THRESHOLDS OF NEED

Bromley Safeguarding Children Partnership

Bromley
THE LONDON BOROUGH

www.bromleysafeguarding.org

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Contents

SECTION 1

Introduction

This document provides a thresholds framework for professionals working with children, young people and families in Bromley.

It aims to help identify when a child may need additional support to achieve their full potential. It introduces a continuum of help and support, provides information on the levels of need and gives examples of some of the factors that may indicate a child or young person needs additional support. By undertaking assessments and offering services on a continuum of help and support, professionals can be flexible and respond to different levels of need. The framework recognises that however complex a child's needs, universal services, such as education and health, will always be provided alongside any specialist additional service.

Along the continuum of need services become increasingly targeted and specialised according to the level of need. Children's needs are not static, and they may experience different needs – at different points on the continuum – throughout their childhood years.

This document is aligned to the London Threshold Document (Continuum of Help and Support) and should be used in conjunction with the London Child Protection Procedures.

London Child Protection Procedures

londoncp.co.uk

London Threshold Document
Continuum of Help and Support

londoncp.co.uk/files/revised_guidance_thresholds.pdf

The continuum of need matrix (see Section 8) does not provide an exhaustive list but provides examples that can be used as a tool to assist referral, assessment, planning and decision making. Any safeguarding indicators of concern should always be considered alongside any related needs. It should be remembered that some children will have additional vulnerability because of their disability or complex needs and the parental response to the vulnerability of the child must be considered when assessing needs and risks.

For some areas of need there may be specialist tools available to assess those needs such as the Neglect toolkit and the Safe Lives domestic abuse risk assessment tool. These are available on the **London Safeguarding Children Partnership** website.

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 provide support as soon as a problem emerges. Providing early help is a key element of achieving this and will avoid problems becoming entrenched.

London Safeguarding Children Partnership

londonscb.gov.uk

Working Together to Safeguard Children

www.gov.uk/government/publications/working-together-to-safeguard-children--2

The Bromley Safeguarding Children Partnership (BSCP) expects that all practitioners working with families know how to identify children who have additional needs and how to provide support to them.

SECTION 2

The four levels of need

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

These are children with additional needs, 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 and Family Centres. These will be provided within universal or targeted services provision and do not include services from children's social care.

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 adults needs. This is the threshold for an assessment led by children's social care under Section 17, Children Act 1989 although the assessments and services required may come from a range of provision outside of children's social care.

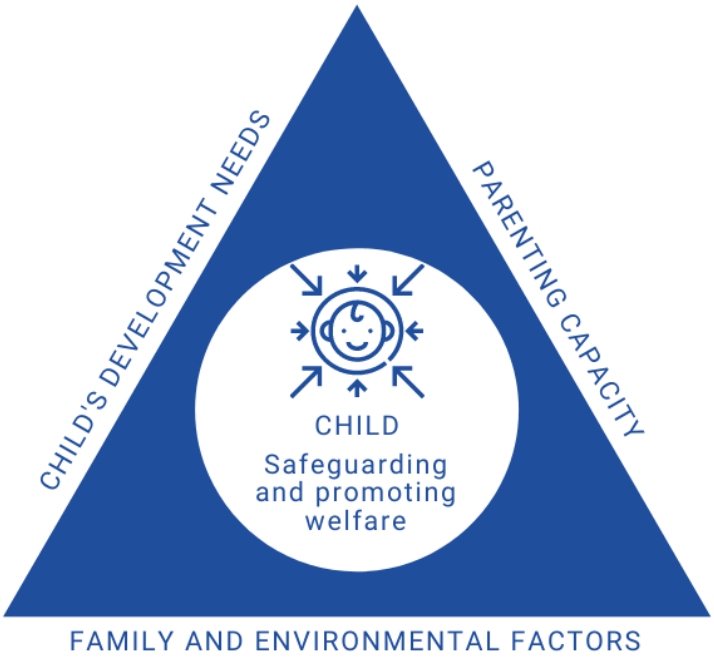
Tier 4: Children in acute need

These children 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 very specialised services in residential, day patient or outpatient settings for children and adolescents with severe and /or complex health problems. This is likely to mean that they may be referred to children's social care under section 20, 47 or 31 of the Children Act 1989. This would also include those children remanded into custody and statutory youth offending services.

In an emergency, if the child is at immediate risk the referrer should contact the police directly on 999

The assessment triangle

The assessment triangle below 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.



Child's development needs	Family & environmental factors	Parenting capacity
Such as: health, education, emotional and behavioural development, identity, family and social relationships, social presentation and selfcare skills	**Such as:** community resources, family's social integration, income, employment, housing, wider family and family history & functioning	**Such as:** basic care, ensuring safety, emotional warmth, stimulation, stability, and guidance & boundaries

Whole family approach

When considering the needs of a child, it is good practice for professionals to take a whole family approach. This helps to secure better outcomes for both children, adults and their families by coordinating support and delivery of services. Practitioners should explore and understand family networks in order to be effective and consider the impact of any difficulties on ALL family members.

For example, where a parent has mental health concerns, consideration should be given to the impact on parenting capacity and whether a referral should be made to Children's Social Care. Similarly, when a person attends A&E following an incident of domestic abuse, consideration should be given to the safety and welfare of the children.

Neglect

It can be particularly difficult for practitioners to recognise the signs of neglect because there is unlikely to have been a significant incident or event that highlights the concerns;it is more likely that there will be a series of concerns over a period of time that, taken together, demonstrate that the child is in need or at risk.

For more information about neglect, refer to the **BSCP Neglect Strategy and Toolkit** and national training resources:

BSCP Policies and Procedures

bromleysafeguarding.org/articles.php?id=609

NSPCC neglect advice

nspcc.org.uk/what-is-child-abuse/types-of-abuse/neglect/

NSPCC neglect briefings and research

learning.nspcc.org.uk/research-resources/statistics-briefings/child-neglect

GOV.UK Childhood neglect: training resources

gov.uk/government/collections/childhood-neglect-training-resources

The indicators of possible need

The indicators in the continuum of need matrix (see Section 8) are designed to provide practitioners with an overarching view on what tier of support and intervention a family might need.

It is not intended to be a 'tick box' exercise, but provides examples that can be used as a tool to assist in making referrals, assessing, planning and decision making.

If you have child protection concerns, you must also consult the **London Child Protection Procedures** and you must inform your safeguarding lead or line manager.

London Child Protection Procedures

londoncp.co.uk

SECTION 3

Access routes to services

Early Intervention and Family Support Service (EIFS)

Early Intervention and Family Support Service (EIFS) is a consent-based service for children and families with needs considered to be in Tiers 1, 2 or 3 of the continuum of need (see Section 8).

The EIFS aims to provide early help to families before potential issues have a chance to develop and require higher levels of support. EIFS can also be used when the child has a need, unrelated to safeguarding, that is not being met by an existing service (e.g. CAMHS).

EIFS referrals can be made for Bromley families:

- where there is an expectant parent or a child under 18 within the household
- where there are additional needs for one child or the whole family due to issues impacting on parenting such as family health, domestic abuse, substance misuse or low level neglect but where the threshold for statutory services is not yet met
- after work has been undertaken by Children's Social Care to a point where the safeguarding concerns have reduced, or for parenting courses where a child is open to Children's Social Care and on a Child Protection Plan, but the need for short-term support to embed positive change may be required

The EIFS support includes:

- Six Children and Family Centres for 0 to 19 year olds and their families (0 to 25 years for those who have special educational needs and disabilities)
- Parenting courses
- Information Advice and Support Service (IASS) for families of children who have special educational needs and disabilities (SEND) which is impacting on their education
- Common Assessment Framework (CAF)
- 1:1 family support, where required, through Family Support and Parenting Practitioners within the Bromley Children Project

The common assessment framework (CAF)

The CAF is a tool which supports and coordinates early intervention where there are multiple agencies working with the family. Use of the CAF should be considered where a child or young person's needs are at Tier 2 of the continuum of need matrix (see Section 8).

Please note, the CAF is not a referral for any early help services in Bromley. There are separate referral routes for different agencies, including EIFS (see below).

When used effectively, the CAF ensures families receive the right support at an early stage before a small need grows into a larger one. The CAF is produced with the family, including discussions with the child and other practitioners, drawing on multi-agency knowledge, expertise and information.

The CAF considers all three dimensions of the Assessment Framework (See Assessment Triangle, Section 2) and is used to inform an action plan with the family that sets out what additional support the family and child will receive.This action plan will be monitored by the agreed Lead Professional, who can be from any partner agency such as education or health, to ensure that it is effective.

All CAFs should be logged with the CAF Team by the Lead Professional and a copy given to the family. See link below for further information on CAF.

CAF forms and detailed guidance can be found at:

bromley.gov.uk/caf

Training on use of the CAF is available from the BSCP website:
bromleysafeguarding.org/articles.php?id=613

Consent at Tier 2

The CAF process is entirely voluntary and informed consent from the parent or carer, or the young person themselves, is mandatory, so families do not have to engage and if they do, they can choose what information they want to share and with whom.

If consent is withheld to share information and/or to complete a CAF, single agency services should still be offered to the child or young person.

If the professional is concerned that the family needs more support than a single agency can offer and requires support/services from partner agencies, the professional should discuss the case with their designated safeguarding lead and/or their line manager to ensure that everything is being done to engage the family and gain their trust. Please note that a single agency service should still continue to be offered at Tier 2.

Team around the child (TAC) and team around the family (TAF)

A multi-agency meeting between key professionals and the family, which draws up an Early Help Plan under CAF for the child, is called a Team Around the Child (TAC) or Team Around the Family (TAF) meeting. This is a useful way of sharing information and planning next steps together for a child or young person whose needs are considered to be at Tier 2 of the continuum of need matrix (see Section 8), but is not mandatory.

The plan will address each of the areas of assessed need and must be Specific, Measurable, Achievable, Realistic and Timely (SMART). The TAC will meet on a regular basis to check progress of the plan and review how well the plan is achieving good outcomes for the child. If the plan is not achieving good outcomes, it will be reviewed and revisited by the Lead Professional through the TAC meeting.

Minutes of the TAC/TAF meeting should be logged with the CAF team: **bromley.gov.uk/caf**

In some cases where progress is not being made, the TAC meeting will need to consider whether the concerns that remain unresolved need to be 'stepped up' to Social Care.

The CAF team provide training, support, advice and information to practitioners using the framework and offer an independent chairing facility for complex TAC and TAF meetings.

Training on effective chairing of TAC/TAF or bespoke TAC training, as requested by individual agencies, is available from the **BSCP website**.

BSCP inter-agency training programme

http://bromleysafeguarding.org/articles.php?id=586

Bromley Children Project (BCP)

The Bromley Children Project (BCP) is a borough wide service that delivers early intervention and family support to families living in Bromley through its six Children and Family Centres, a range of Parenting Courses and through Family Support and Parenting Practitioners (FSPP) offering 1:1 family support, where needed. BCP works closely with partner agencies such as Jobcentre Plus, and through signposting and multi-agency working to provide holistic support to all family members.

BCP accept both professional and self-referrals. Families can also access BCP via the Children and Family Centres. If a child or family has needs considered to be in Tiers 1, 2 or 3 of the continuum of need, they can be referred to BCP:

Referral forms and detailed guidance can be found at:

bromley.gov.uk/bromleychildrenproject

Email completed forms to **BCPreferrals@bromley.gov.uk**.

Referrals are reviewed at Weekly Referral Panels where next steps will be discussed by the EIFS management team.

If it is felt that the Bromley Children Project may not be the right service for the identified needs, assistance and advice will be given to the referrer in contacting other organisations that might be more suitable

Children and Family Centres offer a range of services including:

- information, advice and support
- in-house Learn and Play sessions
- targeted sessions such as family learning and Parenting Courses
- health clinics and supporting other key community agencies to engage with families.

Parenting courses are available to any parent in the borough and can be referred by any Bromley agency or by self-referral. Parenting courses can be both face to face and on-line. Programmes can support parents at all different points along the threshold of need. This includes the Parenting Plus element for parents currently on a Child In Need or Child Protection Plan where the social worker can request a parenting practitioner to assess the family's learning from their attended course.

Family Support and Parenting Practitioners (FSPPs) meet with families in the community and at their home to complete a holistic Family Assessment and Plan within 42 days of allocation. The goals set out in the intervention plan are family led and child focussed. The FSPP will then use a range of direct work tools, strategies and techniques in line with the **Bromley Relationship Model** to support parents to make positive change to improve outcomes for their children. If safeguarding concerns escalate or new disclosures are made, BCP will refer to Children's Social Care via the MASH.

Bromley Relationship Model

http://bromleysafeguarding.org/articles.php?id=608

For further information on EIFS, BCP, CAF or TAC,visit the Bromley Parenting Hub:

bromleyparentinghub.org.uk

Children's contact centre service

Bromley's Children's Contact Centre Service (CCCS) offers a safe space for children and young people who are looked after by the local authority, or whose parents are in private proceedings, to have supervised and facilitated contact with their parents, extended family and friends. Although Bromley children are our priority, where there is capacity, referrals from other local authorities are welcomed for supervised and facilitated contact for families who are in private proceedings.

The service is open seven days a week. Core hours are 10am to 6pm Monday to Friday (some evenings up to 7pm) and 9am to 5pm on a Saturday and Sunday. Social Workers can refer directly into the CCCS and families in private proceeding can either refer directly into the service themselves or via their legal representatives.

For more information, please contact Orpington Contact Centre on 020 3364 6815 or Royston Centre 020 8778 3966.

Children's social care

A referral to Children's Social Care via the Multi-Agency Safeguarding Hub (MASH) is required for children meeting thresholds at Tier 4 and the higher end of Tier 3 of the continuum of need matrix (see Section 8), where there is a safeguarding concern.

Tier 3

Children and families at Tier 3 will be facing complex multiple needs which will require an integrated and co-ordinated response. Children at this level are often described as 'children in need' and may be seen to be at risk. Without support their development will be impaired.

Based on need and risk, higher need/more complex cases within Tier 3 may require a referral to Children's Social Care. **Please note, not all children at Tier 3 will require a referral to Children's Social Care**. There will be occasions where families face complex multiple needs at Tier 3, but there is no **safeguarding** concern and therefore those families will remain with EIFS and will not require a referral to MASH.

Where professionals are unsure, they should always seek advice from the MASH team.

Consent at Tier 3

Professionals should seek parental consent prior to making a referral for a child meeting thresholds at Tier 3 of the continuum of need matrix, unless this would place the child or young person at risk (see Section 6 — Information Sharing).

If consent is withheld at Tier 3 to complete a Children's Social Care referral and/or share information across agencies, the worker should discuss this with their line manager and/or Designated Safeguarding Lead to ensure that everything is being done to engage the family and gain their trust.

Tier 4

Children meeting thresholds at Tier 4 of the continuum of need (see Section 8), must be referred to Children's Social Care via the Multi-Agency Safeguarding Hub (MASH).

The risks for these children can be broadly of two kinds:

Abuse or ill-treatment causing an immediate and acute risk of significant harm to the child or young person's health or development	or	A chronic and long-term risk of harm to the child's health or development

This small group of children and young people will have needs which may meet the threshold for statutory intervention at the highest level. Children at this level may be subject to child protection enquiries, taken into the care of the Council or need specialist mental health intervention.

Consent at Tier 4

Professionals should also normally seek consent to share information for Tier 4 referrals, except where this would:

a) place the child at potential risk of harm or
b) compromise a police investigation (eg allegations of parental sexual abuse, or suspicions of fabricated or induced illness)

If consent is withheld for a Tier 4 referral, the practitioner should consider, with their Designated Safeguarding Lead, whether they have grounds to override consent in order to protect the child. Where a referral is necessary to protect the child, practitioners will have a legal basis to share information without parental consent.

Children's Social Care services will take the lead in safeguarding children and coordinating services for children at this level. The agencies involved might include any of those working with children at all levels.

A social worker will be allocated, and will lead the work in line with statutory guidance and requirements.

How to refer to Children's Social Care

During office hours

Call the MASH on one of these numbers:

020 8461 7309
020 8461 7373
020 8461 7379
020 8461 7026

Email completed forms to **mash@bromley.gov.uk**.

Out of Hours (emergencies only)

5.00pm – 8:30am weekdays and at weekends

0300 303 8671

Referral forms can be found on the BSCP website:
bromleysafeguarding.org/articles.php?id=600

Completed referral forms must be sent to the Multi-Agency Safeguarding Hub (MASH):
mash@bromley.gov.uk

SECTION 4

MASH processes

Upon receipt of a referral, the MASH will decide on and record the next steps of action within one working day. This will include making a decision on whether or not to share with, or gather information from, other agencies.

The MASH undertakes a risk assessmentat this point under the following RAG rating:

RED = decision making within 3 hours

AMBER = decision making within 7 hours

GREEN = decision making within 72 hours (3 working days)

Decisions will take account of referral information, information held in existing records, discussions with the family (where possible and appropriate) and information provided by other professionals or services as deemed necessary.

The MASH Team Manager or MASH Group Manager will review the information and decide what further action is needed. This could be a number of options:

- If there is already an allocated Social Worker involved with the family your information will be passed straight to them and their manager for review and decision making.
- The child appears to be a Child in Need and there are concerns about the child's health and development which justify a Single Assessment but there are no present concerns about Significant Harm.
- The child appears to be a Child in Need and there are concerns about actual or potential Significant Harm that require a Strategy Discussion, which may lead to a Child Protection Investigation.
- The child does not meet the threshold for statutory Children's Social Care intervention but a referral to EIFS or another agency is made or recommended and/or the provision of advice and information is acted on.
- No further action is required. The agency who completed the referral must continue to monitor the child or young person's situation. If the child's needs increase or the situation deteriorates then the agency must re-refer.

An automated response will be sent once the referral has been received. Please follow up immediately by telephone if no automated response has reached you to ensure that your referral is being acted on.

SECTION 5

Escalating concerns

Safeguarding is everyone's responsibility and effective, collaborative working is essential. Professionals need confidence in talking with each other about decisions that have been made, discussing concerns about those decisions and, when there isn't agreement, escalating those concerns if appropriate. The need for staff to feel confident in their understanding of when and how to raise effective challenges about practice is essential in achieving the best outcomes for children.

Equally important is the culture of how we work and it is vital professionals are encouraged to be professionally curious and raise issues when they feel their concerns for children and young people are not being tackled.

For more information on escalation and how to resolve professional differences, refer to the **BSCP Escalation Policy**.

BSCP Escalation Policy

http://bromleysafeguarding.org/articles.php?id=609

SECTION 6

Information sharing

Proportionality and necessity are factors to be taken into consideration when deciding whether or not to share confidential information. To share information about a person you need a clear and legitimate purpose to do so, as this will determine whether the information sharing is lawful.

In making the decision, practitioners must weigh up what might happen as a result of the information being shared against what might happen if it is not and apply their professional judgement.

Where there is a clear risk of significant harm to a child you must share the information to safeguard the child.

If you are unsure about confidentiality, you should seek advice from your organisation's Information Manager and/or Caldicott Guardian.

GOV.UK Guidance: Information sharing advice for safeguarding practitioners

www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice

SECTION 7

Stepping up and stepping down

Stepping up

From early help services to statutory safeguarding services

At each stage, before considering a higher level of intervention, practitioners and lead professionals must consider these factors:

- Is the child or young person at risk of abuse, neglect or significant harm?
- Are the child's needs being met in Early Help, and if not, what is the impact of this on the child now and what would the impact be for the child in the future?
- To what extent is the family engaging effectively with the plan?
- Would the child/family benefit from a social work assessment due to increased concerns or an escalation of their needs?
- In what timescale does change need to happen for the child?
- What are the consequences for this child if the situation does not change? Are the child's needs met under the current level of support?
- Is consent needed?

The decision to step up and to refer to the MASH for consideration of statutory services by Children's Social Care should be made by the Lead Professional of a CAF or the TAC based on the multi-agency assessment (CAF) and there should be a review of the Action Plan identifying the need or the actual or potential harm.

If at any point, however, a professional identifies an immediate safeguarding risk, they should contact the MASH using their first hand information to step up. Delay should not be caused by waiting for a TAC meeting.

Stepping down

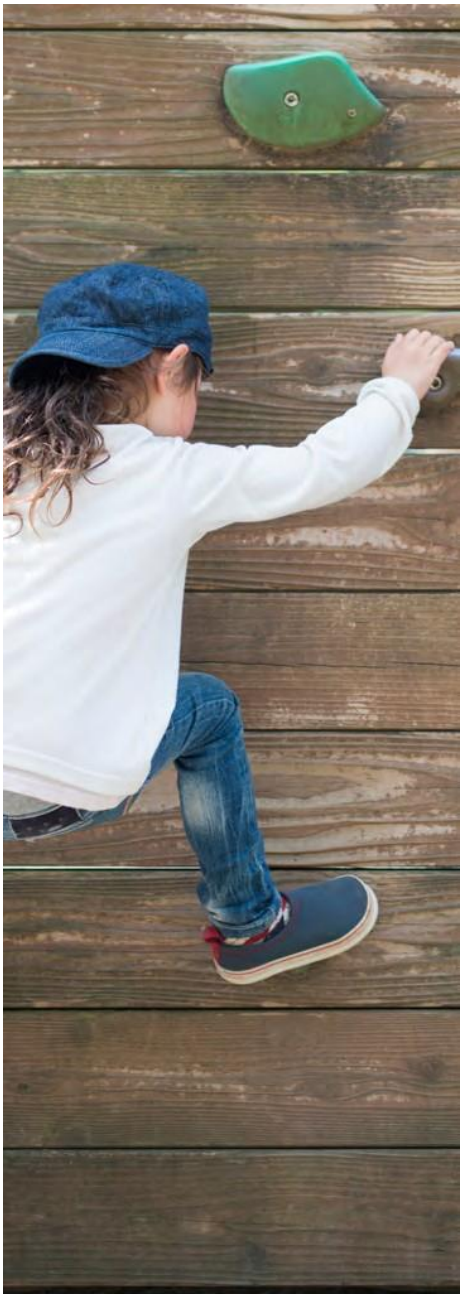
From statutory safeguarding services to early help services

The objective of this intervention should be to step down from statutory services to Early Help services with appropriate support for a period of time before the step down into universal services and to:

- support the family to maintain the changes they have made under the safeguarding intervention
- support the family in transition between safeguarding services and Early Help
- develop the plan with the family to support any other changes they wish to introduce to improve the family/children's outcomes
- prevent need escalating to bring about the required changes that enable children, young people and their families to build resilience so their needs can be met within universal provision

Where more than one agency is involved in the development of the ongoing plan, a CAF should be instigated.

Whenever possible, a successful intervention should result in a transfer back to universal services.



SECTION 8

Continuum of need matrix

The indicators in this section are an overarching guide to what level of support and intervention a family may need and are aligned to the London Threshold Document (Continuum of Help and Support).

London Threshold Document
Continuum of Help and Support
londoncp.co.uk/thresholds.html

This provides practitioners with guidance as to the threshold on which decisions need to be based. It is not exhaustive and will require professional judgement to weigh the seriousness and significance of each factor.

Practitioners must consider a child's needs in each section, as well as considering their strengths and those of their family to get a full picture of the child's needs and recognise that need is not static and will change over time and that plans must be reviewed regularly.

There may also be exceptional circumstances and/or environmental factors, such as a pandemic, which shifts the threshold continuum to support families who would usually not require additional services.

Development of the baby, child or young person

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.

	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 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.	Developmental milestones are significantly delayed or impaired.
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.

Cont'd *The child's health*	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 worrying 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 exploitation.
	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 the 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.

Cont'd *Emotional wellbeing*	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.
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 or is at risk of criminal exploitation and serious youth violence.
	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.

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, 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, 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 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 or 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.
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 share his/her religious or political views.	The child is becoming involved in negative behaviour/ activities. For example, the child is refusing to co-operate with activities at school that challenge their religious or political views. The child is aggressive and intimidating to peers and/or adults who do not share his/her religious or political views.	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 do not share his/her religious or political views.
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.
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 on-going 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 significant lack of respect for others, for example, becoming aggressive with those that 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.

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 disclosure 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'.

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).
The child is legally entitled to live in the country indefinitely and has full rights to education and public funds.	The child's legal entitlement to stay in the country is temporary and/or restricts access to public funds placing the child under stress.	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).	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).

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 *gov.uk/government/publications/proscribed-terror-groups-or-organisations--2*	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.	Family members, family friends or friends of the child have strong links with proscribed organisations.	The child, their parents/carers or other close family members or friends are members of proscribed organisations.
The child spends time in safe and positive environments outside of the home.	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.	The child is a repeated victim and/or perpetrator of bullying including sexual or other targeted forms of bullying.	The child is a victim of serious and/or repeated and/or escalating acts of bullying, including sexual bullying.

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: 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.
Parenting during pregnancy and infancy	The parent/carer accesses ante-nataland/or post-natal care.	The parent/carer demonstrates ambivalence to ante-natal and post-natal care with irregular attendance and missed appointments.	The parent/carer is not accessing ante-natal and/or post-natal care.	The parent neglects to access ante natal care and is using drugs and alcohol excessively whilst pregnant. AND/OR The parent neglects to access ante natal 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 post-natal depression.	The parent/carer is suffering from severe post-natal 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

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 well-being 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, 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, 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.
	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 *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 give 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.
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.

Cont'd Meeting the emotional needs of the child	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.
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 havinga 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.
	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, 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.
	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.	Siblings' or other household members' drug or alcohol mis-use occasionally impacts on the child.	Siblings' or other household members' drug or alcohol mis-use consistently impacts on the child.	Siblings' or other household members' drug or alcohol mis-use is significantly adversely impacting on the child.

Cont'd *Parental and family health*	The physical or mental health of the parent/carer does not affect the care of the child.	Physical and mental health needs of the parent/carer create an adult focus which at times detracts attention away from the child.	Physical or mental health needs of the parent/carer is overshadowing the care of their child.	Physical or mental health needs of the parent/carer significantly affect the care of their child placing them at risk of significant harm.
	The parents/carers learning disabilities do not affect the care of their child.	The parents/carers learning difficulties occasionally impedes their ability to provide consistent patterns of care but without putting the child at risk.	The parents/carers learning disabilities are affecting the care of their child.	The parents/carers learning disabilities are severely affecting the care of their child and placing them at risk of significant harm.
	The parent/carer's mental health does not impact the child adversely.	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.	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.	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.
	Where siblings or other members of the family do not have disabilities, serious health conditions or mental health concerns.	Where siblings or other members of the family have disabilities, serious health conditions or mental health concerns which require additional support.	Siblings or other members of the family have a disability or serious health condition, including mental health concerns which impact on the child.	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.
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.

Cont'd *Physical or sexual abuse*	The parent/carer does not physically harm their child. 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.	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). 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. However, the parent is willing to access professional support to help them manage their child's behaviour.	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.	The parent/carer significantly physicallyharms child.
	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.	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.	There is concern that the child may be subject to harmful traditional practices.	There is evidence that the child may be subject to harmful traditional practices.
Criminal or anti-social behaviour	There is no history of criminal offences within the family.	There is a history of criminal activity within the family.	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.	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.
	The family members are not involved in gangs.	There is suspicion, or some evidence that the family are involved in gangs.	There is a known involvement in gang activity.	There is a known involvement in gang activity which is impacting significantly onthe child and family.

SECTION 9

Threshold criteria

Section 47, Section 20, Section 31

In addition, the following threshold criteria also apply:

Section 47, Children Act 1989: Child Protection enquiries (Tier 4)

Below is an indicator guide of the type of circumstances which would lead to a S47 investigation. This is intended as a guide and is not exhaustive. Reference should also be made to the London Child Protection Procedures (**londoncp.co.uk**):

- Any allegation of abuse or neglect or any suspicious injury in a pre- or non-mobilechild.
- 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 children (including disabled children).
- Inconsistent explanations or an admission about a clear non-accidental injury.
- Repeated allegations or reasonable suspicions of non-accidental injury.
- A child being traumatized, injured or neglected as a result of domestic abuse.
- Repeated allegations involving serious verbal threats and/or emotional abuse.
- Allegations / reasonable suspicions of serious neglect.
- Medical referral of non-organic failure to thrive 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.
- Use of Police Powers of Protection (Section 46)

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.

SECTION 10

Children's Disability Service

The children's disability service combines the children's disability team and children's occupational therapy team.

The children's disability team is a specialist team of social workers, social work assistants, a specialist information officer and business support.

Our team support families with children aged 0 - 18 who have a severe, profound or complex disability that has a substantial and long-term adverse effect on them, this includes children and young people with severe learning and/or physical disabilities, Autism Spectrum Condition, complex health issues, and severe hearing, vision and communication difficulties.

We undertake child and family assessments to inform a personalised support plan drawn up to address the child and family's needs, which often provides the provision of specialist short breaks (respite) support.

A child and their family are entitled to an assessment of their needs under section 17 of the Childrens Act 1989. This assessment also highlights the needs of carers. Our team completes the assessment using the National Framework for the Assessment of Children in Need and their Families (Department of Health 2000).

Children's occupational therapy team

bromley.gov.uk/info/10122/children_and_young_adults_with_disabilities_and_learning_needs/1391/childrens_occupational_therapy_0_-_18_years

Specialist short breaks (respite) support

bromley.gov.uk/info/10122/children_and_young_adults_with_disabilities_and_learning_needs/1260/short_breaks_for_disabled_children_and_young_people_and_their_carers

Referral routes for children with disabilities

Referrals can be made in the following ways:

- For all **referrals** relating to children with disabilities, please contact the Multi-Agency Safeguarding Hub (MASH), regardless of whether there is a safeguarding concern or not. The MASH is the front door for children with disabilities for both safeguarding and support services. MASH can be contacted directly or by a professional working with a family. See Section 3 for MASH contact details.
- Our **Short Breaks Online Assessment tool** is used to streamline access to short breaks, without the need for a referral to the MASH/full social work assessment. This can be found online. Applications made in this way are reviewed and assessed by the team, however this referral process will not address any safeguarding concerns or involve any visit to the child and their family.
- The **Common Assessment Framework** (CAF) is intended to be used as an assessment that looks at the issues affecting the family with a strong focus on how to improve the situation and who are the best agencies to support them. This is available for all children, including children with disabilities. See Section 3 for more information on how to use a CAF.

Short Breaks Online Assessment

bromley.gov.uk/shortbreaks

For further information on the Children's Disability Service, please contact:

disabledchildrensteam@bromley.gov.uk

or call 020 8313 4511

Civic Centre, Stockwell Close, Bromley, BR1 3UH

SECTION 11

Glossary

Section 17, Children Act 1989: Child in Need

This act places a general duty on all local authorities to 'safeguard and promote the welfare of children within their area who are in need.' It means that the child is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by the local authority.

Strategy discussions and meetings

When there are concerns that a child may be at risk of significant harm, Children's Social Care (CSC) will talk to partner agencies about the child. CSC – together with the Police Child Abuse Investigation Team (CAIT) and Health – will decide if the threshold for a child protection investigation (see Section 47) has been met.

If it has, they will also decide who should carry out the investigation – Children's Social Care and the police (joint agency) or either of them alone (single agency). This may be done as telephone conversations or at a meeting, depending on the nature and urgency of the enquiries.

Section 47, Children Act 1989: Child Protection enquiries

A Section 47 enquiry means that CSC must carry out an investigation when they have 'reasonable cause to suspect that a child who lives, or is found, in their area is suffering,or is likely to suffer, significant harm'. The enquiry will involve an assessment of the child's needs and the ability of those caring for the child to meet them. The aim is to decide whether any action should be taken to safeguard the child. The child's parents/carers will be interviewed, as well as the child (unless the child is too young). The assessment will also include information from the child's school, doctor and any other relevant professionals involved with the child.

Threshold criteria for initiating a Section 47 enquiry may be met at any time from the point of referral throughout the assessment process or at any time in an open case where concerns are highlighted. An Initial Child Protection Conference should always be preceded by a Section 47 enquiry.

Reference should also be made to the London Child Protection Procedures sixth edition: **londoncp.co.uk**

Police Powers of Protection

Police Powers of Protection can be used without reference to a court, and is only used in emergency situations where a delay in an Emergency Protection Order may put a child at risk. Police Powers last up to 72 hours in which the Police can make decisions as to the where and with whom the child is to remain and what further action is required with regards to the wellbeing of the child.

Emergency protection order (EPO)

An Emergency Protection Order is an order from the court that allows the child to be removed from home if the child is in imminent danger and grants parental responsibility to the local authority. The court must be satisfied that there are extremely persuasive reasons to make the order. An emergency protection order lasts up to eight days, but can be extended once, for a maximum of seven days.

Section 20, Children Act 1989: Child provided with accommodation

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

- having no person with parental responsibility for him/her
- being lost or abandoned
- the person who has been caring for him/her is being prevented (whether or not permanently, and for whatever reason) from providing him/her with suitable accommodation or care 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.

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.

Section 31, Children Act 1989: Initiation of care proceedings

On application by the Local Authority the court can grant a care order under Section 31(1)(a) of the Children Act, placing a child in the care of a designated local authority, with parental responsibility being shared between the parents and the local authority. It can only be made if the court is satisfied that 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 them if the order were not made,not being what it would be reasonable to expect a parent to give to a child
- The child's being beyond parental control.

Private fostering

When a child under the age of 16 (under 18 if disabled) is cared for by someone other than their parent or 'close relative', it is private fostering.

This is a private arrangement made between a parent and a carer for 28 days or more. Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts (whether of full-blood, half-blood or marriage/affinity).

It is an offence not to notify the local council of a private fostering arrangement. If you hear about such an arrangement you should discuss it with your manager. The local authority should also be told because all councils are legally required to make sure that all children that are privately fostered are cared for by a suitable carer in an appropriate environment. This is important to make sure the child is safe and that their needs are being met.

SECTION 12

Useful resources

Practitioners can find out more about specific services via the following web links:

Bromley Children and Families Voluntary Sector Forum

Represents Bromley's voluntary sector which supports local children and families
www.bcfforum.org

Bromley Children Project

Borough-wide service which supports children and their families in Bromley
www.bromley.gov.uk/bromleychildrenproject

Bromley Community Wellbeing Service (Bromley Y)

A single point of access for the emotional wellbeing of young people under the age of 18 in Bromley
www.bromley-y.org

Bromley Healthcare

Provides local community health services in Bromley
www.bromleyhealthcare.org.uk

Bromley Local Offer

Information about support, services, and activities for children with disabilities and learning needs
www.bromley.gov.uk/LocalOffer

Bromley Safeguarding Children Partnership (BSCP)

The role of the BSCP is to co-ordinate the protection of children and young people in the borough, and ensure its effectiveness
www.bromleysafeguarding.org

CAFCASS

Represents the voice of children in the family courts and works to ensure that their welfare is put first during proceedings
www.cafcass.gov.uk

Children's Social Care Protocols and Procedures

For the latest guidance on Children's Social Care practice in Bromley
http://bromleychildcare.proceduresonline.com

Kings College Hospital NHS Foundation Trust

Provider of local hospital care
https://pruh.kch.nhs.uk

London Child Protection Procedures

London Child Protection Procedures and Practice Guidance which are updated on a 6-monthly basis
www.londoncp.co.uk

London Borough of Bromley

Local authority providing statutory and non-statutory services for residents of Bromley
www.bromley.gov.uk

Metropolitan Police Service

London police service with a Bromley borough command
www.met.police.uk

Mytime Active

Provides local leisure and wellbeing services including child weight management programmes
www.mytimeactive.co.uk

Oxleas NHS Foundation Trust

Provides NHS mental health services across Bromley, South London and Kent
www.oxleas.nhs.uk

South London and Maudsley NHS Foundation Trust

Provides specialist mental health services across Bromley and South London
www.slam.nhs.uk

Bromley Safeguarding Children Partnership

THE LONDON BOROUGH

www.bromleysafeguarding.org

LONDON BOROUGH OF BROMLEY THRESHOLDS OF NEED
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