

**Slough
Local
Safeguarding
Children's
Board**

**Multi- Agency
Threshold
Guidance**

April 2016



INTRODUCTION

This revised thresholds guidance provides a framework targeted at all professionals working with children, young people and families in Slough. The framework describes a number of levels, or tiers, of need and aims to support professionals to understand children's needs and to consider how these can be met.

The document is designed to be used as a guide to offer clarification; it is not a concrete or rigid set of procedures.

This document is compliant with, and builds upon, the relevant statutory and best practice guidance and procedures and is underpinned by a set of key principles:

- Safeguarding children and young people is **everyone's responsibility**; everyone who comes into contact with children and families has a role to play.
- Services should **intervene early** to tackle any problems as soon as they emerge. For children who need additional help, every day matters.
- The **child should be at the centre**, their needs are paramount. They must be listened to by professionals and have their voices heard.
- Any services provided to safeguard children and young people must be **clearly focused on outcomes for the child**.

This document should be read in conjunction with the Referral and Assessment Pathway for Slough Children's Services Trust which describes what happens when a contact is made, and how the child's journey will progress when statutory thresholds for intervention are met.

Working Together to Safeguard Children: a guide to interagency working to safeguard and promote the welfare of children (2015) sets out a clear expectation that agencies will work together to identify children with additional needs and provide support as soon as a problem emerges. It 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 far more effective in promoting the welfare of children – and keeping them safe – than reacting later when any problems, for example neglect, may have become more entrenched.

The importance of using a child-centred approach in following the child's journey is also emphasised. All services which are provided must be based on a clear understanding of the needs and views of the individual child in their family and community context.

Local Safeguarding Children's Board responsibilities

Working Together (2015) confirms that the Local Safeguarding Children Board should publish a threshold document to:

- Confirm the process for early help assessment and set out the type and level of early help services
- Confirm the criteria and level of need for referring to local authority children's services for assessment and statutory services for children in need, including those in need of support, protection, accommodation and care (section 17, 47, 20 and 31 of the Children Act 1989).
- Confirm the procedures and processes for cases relating to the sexual exploitation of children and young people.

Pan Berkshire Child Protection Procedures

The Pan Berkshire Child Protection Procedures set out the procedures that all agencies, groups and individuals working with children and young people in Berkshire must follow in order to safeguard children and promote their welfare in the home and within the community. The procedures apply to professionals coming into contact with, or receiving information about, children. This includes unborn children and adolescents up to the age of 18 years of age.

Pan Berkshire Procedures can be accessed at:
<http://www.proceduresonline.com/berks/>

Information Sharing

Sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision.

For early help services parents must give their consent to share information about their child with and family with other agencies.

Early sharing of information is the key to providing effective early help where there are emerging problems except where doing so would put a child at risk or a criminal investigation be compromised.

If a professional has concerns about a child's welfare and believes they are suffering or likely to suffer harm, then they should share the information with Children's Social Care. Consent from parents to do this is not needed, however it is good practice to seek consent unless to do so would place the child at risk or compromise a criminal investigation.

Information sharing guidance is available on the DfE website:

<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

The Framework

This document introduces a continuum of help and support, along this continuum, services become increasingly targeted and more specialised according to the level of need identified.

Children's needs are not static, and they may experience different needs – at different points on the continuum – throughout their childhood years.

By undertaking effective assessments and offering services on a continuum of help and support, professionals can be flexible and respond to different levels of need in different children and families.

Children's needs may lie at any point along the continuum however, their needs can, and indeed do, change and so they may need to move along the continuum. Moving along the continuum is often referred to as a "step up" and a "step down".

Remember – where there is an immediate need to protect a child because they are being harmed or are likely to suffer significant harm, contact the Police or Children's Social Care without delay.

LEVELS OF NEED

Moving along the continuum there are four levels, or tiers, of need requiring increasingly targeted and specialist services to provide support and intervention:

Level 1: Families with children that have no additional needs (universal)

At Level 1, children with no identified additional needs will have their health and developmental needs 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 Slough receive universal services alone.

At level 1 no multi-agency assessment is required; children will access universal services in the usual way.

Level 2: Families with vulnerable children that have additional needs (targeted)

At Level 2, some children will have additional needs, they may be showing early signs of abuse and / or neglect and their needs may not be clear, unknown or unmet. The child's needs can be addressed by accessing support from targeted services delivered within, alongside or outside of universal services.

Level 2 is the threshold for an early help assessment; this may be undertaken by any professional working with a child, young person or family. The purpose of an early help assessment is to identify additional needs and put in place non-statutory services to provide support. Where the needs of the child, young person or family are more complex a "Team Around the Child (TAC)" or "Team Around the Family (TAF)" may be convened to provide multi-agency support.

N.B. An early help assessment may identify significant concerns / safeguarding issues. If this is the case the practitioner should call Children's Social Care for advice as the concerns may indicate the threshold for Section 17 or Section 47 statutory intervention has been met.

Level 3: Families with children that have multiple and / or complex needs and are in need of support (Child in Need)

At Level 3, children will have multiple and complex needs and be in need of specialist intervention, sometimes on a long term basis, to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and / or are disabled, this also includes some specialised health services such as CAMHS.

This is the threshold for a statutory assessment led by Children's Social Care under Section 17, Children Act 1989, although services are often provided by a range of other provision outside of Children's Social Care to meet the needs identified in the assessment.

Level 4: Families with children that have severe and / or complex and acute needs and are in need of care and protection (Child Protection)

At Level 4, children are suffering, or are at risk of suffering, significant harm and are in need of protection and care. This is the threshold for child protection enquiries and children are likely to have already experienced adverse effects and are suffering from poor outcomes.

Level 4 also includes specialised health services in residential, day patient or outpatient settings for children with severe and / or complex health needs. Children and young people will be referred to Children's Social Care and assessed under

Section 47, 20 or 31 of the Children Act 1989. This will also include children who have been remanded into custody and statutory youth offending services.

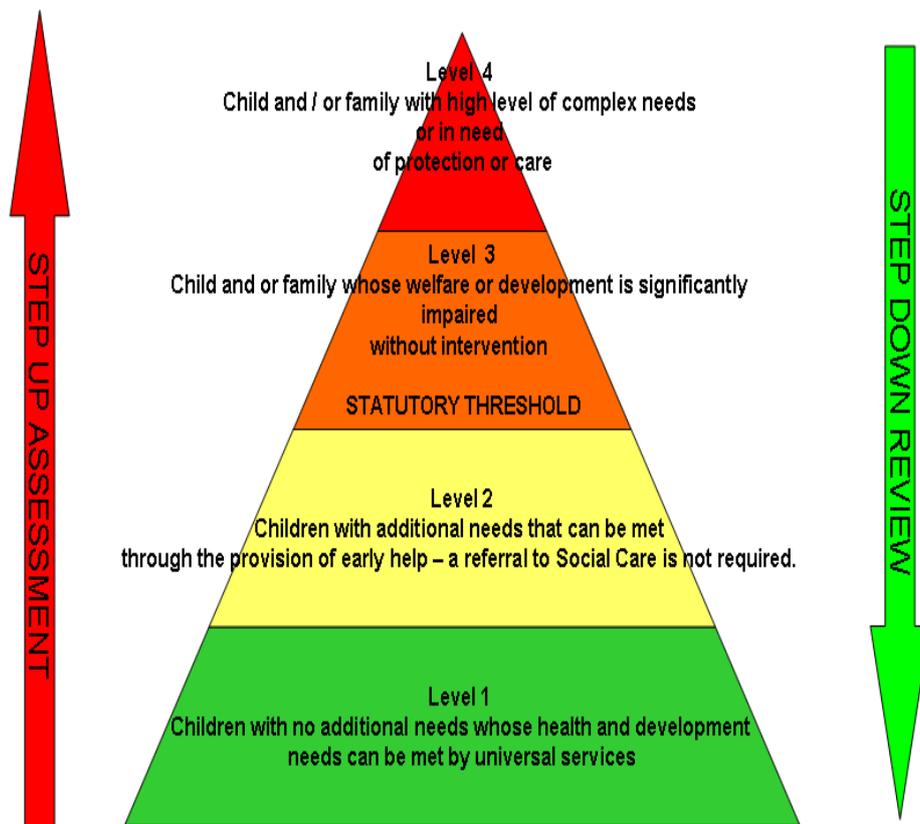
This is the threshold for a statutory assessment under Section 47 of the Children Act 1989; if an assessment determines the child is at risk of significant harm a child protection conference will be convened.

Representatives of all agencies working with the family will be invited to the conference along with parents / carers, the child or young person (or advocate).

Where an assessment identifies that a child is not safe living in the family home the child may be taken into care either on a voluntary basis (with parental agreement) or through a care order made by the court.

A continuum model demonstrating the levels of need is shown below:

Annex 2 provides information on a range of indicators of need at each level. These indicators have been taken from the London Pan Berkshire Procedures Continuum of Need Document.



Slough Safeguarding Children Board – Continuum of Need

THRESHOLDS AND ELIGIBILITY CRITERIA

It is important to consider the journey of the child through the continuum of services and to ensure the thresholds for individual services are clear and understood by all.

A **threshold** is a point that has been reached where support is required at level 1, 2, 3 or 4. An assessment (e.g. early help, S17 or S47) will provide the evidence that the level of need or threshold has been met.

Individual services that provide support within the various levels are likely to have **eligibility criteria** in order to access them. This enables the services to provide effective and specialist support within a specific area of need, for example to access substance and alcohol misuse support, the assessment will have identified substance and alcohol misuse issues that impact on the child in some way.

Practitioners are always advised to check the eligibility criteria for specific service provision, if this is not clear or known to them.

Service providers should always ensure that there is clear and transparent information available regarding the eligibility criteria for accessing their service.

Moving through the Continuum, (Step Up and Step Down)

The needs of children, young people and families do not always fit neatly into any one level of need, it is therefore important to ensure that there are systems in place to enable progression up or down the continuum of need as relevant.

In order for this to be effective the following elements are important:

Assessment – Good assessment is the key to ensuring that needs are identified appropriately, an action plan is identified to meet needs and that when need changes the assessment is updated or refreshed.

- At level 2 this assessment is the Early Help Assessment.
- At level 3 and 4; children in need or child protection this is the S17 or S47 statutory assessment.

It is possible that an early help assessment may identify needs that meet the threshold for level 3 or 4 intervention and where this is the case a referral will be made to Children's Social Care.

It is possible that a S17 or S47 identifies that needs do not meet the threshold for a statutory intervention, although there may be additional needs that could be met at a level 2, or even within level 1 services. In these circumstances there may be a referral to services providing universal or targeted support with the single assessment as supporting evidence.

Planning – Once an assessment has been completed a clear action plan is central to being able to provide appropriate support. Plans made as a result of the early help assessment or as a result of S17 or S47 have common frameworks, they will identify key tasks and a lead professional role to ensure there is coordination of those tasks.

The lead professional in S17 CIN Planning or S47 Child Protection Planning is the Social Worker who has a statutory responsibility to coordinate the action plan and ensure progress is made against the action plan.

The early help assessment will lead to an action plan that identifies a lead professional, and is clear about actions identified and who will carry out the actions. Whilst this is not a statutory role it is a key factor in the success of the plan to have a lead professional who will maintain an overview of the action plan and progress made.

Review – is the key to effective step down processes, and the ultimate aim is always to return the child, young person or family to the lowest level of need and support.

Children who are looked after by the local authority have a statutory review process which ensures a review every six months to ensure progress remains on target and that where possible plans are in place to support the child / young person. This may be a return home and a step down into lower level support, or it may mean looking for long term fostering or adoption placements.

Children who are subject to a Child Protection Plan have a statutory review process which ensures the protection plan remains on target and reduces the risk of harm to the child or young person. The CP review takes place every six months. And when there has been good progress there may be a decision to discontinue the CP Plan. At this point if there is no longer a significant risk of harm the child / young person steps down to a Child in Need Plan.

Children who are subject to a Child in Need Plan have a review that takes place six monthly, this enable those involved to monitor progress made against the plan and to continue to determine the ongoing level of risk and needs of the child / young person. A Child in Need review may determine that actions have been met, and that the needs of the child, young person or family no longer meet the threshold for Children's Social Care and may be better served by support within targeted services, or can be returned to universal level of support. Where a step down to targeted services is felt to be necessary this will be identified at the CiN Review meeting, and a referral may be made to Early Help for an additional period of ongoing support.

At any point in the cycle; should there be any concerns regarding the child, young person or family, it may be necessary to review or refresh an assessment and facilitate a referral to the appropriate level of need.

EARLY HELP

The Slough Early Help Strategy for Children, Young People and Families (March 2015) sets out the collaborative multi-agency approach to support local children, young people and families to achieve better outcomes by developing family resilience and intervening early when help is needed. The strategy has five strategic priorities:

- Delivering prevention and early intervention to reduce escalation of need;
- Enhancing access to and co-ordination of integrated services;
- Sustaining resilience for children, young people and families;
- Delivering the workforce to be more confident and empowered practitioners of early help; and
- Increasing equity of access to quality provision for all children, young people and families.

In order to support the delivery of the Slough Early Help strategy the front door has been remodelled to provide a streamlined approach to access integrated family support and specialist services.

This includes a **Single Point of Access (SPA)** to receive, clarify and log new contacts, plus a joint Early Help and Social Work **Triage Team** to make decisions about next steps based on professional judgements about the nature and level of concern. The triage Team fast tracks safeguarding and child welfare concerns into the **Multi Agency Safeguarding Hub (MASH)** and ensures swift and easy access to Early Help Services and to Specialist Social Care Services.

Whenever, a professional identifies a child or young person with an additional need which cannot be addressed by single agencies operating within universal services at level 1, an Early Help Assessment should be completed with consent of the parent / carer.

The Early Help Assessment identifies the individual and collective needs and circumstances of children, young people and their parents/carers, clarifies the outcomes that are sought and establishes an Early Help Plan setting out the details of how the outcomes will be achieved.

The Early Help Assessment also acts as a means of providing supporting evidence when a referral is made where additional or more specialist support and intervention is required, as well as communicating with other professionals, teams and services in a common format. This avoids unnecessary bureaucracy, supports a swift and easy referral process and prevents children, young people and their parents/carers having to repeat their story unnecessarily.

Early Help Coordinators from the Early Help Team are part of the Slough Children's Trust Triage Team and work alongside Social Work practitioners and managers to consider the detail of all new contacts, clarify the detail of any existing information already known about the child or young person and their family and makes a judgement about next steps with reference to the Thresholds Guidance.

CHILD SEXUAL EXPLOITATION (CSE)

Working Together (2015) introduces the requirement for the *Local Threshold Guidance* to include details of processes and procedures for dealing with child sexual exploitation (CSE). The *Pan Berkshire CSE Policy* sets out the procedures for safeguarding and protecting the welfare of children from Child Sexual Exploitation. It sets out how to identify, assess, challenge and provide an enhanced, effective service to reduce the harm and threats posed to children and young people from CSE.

The aims are:

- To identify those children at risk of being sexually exploited.
- To work collaboratively to ensure the safeguarding and welfare of children and young people who are being, or are at risk of being, sexually exploited.
- To provide timely and effective interventions with children and families to safeguard those vulnerable to sexual exploitation.
- To apply pro-active problem solving to address the risks associated with victims, perpetrators and locations and ensure the safeguarding and welfare of children and young people who are or may be at risk from sexual exploitation.
- To take action against those intent on abusing and exploiting children and young people by prosecuting and disrupting perpetrators.
- To raise awareness and provide preventative education for the welfare of children and young people who are, or may be, sexually exploited

Annex 2 provides tables showing indicators of need which includes a range of risk indicators linked to CSE.

The CSE Risk Indicator tool <http://www.slough.gov.uk/downloads/SLSCB-CSE-indicator-tool.docx> may aid professionals in collating their information and inform a decision about action to be taken, whenever professionals have suspicions or evidence that a child or young person has been, or is at risk of being, sexually exploited, contact should be made with Slough Children & Young People's Service via the Single Point of Access (SPA).

DEFINITIONS

What is a child in need?

Children in need are defined under the Children Act 1989 as those who are unlikely to reach or maintain a satisfactory level of health and development or their health will be significantly impaired without the provision of services, this includes children who have disabilities. Critical factors on deciding whether a child is in need are:

- What will happen to a child's health and development without services being provided.
- The likely effect the services will have on the child's standard of health and development.

Section 17 of the Children Act 1989 places the general duty on every Local Authority to safeguard and promote the welfare of children who are in need within their area. Slough Children's Social Care must, so far as is consistent with the duty, promote the upbringing of children in need by their families through provision of a range and level of service appropriate to the child's needs. In order to receive services under Section 17, the child will have additional needs requiring integrated, targeted support.

What is significant harm?

Some children are in need because they are suffering or are likely to suffer significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children and gives local authorities a duty (Section 47 Children Act 1989) to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer significant harm.

Child protection is part of safeguarding and promoting welfare. Section 47 of the Children Act 1989 requires the Local Authority to make enquiries to enable it to decide whether the child is suffering or likely to suffer significant harm and to assess whether action is required to safeguard and promote the child's welfare. Police, Health, Education and other services have a statutory duty to help the Local Authority Children's Social Care services to carry out Section 47 enquiries.

Definitions of Abuse

Working Together 2015 sets out the definition of abuse and neglect. Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

There are four categories of abuse:

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional Abuse

Emotional abuse is persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately making silencing

them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance misuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers); or
- Ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Annex 1: provides an overview of statutory criteria

Annex 2: provides tables showing indicators of need.

Annex 1: Statutory Criteria

Section 47, Children Act 1989: Child Protection Enquiries
The table below is an indicator guide to the type of circumstances which would lead to a s47 assessment. This table is intended as a guide and is not exhaustive. Reference should also be made to the Pan Berkshire Child Protection Procedures.
Any allegations of abuse or neglect or any suspicious injury in a pre- or non-mobile child.
Allegations or suspicions about a serious injury/ sexual abuse of 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 traumatised, injured or neglected as a result of domestic violence.
Repeated allegations involving serious verbal threats and/or emotional abuse.
Allegations/reasonable suspicions of serious neglect.
Medical referral of non-organic failure to thrive in children under five years old.
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 child protection plan or looked after by a local authority.
No available parent and child vulnerable to significant harm (eg: 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 years of age.
A child at risk of Female Genital Mutilation (FGM), honour based violence or forced marriage.
Section 20, Children Act 1989: Child Provided with Accommodation
This can be on the initiation 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:
<ul style="list-style-type: none"> • Having no person with parental responsibility for him/her; or
<ul style="list-style-type: none"> • Being lost or abandoned; or
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • Having reached the age of 16, his/her welfare is likely to be seriously prejudiced if he/she is not provided with accommodation; or

<ul style="list-style-type: none"> • Accommodating the child would safeguard or promote his/her welfare (even though a person who has parental responsibility for him or able to provide him with accommodation), provided that the person does not object;
<ul style="list-style-type: none"> • Before providing accommodation, so far as is reasonably practicable and consistent with the child's welfare;
<ul style="list-style-type: none"> • Ascertain, and give due consideration to the child's wishes and feelings (having regard to his/her age and understanding); and
<ul style="list-style-type: none"> • 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 and is it fair and proportionate for the child to be accommodated?
Section 31, Children Act 1989: Initiation of Care Proceedings
Child is suffering, or is likely to suffer, significant harm; and
<ul style="list-style-type: none"> • The harm, or likelihood of harm, is attributable to:
<ul style="list-style-type: none"> • 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 provide; or
<ul style="list-style-type: none"> • The child is 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;
"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 Check List
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.

Annex 2: Indicators of Need

The indicators on the following pages are designed to provide practitioners with an overarching view on what tier of support and intervention may be needed and what the indicators of need might be to support this.

This is not intended to be a 'tick box' exercise, but to give a quick-reference guide to support professionals in their decision-making, including conducting further assessments, referring to other services and understanding the likely thresholds for higher levels of intervention.

If there is a combination of indicators of need under Tier Two, the case may be a Tier Three case overall.

Also remember that need is not static; the needs of a child/young person/ family will change over time.

Where a plan has been agreed, this should be reviewed regularly to analyse whether sufficient progress has been made to meet the child's needs and on the level of risk faced by the child.

This will be important in cases of neglect where parents and carers can make small improvements, but an analysis will need to be undertaken on whether this leads to significant improvements for the child/young person.

Indicators of Need Matrix

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.

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.

Family and Parenting 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.

Child's Education and Employment

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 Police.
<p>Developmental milestones met – achieving key stages.</p> <p>Good school attendance.</p> <p>No barriers to learning identified.</p> <p>The child possesses age-appropriate ability to understand and organise information and solve problems, and makes adequate academic progress.</p> <p>The young person is in education, employment or training (EET).</p> <p>The child is educated at home and there are no concerns about their welfare, parents allow them to access appropriate social interaction and support.</p>	<p>Some developmental milestones are not being met which will be supported by universal services.</p> <p>Occasional non-attendance at school.</p> <p>Series of fixed term exclusions.</p> <p>Some learning difficulties identified.</p> <p>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.</p> <p>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.</p> <p>Child is educated at home and there are some concerns that parents are not providing the appropriate level of education /</p>	<p>Some developmental milestones are not being met which will require support of targeted/specialist services.</p> <p>Short term exclusions or at risk of permanent exclusion.</p> <p>Persistent absence.</p> <p>Special Educational Needs.</p> <p>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.</p> <p>The young person refuses to engage with educational or employment opportunities and are increasingly socially isolated – concern that this results from or is impacting on their mental health.</p>	<p>Developmental milestones are significantly delayed or impaired.</p> <p>Chronic non school attendance.</p> <p>Frequent fixed exclusions or permanent exclusion from school.</p> <p>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.</p> <p>Child is educated at home and may have additional special educational needs, parents refuse to engage with any support offered and the child has not been seen for some time.</p>

	support. They may be restricted from accessing social interaction / support.	Child is educated at home and may have additional special educational needs and there is concern about the level of education being provided which is not meeting the child's needs.	
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Child's Health			
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 Police.
<p>The child is healthy and does not have a physical or mental health condition or disability.</p> <p>The child is meeting appropriate developmental milestones and has no speech or language difficulties.</p> <p>The child is healthy, and has access to and makes use of appropriate health and health advice services.</p> <p>The child undertakes regular physical activities and has a healthy diet.</p>	<p>The child has a mild physical or mental health condition or disability which affects their everyday functioning but can be managed in mainstream schools.</p> <p>The child is slow at meeting developmental milestones.</p> <p>Child may be on school action or action plus/SEN statement.</p> <p>Child in hospital.</p> <p>The child rarely accesses appropriate health and health advice services, missing</p>	<p>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.</p> <p>Child missing health appointments – routine and non routine.</p> <p>High level of complex health needs or constant care needs.</p> <p>There is no evidence that the child has accessed health and health advice services and suffers</p>	<p>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.</p> <p>The child has complex health problems which are attributable to the lack of access to health services.</p> <p>Despite support, the child undertakes no physical activity and has a diet which is adversely affecting their health and causing</p>

<p>The child has no history of substance misuse or dependency.</p>	<p>immunisations.</p> <p>The child undertakes no physical activity, and/ or has an unhealthy diet which is impacting on their health.</p> <p>The child is known to be using drugs and alcohol frequently with occasional impact on their social wellbeing.</p>	<p>chronic and recurrent health problems as a result.</p> <p>The child undertakes no physical activity and has a diet which seriously impacts on their health despite intensive support from early help services.</p> <p>The child's substance misuse dependency is affecting their mental and physical health and social wellbeing.</p>	<p>significant harm.</p> <p>The child's substance misuse dependency is putting the child at such risk that intensive specialist resources are required.</p>
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Child's Emotional Wellbeing			
<p>Tier 1 Children with no additional needs whose health and developmental needs can be met by universal services</p>	<p>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.</p>	<p>Tier 3 Children with complex multiple needs who need statutory and specialist services. A referral to Children's Social Care is required.</p>	<p>Tier 4 Children in acute need. Require immediate referral to Children's Social Care and/or Police.</p>
<p>The child engages in age appropriate activities and displays age appropriate behaviours.</p> <p>The child has a positive sense of self and abilities.</p> <p>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.</p>	<p>The child is at risk of becoming involved in negative behaviour/ activities - for example anti-social behaviour [ASB] or substance misuse.</p> <p>The child has a negative sense of self and abilities.</p> <p>The child has a negative sense of self and abilities and suffers with</p>	<p>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.</p>	<p>The child frequently exhibits negative behaviour or activities that place self or others at imminent risk including chronic non-school attendance. Child may be permanently excluded or not in education which puts them at high risk of CSE.</p> <p>The child has such a negative sense of self and abilities that</p>

<p>The child is emotionally supported by his/her parents/carers to meet their developmental milestones to the best of their abilities.</p> <p>The child has not suffered the loss of a close family member or friend.</p>	<p>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.</p> <p>The child occasionally does not meet developmental milestones due to a lack of emotional support.</p> <p>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.</p> <p>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.</p>	<p>The child has a negative sense of self and abilities to the extent that it impacts on their daily outcomes.</p> <p>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.</p> <p>The child is unable to meet developmental milestones due to the inability of their parent/carer to emotionally engage with them.</p> <p>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.</p> <p>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</p>	<p>there is evidence or likelihood that this is causing harm.</p> <p>The child's vulnerability resulting from their negative sense of self and low esteem has been exploited by others who are causing them harm.</p> <p>The child's development is being significantly impaired.</p> <p>The child has suffered bereavement and is self-harming and/or disclosing suicidal thoughts.</p> <p>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.</p>
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		missing or substance mis-use.	
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Child's Social Development			
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 Police.
<p>The child has strong friendships and positive social interaction with a range of peers.</p> <p>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.</p> <p>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.</p> <p>The child demonstrates feelings of belonging and acceptance.</p>	<p>The child has few friendships and limited social interaction with their peers.</p> <p>The child has communication difficulties and poor interaction with others.</p> <p>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.</p> <p>The child is a victim of discrimination or bullying.</p>	<p>The child or young person is isolated, and refuses to participate in social activities.</p> <p>The child has significant communication difficulties.</p> <p>The child interacts negatively with others and demonstrates significant lack of respect for others.</p> <p>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.</p> <p>The child has experienced persistent or severe bullying which has impacted on his/her</p>	<p>The child or young person is completely isolated, refusing to participate in any activities.</p> <p>The child has little or no communication skills.</p> <p>Positive interaction with others is severely limited.</p> <p>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.</p> <p>The child has experienced such persistent or severe bullying that his/her wellbeing is at risk.</p>

		daily outcomes.	
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Child's Behaviour			
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 Police.
<p>The child demonstrates self-control appropriate with their age and development.</p> <p>The child has growing level of competencies in practical and independent living skills.</p> <p>The child engages in age appropriate use of internet, gaming and social media.</p> <p>The child engages in age appropriate activities and displays age appropriate behaviours and self-control.</p>	<p>The child has from time to time been involved in anti-social behaviour.</p> <p>The child expresses sympathy for ideologies closely linked to violent extremism but is open to other views or loses interest quickly.</p> <p>The child from time to time displays a lack of self-control which would be unusual in other children of their age.</p> <p>The child's competencies in practical and independent living skills are at times impaired or delayed.</p> <p>The child is at risk of becoming involved in negative internet use, lacks control and is unsupervised in gaming and social media</p>	<p>The child is involved in anti-social behaviour and may be at risk of gang involvement.</p> <p>The child expresses beliefs that extreme violence should be used against people who disrespect their beliefs and values.</p> <p>The child regularly displays a lack of self-control which would be unusual in other children of their age.</p> <p>The child does not possess, or neglects to use, self-care and independent living skills appropriate to their age.</p> <p>The child is engaged in or victim of negative and harmful behaviours associated with internet and social media use,</p>	<p>The child is currently involved in persistent or serious criminal activity and /or is known to be engaging in gang activities.</p> <p>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.</p> <p>The child displays little or no self-control which seriously impacts on relationships with those around them putting themselves/others at risk.</p> <p>Severe lack of age appropriate behaviour and independent living skills likely to result in significant</p>

	<p>applications.</p> <p>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.</p> <p>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.</p> <p>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 religion or ideology.</p> <p>The child has run away from home on one or two occasions or not returned at the normal time.</p>	<p>e.g. bullying, trolling, transmission of inappropriate images. Or is obsessively involved in gaming which interferes with social functioning.</p> <p>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.</p> <p>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.</p> <p>The child has connections to individuals or groups known to have extreme views.</p> <p>The child persistently runs away and/or goes missing.</p>	<p>harm. e.g. bullying, isolation.</p> <p>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).</p> <p>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.</p> <p>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.</p> <p>The child has strong links with individuals or groups who are known to have extreme views and/or are known to have links to</p>
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	<p>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.</p> <p>The child occasionally has caring responsibilities for members of their family and this sometimes impacts on their opportunities.</p> <p>The child expresses intolerant views towards peers and this leads to their being socially isolated.</p>	<p>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.</p> <p>The child's outcomes are being adversely impacted by their caring responsibilities.</p> <p>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.</p>	<p>violent extremism. The child is thought to be involved in the activities of these groups.</p> <p>The child persistently runs away and/or goes missing and does not recognise that he/she is putting him/herself at risk.</p> <p>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.</p> <p>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.</p> <p>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</p>
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			<p>foreseeable future.</p> <p>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.</p>
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Abuse and Neglect			
<p>Tier 1 Children with no additional needs whose health and developmental needs can be met by universal services</p>	<p>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.</p>	<p>Tier 3 Children with complex multiple needs who need statutory and specialist services. A referral to Children's Social Care is required.</p>	<p>Tier 4 Children in acute need. Require immediate referral to Children's Social Care and/or Police.</p>
<p>The child shows no physical symptoms which could be attributed to neglect.</p> <p>The child is appropriately dressed.</p> <p>The child has injuries, such as bruising on their shins etc., which are consistent with normal</p>	<p>The child occasionally shows physical symptoms which could indicate neglect such as a poor hygiene or tooth decay.</p> <p>The child or their siblings sometimes come to nursery/school in dirty clothing or they are unkempt or soiled.</p>	<p>The child consistently shows physical symptoms which clearly indicate neglect.</p> <p>The child or their siblings consistently come to school in dirty clothing which is inappropriate for the weather and/</p>	<p>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.</p>

<p>childish play and activities.</p> <p>The child is provided with an emotionally warm and stable family environment.</p>	<p>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.</p> <p>The child's experiences parenting characterised by a lack of emotional warmth and/ is overly critical and/or inconsistent.</p>	<p>or they are unkempt or soiled The parents/carers are reluctant or unable to address these concerns.</p> <p>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.</p> <p>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.</p>	<p>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]</p> <p>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.</p> <p>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.</p>
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Environmental Factors

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 Police.
<p>The family feels integrated into the community.</p> <p>The family has a reasonable income over time and financial resources are used appropriately to meet the family's needs.</p> <p>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.</p> <p>The parent / carer is able to manage their working or unemployment arrangements and do not perceive them as unduly stressful.</p> <p>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</p>	<p>The family is chronically socially excluded and/ or there is an absence of supportive community networks.</p> <p>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.</p> <p>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.</p> <p>The child is affected by low level anti-social behaviour in the locality.</p> <p>The neighbourhood is known to have groups of children and/or</p>	<p>The family is socially excluded and isolated to the extent that it has an adverse impact on the child.</p> <p>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.</p> <p>The family's home is consistently dirty and constitutes health and safety hazards.</p> <p>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</p>	<p>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.</p> <p>The child consistently does not have adequate food, warmth, or essential clothing. The parents are consistently unable to budget effectively and are resisting engagement.</p> <p>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'.</p> <p>The neighbourhood or locality is having a profoundly negative effect on the child who is involved in frequent anti-social behaviour and criminal activity.</p> <p>The neighbourhood or locality is having a profoundly negative</p>

<p>parent/carer ensures access to balconies is restricted unless a young child is with an adult.</p> <p>The neighbourhood is a safe and positive environment encouraging good citizenship.</p> <p>The family is legally entitled to live in the country indefinitely and has full rights to employment and public funds.</p> <p>The child is legally entitled to live in the country indefinitely and has full rights to education and public funds.</p> <p>The child and their family have no links to proscribed organisations. See link below for list of terrorist groups or organisations banned under UK law.</p> <p>The child spends time in safe and positive environments outside of the home.</p>	<p>adults who are engaged in threatening and intimidating behaviour and the child is intimidated and feels threatened in the area.</p> <p>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.</p> <p>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.</p> <p>The child’s legal entitlement to stay in the country is temporary and/or restricts access to public funds placing the child under stress.</p> <p>The child 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</p>	<p>participating in criminal activity.</p> <p>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.</p> <p>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.</p> <p>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).</p> <p>The child’s legal status as, for example, an asylum-seeker or an illegal migrant who may have been trafficked puts them at risk</p>	<p>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.</p> <p>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.</p> <p>Family members are being detained and at risk of deportation or the child is an unaccompanied asylum-seeker.</p> <p>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).</p> <p>There is evidence that a child has been exposed to or involved in criminal activity either as a result of being trafficked into the country or to support them (e.g. illegal employment, child labour, CSE).</p>
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	<p>by members of proscribed organisations.</p> <p>The child is known to be/have been a victim or perpetrator of bullying and/or is part of a group or associated with a group which bullies others.</p>	<p>of involuntary removal from the country. Their immigration status means they have limited financial resources/no recourse to public funds and increases their vulnerability to criminal activity (e.g. illegal employment, child labour, CSE).</p> <p>Family members, family friends or friends of the child have strong links with proscribed organisations.</p> <p>The child is a repeated victim and/or perpetrator of bullying including sexual or other targeted forms of bullying.</p>	<p>The child, their parents/carers or other close family members or friends are members of proscribed organisations.</p> <p>The child is a victim of serious and/or repeated and/or escalating acts of bullying, including sexual bullying.</p>
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Parenting: During Pregnancy and Infancy

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 Police.
<p>The parent/carer accesses ante-natal and/or post-natal care.</p> <p>The parent/carer is coping well emotionally following the birth of their baby and accessing universal support services where</p>	<p>The parent/carer demonstrates ambivalence to ante-natal and post-natal care with irregular attendance and missed appointments.</p> <p>The parent/carer is struggling to</p>	<p>The parent/ carer is not accessing ante-natal and/ or post-natal care.</p> <p>The parent/ carer is suffering from post-natal depression.</p> <p>The parent/ carer has sustained difficulties managing their child's</p>	<p>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</p>

<p>required.</p> <p>The parent/carer is able to manage their child's sleeping feeding and crying and is appropriately responsive.</p>	<p>adjust to the role of parenthood.</p> <p>The parent/ carer has sustained difficulties managing their child's sleeping, feeding or crying but accepts support to resolve these difficulties.</p>	<p>sleeping, feeding or crying despite the intervention of support services or refuses to engage with support services.</p>	<p>risk to the unborn child or new born child.</p> <p>The parent/carer is suffering from severe post-natal depression which is causing serious risk to themselves and their child/ children.</p> <p>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.</p>
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Parenting: Meeting the Health Needs of the Child			
<p>Tier 1 Children with no additional needs whose health and developmental needs can be met by universal services</p>	<p>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.</p>	<p>Tier 3 Children with complex multiple needs who need statutory and specialist services. A referral to Children's Social Care is required.</p>	<p>Tier 4 Children in acute need. Require immediate referral to Children's Social Care and/or Police.</p>
<p>The parent/carer understands and is appropriately responsive to the health demands of their child.</p> <p>All the child's needs (e.g. disability, behaviour, long-term conditions) are fully met by the</p>	<p>The parent/ carer displays high levels of anxiety regarding their child's health and their response is beginning to impact on the well-being of the child.</p> <p>Parents are meeting the child's</p>	<p>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</p>	<p>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.</p>

parents.	needs but require additional help in order to do so.	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.	There are strong suspicions or evidence that the parent/carer is fabricating or inducing illness in their child.
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Parenting: Meeting the Education and Employment Needs of the Child

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 Police.
<p>The parent/ carer positively support learning and aspirations and engages with school.</p> <p>The young person is supported to success in the labour market.</p> <p>The child has an appropriate education and opportunities for social interaction with peers.</p>	<p>The parent is not engaged in supporting learning aspirations and/or is not engaging with the school.</p> <p>The young person is not supported to success in the labour market.</p> <p>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.</p>	<p>The parent does not engage with the school and actively resists suggestions of supportive interventions.</p> <p>The young person is often discouraged from success in the labour market.</p> <p>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.</p>	<p>The parent/carer actively discourages or prevents the child from learning or engaging with the school.</p> <p>The young person is actively obstructed and discouraged from success in the labour market.</p> <p>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.</p>

Parenting: Meeting the Emotional Needs of the Child

<p>Tier 1 Children with no additional needs whose health and developmental needs can be met by universal services</p>	<p>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.</p>	<p>Tier 3 Children with complex multiple needs who need statutory and specialist services. A referral to Children's Social Care is required.</p>	<p>Tier 4 Children in acute need. Require immediate referral to Children's Social Care and/or Police.</p>
<p>The child is provided with an emotionally warm and stable family environment. The parenting generally demonstrates praise, emotional warmth and encouragement.</p> <p>There is a warm and supportive relationship between the parent/carer and the child which supports the child's emotional, behavioural and social development.</p> <p>The parent/ carer set consistent boundaries and give guidance.</p> <p>There is a positive family network and good friendships outside the family unit.</p> <p>The child is not privately fostered.</p> <p>OR</p> <p>The child is privately fostered by adults who are able to provide for</p>	<p>Parenting often lacks emotional warmth and/or can be overly critical and/or inconsistent.</p> <p>Occasional periods of relationship difficulties impact on the child's development.</p> <p>The parent/ carer struggles to set age appropriate boundaries and has difficulties maintaining their child's routine.</p> <p>There is a significant lack of support from the extended family network which is impacting on the parent's capacity.</p> <p>There is some concern about the private fostering arrangements in place for the child.</p> <p>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</p>	<p>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.</p> <p>Relationship difficulties between the child and parent/ carer significantly inhibit the child's emotional, behavioural and social development which if unaddressed could lead to relationship breakdown.</p> <p>The parent/ carer is unable to judge dangerous situations and/or is unable to set appropriate boundaries.</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>The family network has broken down or is highly volatile and is</p>

<p>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'.</p>	<p>views or is too young to express such views themselves.</p> <p>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.</p> <p>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.</p>	<p>There is a weak or negative family network. There is destructive or unhelpful involvement from the extended family.</p> <p>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.</p> <p>A child is taken to demonstrations or marches where violent, extremist and/or age inappropriate imagery or language is used.</p> <p>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.</p> <p>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</p>	<p>causing serious adverse impact to the child.</p> <p>There is concern that the child is a victim of CSE, domestic slavery, or being physically abused in their private foster placement.</p> <p>The child, their parents/carers or other close family members or friends are members of proscribed organisations.</p> <p>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.</p> <p>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.</p>
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Parenting: Meeting the Practical Needs of the Child			
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 Police.
<p>The parent/ carer make appropriate provisions for food, drink, warmth and shelter.</p> <p>The parent/carer provides appropriate clean, clothing.</p> <p>The parent/carer provides for all the child's material needs.</p>	<p>The parent/ carer occasionally make inappropriate or inadequate provisions for food, drink, warmth and shelter.</p> <p>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.</p> <p>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.</p>	<p>The parent/ carer regularly make inappropriate or inadequate provisions for food, drink, warmth and shelter.</p> <p>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 prevent them meeting developmental milestones.</p> <p>Parent/carer has been/is often neglectful of the child's material needs and this is having a negative impact on the child who may, for example, be socially isolated because of their old or dirty clothing or may be involved in petty theft to get clothes etc.</p>	<p>The parent/carer has consistently failed to provide appropriate or adequate provisions for food, drink, warmth and shelter.</p> <p>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 prevent him/her meeting their developmental milestones.</p> <p>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.</p>

Parenting: Domestic Abuse			
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 Police.
<p>The expectant mother or parent/carer is not in an abusive relationship.</p> <p>There are no incidents of violence in the family and no history or previous assaults by family members.</p>	<p>The expectant mother/parent/carer is a victim of occasional or low-level non-physical abuse.</p> <p>There are isolated incidents of physical and/or emotional violence in the family.</p> <p>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.</p>	<p>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.</p> <p>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 that witness or are otherwise aware of the violence.</p> <p>The child has or continues to witness an adult in their household being physically or emotionally abused by another member of the household and is suffering emotional harm as a</p>	<p>The expectant mother/parent/carer is a victim of domestic abuse which has taken place on a number of occasions.</p> <p>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 that 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.</p> <p>The child is at high risk of, or is already either a perpetrator or a victim of serious abusive behaviour, including child sexual exploitation.</p>

		<p>result.</p> <p>They are starting to exhibit behaviours that suggest they are at risk of becoming perpetrators or victims of abuse including CSE.</p>	
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Parental and Family Health Issues and Disability			
<p>Tier 1 Children with no additional needs whose health and developmental needs can be met by universal services</p>	<p>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.</p>	<p>Tier 3 Children with complex multiple needs who need statutory and specialist services. A referral to Children's Social Care is required.</p>	<p>Tier 4 Children in acute need. Require immediate referral to Children's Social Care and/or Police.</p>
<p>Parents do not use drugs or alcohol.</p> <p>OR</p> <p>Parental drug and alcohol use does not impact on parenting.</p> <p>There is no evidence of siblings or other household members misusing drugs or alcohol. NB See Parental factors for assessment of need relating to parental drug/alcohol misuse.</p> <p>The physical or mental health of the parent/carer does not affect the care of the child.</p>	<p>Drug and/or alcohol use is impacting on parenting but adequate provision is made to ensure the child's safety.</p> <p>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.</p> <p>Siblings' or other household members' drug or alcohol mis-use occasionally impacts on the child.</p> <p>Physical and mental health needs of the parent/carer create an adult</p>	<p>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.</p> <p>Siblings' or other household members' drug or alcohol mis-use consistently impacts on the child.</p> <p>Physical or mental health needs of the parent/ carer is overshadowing the care of their child.</p> <p>The parents/ carers learning</p>	<p>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.</p> <p>Siblings' or other household members' drug or alcohol mis-use is significantly adversely impacting on the child.</p>

<p>The parents/ carers learning disabilities do not affect the care of their child.</p> <p>The parent/carer's mental health does not impact the child adversely.</p> <p>Where siblings or other members of the family do not have disabilities, serious health conditions or mental health concerns.</p>	<p>focus which at times detracts attention away from the child.</p> <p>The parents/carers learning difficulties occasionally impedes their ability to provide consistent patterns of care but without putting the child at risk.</p> <p>Adult mental health impacts on the care of the child. The carer presents with mental health issues which have sporadic or low level impact on the child however there are protective factors in place.</p> <p>Where siblings or other members of the family have disabilities, serious health conditions or mental health concerns which require additional support.</p>	<p>disabilities are affecting the care of their child.</p> <p>Adult mental health impacts on the care of the child. The carer presents with mental health issues which have sporadic or low level impact on the child and there is an absence of supportive networks and extended family to prevent harm.</p> <p>Siblings or other members of the family have a disability or serious health condition, including mental health concerns which impact on the child.</p>	<p>Physical or mental health needs of the parent/carer significantly affect the care of their child placing them at risk of significant harm.</p> <p>The parents/ carers learning disabilities are severely affecting the care of their child and placing them at risk of significant harm.</p> <p>Adult mental health is significantly impacting on the care of the child. Any carer for the child presents as acutely mentally unwell and /or attempts significant self-harm and/or the child is the subject of parental delusions.</p> <p>Siblings or other members of the family have disabilities, health conditions or mental health concerns that are seriously impacting on the child, for example causing neglect, putting them at risk of significant harm or causing them high levels of stress and emotional anxiety.</p>
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Protection from Harm: Physical or Sexual Abuse

<p>Tier 1 Children with no additional needs whose health and developmental needs can be met by universal services</p>	<p>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.</p>	<p>Tier 3 Children with complex multiple needs who need statutory and specialist services. A referral to Children's Social Care is required.</p>	<p>Tier 4 Children in acute need. Require immediate referral to Children's Social Care and/or Police.</p>
<p>The parent/ carer protect their family from danger/ significant harm.</p> <p>The parent/carer does not sexually abuse their child.</p> <p>There is no evidence of sexual abuse.</p> <p>The parent/carer does not physically harm their child.</p> <p>The parent uses reasonable physical chastisement that is within legal limits – that is they do not leave the child with visible bruising, grazes, scratches, minor swellings or cuts.</p> <p>There is no concern that the child may be subject to harmful traditional practices such as FGM, HBV, Forced marriage and Belief in Spirit possession.</p>	<p>The parent/carer on occasion does not protect their family which if unaddressed could lead to risk or danger.</p> <p>There is a history of sexual abuse within the family or network but the parents respond appropriately to the need to protect the child.</p> <p>There are concerns relating to inappropriate sexual behaviour in the wider family.</p> <p>The parent/carer physically chastises their child within legal limits but there is concern that this is having a negative impact on the child's emotional wellbeing (for example, the child appears fearful of the parent).</p> <p>There is concern that it may escalate in frequency and/or severity as the parent seems highly critical of their child and/or expresses the belief that only</p>	<p>The parent/carer frequently neglects/is unable to protect their family from danger/significant harm.</p> <p>There are concerns around possible inappropriate sexual behaviour from the parent/carer.</p> <p>Parent or carer has expressed thoughts that they may sexually abuse their child but are willing to engage in therapeutic support.</p> <p>The family home has in the past been used on occasion for drug taking /dealing, prostitution or illegal activities.</p> <p>The parent/carer physically chastises their child leaving the child with visible bruising, grazes, scratches, minor swellings or cuts –this may result from a loss of control. The parent is willing to access professional support to help them manage their child's</p>	<p>The parent/ carer is unable to protect their child from harm, placing their child at significant risk.</p> <p>The parent/ carer sexually abuse their child.</p> <p>There is a risk the parent/carer may sexually abuse their child and he/she does not accept therapeutic interventions.</p> <p>The family home is used for drug taking and/or dealing, prostitution and illegal activities.</p> <p>The child is being sexually abused/exploited.</p> <p>A Person who Poses a Risk to Children (PPRC) is in contact with the family.</p> <p>The parent/ carer significantly physically harms child.</p> <p>There is evidence that the child</p>

	<p>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.</p> <p>There is concern that the child is in a culture where harmful practices are known to have been performed however parents are opposed to the practices in respect of their children.</p>	<p>behaviour.</p> <p>There is concern that the child may be subject to harmful traditional practices.</p>	<p>may be subject to harmful traditional practices.</p>
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Criminal or Anti-Social Behaviour			
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 Police.
<p>There is no history of criminal offences within the family.</p> <p>The family members are not involved in gangs.</p>	<p>There is a history of criminal activity within the family.</p> <p>There is suspicion, or some evidence that the family are involved in gangs.</p>	<p>A criminal record relating to serious or violent crime is held by a member of the family which may impact on the children in the household.</p> <p>There is known involvement in gang activity.</p>	<p>A criminal record relating to serious or violent crime is held by a member of the family which is impacting on the children.</p> <p>There is known involvement in gang activity which is impacting significantly on the child and family.</p>

Female Genital Mutilation (FGM)

FGM is a deeply rooted practice, widely carried out mainly among specific ethnic populations in Africa; parts of the Middle East and Asia. It serves as a complex form of social control of women's sexual and reproductive rights. The exact number of girls and women alive today who have undergone FGM is unknown; however, UNICEF estimates that over 200 million girls and women worldwide have undergone FGM.

While FGM is concentrated in countries around the Atlantic coast to the Horn of Africa, and areas of the Middle East like Iraq and Yemen, it has also been documented in communities in:

- Colombia; Iran; Israel; Oman; The United Arab Emirates; The Occupied Palestinian Territories; India; Indonesia;
- Malaysia; Pakistan; and Saudi Arabia

There are a number of factors in addition to a girl's or woman's community, country of origin and family history that could indicate she is at risk of being subjected to FGM. Potential risk factors may include:

- a female child is born to a woman who has undergone FGM;
- a female child has an older sibling or cousin who has undergone FGM;
- a female child's father comes from a community known to practise FGM;
- the family indicate that there are strong levels of influence held by elders and/or elders are involved in bringing up female children;
- a woman/family believe FGM is integral to cultural or religious identity;
- a girl/family has limited level of integration within UK community;
- parents have limited access to information about FGM and do not know about the harmful effects of FGM or UK law;

<ul style="list-style-type: none"> • a girl confides to a professional that she is to have a 'special procedure' or to attend a special occasion to 'become a woman'; • a girl talks about a long holiday to her country of origin or another country where the practice is prevalent (see Section 2.3 for the nationalities that traditionally practise FGM);
<ul style="list-style-type: none"> • parents state that they or a relative will take the girl out of the country for a prolonged period;
<ul style="list-style-type: none"> • a parent or family member expresses concern that FGM may be carried out on the girl;
<ul style="list-style-type: none"> • a family is not engaging with professionals (health, education or other);
<ul style="list-style-type: none"> • a family is already known to social care in relation to other safeguarding issues;
<ul style="list-style-type: none"> • a girl requests help from a teacher or another adult because she is aware or suspects that she is at immediate risk of FGM;
<ul style="list-style-type: none"> • a girl talks about FGM in conversation, for example, a girl may tell other children about it (see Annex G for commonly used terms in different languages) – it is important to take into account the context of the discussion;
<ul style="list-style-type: none"> • a girl from a practising community is withdrawn from Personal, Social, Health and Economic (PSHE) education or its equivalent;
<ul style="list-style-type: none"> • a girl is unexpectedly absent from school;
<ul style="list-style-type: none"> • sections are missing from a girl's Red book; and/or
<ul style="list-style-type: none"> • a girl has attended a travel clinic or equivalent for vaccinations / anti-malarials.

Remember: this is not an exhaustive list of risk factors. There may be additional risk factors specific to particular communities. For example, in certain communities FGM is closely associated to when a girl reaches a particular age.

If any of these risk factors are identified professionals will need to consider what action to take. If unsure whether the level of risk requires referral at this point, professionals should discuss with their named/designated safeguarding lead.

If the risk of harm is imminent, emergency measures may be required.

HM Government: Multi – Agency Statutory Guidance on Female Genital Mutilation

<https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>

Home office: Mandatory Reporting of Female Genital Mutilation – procedural information

<https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information>