

# Bracknell Forest Multi-Agency Safeguarding Arrangements

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June 2019

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**Bracknell Forest  
Local Safeguarding  
Children Board**



## Foreword by statutory partners

The publication of our new multi-agency arrangements to safeguard children marks an important stage of development within our local partnership and sees significant changes to our existing arrangements. However, we build on strong foundations that exist in all areas of safeguarding and by aligning the work undertaken to safeguard children and adults we aim to ensure robust arrangements to keep vulnerable people safe regardless of their age.

The statutory duties set out within The Care Act 2014 are discharged through the newly established Safeguarding Board that will combine that function with the requirements of The Children and Social Work Act 2017 and the additional statutory guidance contained within Working Together to Safeguard Children 2018.

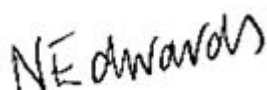
In adopting this model, we seek to maximise the effectiveness of efforts to safeguard children and adults, which build on the ethos of our approaches to family safeguarding and will further strengthen the support afforded to vulnerable young people as they transition into adulthood. This approach also enables us to maximise the efficiencies of undertaking some functions across a wider range of local organisations, as well as those enabling safeguarding activities over a larger geographical footprint.

This publication primarily refers to those aspects of our new arrangement as they relate to safeguarding children. The approach we endorse maintains a clear focus on the protection of children. In addition, by combining key aspects of the way that we work across children, adults and families we believe we will strengthen partnership working and improve safeguarding arrangements to all vulnerable members of the community.

“...we believe we will strengthen partnership working and improve safeguarding arrangements to all vulnerable members of the community.”



**Sarah Bellars**  
Director of Nursing and Quality  
NHS East Berkshire CCG



**Nikki Edwards**  
Executive Director: People  
Bracknell Forest Council



**Superintendent Stan Gilmour**  
Head of Protecting Vulnerable People  
Thames Valley Police

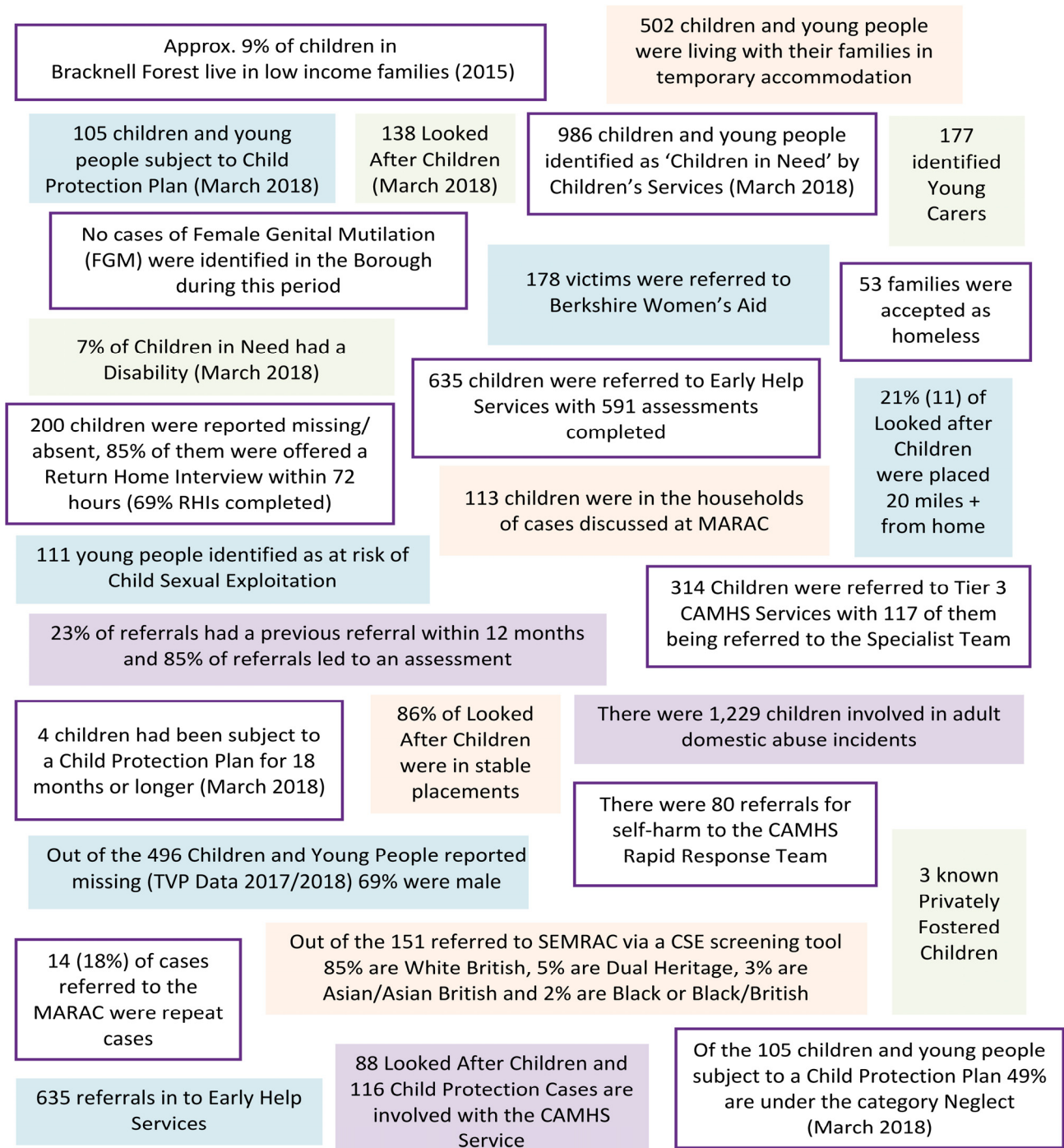
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# 'Place'

Bracknell Forest is a vibrant borough that has become more ethnically diverse in recent years. It is home to approximately 28,174 children and young people under the age of 18 years. As a result, they represent 24% of the total population in the area. (ONS Population Estimates Unit 2016).



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## A Combined Vision

Our future multi-agency safeguarding arrangements draw on the strong existing relationships between East Berkshire Clinical Commissioning Group (CCG), Bracknell Forest Council and Thames Valley Police. In co-designing the new arrangements for safeguarding children and adults these statutory partners have ensured that key shared values shaped the work of the newly established Bracknell Forest Safeguarding Board.

Our approach was established through consultations undertaken with a coalition of local organisations, including those working within the voluntary and community sector. As a result, our new governance arrangements for safeguarding children are now aligned with those of the Safeguarding Adult Board and will support greater collaboration across existing strategic partnerships responsible for community safety and health and wellbeing.

The views of children and young people have helped establish the current safeguarding priorities within our existing strategic planning and their contribution to reviewing the impact of our work will continue to help shape the future of the Safeguarding Board.

The leadership provided by the newly constituted Bracknell Forest Safeguarding Board will ensure stronger collaboration between the newly established safeguarding children partnerships across the region in order that a collective commitment to our shared responsibility is maintained. Our new Safeguarding Board arrangements benefit from the excellent inter-agency engagement that exist, within the Borough, and proactive leadership of the safeguarding agenda.

**We commit to working as partners to ensure all children and young people can live safe, happy and positive lives, achieving their potential.**

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The Bracknell Forest Safeguarding Board is fully committed to keeping children and young people at the heart of all that we do and will work to ensure the lived experience of children is understood and informs the work of those planning local services. Independent Scrutiny of our arrangements is a central feature to the transparent approach of the Board and is reflected as a fundamental principle within our quality assurance activities.

Drawing on lessons from Child Safeguarding Practice Reviews (previously known as Serious Case Reviews) and learning established through research and inspection activities, the Board understands the importance of robust safeguarding that is timely and responds to the needs of individuals.

While the approaches developed within Bracknell Forest (Figure 1) reflect the statutory requirements for the Police, Local Authority and CCG to provide leadership, the addition of our newly established 'Safeguarding Partnership' demonstrates the commitment of the wider coalition of organisations working together to keep children safe.



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## How we will work together

Bracknell Forest Safeguarding Board recognises the importance of the effective leadership that is required to safeguard vulnerable people. For our partnership to be successful we must support and challenge each other and collectively agree strategies to solve problems. Senior leaders in Bracknell Forest will work collaboratively to identify risk and keep children at the centre of decision making.

In order to promote the welfare of, and safeguard children effectively, we will require our partners to:

- Demonstrate they listen to children and young people, and to each other.
- Work together to improve outcomes for children.
- Work respectfully to support each other while ensuring they hold each other to account through robust challenge that results in timely resolution.
- Ensure improved understanding of our communities that enable the early identification of problems together with collaborative responses required to address these.
- Proactively identify any risks within our local system and the collective actions required to mitigate them.

The Board recognises the valuable role governance plays in ensuring robust safeguarding arrangements within all of our partner agencies. In addition, the multi-agency information provided to the Lead Member for Children's Services ensures they understand the sufficiency of local safeguarding arrangements and their impact on outcomes for children.

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The Board will require partners to maintain their commitment to ensuring they consult widely with children and young people and we value the support provided by our Youth Council and SilSiP (children in care council) in this endeavor. Local arrangements have previously benefited from targeted consultations, which together with feedback from children and their families involved in multi-agency audits has provided partners with invaluable insights into their lived experiences.

Learning from such processes and listening to the front-line staff has helped inform the Board's revision of its threshold guidance (see appendix A). This Board recognises the complexity that often surrounds the judgements required to safeguard children and has reissued this document to promote the importance of the shared responsibilities that exist across and between organisations. Designed to be read in conjunction with our inter-agency child protection procedures, the document provides examples of when children and their families may require additional support and considerations as to when risk dictate that robust responses are required to ensure their protection.





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## Our shared priorities

Quality assurance, scrutiny and challenge will be central to our understanding of the practice within the borough and will draw on the lived experience of local children and their families, and the challenges faced by frontline staff and volunteers in fulfilling their safeguarding responsibilities.

While members of the Board, acknowledge the work of partner agencies and their many achievements, they have agreed that the priorities set out below require partners to provide further assurance as to:



While these five areas represent the agreed priorities, they are in addition to the Boards core responsibilities and will require a sustained commitment to ensure children across the Borough receive safeguarding services that are effective and result in sustained improvements.

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## What success looks like

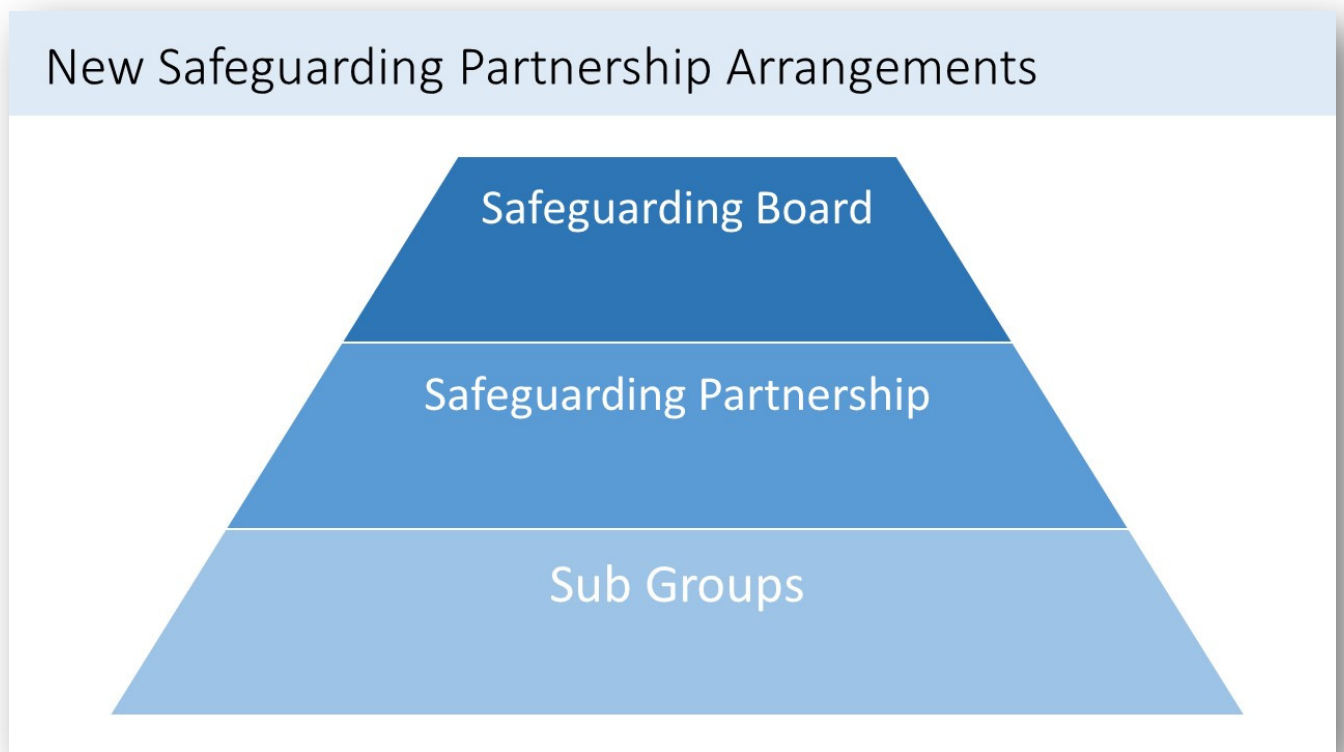
Our foremost priority is that children and young people are safe and protected from harm, living happy fulfilled lives and achieving their potential. Effective partnership working, challenge and support will provide important indicators of successful for our new arrangements. Where we identify risks, we will work collaboratively to ensure practice decisively addresses the root causes and by monitoring agreed actions we will ensure lasting improvement are embedded. However, the views of children, their families and our front-line staff will all play a crucial role within our work to ensure robust quality assurance of services.

## The context to our transformation

In 2015, the government commissioned Alan Wood to lead a review on the impact of LSCBs on outcomes for children. This review took place between January and March 2016 and was contributed to by a wide range of individuals and organisations. The review concluded that many Safeguarding Children Board arrangements had difficulty demonstrating their effectiveness. This resulted in recommendations for a stronger statutory partnership involving the Police, Clinical Commissioning Groups (CCGs) as well as Local Authorities. The government supported the conclusions of the review that too often current arrangements could be seen to be inflexible and questioned their effectiveness.

As a result, a stronger and more flexible statutory framework was proposed that could enable leaders within organisations to be more effective in their duty to protect and safeguard children and young people. In April 2017 The Children and Social Work Act 2017 received Royal Assent that removed the requirement for local areas to have Local Safeguarding Children Boards and introduced a new duty for the Safeguarding Partners (Local Authorities, Police and CCGs) to make arrangements with other organisations to protect and safeguard children. The Act requires that these arrangements identify and respond to the needs of children in the area and identify the learning arising from serious child safeguarding cases which raise issues of importance in relation to the area. The arrangements outlined in Figure 1 were designed by the Safeguarding Partners in consultation with our local partners and recognise the valuable role that community and faith groups play.

Figure 1.

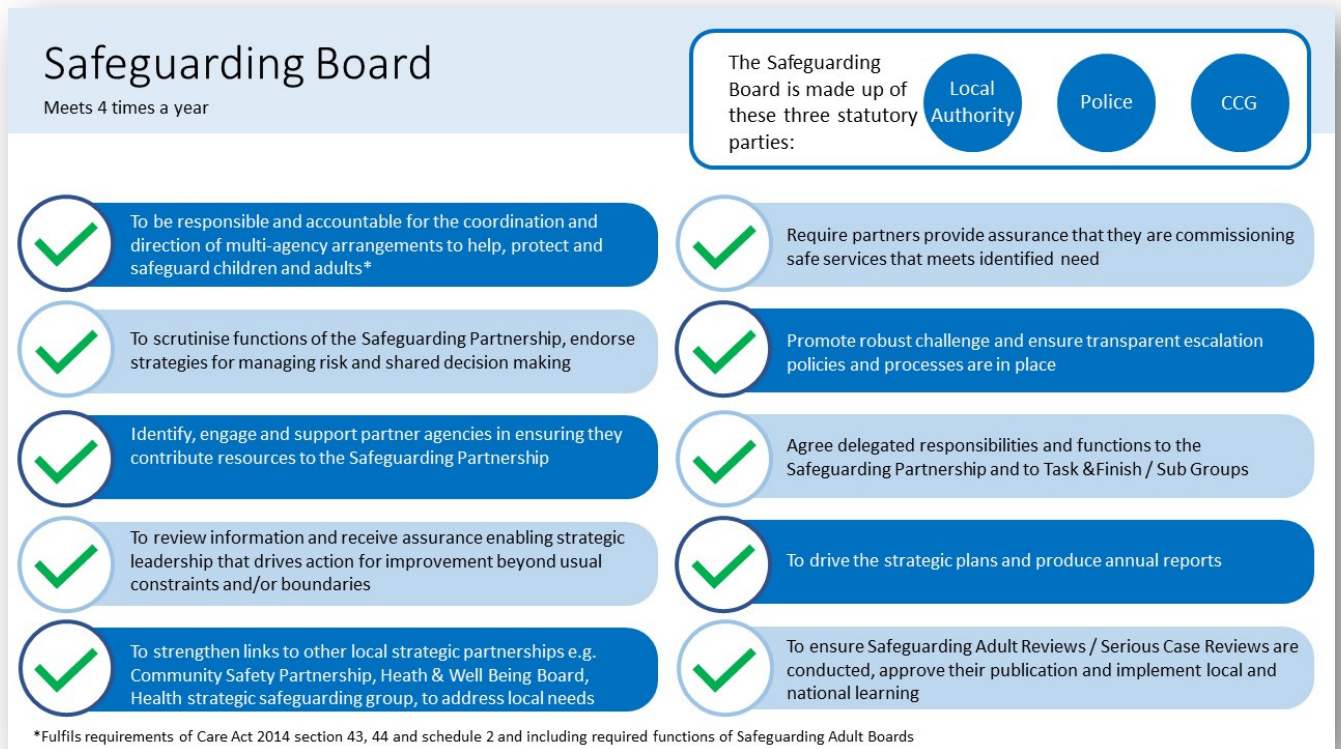


## Our Safeguarding Board

Fulfilling the statutory obligations of The Children and Social Work Act 2017, the newly established Bracknell Forest Safeguarding Board (Figure 2) is comprised of following agencies and leaders:

- Berkshire East CCG – The Director of Nursing (with powers delegated by the Clinical Chair)
- Bracknell Forest Council - The Executive Director (with powers delegated by the Chief Executive)
- Thames Valley Police - Chief Inspector Public Protection (with powers delegated by the Chief Constable)

Figure 2.



The Safeguarding Board combines the functions of the Safeguarding Adults Board with those required in order to safeguard children and will meet four times a year to drive strategic planning. In doing so, it will routinely seek assurance in respect of partners performance, providing additional scrutiny and challenge where necessary. It will oversee arrangements for commissioning and publishing local child safeguarding practice reviews and through its closer working with existing strategic partnerships, and by working closely with local organisations it will seek to disseminate learning that helps strengthen safeguarding practices.

# Independence and Scrutiny

The work of the Safeguarding Board and its Partnership will be facilitated by an Independent Chair and Scrutineer (Figure 3) who is jointly commissioned by the statutory partners. This important function supports the work of the Board’s Business Unit and ensures that the new multi-agency safeguarding arrangements are transparent and considered through a critical lens.

Figure 3.

**Bracknell Forest Independent Chair and Scrutineer**

**Functions include:**

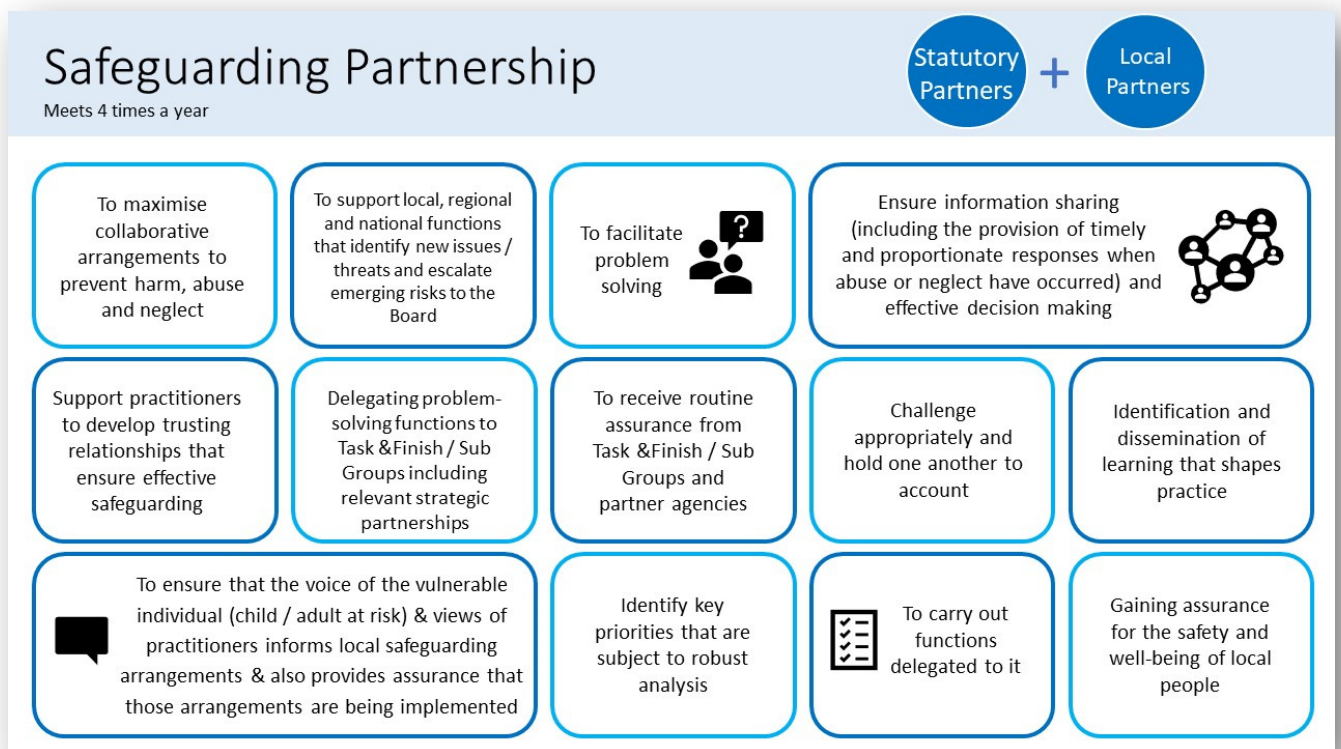
- ✓ Providing leadership and scrutiny
- ✓ Promoting collaborative working
- ✓ Promoting good practice and offering constructive challenge
- ✓ Providing advice, support and encouragement
- ✓ Ensuring partners promote and support community engagement
- ✓ Holding partner agencies to account
- ✓ Ensuring links with the other strategic boards are constructive
- ✓ Developing and maintaining their knowledge and expertise in relation to safeguarding
- ✓ Endorsing and promoting good practice and quality services

The Independent Chair and Scrutineer will also facilitate the Safeguarding Partners to shape our priorities and ensure we evaluate our collective performance and provide a transparent account of our work within the publication of our annual report.

# Our Safeguarding Partnership

In order to achieve our ambitions, we require the support of a wide range of groups and have therefore established a Safeguarding Partnership (Figure 4) which we see as being pivotal in setting the direction, priorities and overseeing partnership safeguarding activity. Meeting four times a year, those working as members of the Safeguarding Partnership will be required to take decisions on behalf of their organisation and to work as a collective. In addition, there will be opportunity for the Lead Member for Children’s Services to join partnership leaders to review the effectiveness of these local arrangements and critically examine the extent to which safeguarding arrangements have improved outcomes for children and young people in the borough. In particular, the Safeguarding Partnership will review progress and assess strengths and areas for development within our local safeguarding system.

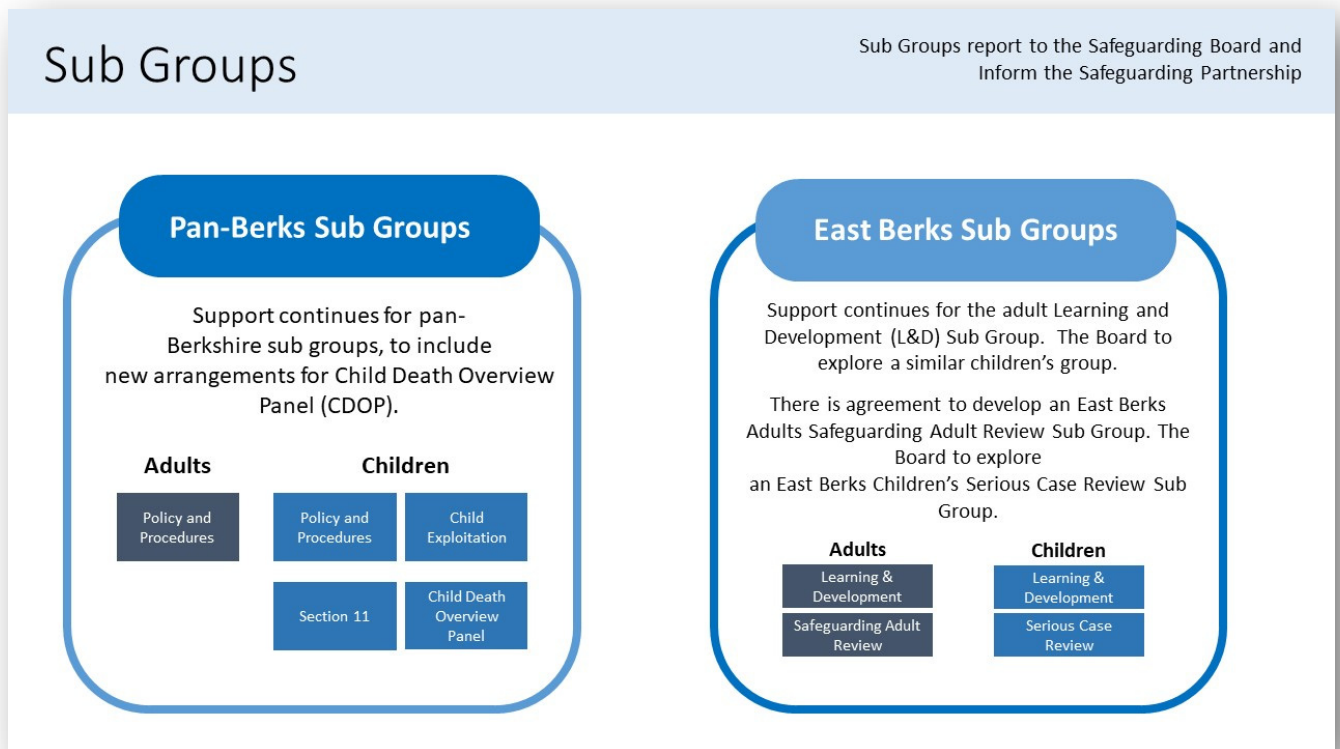
Figure 4.



# Sub Groups

Supporting the work of our Board and the Safeguarding Partnership we also aim to engage leaders and practitioners across partner organisations within the work of our Sub Groups (Figure 5). While maintaining a strong focus on local safeguarding arrangements, a number of the sub groups are operated on a regional basis. As a result, our plans embrace the opportunity for increased cross border working within East Berkshire and for collaboration to support Pan Berkshire initiatives where this is considered to be effective.

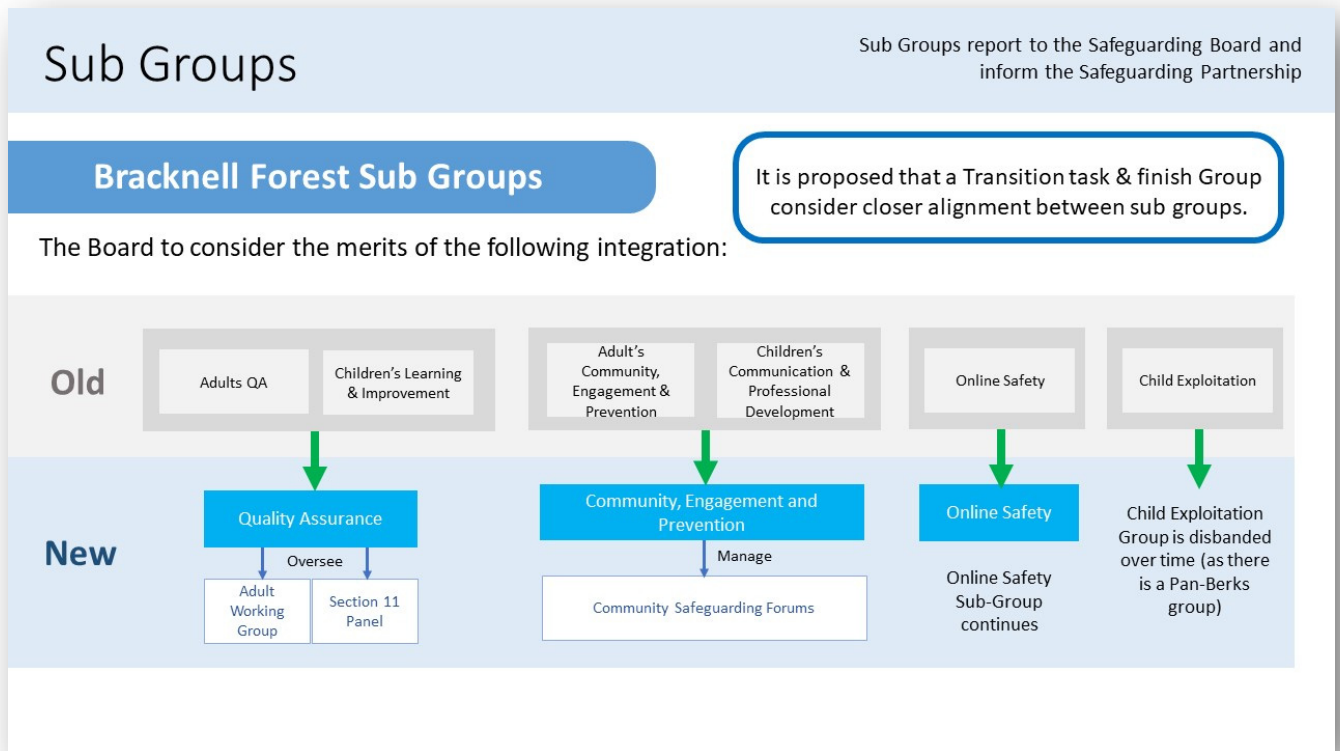
Figure 5.



The existing pan-Berkshire subgroups detailed above serve Bracknell Forest, Berkshire West, Royal Borough of Windsor & Maidenhead and Slough. It is intended that these groups will continue to function alongside those described below (Fig 6).

The subgroups described may be supported by 'Task and Finish' groups that are commissioned by the Board in response to emerging issues.

Figure 6.



## Quality Assurance

Building on the existing strengths of our quality assurance functions for safeguarding children and adults, our newly combined approaches seek to strengthen a range of multi-agency activities, as well mechanisms by which individual partners provide routine assurance in respect of their work. Our established arrangements for scrutinising self-audits will continue to be developed in order that the Board can be assured organisations comply with safeguarding standards set out within Section 11 of the Children Act 2004, and similar requirements within s157 and s175 of the Education Act 2002. Multi-agency auditing will be a central feature of our work and will seek to involve front line staff and the individuals/ families in receipt of services. Bespoke learning reviews will complement the existing statutory requirements in respect of Child Safeguarding Practice Reviews and those related to Safeguarding Adult Reviews.



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The Board intends to work to establish a Berkshire East Case Review group which will be comprised of leaders from CCG, health economy, Police and Local Authorities. It will meet every two months and consider the opportunities for local learning in respect of safeguarding children and young people. Its primary role and function is to consider how national learning informs local and to review local circumstances in which our expectations for safeguarding have not been met and multi-agency learning is identified. This will include developing an innovative lower level review of cases that do not meet criteria for a statutory review but would inform ongoing partnership development. These reviews are an opportunity for partnership led peer review and challenge and is intended to enhance the scrutiny and challenge function of the Board. This approach to case review analysis and learning is intended to ensure that the voice and experience of the child/young person are held at the centre of any multi-agency review. Regular review of the progress and implementation of findings from the reviews will be a key component to effective systems change.

The Safeguarding Board will be responsible for commissioning and publishing local child safeguarding practice reviews. Learning from national and local reviews, will be shared with relevant sub-groups and in turn will inform the learning and development of the wider partnership. The use of the existing multi-agency Learning and Improvement Workshops together with our social media activities will also support the dissemination of the learning gleaned.

## Community Engagement and Prevention

The creation of a new Community Safeguarding Forum is seen as a crucial part of the Board's overall approach to ensuring all partners work to prevent harm through a range of activities including their community engagement. As importantly, the Community Safeguarding Forum will provide a voice for voluntary sector organisation who in turn are able to reflect to views of those living within the Borough and inform the Board's understanding.

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## Online Safety and Child Exploitation

The Board recognises the part technology plays in the lives of so many of those living in the borough but is aware of the challenges faced when such technologies are misused. As a result, a sub group of the Board will seek to identify emerging risks and innovative approaches to 'e' safety. We will seek to work collaboratively with colleagues across the region to ensure we are effective in understanding this important cross cutting aspect of safeguarding the potential impact of any new innovations.

## Child Exploitation

In common with other areas of the country the Board is concerned about the wide range of circumstances in which individuals are exploited. The functions of our local multi-agency Child Exploitation sub group are currently complimented by work undertaken within a Pan Berkshire Child Exploitation Group. However, as the newly established Multi-agency Child Exploitation arrangements are embedded, it is intended a single regional group will provide a more robust approach to identifying trends and understanding the challenges associated with the regional and national dimensions associated with exploitation and organised crime.

## Training

During 2019 the Board will continue to commission the core programme of multi-agency safeguarding training currently facilitated by Bracknell Forest Council. Through the establishment of its new sub-group structures the Board's Quality Assurance sub-group will monitor the impact a range of professional development provided by partners and consider the merits of joint arrangements being developed with other safeguarding partnerships in the region.



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## Child Death Reviews

The existing Child Death Overview Panel (CDOP) ceases to be the responsibility of LSCBs from the 29<sup>th</sup> June 2019, with new pan-Berkshire arrangements becoming the responsibility of the CCG and Local Authority (Child Death Review Partners). However, the Board values the existing relationship and will seek to maintain strong links with the CDOP to ensure any learning helps improve the wellbeing of children.

The key changes in the work relating to child deaths will include:

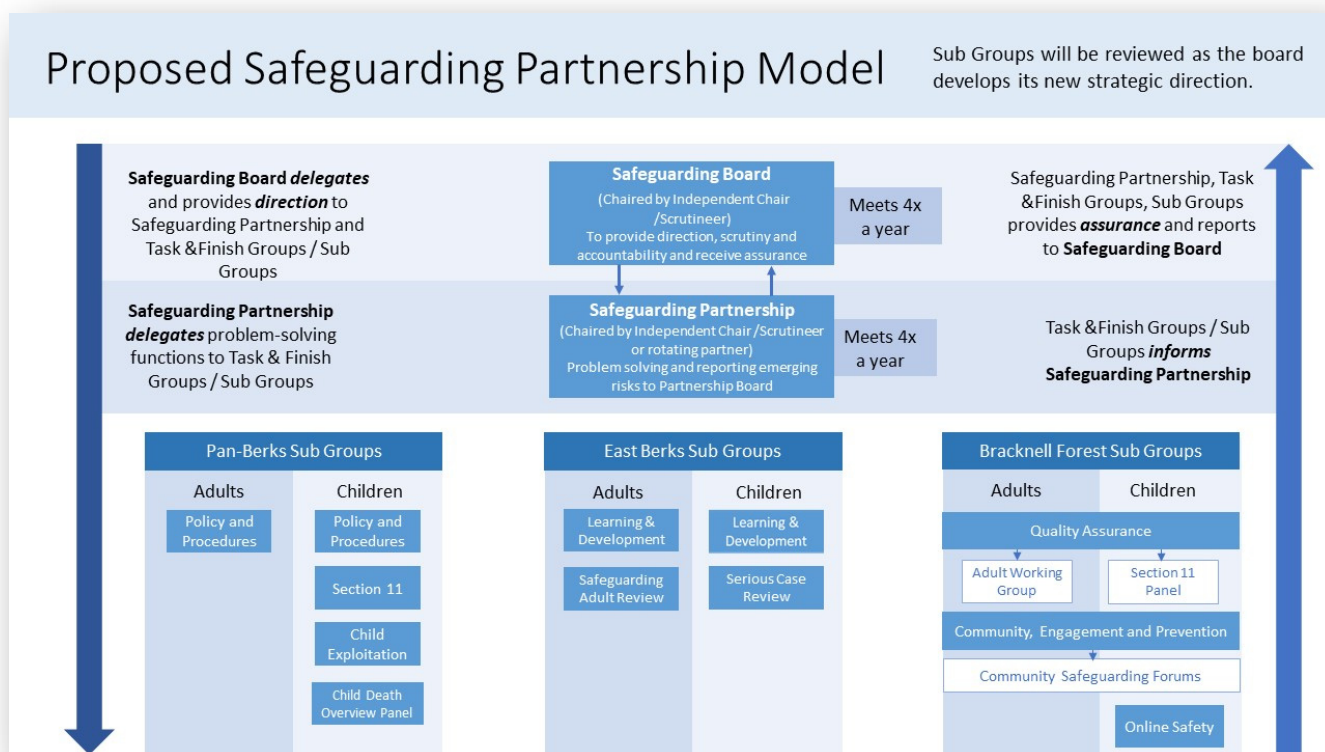
- Holding child death review meetings for all deaths, following closer working links with Paediatric mortality and morbidity meetings, tertiary centres and hospices.
- Transferring Rapid Response for Unexpected Child Death to new Joint Agency Responses (JAR).
- Allocating a key worker to every bereaved family.

The development of new online management processes will further support analysis of each child death and ensures a consistent approach can be maintained across the six local authority areas. This system will enable better connectivity with the National Child Mortality Database (NCMD) which supports the identification and understanding of factors associated with each child death and is designed to elicit learning that in turn is disseminated to partner agencies.

## Who needs to be involved?

If our local arrangements are to be successful, we will need the support of senior leaders who will operate within the new structures set out below (Figure 7) who can provide data and intelligence in support of our routine assessment of the effectiveness of our efforts to safeguard children.

Figure 7.



As a minimum we think the following agencies must be included:

- Thames Valley Police
- Bracknell Forest Council
- East Berkshire CCG
- The wider Health economy to include Designated professionals and senior leaders from, BHFT, FPH
- Early help provision including Children’s Centres and Early years settings
- Residential homes for children
- Schools (including independent schools, academies and free schools)
- National Probation Service and local Community Rehabilitation Company leaders
- Key local voluntary, community and faith sector partners.

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The combination of the arrangements described above is detailed below (Figure 9) and represents our vision for the new multi-agency safeguarding arrangements in Bracknell Forest. While this document specifically addresses the statutory requirements for safeguarding children, many of the principles of that work are also reflected in the efforts made within local services seeking to protect vulnerable adults. As a result, our aim is to ensure that robust safeguarding is afforded to those in need of protection regardless of their age.

## Funding arrangements

Statutory Partners have reached an agreement for the current joint funding to cover the transition year 2019/20. This agreement demonstrates their commitment to continue to support the new arrangements during the transition year. Discussions have commenced to consider the combined funding required for 2020/21.

## Review and reporting of arrangements

The implementation of the model set out above will be subject to regular review by the Board, with a formal evaluation of the arrangements (involving wider partners) planned for February 2020. An annual report in respect of safeguarding children will provide a transparent account of the work undertaken by the Safeguarding Board and will evidence the impact of partners activities to keep children safe.



# Bracknell Forest Safeguarding Children Partnership Threshold Guidance:

# Understanding the continuum of help and support

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This document is based on guidance previously published by London Safeguarding Children Board and amended for use in Bracknell Forest. This document should be used in conjunction with guidance set out within the Berkshire Child Protection Procedures:

<http://berks.proceduresonline.com/bracknell/>

**If you are worried about the well-being of a child, you can phone the Multi-Agency Safeguarding Hub (MASH) in confidence on 01344 352005 (out-of-hours 01344 786543). If your concern is more urgent call the police on 999.**

For more information on how to report child abuse go to [www.gov.uk/report-child-abuse](http://www.gov.uk/report-child-abuse)

# Introduction

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 (2018)** sets out a clear expectation that local agencies will collaborate to identify children with additional needs and work together to ensure 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 problems may have become more entrenched. The importance of using a child-centred approach in understanding levels of need is also emphasised. All services provided must be based on a clear understanding of the needs and views of the individual child within the context of their family and the community in which they live.

This guidance provides a framework for professionals who are working with children, young people and families, and aims to help identify circumstances when children may need additional support to achieve their full potential. It introduces a continuum of help and support, provides information on the levels of children's need and gives examples of some of the factors that may indicate when a child or young person needs additional support or protection. The guidance is supported by our [online child protection procedures](#) with additional links provided to enable further reading on specific topics.

As children's needs become more complex, services are likely to be increasingly targeted and specialised. Children's needs do not remain static, and they may experience different needs, at different points on the continuum, throughout their childhood.

This multi-agency guidance does not provide exhaustive information but examples that can assist assessment, planning and decision making. Any safeguarding indicators of concern should always be considered alongside children's other needs and the impact of their wider environment and their online activities. ['Contextual Safeguarding'](#) can provide a helpful conceptual framework for understanding the specific challenges associated with assessing the needs of older children. It should be remembered that some children will also have additional vulnerability because of their [disability or complex health needs](#) and that some children will be impacted by their responsibilities as ['young carers'](#). In addition, the parental response to the vulnerability of the child and the impact of their relationships and wider environment must also be considered when assessing needs and risks.



For some areas of concern additional local guidance is available to assist assessments in respect of child exploitation, neglect, domestic abuse and can be accessed via the Safeguarding Children Partnership website at [www.bfscp.org.uk](http://www.bfscp.org.uk). It is important that the guidance contained in this document is considered alongside the statutory provisions set out within Working Together 2018.

**Remember** where there is an urgent need to protect a child this should be reported to the police immediately by calling 999. All other concerns relating to children who may be at risk of harm should be reported to the Multi-agency Safeguarding Hub (MASH) without delay:

Telephone: 01344 352005

Email: [mash@bracknell-forest.gov.uk](mailto:mash@bracknell-forest.gov.uk)

For further information and referral form go to:

[www.bracknell-forest.gov.uk/MASH](http://www.bracknell-forest.gov.uk/MASH)

## **Continuum of Need**

### ***No additional needs:***

#### ***(Tier 1)***

These are children with no additional needs and therefore represent the majority of those living within Bracknell Forest. *Such children consistently receive child focused care from their parents or carers.* All their health and developmental needs can be met by their family with the support of others and universal services.

### ***Early help:***

#### ***(Tier 2)***

These are children with additional needs. Some children may also be vulnerable and showing early signs of abuse and/or neglect; their needs may not be clear, not known or not being met. The parents of some children who require early help may not have prioritised their children's needs and /or have limited parenting capacity. This is the threshold for a multi-agency early help assessment to commence. These are children who require a lead professional for a co-ordinated approach to the provision of additional services such as family support services, parenting programmes and children's centres/family hubs. These will be provided by universal or targeted services working with other but does not include services provided by children's social care.

### ***Children with complex and multiple needs (Child in Need):***

#### ***(Tier 3)***

These children require specialist services 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 help from specialist services or a brief period of intensive support when the young person or child becomes at risk of needing to be placed into the care of the Local Authority. The *parents/carers* of some children with complex and multiple needs *may have limited capacity to parent and/or fail to consider the risk of harm.* In such circumstances an 'Edge of care' provision may be coordinated by Children's Social care that can coordinate additional support to that described in the Early help (Tier 2) section above. This is the threshold for an assessment led by children's social care under Section 17, Children Act 1989, although the assessments and services will require a collaborative approach involving other partner agencies.

### ***Children in acute need (Child Protection/Children Looked After):***

#### ***(Tier 4)***

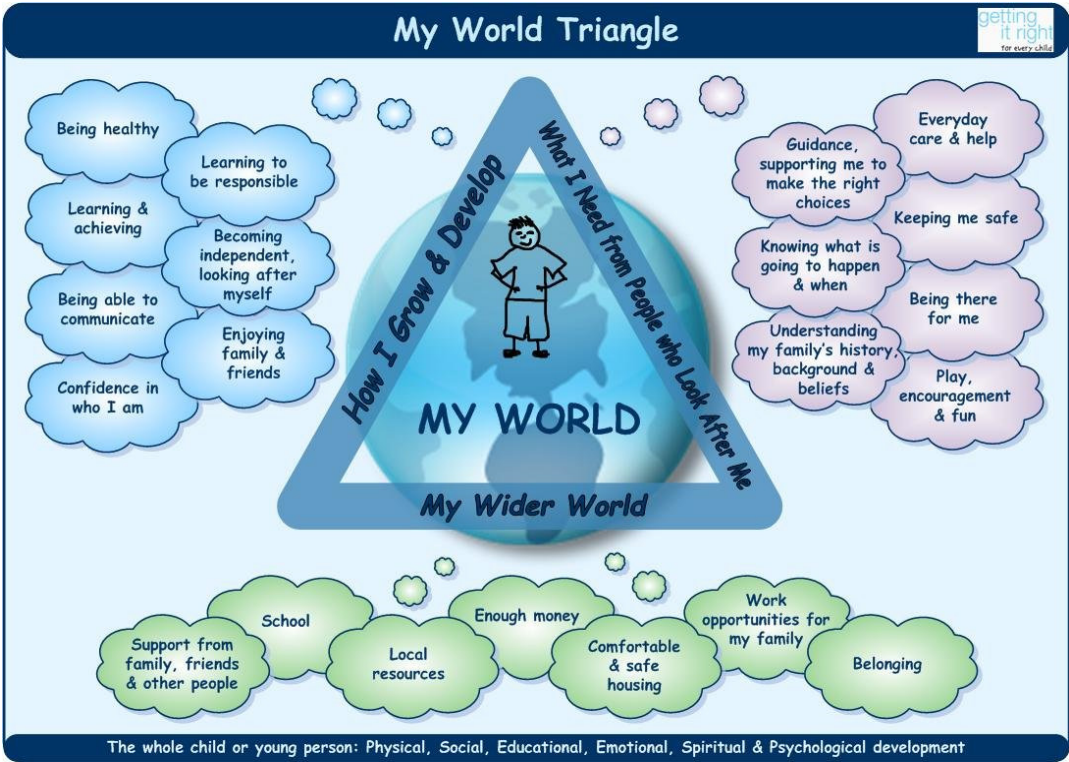
These are children who are suffering or are likely to suffer significant harm. This is the threshold for 'child protection'.

These children are likely to have already experienced significant adversity that has impacted on their development or is considered likely to. *In many cases parenting capacity is likely to have been significantly impaired.*

Some children may benefit from specialised services to address their mental health needs and/or complex health problems. They are children whose needs may require the protection of provisions set out in section 47 (the power to undertake child protection investigations), 20 (the accommodation of children), or 31 (the granting of a Care Order) of the Children Act 1989. This would also include those children remanded into custody and statutory youth offending service.

### The My World Triangle

Key considerations within any assessment of a child’s circumstances is captured within the conceptual model below. The *My World Triangle* enables practitioners to assess strengths and pressures in all aspects of a child’s life. The model is evidence based and has been developed from knowledge and research relating to children’s development.



Credit to the Scottish Government [www.gov.scot](http://www.gov.scot)

*My World Triangle* helps workers examine key areas of the child’s circumstances under the headings:

- How I grow and develop
- What I need from people who look after me

- My wider world

These headings help practitioners to reflect on what is happening in a child's whole world. When assessing children who may need additional help, practitioners should use the headings in the three areas of the *My World Triangle* to help them think about the following questions:

- What information have I got?
- Is this enough to assess the child's needs?
- From where might that information be gathered?

The information gathered should be proportionate to the presenting problems and in some circumstances, those working with a child may consider it unnecessary to complete all dimensions of the model in detail. However, it is important that what happens in one area of the child's world may have a significant impact on another area.

For more information on how the *My World Triangle* can be used, go to:

[www.gov.scot/policies/girfec/wellbeing-indicators-shanarri/](http://www.gov.scot/policies/girfec/wellbeing-indicators-shanarri/)

## Neglect

It can be particularly difficult for practitioners to recognise the signs of neglect in circumstances where there has not been any significant incident or event that highlights concerns; in many cases of neglect it is more likely that there will be a series of concerns over a period that, taken together, demonstrate that the child is in need or at risk.

Children (including those who are unborn) need adequate food, water, shelter, warmth, protection and health care to thrive. They also need their carers to be attentive, dependable and kind. Children are neglected if these essential needs (the things they need to develop and grow) are persistently not met.

There are many signs that may indicate neglect as outlined below:

- Neglect may occur during or after pregnancy as a result of parental substance abuse (drugs or alcohol).
- A chaotic family environment which can include an absence of boundaries or routines.
- A parent / carer who has mental health difficulties or learning disabilities that impacts on their ability to meet the needs of any children.
- Inadequate parenting and/or understanding of what it means to look after a child safely including ensuring appropriate supervision or using inadequate caregivers.
- Ensuring access to appropriate medical care or treatment.
- Ensuring that educational needs are met.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Signs of neglect can include changes in physical appearance, poor hygiene, lack of appropriate clothing, the child being withdrawn or exhibiting antisocial or sexualised behaviours, and the child not meeting physical or emotional development milestones. In considering whether a child has been neglected, it is important to consider the quality of care they have received over a period, as this could vary to the extent in which it impacts on their development. It is also important to consider the age of the child in relation to the nature of the neglect and the length of time for which the concerns have existed. The above signs in isolation would not necessarily indicate for certain that a child is being neglected, however, children who are severely and persistently neglected may be in danger and neglect can also result in the serious impairment to their health or development.

Some adults lack the resources and support to properly care for their children, but some have more complex problems that may appear result in acts of wilful neglect. In all cases, help and support from professionals is essential.

Deciding if a child is neglected can be hard – even for a trained professional – and it's natural to worry that you may be mistaken. Sharing information at the earliest opportunity can ensure objective judgements can be reached with others and that proportionate responses are made to meet the needs of children.

For local guidance in responding to neglect go to:

<https://bflscb.org.uk/links-and-publications/neglect/>

For more information about neglect provided by the NSPCC, go to:

[www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/neglect/](http://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/neglect/)

For resources on training in identifying and dealing with child neglect.

[www.gov.uk/government/collections/childhood-neglect-training-resources](http://www.gov.uk/government/collections/childhood-neglect-training-resources)

Specific guidance for health practitioners can be found at:

[www.nice.org.uk/guidance/qs179](http://www.nice.org.uk/guidance/qs179)

## Threshold Criteria for statutory interventions: Section 47, Section 20, Section 31

In addition to the early help available to children and their families, under specific circumstance the following threshold criteria may also apply.

<b>Section 47, Children Act 1989: Child Protection enquiries [Tier 4]</b>
The table below is a guide of the circumstances that can lead to a S47 enquiry being undertaken. This table is intended as a guide and is not exhaustive. Reference should also be made to the Berkshire Child Protection Procedures <a href="http://berks.proceduresonline.com/bracknell/index.html">http://berks.proceduresonline.com/bracknell/index.html</a>
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 due to domestic abuse.
Repeated allegations involving serious verbal threats and/or emotional abuse.
Allegations / reasonable suspicions of serious neglect.
Medical referral of non-organic failure to thrive in under-fives.
Direct allegation of sexual abuse made by child or abuser's confession to such abuse.
Any allegation suggesting connections between sexually abused children in different families or more than one abuser.
An individual (adult or child) suspected of posing a risk to children with whom they have contact.

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 impacted by parent's/carer's severe and enduring mental ill-health.
A child at risk of exploitation including those at risk of trafficking and involvement in violent extremism/terrorism.
Pregnancy in a child aged under 13.
A child at risk of FGM, honour-based abuse or forced marriage.

## Section 20, Children Act 1989: Child provided with accommodation

*This can be on the instigation of the local authority with the agreement of the parents, or at the request of the parents and homeless 16- and 17-year olds. 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 them.
- Being lost or abandoned.
- The person who has been caring for them being prevented (whether permanently, and for whatever reason) from providing them with suitable accommodation or care.
- Having reached the age of 16, their welfare is likely to be seriously prejudiced if they are not provided with accommodation.
- Accommodating the child would safeguard or promote their welfare (even though a person who has parental responsibility for them is able to provide them 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 their age and understanding), and
- Ascertain whether the parents/person(s) with parental responsibility have given a valid consent:
  - o Does the parent have the mental capacity to consent?
  - o Is the consent fully informed?
  - o Is it fair and proportionate for the child to be accommodated?



### Section 31, Children Act 1989: Initiation of care proceedings

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

'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, their health or development shall be compared with that which could reasonably be expected of a similar child.

## Section 1 Children Act 1989 – The Court Welfare Checklist

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

- The ascertainable wishes and feelings of the child concerned (considered in the light of their age and understanding).
- Their physical, emotional and educational needs.
- The likely effect on them of any change in their circumstances.
- Their 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 their parents, and any other person in relation to whom the court considers the question to be relevant, is of meeting their needs.
- The range of powers available to the court under the Children Act 1989.

Members of the public and professionals requiring advice should contact the Bracknell Forest MASH (details on contents page). Professional referrers should normally carry out an early help assessment to identify whether the child/children have needs that should be met by more than one agency. This should then be sent to: [MASH@bracknell-forest.gov.uk](mailto:MASH@bracknell-forest.gov.uk)

Where an identified need/risk suggests that a multi-agency response is necessary then Children’s Social Care will review the information about those needs and determine the most appropriate level of service to be provided, which may be universal, early help or statutory provision. Professional referrers are expected to gain parental consent to share information prior to making a referral for further services, unless to do so would place the child at risk of further harm. Concerns about child protection should be made through direct telephone contact with the relevant Children’s Social Care Department.

## Possible 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 a family might need.

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. Remember that 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.

**If you have child protection concerns, you must also consult the Berkshire Child Protection Procedures <http://berks.proceduresonline.com/bracknell/index.html> and you must inform your safeguarding lead or line manager.**

## Possible Indicators of Need (Tier 1 – 4)

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 as concerns for children may emerge through a combination of factors and individual indicators of concern may not reach the threshold for specialist services.

<b>1. Development of the baby, child or young person</b>			
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.			
Tier 1 Children with no additional needs whose health and developmental needs can be met by universal services.	Tier 2 Children with additional needs that can be met through the provision of ‘early help’ - a referral to children’s social care is NOT required.	Tier 3 Children with complex multiple needs who need statutory and specialist services. A referral to children’s social care is required.	Tier 4 Children in acute need. Require immediate referral to children’s social care and/or the police.
<b>1a. The child’s education and employment</b>			
Some developmental milestones are not being met which will be supported by universal services.	Some developmental milestones are not being met which will require parents/carers to access support through targeted/ specialist services.	Developmental milestones are significantly delayed or impaired and parents are not accessing targeted /specialist services for the child.	Developmental milestones are so significantly delayed or impaired that the child is at risk of ‘significant harm’.
The child possesses age-appropriate ability to understand and organise information and solve problems and makes adequate academic progress.	The child's ability to understand and organise information and solve problems is impaired and the child is under-achieving or is making no academic progress.	The child's ability to understand and organise information and solve problems is very significantly impaired and the child is seriously under-achieving or is making no academic progress despite learning support strategies over a period.	The child's inability to understand and organise information and solve problems is adversely impacting on all areas of their development creating risk of significant harm.
The young person is in education, employment or training (EET).	The young person is not in education, employment or training (NEET) or their attendance is	The young person refuses to engage with educational or employment opportunities and are increasingly	The child is totally disengaged with education and is not engaged with professionals. Their whereabouts is not

	sporadic and they are not likely to reach their potential.	socially isolated – there is concern that this results from or is impacting on their mental health and wider development.	known during the school day putting them at risk of exploitation.
<b>1b. The child's health</b>			
The child is physically healthy, meeting developmental milestones including speech and language and is not experiencing poor mental health or not impaired by a disability.	The child has a mild physical or mental health condition or disability which affects their everyday functioning but can be managed and resolved by interventions in mainstream schools.  Child may be on school action or action plus/SEN statement Child in hospital.	The child has a physical or mental health condition or disability which significantly affects their everyday functioning and access to education. Child may have an Education, Health and Care Plan.	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, including dental and optical services.	The child rarely accesses appropriate health and health advice services, missing immunisations, missing routine and non-routine health/medical appointments.	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. This could be resolved by interventions.	The child undertakes no physical activity and has a diet which seriously impacts on their health despite intensive support from early help services.	Despite support, the child undertakes no physical activity and has a diet which is adversely affecting their health and causing significant harm.

The child has no history of substance misuse or dependency.	The child is known to be using drugs and alcohol with occasional impact on their social wellbeing.	The child's use of substances is affecting their mental and physical health and social wellbeing.	The child's use of substances is putting the child at such risk that intensive specialist resources are required.
<b>1c. The child's emotional wellbeing</b>			
The child engages in age appropriate activities and displays age appropriate behaviours.	The child is at risk of becoming involved in negative behaviour/ activities - for example anti- social behaviour [ASB] or substance misuse.	The child is becoming involved in negative behaviour/ activities, for example, non-school attendance and as a result may be excluded short term from school. This increases their risk of being involved in ASB, crime, substance misuse and puts them at risk of grooming and exploitative relationships with peers or adults.	The child frequently exhibits negative behaviour or activities that place self or others at imminent risk including chronic non-school attendance. Child may be permanently excluded or not in education which puts them at high risk of CSE.
The child has a positive sense of self and abilities.	The child has a negative sense of self and abilities.	The child has a negative sense of self and abilities to the extent that it impacts on their daily outcomes.	The child has such a negative sense of self and abilities that there is evidence or likelihood that this is causing harm.
The child's positive sense of self and abilities reduces the risk that they will be targeted by peers or adults who wish to exploit them.	The child has a negative sense of self and abilities and suffers with low self-esteem which makes them vulnerable to peers and adults who pay them attention and/or show them affection but do so in order to exploit them.	The child's negative sense of self and low self-esteem has contributed to their involvement with peers and/or adults who are thought to be treating them badly and/or encouraging them to get involved in self destructive and/or anti-social or criminal behaviour.	The child's vulnerability resulting from their negative sense of self and low esteem has been exploited by others who are causing them harm.

The child is emotionally supported by their 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 / parental support.	The child is unable to meet developmental milestones due to the inability of their parent/carer to emotionally engage with them. The parent is not accessing services to enable the child to meet their developmental milestones.	The child's development is being significantly impaired.
The child has not suffered the loss of a close family member or friend	The child has suffered a bereavement recently or in the past and is distressed but receives support from family and friends and appears to be coping reasonably well – would benefit from short term additional support from early help services.	The child has suffered bereavement recently or in the past and doesn't appear to be coping. They appear depressed and/or withdrawn and there is concern that they might be/are self-harming or feeling suicidal.	The child has suffered bereavement and is self-harming and/or disclosing suicidal thoughts.
The child has not suffered the loss of a close family member or friend	The child has suffered a bereavement recently or in the past and is distressed but receives support from family and friends and appears to be coping reasonably well – would benefit from short term additional support from early help services.	The child has suffered bereavement recently or in the past and doesn't appear to be coping. There are concerns the child's behaviour has deteriorated significantly at school and/or at home and/or they are engaging in risky behaviours such as going missing or substance mis-use.	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.
<b>1d. The child's social development</b>			
The child has strong friendships and positive social interaction with a range of peers.	The child has few friendships and limited social interaction with their peers.	The child or young person is isolated and refuses to participate in social activities.	The child or young person is completely isolated, refusing to participate in any activities.

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



<p>The child demonstrates self-control appropriate with their age and development.</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 regularly displays a lack of self-control which would be unusual in other children of their age.</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>The child has growing level of competencies in practical and independent living skills.</p>	<p>The child's competencies in practical and independent living skills are at times impaired or delayed.</p>	<p>The child does not possess, or neglects to use, self-care and independent living skills appropriate to their age.</p>	<p>Severe lack of age appropriate behaviour and independent living skills likely to result in significant harm e.g. bullying, isolation.</p>
<p>The child engages in age appropriate use of internet, gaming and social media.</p>	<p>The child is at risk of becoming involved in negative internet use, lacks control and is unsupervised in gaming and social media applications.</p>	<p>The child is engaged in or victim of negative and harmful behaviours associated with internet and social media use, e.g. bullying, trolling, transmission of inappropriate images. Or is obsessively involved in gaming which interferes with social functioning.</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>The child engages in age appropriate use of internet, including social media.</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 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>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 engages in age appropriate activities and displays age appropriate behaviours and self- control.</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 their religious or political views.</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 their religious or political 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 their religious or political views.</p>
<p>The child engages in age appropriate activities and displays age appropriate behaviours and self- control.</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 a religion or ideology.</p>	<p>The child has connections to individuals or groups known to have extreme 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 violent extremism. The child is thought to be involved in the activities of these groups.</p>
<p>The child does not run away from home.</p>	<p>The child has run away from home on one or two occasions or not returned at the normal time.</p>	<p>The child persistently runs away and/or goes missing.</p>	<p>The child persistently runs away and/or goes missing and does not recognise that they are putting themselves at risk.</p>
<p>The child's whereabouts are always known to their parents or carers.</p>	<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 persistently goes missing.</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 does not run away from home.</p>	<p>The child has run away from home on one or two occasions or not returned at the normal time. There is concern that they might have been staying with friends or relatives who have extreme views.</p>	<p>The child persistently runs away and/or goes missing. There are serious concerns that they are running away to spend time with friends or relatives with extreme views and that they are being influenced by them.</p>	<p>The child persistently runs away and/or goes missing and does not recognise that they are putting themselves at risk. For example, whilst missing the young person is spending time with people with extremist views and perceives these people as teaching them the correct way to live and those who don't hold these views as deluded and/or as a threat.</p>
<p>The child does not have caring responsibilities.</p>	<p>The child occasionally has caring responsibilities for members of their family and this sometimes impacts on their opportunities.</p>	<p>The child's outcomes are being adversely impacted by their caring responsibilities.</p>	<p>The child's outcomes are being adversely impacted by their unsupported caring responsibilities which have been on-going for a lengthy period and are unlikely to end in the foreseeable future.</p>
<p>The child can 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 expresses intolerant views towards peers and this leads to their being socially isolated.</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>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>

<b>1f. Abuse and neglect</b>			
The child shows no physical symptoms which could be attributed to neglect.	The child occasionally shows physical symptoms which could indicate neglect such as a poor hygiene or tooth decay.	The child consistently shows physical symptoms which clearly indicate neglect	The child shows physical signs of neglect such as a thin or swollen tummy, poor skin tone/sores/rashes, prominent joints and bones, poor hygiene or tooth decay which are attributable to the care provided by their parents/carers.
The child is appropriately dressed.	The child or their siblings sometimes come to nursery/ school in dirty clothing or they are unkempt or soiled.	The child or their siblings consistently come to school in dirty clothing which is inappropriate for the weather and/ or they are unkempt or soiled. The parents/carers are reluctant or unable to address these concerns.	The child consistently wears dirty or inappropriate clothing and are suffering significant harm as a result (e.g. they are unable to fully participate at school, are being bullied and/or are physically unwell).
The child has injuries, such as bruising on their shins etc., which are consistent with normal childish play and activities.	The child has injuries which are consistent with the parents' and child's account of accidental injury. The parents seek out or accept advice on how to avoid accidental injury.	The child has injuries for example bruising, scalds, burns and scratches, which are accounted for but are more frequent than would be expected for a child of a similar age.	The child has injuries, for example bruising, scalds, burns and scratches, which are not accounted for or are not consistent with the account given. The child makes disclosure and implicates parents or family members.

The child is provided with an emotionally warm and stable family environment.	The child's experiences parenting characterised by a lack of emotional warmth and/ or is overly critical and/or inconsistent.	The child experiences a volatile and unstable family environment, and this is having a negative effect on the child who, due to the emotional neglect they have suffered is vulnerable to grooming and/or exploitative relationships with abusive adults or risky peer groups.	The child has suffered long term neglect of the emotional needs and, as a result, is now at high risk of, or is already involved in sexual or other forms of exploitation either as a perpetrator or victim.
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## 2. Environmental Factors

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

Tier 1 Children with no additional needs whose health and developmental needs can be met by universal services.	Tier 2 Children with additional needs that can be met through the provision of 'early help' - a referral to children's social care is NOT required.	Tier 3 Children with complex multiple needs who need statutory and specialist services. A referral to children's social care is required.	Tier 4 Children in acute need. Require immediate referral to children's social care and/or the police.
The family feels integrated into the community.	The family is chronically socially excluded and/ or there is an absence of supportive community networks.	The family is socially excluded and isolated to the extent that it has an adverse impact on the child.	The family is excluded, and the child is seriously affected but the family actively resists all attempts to achieve inclusion and isolates the child from sources of support.
The family has a reasonable income over time and financial resources are used appropriately to meet the family's needs.  The family are living on a very low income and/or have significant debt, but the parents use their limited resources in the best interests of their child/children.	There are concerns that the parents are unable to budget effectively and as a result the child occasionally does not have adequate food, warmth, or essential clothing. However, the parents are working with support services to address these issues.	The family does not use its financial resources in the best interests of the child and the child regularly does not have adequate food, warmth, or essential clothing. For example, expenditure on drug, alcohol, gambling or other addictive behaviours means that there isn't	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>The parents maximise their income and resources. The parent / carer can manage their working or unemployment arrangements and do not perceive them as unduly stressful.</p>		<p>enough money to meet the child's basic needs.</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 on 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>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</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>
<p>The neighbourhood is a safe and positive environment encouraging good citizenship.</p>	<p>The neighbourhood is known to have groups of children and/or adults who are engaged in threatening and intimidating behaviour and the child is intimidated and feels threatened in the area.</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 profoundly negative effect on the child who has been a repeated victim of anti-social behaviour and/or crime and is now at high risk of sexual and other forms of exploitation – including being groomed to be a perpetrator.</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 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 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, modern day slavery, CSE / CE).</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, modern day slavery, CSE / CE).</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's legal entitlement to stay in the country is temporary and/or restricts access to public funds placing the child under stress.</p>	<p>The child's legal status as, for example, an asylum-seeker or an illegal migrant who may have been trafficked puts them at risk of involuntary removal from the country. Their immigration status means they have limited financial resources/no recourse to public funds and increases their vulnerability to criminal activity (e.g. illegal employment, modern day slavery, CSE / CE).</p>	<p>There is evidence that a child has been exposed to or involved in criminal activity either because of being trafficked into the country or to support themselves (e.g. illegal employment, modern day slavery, CSE / CE).</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 <a href="http://www.gov.uk/government/publications/proscribed-terror-groups-or-organisations-2">www.gov.uk/government/publications/proscribed-terror-groups-or-organisations-2</a></p>	<p>The child and/or their parents/carers have indirect links to proscribed organisations, for example, they attend religious or social activities which are, or have been in the recent past, attended by members of proscribed organisations.</p>	<p>Family members, family friends or friends of the child have strong links with proscribed organisations.</p>	<p>The child, their parents/carers or other close family members or friends are members of proscribed organisations.</p>

The child spends time in safe and positive environments outside of the home.	The child is known to be/have been a victim or perpetrator of bullying and/or is part of a group or associated with a group which bullies others.	The child is a repeated victim and/or perpetrator of bullying including sexual or other targeted forms of bullying.	The child is a victim of serious and/or repeated and/or escalating acts of bullying, including sexual bullying.
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### 3. Parental and Family Factors

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

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

The parent/carer accesses ante- natal and/or post-natal care.	<p>The parent/carer demonstrates ambivalence to ante-natal and post-natal care with irregular attendance and missed appointments.</p> <p>There are indicators or an expressed wish from the parent / carer that they may require additional support.</p>	<p>The parent/ carer is not accessing ante-natal and/ or post-natal care.</p> <p>The parent / carer has previously had a child subject to a plan.</p>	<p>The parent neglects to access ante natal care and is using illicit substances and alcohol excessively whilst pregnant. AND/OR The parent neglects to access ante natal care where there are identified or suspected complicating obstetric factors that may pose a risk to the unborn child or new born child.</p> <p>The parent / carer has previously had a child removed.</p>
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<p>The parent/carer may be tearful and emotional in the early days post birth but is coping well emotionally following the birth of their baby and accessing universal support services where required.</p>	<p>The parent/carer is struggling to adjust to the role of parenthood.</p>	<p>The parent/ carer is suffering from post-natal depression.</p>	<p>The parent/carer is suffering from severe post-natal depression and / or post-partum psychosis which is causing serious risk to themselves and their child/ children.</p>
<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 sustained difficulties managing their child's sleeping, feeding or crying but accepts support to resolve these difficulties.</p>	<p>The parent/ carer has sustained difficulties managing their child's sleeping, feeding or crying despite the intervention of support services and refuses to engage with support services and advice provided.</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>
<p><b>3b. Meeting the health needs of the child</b></p>			
<p>The parent/carer understands and is appropriately responsive to the health needs of their child and able to protect from danger and harm.</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>The parent/ carer displays high levels of anxiety regarding their child's health and their response is impacting on the well-being of the child. For example, they are unnecessarily removed from school or prevented from socialising or playing sport.</p> <p>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.</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> <p>There are strong suspicions or evidence that the parent/carer is fabricating or inducing illness in their child.</p>

All the child's needs (e.g. disability, behaviour, long-term conditions) are fully met by the parents.	Parents are meeting the child's needs but require additional help to do so.	One or more child's needs (e.g. disability, behaviour, long-term conditions) are not always met by the parents, with additional support required, and this is having an impact on the day to day lives of the child/children's siblings/parents.	One or more children's needs (e.g. disability, behaviour, long-term conditions) have a significant impact on the day to day lives of the child/children and their siblings and/or parents.
<b>3c. Meeting the educational and employment needs of the child</b>			
The parent/ carer positively supports learning and aspirations and engages with school.	The parent is not engaged in supporting learning aspirations and/ or is not engaging with the school.	The parent does not engage with the school and actively resists suggestions of supportive interventions.	The parent/carers actively discourages or prevents the child from learning or engaging with the school.
The young person is supported to access education, employment or training.	The young person is not supported to access education, employment or training.	The young person is often discouraged from accessing education, employment or training.	The young person is actively obstructed and discouraged from access to education, employment or training.
The child has an appropriate education and opportunities for social interaction with peers.	There is concern that the education the child is receiving does not teach them about different cultures, faiths and ideas or, if it does, is derogatory and dismissive of different faiths, cultures and ideas.	The child is being educated to hold intolerant, extremist views. They are not using public services, such as schools or youth clubs, and are only mixing with other children and adults who hold similar intolerant, extremist views.	The child is being educated by adults who are members of or have links to proscribed organisations – see link below for list of terrorist groups or organisations banned under UK law <a href="http://www.gov.uk/government/publications/proscribed-terror-groups-or-organisations--2">www.gov.uk/government/publications/proscribed-terror-groups-or-organisations--2</a>
<b>3d. Meeting the emotional needs of the child</b>			
The child is provided with an emotionally warm and stable family environment. The parenting generally demonstrates praise, emotional	Parenting often lacks emotional warmth and/or can be overly critical and/or inconsistent. The parent shows a level of	The family environment is volatile and unstable. For example, parenting is intolerant, critical, inconsistent, harsh or rejecting and	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

warmth and encouragement.	ambivalence towards the child and is emotionally 'unavailable'.	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.	other forms of exploitation either as a perpetrator or victim.
There is a warm and supportive relationship between the parent/carer and the child which supports the child's emotional, behavioural and social development.	Frequent periods of relationship difficulties impact on the child's development.	Relationship difficulties between the child and parent/ carer significantly inhibits the child's emotional, behavioural and social development which if unaddressed could lead to relationship breakdown.	Relationships between the child and parent/carer have broken down to the extent that the child is at risk of significant harm. For example, the parent/carer rejects their child from home.
The parent/ carer sets consistent boundaries and give guidance.	The parent/ carer struggles to set age appropriate boundaries and has difficulties maintaining their child's routine.	The parent/ carer is unable to judge dangerous situations and/or is unable to set appropriate boundaries.	The parent/ carer is unable to judge dangerous situations and/or is unable to set appropriate boundaries and their child is frequently exposed to dangerous situations in the home and / or community. The child is increasingly beyond parental control and any attempts are futile.
There is a positive family network and good friendships outside the family unit.	There is a significant lack of support from the extended family network which is impacting on the parent's capacity.	There is a weak or negative family network. There is destructive or unhelpful involvement from the extended family.	The family network is in itself dangerous and or harmful. This has broken down or is highly volatile and is causing serious adverse impact to the child.
The child is not privately fostered. OR The child is privately fostered by adults who can provide for their needs and there are no safeguarding concerns. The local authority has been notified as per the requirements of 'The Children	There is some concern about the private fostering arrangements in place for the child.	There is some concern about the private fostering arrangements in place for the child, and that there may be issues around the carers' treatment of the child. And/or the local authority hasn't	There is concern that the child is a victim of CSE, domestic slavery, or being physically abused in their private foster placement.

(Private Arrangements For Fostering) Regulations 2005'.		been notified of the private fostering arrangement.	
	A child is known to live with an adult or older child who has extreme views. The child either doesn't express support for these views or is too young to express such views themselves.	A child is taken to demonstrations or marches where violent, extremist and/or age inappropriate imagery or language is used.	The child, their parents/carers or other close family members or friends are members of proscribed organisations.
	A child is known to live with an adult or young person who has extreme views and the child has unsupervised access to computers which means they may view violent extremist imagery which the adults or young people have been viewing.	A child is being sent violent extremist imagery by family members/ family friends or is being helped to access it. Parents/carers either don't challenge this activity or appear to endorse it.	A child is circulating violent extremist images and is promoting the actions of violent extremists and/or saying that they will carry out violence in support of extremist views.
	The child and/or their parents/carers express strong support for a particular extremist organisation or movement but do not express any intention to be actively involved.	The child and/or their parents/carers express strong support for extremist views and a generalised, non-specific intention to travel to a conflict zone in support of those views.	The child and/or their parents/carers are making plans to travel to a conflict zone and there is evidence to suggest that they are doing so to support or participate in extremist activities.
<b>3e. Meeting the practical needs of the child</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/carers has consistently failed to provide appropriate or adequate provisions for food, drink, warmth and shelter.

The parent/carer provides appropriate clean, clothing.	The carer gives consideration to the provision of clean, age appropriate clothes to meet the needs of the child, but their own personal circumstances can get in the way of ensuring their child has these clothes.	Carer(s) neglect their child physically through their indifference to the importance of providing clean, age appropriate clothes for the child. This impacts on the child and prevents them meeting developmental milestones.	The parent /carer neglects their child physically and/or emotionally for example providing dirty or inappropriate clothing and this causes the child severe distress and/or prevents them meeting their developmental milestones.
The parent/carer provides for all the child's material needs	The parent/carer is sometimes neglectful of the child's material needs and this could make them vulnerable to peers or adults who offer them clothes, foods etc in return for favours.	Parent/carer has been/is often neglectful of the child's material needs and this is having a negative impact on the child who may, for example, be socially isolated because of their old or dirty clothing or may be involved in petty theft to get clothes etc. This puts them at risk of grooming for criminal or/ and sexual exploitation.	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.
<b>3f. Domestic abuse</b>			
The expectant mother or parent/carer is not in an abusive relationship.	The expectant mother/ parent/carer is a victim of occasional or low-level non- physical abuse.	The expectant mother / parent/carer has previously been a victim of domestic abuse and is a victim of occasional or low-level non-physical abuse.	The expectant mother/parent/carer is a victim of domestic abuse which has taken place on several occasions.

<p>There are no incidents of violence in the family and no history or previous assaults by family members.</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.</p>	<p>One or more members of the family is physically and emotionally abusive to another adult member/s of the family. The perpetrator/s show limited or no commitment to changing their behaviour and little or no understanding of the impact their violence has on the child. The perpetrator is emotionally harming the child/ren who witness or are otherwise aware of the violence.</p>	<p>One or more members of the family is a perpetrator of persistent and/or serious physical violence which may also be increasing in severity, frequency or duration. The perpetrator is emotionally harming the child/ren who witness or are otherwise aware of the violence. The children may also be at risk of physical violence if, for example, they seek to protect the adult victim.</p>
<p>There are no incidents of violence in the family and no history or previous assaults by family members.</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.</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 are suffering emotional harm as a result. They are starting to exhibit behaviours that suggest they are at risk of becoming perpetrators or victims of abuse including CSE.</p>	<p>The child is at high risk of or is already either a perpetrator or a victim of serious abusive behaviour, including child exploitation.</p>

<b>3g. Parental and family health issues and disability</b>			
<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>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>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>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>There is no evidence of siblings or other household members misusing drugs or alcohol. NB See Parental factors for assessment of need relating to parental drug/alcohol misuse]</p>	<p>Siblings' or other household members' drug or alcohol mis-use occasionally impacts on the child.</p>	<p>Siblings' or other household members' drug or alcohol mis-use consistently impacts on the child.</p>	<p>Siblings' or other household members' drug or alcohol mis-use is significantly adversely impacting on the child. Risk of repercussions from County line associations and significant drug debts.</p>
<p>The physical or mental health of the parent/carer does not adversely affect the care of the child.</p>	<p>Physical and mental health needs of the parent/carer create an adult focus which at times detracts attention away from the child.</p>	<p>Physical or mental health needs of the parent/ carer is overwhelming and overshadowing the care of their child.</p>	<p>Physical or mental health needs of the parent/carer are profound and enduring This significantly affects the care of their child placing them at risk of significant harm.</p>
<p>The parents/ carers learning disabilities do not adversely affect the care of their child.</p>	<p>The parents/carers learning difficulties occasionally impedes their ability to provide consistent patterns of care but without putting the child at risk.</p>	<p>The parents/ carers learning disabilities are affecting the care of their child and there is an absence of support from extended family and friends.</p>	<p>The parents/ carers learning disabilities are severely affecting the care of their child and placing them at risk of significant harm.</p>

The parent/carer's mental health does not impact the child adversely.	Adult mental health impacts on the care of the child. The carer presents with mental health issues which have sporadic or low-level impact on the child however there are protective factors in place.	Adult mental health impacts on the care of the child. The carer presents with mental health issues which has sporadic or low-level impact on the child and there is an absence of supportive networks and extended family to prevent harm.	Adult mental health is significantly impacting on the care of the child. Any carer for the child presents as acutely mentally unwell and /or attempts significant self-harm and/or the child is the subject of parental delusions.
Where siblings or other members of the family do not have disabilities, serious health conditions or mental health concerns.	Where siblings or other members of the family have disabilities, serious health conditions or mental health concerns which require additional support.	Siblings or other members of the family have a disability or serious health condition, including mental health concerns which impact on the child.	Siblings or other members of the family have disabilities, health conditions or mental health concerns that are seriously impacting on the child, for example causing neglect, putting them at risk of significant harm or causing them high levels of stress and emotional anxiety.
<b>3h. Protection from harm: physical or sexual abuse</b>			
The parent/ carer protects their family from danger/ significant harm.	The parent/carer on occasion does not protect their family which if unaddressed could lead to risk or danger.	The parent/carer frequently neglects/is unable to protect their family from danger/significant harm.	The parent/ carer is unable to protect their child from harm, placing their child at significant risk.
The parent/carer does not sexually abuse their child.	There is a history of sexual abuse within the family or network, but the parents respond appropriately to the need to protect the child.	There are concerns around possible inappropriate sexual behaviour from the parent/carer.  A person within the family has expressed thoughts that they may sexually harm a child who they may have access to.	The parent/ carer sexually abuses their child.  There is a risk the parent/carer may sexually abuse their child and they do not accept therapeutic interventions.



<p>There is no evidence of sexual abuse.</p>	<p>There are concerns relating to inappropriate sexual behaviour in the wider family.</p>	<p>The family home has in the past been used on occasion for drug taking /dealing, prostitution or illegal activities.</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 schedule 1 offender who is a serious risk is in contact with the family.</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>The parent/carer physically chastises their child within legal limits but there is concern that this is having a negative impact on the child’s emotional wellbeing (for example, the child appears fearful of the parent).</p> <p>There is concern that it may escalate in frequency and/or severity as the parent seems highly critical of their child and/or expresses the belief that only physical punishment will have the desired impact on the child’s behaviour.</p> <p>The parent is willing to access professional support to help them to parent more effectively.</p>	<p>The parent/carer physically chastises their child leaving the child with visible bruising, grazes, scratches, minor swellings or cuts – this may result from a loss of control. The parent is willing to access professional support to help them manage their child’s behaviour.</p>	<p>The parent/ carer significantly physically harms child.</p>

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.
<b>3i Criminal or anti-social behaviour</b>			
There is no history of criminal offences within the family.	There is a history of criminal activity within the family.	A criminal record relating to serious or violent crime is held by a member of the family which may impact on the children in the household.	A criminal record relating to serious or violent crime is held by a member of the family which is impacting on the children in the household.
The family members are not involved in gangs.	There is suspicion, or some evidence that the family are involved in gangs.	There is a known involvement in gang activity.	There is a known involvement in gang activity which is impacting significantly on the child and family.
The child does not display any indicators of child exploitation (including CSE and county lines).	The child displays indicators of child exploitation, the parents/carers are aware and acting appropriately and able to safeguard the child.	The child displays indicators of child exploitation, the parents/carers are either not aware or are either unwilling or unable to safeguard the child.	The child is subject to exploitation and not appropriately safeguarded.