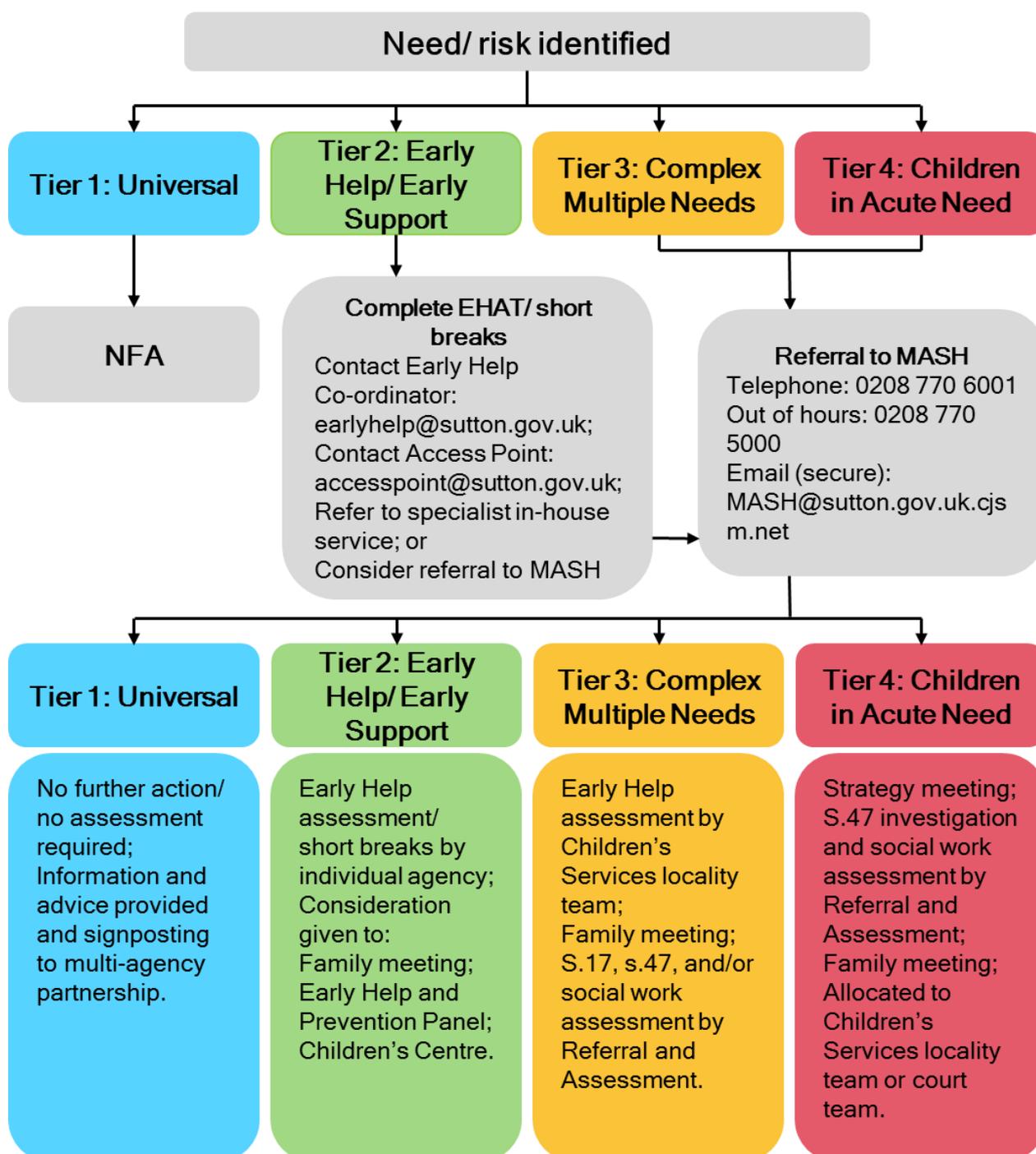
How capable each of his/ her parents, and any other person in relation to whom the court considers the question to be relevant, is of meeting his/ her needs;

The range of powers available to the court under the Children Act 1989.

APPENDIX A. SUTTON THRESHOLD PATHWAYS

Pointers to consider prior to making contact with MASH:

Contacts/ referrals from agencies must be put in writing, using the standard referral form;
 Contacts/ referrals from the public do not need to be in writing;
 The completion of an Early Help assessment must be considered prior to a referral by a professional (not the public);
 Consent must be gained apart from tier 4 concerns;
 Concerns/ additional support needs concerning children who are open to Children's Social Care should be made to the allocated social worker.



APPENDIX B. MASH REFERRAL FORM³

	Referral to Sutton Multi-Agency Safeguarding Hub (MASH)		Sutton LSCB Local Safeguarding Children Board
Sutton MASH, 1 st Floor, Sutton Civic Offices, St Nicholas Way, Sutton, SM1 1EA Telephone: 0208 770 6001, Email: MASH@sutton.gov.uk.cjism.net Telephone referral to be followed up by a form within 24 hours Out of hours: Telephone: 0208 770 5000, Email: childrens.edt@sutton.gov.uk.cjism.net , Fax: 0208 770 5090			

1. Details of practitioner making this referral, please ensure that these fields are completed					
Name of referrer		Job title		Date	
Agency		Address		Post code	
Telephone/mobile		Email			

2. Child/ young person details						
Last name	First name	Age	DOB/ EDD	M/ F	Ethnicity (see code)*	1 st language
Address(es)					Post code	
Telephone/mobile		Email				

3. Child/ young person's principal carers						
Last name	First name	Parental responsibility?	M/ F	Ethnicity (see code)*	DOB/ EDD	Relationship to child
Give parent's address(es) if different from the child's					Post code	
Telephone/mobile		Email				

³ Referral to the Multi-Agency Safeguarding Hub (MASH):
https://www.sutton.gov.uk/downloads/download/638/referral_to_the_multi-agency_safeguarding_hub_mash

4. Other household members or significant people in the child/ young person's life (include parents partners and any other relatives you are aware of)

Last name	First name	Parental responsibility?	M/ F	Ethnicity (see code)*	DOB/ EDD	Relationship to child

Are there any communication/ interpreting needs for the child and/or family?

Does the child and/or family have a disability or special needs?

5. School/ nursery details for each child

First name	Last name	Job title	School/ nursery	Address	Telephone/ mobile

6. GP details

GP	Surgery details	Address	Telephone

7. Has there been previous statutory or specialist involvement?

Children's Social Care	No	Yes	Not known
Child and Adolescent Mental Health Service (CAMHS)	No	Yes	Not known
Special Educational Needs or Disability	No	Yes	Not known
Borough School Attendance Service/ Education Welfare Service	No	Yes	Not known
Specialist Health	No	Yes	Not known
Adult Services (Mental Health/ Drugs of Alcohol Abuse/ Disability/ DV/ Housing)	No	Yes	Not known
Youth Justice Service	No	Yes	Not known
Police/ Probation	No	Yes	Not known
Other	No	Yes	Not known

Has a multi-agency Early Help assessment been completed? If yes, please attach EHAT

No	Yes
----	-----

8. Reason for referral										
Why is the child being referred? What are your concerns? (What are you worried about?)										
Are there any other factors or dangers? For example, aggressive parents or siblings (danger statement)										
What actions have been taken? What information has already been gathered? (What needs to change?)										
What previous attempts at intervention have been tried? (What is working well?)										
How concerned are you about the child?										
0	1	2	3	4	5	6	7	8	9	10
Seriously worried					Mildly worried			No concerns		
Any other information that you think we should be aware of? Yes/ no? If yes, what?										

9. Consent; please note that parents/ carers have to consent to this referral unless obtaining this consent will place the child at further risk

I have spoken to this child's parents or carers and they have given me consent to make this referral	No		Yes		Signature of parent/ carer	
Has the child given consent for this referral?	No		Yes		Signature of parent/ carer	

If consent has not been obtained, please give reason why not	I have spoken to the child's parents or carers to discuss my concerns and they are aware that I am making a referral but have not given their consent					
	I have not spoken to the child's parent or carers and I have provided an explanation below as to why this has not been possible					

Copy this form securely to MASH - telephone/ fax/ email options as follows

Address: Sutton MASH, 1st Floor, Sutton Civic Offices, St Nicholas Way, Sutton, SM1 1EA
Telephone: 0208 770 6001, **Mobile:** 0773 633 8962, **Fax:** Please call for number
Secure email: MASH@sutton.gov.uk.cjism.net
Non-secure email: MASH@sutton.gov.uk

Out of hours
Telephone: 0208 770 5000, **Fax:** 0208 770 5090
Email: childrens.edt@sutton.gov.uk.cjism.net

