



Southwark Safeguarding Children Board

# Multi agency threshold guide

Welcome to Southwark thresholds guide 2019, published by Southwark Safeguarding Children Board. This guide has been produced to support and promote the effective and early identification of needs, and to assist professionals in deciding how best to help protect children, young people and families.

The purpose of this guide, which is for practitioners in all agencies working with children, is to assist in the decision making about which agency should be involved in helping families who have different levels of need.

It has been endorsed by the Southwark Safeguarding Children Board (SSCB) and should be used to help practitioners across the partnership locally make decisions about which agency to refer to and when.

The tables below give examples of what practitioners may find when seeing families receiving services at four different tiers of need. The examples given are a demonstration of what some families experience and are used for guidance only. They should be used to support professional judgement and encourage discussion and reflection about the lived experience of children within individual families.

This threshold guide does not stand in isolation and should be seen as aligned to a larger suite of tools encompassed within the London Child Protection Procedures, published and regularly updated by the London Safeguarding Children Board and linked below. These pan-London procedures are more detailed and provide key practice guidance about expectations for safeguarding practice across and between London's boroughs.

<http://www.londoncp.co.uk/>

### **General Data Protection Regulations (GDPR)**

We have reviewed what changes are required to this Guide to ensure compliance with the General Data Protection Regulations (GDPR) - implemented through the Data Protection Act 2018. In line with the position taken by the Editorial Board of the London Child Protection Procedures 'legal obligation' and 'public task' as defined in the GDPR will form the primary basis for processing information to establish whether or not there is a need to safeguard the welfare of a child. This allows for families being informed when personal data is shared or processed, but their consent is not a requirement.

Although it is no longer necessary to seek consent to share information for the purposes of safeguarding and promoting the welfare of a child, it remains best practice as part of working collaboratively with families to inform parents that you are sharing information for these purposes.

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

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

*Working Together to Safeguard Children* 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.

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

Southwark Multi-Agency Threshold of Need Guide aims to provide a borough-wide threshold agreement that can be understood and applied by all professionals and the community. This sets out the different levels of need and detailed guidance about how concerns within these different levels should be responded to by Southwark's safeguarding partnership.

The aim of the guide is to ensure a timely and proportionate service response to needs as soon as they emerge. The guide should encourage agencies to meet needs as soon as they occur – and respond to those needs at the lowest level. As such, the partnership seeks less intervention at tiers 3 and 4, as help is provided more swiftly at tiers 1 and 2. All partners are urged to pay close attention to the thresholds outlined when assessing children and make referrals to the appropriate pathway to ensure the most appropriate response is requested.

This guide outlines the thresholds for intervention in line with the London Safeguarding Children Board Threshold Document: Continuum of Help and Support, which is updated on a six-monthly basis. It is an extremely comprehensive and helpful tool and is used to develop and maintain a consistent approach and framework to safeguarding practice for all practitioners across London who work with children and families. It is child-centred and provides clear distinctions between the various levels in all indicators of need - from tier one (Universal Services) to tier four (Children in Acute Need who are suffering or likely to suffer significant harm) using the Assessment Framework Triangle domains. It is not intended to be used as a "tick box" exercise, but one that assists practitioners in reaching a professional judgement based on each child's needs.

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

## The four levels of need:

### Tier 1: No additional needs

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

### Tier 2: Early Help

These are children with additional needs, who may be vulnerable and showing early signs of abuse and/or neglect; their needs are not clear, not known or not being met. These children may be subject to adult focused care that does not always respond to their needs. This is the threshold for a multi-agency early help assessment to be explored. These children may require a lead professional for a co-ordinated approach to the provision of additional services such as family support services, parenting programmes and children's centres. These will normally be provided within universal services in the first instance, although targeted services from Family Early Help may become necessary, but do not include services from children's social care.

To access these services in Southwark, a Family Early Help Referral Form is needed; this should ideally be completed with the family so that you are able to provide a fuller picture of their strengths and needs. Please send the completed form to: [earlyhelp@southwark.gov.uk](mailto:earlyhelp@southwark.gov.uk)

### Tier 3: Children with complex multiple needs

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

To access these services in Southwark a MASH Interagency Referral Form should be completed and sent to [MASH@southwark.gov.uk](mailto:MASH@southwark.gov.uk). A consultation facility with a MASH social worker to discuss concerns prior to submitting any referral is available on 020 7525 1921.

In most cases a referral will be made in those situations where a response under Tier 3 is appropriate. The MASH will review it within one working day and if appropriate the referral will proceed to social work assessment. Once the referral has been accepted by Children's Social Care the lead professional role is taken up by the social worker. Lead professional responsibility remains with the Tier 1 or 2 Service until that transition

### Tier 4: Children in acute need

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

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

Agencies are encouraged to consider the impact of Adverse Childhood Experiences (ACEs) as part of a holistic risk assessment. ACEs can relate to experiences that directly harm a child, such as suffering physical, verbal or sexual abuse, and physical or emotional neglect; to those that are rooted in the environment created by dynamics such as parental separation, domestic violence, mental illness, alcohol abuse, drug use or incarceration in which a child grows up. This threshold document will encompass many of the descriptors for ACE situations which are then mapped to the relevant tier of intervention. Professionals will be aware that as the number of ACEs increase, so does the risk of long-term negative health and social outcomes.

Services at the early intervention stage should assess the impact of entrenched patterns that affect children and their families, but do not necessarily result in a defining incident that triggers a statutory safeguarding response.

For some areas of need there may be specialist tools available to assess those needs such as the Neglect toolkit and the CAADA DASH domestic violence risk assessment tool. These are available on the LSCB website at: [www.londonscb.gov.uk/](http://www.londonscb.gov.uk/).

**Remember – where there is an urgent and immediate need to protect a child, dial 999 to contact the Police. For all other children who may be at risk of significant harm, contact the relevant Southwark Children’s Social Care Service as soon as possible.**

## 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.

<b>Tier 1</b> <b>Children with no additional needs whose health and developmental needs can be met by universal services.</b>	<b>Tier 2</b> <b>Children with additional needs. Universal services and/or support from Family Early Help.</b>	<b>Tier 3</b> <b>Children with complex multiple needs. Statutory and specialist services.</b>	<b>Tier 4</b> <b>Children in acute need</b>
Developmental milestones met.	Some developmental milestones are not being met which will be supported by universal services.	Some developmental milestones are not being met which will require support of targeted/ specialist services.	Developmental milestones are significantly delayed or impaired.
The child is healthy and does not have a physical or mental health condition or disability.	The child has a mild physical or mental health condition or disability which affects their everyday functioning but can be managed in mainstream school. Child may be on school action or action plus/SEN statement. Child in hospital.	The child has a physical or mental health condition or disability which significantly affects their everyday functioning and access to education. Child may have SEN statement.	The child has a complex physical or mental health condition or disability which is having an adverse impact on their physical, emotional or mental health and access to education.
The child is healthy, and has access to and makes use of appropriate health and health advice services.	The child rarely accesses appropriate health and health advice services, missing immunisations.	There is no evidence that the child has accessed health and health advice services and suffers chronic and recurrent health problems as a result.	The child has complex health problems which are attributable to the lack of access to health services.
The child undertakes regular physical activities and has a healthy diet.	The child undertakes no physical activity, and/ or has an unhealthy diet which is impacting on their health.	The child undertakes no physical activity and has a diet which seriously impacts on their health despite intensive support from targeted services.	Despite support, the child undertakes no physical activity and has a diet which is adversely affecting their health and causing significant harm.

One or more children's needs (e.g. disability, behaviour, long-term conditions) are fully met by the parents.	Parents are meeting the child's needs but require additional help in order to do so.	One or more child's needs (e.g. disability, behaviour, long-term conditions) are not always met by the parents, with additional support required, and this is having an impact on the day to day lives of the child/children's siblings/parents.	One or more children's needs (e.g. disability, behaviour, long-term conditions) have a significant impact on the day to day lives of their siblings and/or parents.
The child engages in age-appropriate activities and displays age-appropriate behaviours and self-control.	The child is at risk of becoming involved in negative behaviour/ activities, for example crime or substance misuse, or the child displays early involvement in negative activities.	The child is becoming involved in negative behaviour/ activities, for example, non-school attendance, crime or substance misuse. The child may be excluded short term from school.	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.
The child's activities are legal.	The child has from time to time been involved in anti-social behaviour.	The child is involved in anti-social behaviour, may be at risk of gang involvement.	The child is currently involved in persistent or serious criminal activity and /or is known to be engaging in gang activities.
The child demonstrates self-control appropriate with their age and development.	The child from time to time displays a lack of self-control which would be unusual in other children of their age.	The child regularly displays a lack of self-control which would be unusual in other children of their age.	The child displays little or no self-control which seriously impacts on relationships with those around them putting themselves/others at risk.
The child is able to communicate with others, engages in positive social interactions and demonstrates positive behaviour in a wide variety of social situations. Child demonstrates respect for others.	The child has communication difficulties and poor interaction with others.	The child has significant communication difficulties. The child interacts negatively with others and demonstrates significant lack of respect for others.	The child has little or no communication skills. Positive interaction with others is severely limited.
The child engages in age appropriate use of internet, gaming and social media.	The child is at risk of becoming involved in negative internet use, lacks control and is unsupervised in gaming and social media applications.	The child is engaged in or victim of negative and harmful behaviours associated with internet and social media use, e.g. bullying, trolling,	The child is showing signs of being secretive, deceptive and is actively concealing internet and social media activities, e.g. at risk of being

		transmission of inappropriate images. Or is obsessively involved in gaming which interferes with social functioning.	groomed for child sexual exploitation or is showing signs of addiction (gaming, pornography).
The child demonstrates accepted behaviour and tolerance towards their peers and others. Where on occasion this is not the case, this is managed through effective parenting and universal services.	The child exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community. Support is in place to manage this behaviour.	The child exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community. Early support has been refused, or been inadequate to manage this behaviour.	The child exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community, and which is impacting on their wellbeing or safety.
The child does not run away from home.	The child has run away from home on one or two occasions or not returned at the normal time.	The child persistently runs away and/or goes missing.	The child persistently runs away and/or goes missing and does not recognise that he/she is putting him/herself at risk.
The child respects his / her body.	The child does not always respect his/her body, e.g. hygiene / substance misuse /tattoos / piercings/ self-harm/ unprotected sex.	The child consistently disrespects his/her body and displays inappropriate sexualised behaviour.	The child consistently disrespects his/her body and engages in risky behaviours.
The child demonstrates feelings of belonging and acceptance.	The child is a victim of discrimination or bullying.	The child has experienced persistent or severe bullying which has impacted on his/her daily outcomes.	The child has experienced such persistent or severe bullying that his/her wellbeing is at risk.
The child has growing level of competencies in practical and independent living skills.	The child's competencies in practical and independent living skills are at times impaired or delayed.	The child does not possess, or neglects to use, self-care and independent living skills appropriate to their age.	Severe lack of age appropriate behaviour and independent living skills likely to result in significant harm. e.g. bullying, isolation.
The child possesses age-appropriate ability to understand and organise information and solve problems, and makes adequate academic progress.	The child's ability to understand and organise information and solve problems is impaired and the child is under-achieving or is making no academic progress.	The child's ability to understand and organise information and solve problems is very significantly impaired and the child is seriously under-achieving or is making no academic progress despite learning support	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.

		strategies over a period of time.	
At age 18, clear progression plans toward adult independence are in place.	The child is not participating in learning to age 18.	The child consistently refuses to engage with and take up the support necessary for them to achieve good outcomes.	The child is at serious risk of failing to become independent and of becoming NEET.
It is likely that the young person will be in education, employment or training (EET) after age 18.	There is some risk that the young person will be not in education, employment or training (NEET) after age 18.	There is a clear risk that the young person will be not in education, employment or training (NEET) after the age of 18.	There is a clear risk that the young person will be not in education, employment or training (NEET) and the young person refuses to engage with educational or employment opportunities and there is a risk they will be increasingly isolated from society.
The child has no history of substance misuse or dependency.	The child is known to be using drugs and alcohol frequently with occasional impact on their social wellbeing.	The child's substance misuse dependency is affecting their mental and physical health and social wellbeing.	The child's substance misuse dependency is putting the child at such risk that intensive specialist resources are required.
The child engages with and takes up support where necessary.	The child is refusing to engage with and take up support.	The child or young person is completely isolated, refusing to participate in any activities.	The child or young person is completely isolated, refusing to participate in any activities.
The child is appropriately dressed.	The child or their siblings sometimes come to nursery/ school in dirty clothing or they are unkempt or soiled.	The child or their siblings consistently come to school in dirty clothing which is inappropriate for the weather and/ or they are unkempt or soiled.	The child consistently shows signs of physical and/or emotional neglect for example dirty or inappropriate clothing.
The child is emotionally supported by his/her parents/carers to meet their developmental milestones to the best of their abilities.	The child occasionally does not meet developmental milestones due to a lack of emotional support.	The child is unable to meet developmental milestones due to the inability of their parent/carer to emotionally engage with them.	The child's development is being significantly impaired.

<p>The child shows no physical symptoms which could be attributed to neglect.</p>	<p>The child occasionally shows physical symptoms which could indicate neglect.</p>	<p>The child consistently shows physical symptoms which could indicate neglect such as a poor hygiene or tooth decay.</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 parents/carers care.</p>
<p>The child has occasional bruising on their shins etc. which is consistent with normal childish play and activities.</p>	<p>The child exhibits occasional injuries which are accidental and explained by parents voluntarily.</p>	<p>The child shows signs of physical abuse, 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 shows signs of physical abuse, 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 does not have caring responsibilities.</p>	<p>The child occasionally has caring responsibilities.</p>	<p>The child's outcomes are being impacted by their caring responsibilities.</p>	<p>The child's outcomes are being adversely impacted by their unsupported caring responsibilities.</p>

## FAMILY AND 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

<b>Tier 1</b> <b>Children with no additional needs whose health and developmental needs can be met by universal services.</b>	<b>Tier 2</b> <b>Children with additional needs. Universal services and/or support from Family Early Help</b>	<b>Tier 3</b> <b>Children with complex multiple needs. Statutory and specialist services.</b>	<b>Tier 4</b> <b>Children in acute need</b>
The child is provided with an emotionally warm and stable family environment.	The family environment is at times emotionally cold.	The family environment is highly volatile and unstable.	The family environment has broken down to such an extent that it is putting the child/ren at risk.
The family is adaptable and accommodates the needs of the whole family. The family feels integrated into the community.	The family is chronically socially excluded and/ or there is an absence of supportive community networks.	The family is socially excluded and isolated to the extent that it has an adverse impact on the child.	The family is excluded and the child is seriously affected but the family actively resists all attempts to achieve inclusion and isolates the child from sources of support.
There is good access to good quality universal services in the neighbourhood.	There is little engagement with appropriate universal services	There is non-engagement with appropriate universal services which is impacting the child's health and wellbeing.	The child is being denied access
The family has a reasonable income over time and financial resources are used appropriately to meet the family's needs.	Poverty and/or debt is limiting the family's ability to care for the child but the extended friends and family network can support.	The child occasionally does not have adequate food, warmth, or essential clothing. The child and /or their siblings sometimes appear dirty or unkempt and clothing is inappropriate to the season or is not age appropriate but the parents are engaged with support services.	The child consistently does not have adequate food, warmth, or essential clothing. The child and /or their siblings constantly appear dirty or unkempt and clothing is inappropriate to the season or is not age appropriate and parents resisting engagement.

<p>The parent / carer is able to manage their working or unemployment arrangements and do not perceive them as unduly stressful.</p>	<p>Financial resources are frequently inappropriately used – for example, money is spent on drugs and/or alcohol. There is a pattern of intergenerational worklessness.</p>	<p>The family has minimal financial resources which are used inappropriately.</p>	<p>The family has minimal financial resources which are used inappropriately leaving the children without basic amenities and at risk of harm.</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 parent/carer ensures access to balconies is restricted unless a young child is with an adult.</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 the safety and wellbeing of the child.</p>	<p>The family’s home is consistently dirty and constitutes health and safety hazards.</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>There is a warm family environment with no domestic abuse and the child feels safe.</p>	<p>Domestic abuse is impacting on the child and the perpetrator is willing to engage with services.</p>	<p>Domestic abuse is impacting on the child and the perpetrator is unwilling to engage with services but the other parent is prepared to work with a risk management plan.</p>	<p>Domestic abuse poses a significant risk to the safety of the child.</p>
<p>There is a positive family network and good friendships outside the family unit.</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 a weak or negative family network. There is destructive or unhelpful involvement from the extended family.</p>	<p>The family network has broken down or is highly volatile and is causing serious adverse impact to the child</p>
<p>The neighbourhood is a safe and positive environment encouraging good citizenship.</p>	<p>The child is affected by low level anti-social behaviour in the locality which the parent is having difficulty managing.</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 participating in criminal activity.</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>

The family members are not involved in gangs.	There is suspicion, or some evidence that the family are involved in gangs.	There is a known involvement in gang activity.	There is a known involvement in gang activity which is impacting significantly on the child and family.
The family has secure legal status.	The family's legal status is uncertain placing the child and family under stress.	The family's legal status puts them at risk of exclusion (e.g. asylum-seeking families or illegal workers) or having limited financial resources/ no recourse to public funds increases the vulnerability of the children to criminal activity (e.g. illegal employment, child labour, CSE).	Family members are being detained and at risk of deportation or the child is an unaccompanied asylum-seeker. There is evidence that a child has been exposed or involved in criminal activity to generate income for the family (e.g. illegal employment, child labour CSE).
Where siblings or other members of the family do not have disabilities, serious health conditions or mental health concerns.	Where siblings or other members of the family have disabilities, serious health conditions or mental health concerns which require additional support.	Siblings or other members of the family have a disability or serious health condition, including mental health concerns which impact on the child.	Siblings or other members of the family have disabilities, health conditions or mental health concerns that are seriously impacting on the child, for example causing neglect, putting them at risk of significant harm or causing them high levels of stress and emotional anxiety.
The child is not a young carer.	The child is a young carer – they are looking after members of their family and this is impacting on their opportunities.	The child is a young carer but is not receiving appropriate support from the family network or services.	The child is a young carer and this is consistently significantly adversely impacting on their opportunities.
There is no history of criminal offences within the family or partners of parents or carers.	There is a history of criminal activity within the family or their partners of parents or carers.	A criminal record relating to serious or violent crime is held by a member of the family or a parent's partner, which may impact on the children.	There is no history of criminal offences within the family or partners of parents or carers.
There are no incidents of violence in the family and no history or previous assaults by family members.	There are isolated or low-level incidents of physical violence in the family. Provisions are made for the	There is a tolerance of the use of physical violence and no understanding of the impact of this on	There are incident(s) of serious or persistent physical violence in the family, increasing in severity,

	child's safety.	the child's development.	frequency or duration.
The young person is supported to success in the labour market.	The young person is not supported to success in the labour market.	The young person is not supported to success in the labour market.	The young person is actively obstructed and discouraged from success in the labour market.
The family situation cherishes the child and there is no history of any neglect or inappropriate sexual behaviour. The family home is not used for any illegal activities or drug taking.	The family situation has led to brief periods of low-level neglect attributable to crises within the family.	There are frequent episodes of crisis leading to neglect of the child which the parent seems unable to control.	The family situation is such that leads to periods (sustained or short term) of neglect of the child/young person.
There is no evidence of sexual abuse.	There are concerns relating to inappropriate sexual behaviour in the wider family.	The family home has in the past been used on occasion for drug taking /dealing, prostitution or illegal activities.	The family home is used for drug taking and/or dealing, prostitution and illegal activities. The child is being sexually abused/ exploited.
The child is not privately fostered.	There is some concern about the private fostering arrangements in place for the child.	There is some concern about the private fostering arrangements in place for the child, and that there may be issues around the carers' treatment of the child.	There is known evidence, or concern, that the child is a victim of CSE, domestic slavery, or being physically abused in their private foster placement

## PARENTAL FACTORS

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

<b>Tier 1</b> <b>Children with no additional needs whose health and developmental needs can be met by universal services.</b>	<b>Tier 2</b> <b>Children with additional needs. Universal services and/or support from Family Early Help</b>	<b>Tier 3</b> <b>Children with complex multiple needs. Statutory and specialist services.</b>	<b>Tier 4</b> <b>Children in acute need</b>
The parent/ carer makes appropriate provisions for food, drink, warmth and shelter.	The parent/ carer occasionally makes inappropriate or inadequate provisions for food, drink, warmth and shelter.	The parent/ carer regularly makes inappropriate or inadequate provisions for food, drink, warmth and shelter.	The parent/carer has consistently failed to provide appropriate or adequate provisions for food, drink, warmth and shelter.
The parent/carer accesses ante- natal and/or post-natal care.	The parent/carer demonstrates ambivalence to ante-natal and post-natal care with irregular attendance and missed appointments.	The parent/ carer is not accessing ante-natal and/ or post-natal care.	The parent neglects to access ante-natal care and is using drugs and alcohol excessively whilst pregnant AND/OR The parent neglects to access ante natal care where there are complicating obstetric factors that may pose a risk to the unborn child or newborn child.
The parent/carer is coping well emotionally following the birth of their baby and accessing universal support services where required.	The parent/carer is struggling to adjust to the role of parenthood.	The parent/ carer is suffering from post-natal depression.	The parent/carer is suffering from severe post-natal depression which is causing serious risk to themselves and their child/ children.
The parent/ carer protects their family from danger/ significant harm.	The parent/carer on occasion does not protect their family which if unaddressed could lead to risk or danger.	The parent/carer frequently neglects/is unable to protect their family from danger/significant harm.	The parent/carer neglects/is unable to protect their family from danger/significant harm.

The expectant mother or parent/carer is not in an abusive relationship.	The expectant mother/ parent/carer is a victim of occasional or low-level non-physical abuse.	The expectant mother /parent/carer has previously been a victim of domestic abuse and is a victim of occasional or low-level non-physical abuse.	The expectant mother/parent/carer is a victim of domestic abuse on a number of occasions.
Parenting generally demonstrates praise, emotional warmth and encouragement.	Parenting on occasions lacks emotional warmth and can be overly critical and inconsistent.	Parenting is chaotic, intolerant, critical, inconsistent, harsh or rejecting.	The parent/carer rejects their child from home.
The parent/ carer set consistent boundaries and give guidance.	The parent/ carer struggles to set age appropriate boundaries and has difficulties maintaining their child's routine.	The parent/ carer is unable to judge dangerous situations and/or is unable to set appropriate boundaries.	The parent/ carer is unable to judge dangerous situations and/or is unable to set appropriate boundaries and their child is frequently exposed to dangerous situations in the home and/ or community.
There are positive family relationships, including between separated parents.	Relationships are strained and difficult which occasionally involves negative impact on the child.	Relationships are negative including strained volatile or unstable relationships between separate parents.	The family relationships are highly volatile, dangerous and cause a significant adverse impact.
The parent/ carer positively supports learning and aspirations and engage with school.	The parent is not engaged in supporting learning aspirations or engaging with the school.	The parent does not engage with the school and actively resists suggestions of supportive interventions.	The parent/carer actively discourages or prevents the child from learning or engaging with the school.
The parent/ carer is accessing adult learning opportunities, or is in employment.	The parent/ carer is accessing adult learning opportunities, or is in employment.	The parent/carer is not accessing adult learning opportunities and is not in employment.	The parent/carer is not accessing adult learning opportunities and is not in employment, and refuses to take up support to access learning or employment, which is having significant impact on the financial wellbeing of the family.

<p>The parent/carer is able to manage their child's sleeping feeding and crying and is appropriately responsive.</p>	<p>The parent/ carer has difficulties managing their child's sleeping, feeding or crying and require the input of a targeted service.</p>	<p>The parent/ carer has difficulties managing their child's sleeping, feeding or crying despite the intervention of a targeted service.</p>	<p>The parent/carer is unable to manage their child's sleeping, feeding or crying, and is unable to engage with health professionals to address this, causing significant adverse impact on the child.</p>
<p>The parent/carer understands and is appropriately responsive to the health demands of their child.</p>	<p>The parent/ carer displays inappropriate anxiety regarding their child's health and their response is beginning to impact on the well-being of the child.</p>	<p>The parent/ carer displays inappropriate anxiety regarding their child's health and their response is beginning to impact on the well-being of the child.</p>	<p>There are strong suspicions or evidence that the parent/carer is fabricating or inducing illness in their child.</p>
<p>The parent/carer encourages regular attendance and engagement in suitable formal education.</p>	<p>The parent does not ensure attendance and demonstrates ambivalence towards their child's right to education.</p>	<p>The parent/ carer does not ensure that their child receives suitable formal education and colludes with their child regarding absence from school, and condones it despite intensive support from the attendance and welfare service.</p>	<p>The parent/carer disregards the needs for their child to engage in education, and will not engage with services.</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>Occasional periods of relationship difficulties impact on the child's development.</p>	<p>Relationship difficulties between the child and parent/ carer significantly inhibits the child's emotional, behavioural and social development which if unaddressed could lead to relationship breakdown.</p>	<p>Relationships between the child and parent/carer have broken down to the extent that the child is at risk of significant harm.</p>
<p>Drugs and alcohol do not impact on parenting.</p>	<p>Drug and/or alcohol abuse is impacting on parenting but provisions are made for the child's safety.</p>	<p>Drug/alcohol abuse 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>Parental drug and/or alcohol usage 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</p>

			child is present, involving the child in procuring illegal substances, and dangers of overdose.
The parents/carers are not taking part in criminal or antisocial behaviour.	Low level parental criminal behaviour influences the child's attitude.	The parents/ carers criminal or antisocial behaviour is affecting the care of their child.	The parent/carer's criminal or antisocial behaviour severely affects the care of their child including creation of periods of absence and involvement in police action e.g. police raids.
The physical or mental health of the parent/carer does not affect the care of the child.	Physical and mental health needs of the parent/carer create an adult focus which at times detracts attention away from the child.	Physical or mental health needs of the parent/ carer is overshadowing the care of their child.	Physical or mental health needs of the parent/carer significantly affect the care of their child placing them at risk of significant harm.
The parents/ carers learning disabilities do not affect the care of their child.	The parents/carers learning difficulties occasionally impedes their ability to provide consistent patterns of care but without putting the child at risk.	The parents/ carers learning disabilities are affecting the care of their child.	The parents/ carers learning disabilities are severely affecting the care of their child and placing them at risk of significant harm.
Where relevant, the parent/carer has engaged with professionals.	The parent/ carer is resisting engaging with and taking-up support when it is required.	The parent/carer will not engage with relevant professionals which at times impacts on their parenting.	Persistent concerns have been raised about the child but the parent is refusing or resisting proper engagement with professionals (e.g. disguised compliance) which is significantly impacting on the child.
The parent/carer cares for their child and provides appropriate clean, clothing, physical and emotional support to enable the child to meet their developmental milestones.	The carer gives consideration to the appropriateness of clothes to meet the needs of the child in an age appropriate way, but their own personal circumstances can get in the way.	Carer(s) are indifferent to the importance of appropriate clothes for the child in an age appropriate way neglecting their child emotionally or physically, for example by providing dirty or inappropriate clothing or a	The parent /carer neglects their child physically and/or emotionally for example providing dirty or inappropriate clothing, not giving sufficient physical or emotional support for the child to meet

		lack of physical or emotional support which impacts the child meeting developmental milestones.	developmental milestones Severe emotional abuse of the child is causing severe distress.
The parent/carer's mental health does not impact the child adversely.	Adult mental health impacts on the care of the child. The carer presents with mental health issues which has sporadic or low-level impact on the child however there are protective factors in place.	Adult mental health impacts on the care of the child. The carer presents with mental health issues which has sporadic or low-level impact on the child and there is an absence of supportive networks and extended family to prevent harm.	Adult mental health is significantly impacting on the care of the child. Any carer for the child presents as acutely mentally unwell and /or attempts significant self harm and/or the child is the subject of parental delusions.
One or more children's needs (e.g. disability, behaviour, long-term conditions) are fully met by the parents.	Parents are meeting the child's needs but require additional help in order to do so.	One or more child's needs (e.g. disability, behaviour, long-term conditions) are not always met by the parents, with additional support required, and this is having an impact on the day to day lives of the child/children's siblings/parents.	One or more children's needs (e.g. disability, behaviour, long-term conditions) have a significant impact on the day to day lives of their siblings and/or parents.
The parent/carer does not sexually abuse their child.	There is a history of sexual abuse within the family or network but the parents respond appropriately to the need to protect the child.	There are concerns around possible inappropriate sexual behaviour from the parent/carer. Parent or carer has expressed thoughts that they may sexually abuse their child but are willing to engage in therapeutic support.	The parent/ carer sexually abuses their child. There is a risk the parent/carer may sexually abuse their child and he/she does not accept therapeutic interventions.
The parent/carer uses reasonable physical chastisement that is within legal limits – that is they do not leave the child with visible bruising, grazes, scratches, minor swellings or cuts.	The parent/carer physically chastises their child within legal limits but there is concern that this is having a negative impact on the child's emotional wellbeing (for example, the child appears fearful of the parent).	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	The parent/ carer significantly physically harms the child.

	There is concern that it may escalate in frequency and/or severity as the parent seems highly critical of their child and/or expresses the belief that only physical punishment will have the desired impact on the child's behaviour.	support to help them manage their child's behaviour.	
The parent/carer does not physically harm their child.	The parent/carer has been known to chastise their child physically but is willing to access appropriate professional support.	The parent/carer has been known to physically chastise their child following loss of control but is willing to access appropriate professional support.	The parent/ carer significantly physically harms the child.
There is no concern that the child may be subject to harmful traditional practices such as FGM, HBV, Forced marriage and Belief in Spirit possession.	There is concern that the child is in a culture where harmful practices are known to have been performed however parents are opposed to the practices in respect of their children.	There is concern that the child may be subject to harmful traditional practices.	There is evidence that the child may be subject to harmful traditional practices.

In addition, the following threshold criteria also apply.

The table below is an indicator guide of 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 London Child Protection Procedures [www.londoncp.co.uk](http://www.londoncp.co.uk).

<b>Tier 4 S47 Child Protection enquiries</b>
Any allegation of abuse or neglect or any suspicious injury in a pre- or non-mobile child.
Allegations or suspicions about a serious injury / sexual abuse to a child.
Two or more minor injuries in pre-mobile or non-verbal babies or young 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 under-fives.
Direct allegation of sexual abuse made by child or abuser's confession to such abuse.
Any allegation suggesting connections between sexually abused children in different families or more than one abuser.
An individual (adult or child) posing a risk to children.
Any suspicious injury or allegation involving a child subject of a current child protection plan or looked after by a local authority.
No available parent and child vulnerable to significant harm (e.g. an abandoned baby).
Suspicion that child has suffered or is at risk of significant harm due to fabricated or induced illness.
Child/ren subject of parental delusions.
A child at risk of sexual exploitation or trafficking.
Pregnancy in a child aged under 13.
A child at risk of FGM, honour-based violence or forced marriage.

## **A child provided with accommodation by Southwark Council under section 20 Children Act 1989**

**(This can be on the initiative of Southwark with the agreement of the parents, or at the request of the parents).**

Any person with parental responsibility can at any time remove the child from the accommodation. The child is a child in need who requires accommodation as a result of:

- Having no person with parental responsibility for him/her;
- Being lost or abandoned;
- 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;
- Having reached the age of 16, his/her welfare is likely to be seriously prejudiced if he/she is not provided with accommodation;
- Accommodating the child would safeguard or promote his/her welfare (even though a person who has parental responsibility for him is able to provide him with accommodation), provided that that person does not object. Before providing accommodation, so far as is reasonably practicable and consistent with the child's welfare:
- Ascertain, and give due consideration to the child's wishes and feelings (having regard to his/her age and understanding); and
- Ascertain whether the parents/person(s) with parental responsibility have given a valid consent:
  - Does the parent have the mental capacity to consent?
  - Is the consent fully informed?
  - Is it fair and proportionate for the child to be accommodated?

## Care Orders under section 31 Children Act 1989; initiation of care proceedings

- The child is suffering, or is likely to suffer, significant harm; and
- The harm, or likelihood of harm, is attributable to:
  - The care given to the child, or likely to be given to him if the order were not made, not being what it would be reasonable to expect a parent to give to him; or
  - The child's being beyond parental control.
- 'Harm' means ill-treatment or the impairment of health or development including, for example, impairment suffered from seeing or hearing the ill-treatment of another
- 'Development' means physical, intellectual, emotional, social or behavioural development;
- 'Health' means physical or mental health; and
- 'Ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical.

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