



Threshold Document

Continuum

Of

Help and Support

Contents

Introduction	4
The Four Levels of Need	6
No additional needs.....	6
Early help	6
Children with complex multiple needs	6
Children in acute need	6
The Assessment Triangle.....	7
Neglect	9
The Indicators of Possible Need	10
Indicators of Need Matrix [Levels 1 - 4].....	11
Development of the baby, child or young person	11
The child's education and employment.....	11
The child's health.....	12
The child's emotional wellbeing.....	13
The child's behaviour	15
Abuse and neglect.....	18
Environmental Factors	20
Parental and Family Factors	24
Parenting during pregnancy and infancy.....	24
Meeting the health needs of the child.....	25
Meeting the educational and employment needs of the child.....	26
The child has an appropriate education and opportunities for social interaction with peers.....	26
Meeting the emotional needs of the child	26
Meeting the practical needs of the child.....	28
Domestic abuse	29
Parental and family health issues and disability	30

Protection from harm: physical or sexual abuse	32
Criminal or anti-social behaviour	34
Threshold Criteria: Section 47, Section 20, Section 31	35
Section 47, Children Act 1989: Child Protection enquiries [Level 4]	35
Section 20, Children Act 1989: Child provided with accommodation	37
Section 31, Children Act 1989: Initiation of care proceedings	38
Section 1 Children Act 1989 – The Court Welfare Checklist	39

Background

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 (2015) sets out a clear expectation that local agencies will work together and collaborate to identify children with additional needs and provide support as soon as a problem emerges. Providing early help is far more effective in promoting the welfare of children – and keeping them safe – than reacting later when any problems, for example neglect, may have become more entrenched. The importance of using a child-centred approach in following the child's journey is also emphasised. All services which are provided must be based on a clear understanding of the needs and views of the individual child in their family and community context.

This document provides a framework for professionals who are working with children, young people and families

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

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

This document should be used in conjunction with The London Child Protection Procedures.:

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

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

For some areas of need there may be specialist tools available to assess those needs such as the Neglect toolkit and the CAADA DASH domestic violence risk assessment tool. These are available on the ISCB website on: <http://www.iscb.org.uk>.

Remember – where there is an urgent and immediate need to protect a child, dial 999 to contact the Police. Otherwise for all other children who may be at risk of significant harm, contact Islington Children’s Services Contact Team on 02075277400 as soon as possible.

The Four Levels of Need

No additional needs

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

Early help

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

Children with complex multiple needs

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

Children in acute need

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

The Indicators of Possible Need

The indicators on the following pages are designed to provide practitioners with an overarching view on what level 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 about conducting further assessment, 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 Level Two, the case may be a Level 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 for neglect cases 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.

Reminder- safeguarding and promoting the welfare of children can be defined as:

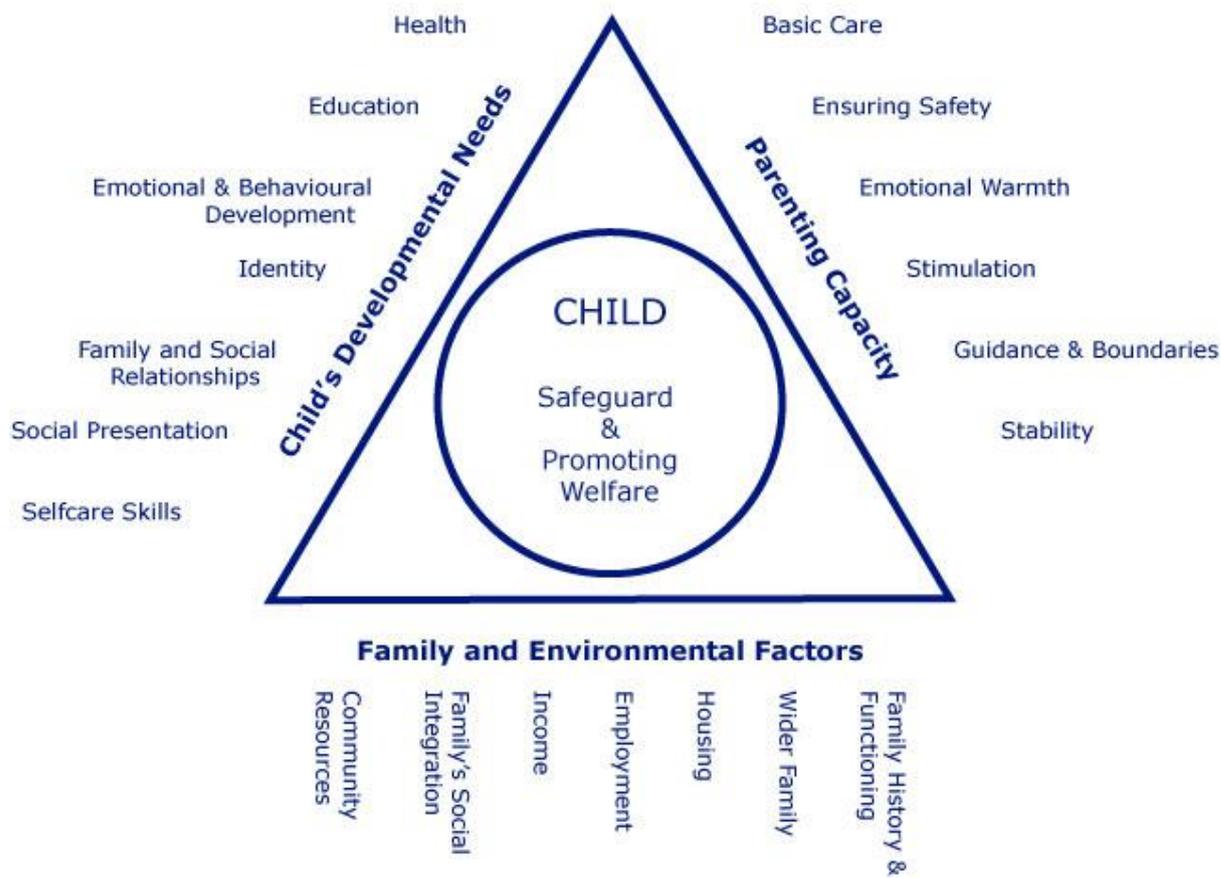
- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

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

The Assessment Triangle

The assessment triangle below should be used to identify the interplay between the three domains to assess the child's needs and form a judgement regarding the level of need.

Assessment Framework



Neglect

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

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 such 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 adequate 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 poor physical appearance, bad 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 or not a child has been neglected, it is important to consider the quality of care they have received over a period of time, 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. In both cases help and support from professionals is essential.

Deciding if a child is neglected can be very hard – even for a trained professional – and it's natural to worry that you may be mistaken. For more information about neglect, go to:

<http://www.iscb.org.uk/neglect>

http://www.nspcc.org.uk/help-and-advice/worried-about-a-child/online-advice/neglect/neglect-a_wda87020.html

http://www.nspcc.org.uk/Inform/research/briefings/childneglect_wda48222.html

<https://www.gov.uk/government/collections/childhood-neglect-training-resources>

Child Sexual Exploitation

Identifying children at risk of sexual exploitation may be complex, and requires analysis of several possible indicators. Local evidence shows that children and young people in Islington are most likely to be sexually exploited by peers or within a gang-related context. For more information about CSE also look at: **Pan-London Child Sexual Exploitation Protocol**.

The Indicators of Possible Need

The indicators on the following pages are designed to provide practitioners with an overarching view on what level 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 Level Two, the case may be a Level 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 London Child Protection Procedures <http://www.londonscb.gov.uk/procedures/> and you must inform your safeguarding lead or line manager.

Indicators of Need Matrix [Levels 1 - 4]

Development of the baby, child or young person

This includes the child’s health, family and social relationships, including primary attachment, and emotional and behavioural development. Some of the indicators will depend on the child’s age. These are guidelines to support practitioners in their decision-making. This is not intended to be a ‘tick box’ exercise and practitioners should use their professional judgement.

Level 1 Children with no additional needs whose health and developmental needs can be met by universal services.	Level 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.	Level 3 Children with complex multiple needs who need statutory and specialist services. A referral to children’s social care is required.	Level 4 Children in acute need. Require immediate referral to children’s social care and/or the police.
The child’s education and employment			
Developmental milestones met	Some developmental milestones are not being met which will be supported by universal services.	Some developmental milestones are not being met which will require support of targeted/specialist services	Developmental milestones are significantly delayed or impaired.
The child possesses age-appropriate ability to understand and organise information and solve problems, and makes adequate academic progress.	The child's ability to understand and organise information and solve problems is impaired and the child is under-achieving or is making no academic progress.	The child's ability to understand and organise information and solve problems is very significantly impaired and the child is seriously under-achieving or is making no academic progress despite learning support strategies over a period of time.	The child's inability to understand and organise information and solve problems is adversely impacting on all areas of his/her development creating risk of significant harm.
The young person is in education, employment or training (EET)	The young person is not in education, employment or training (NEET) or their	The young person refuses to engage with educational or employment opportunities and are increasingly	

	attendance is 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.	
The child's health			
The child is healthy and does not have a physical or mental health condition or disability	The child has a mild physical or mental health condition or disability which affects their everyday functioning but can be managed in mainstream schools. Child may be on school action or action plus/SEN statement Child in hospital.	The child has a physical or mental health condition or disability which significantly affects their everyday functioning and access to education. Child may have SEN statement.	The child has a complex physical or mental health condition or disability which is having an adverse impact on their physical, emotional or mental health and access to education.
The child is healthy, and has access to and makes use of appropriate health and health advice services.	The child rarely accesses appropriate health and health advice services, missing immunisations.	There is no evidence that the child has accessed health and health advice services and suffers chronic and recurrent health problems as a result.	The child has complex health problems which are attributable to the lack of access to health services.
The child undertakes regular physical activities and has a healthy diet.	The child undertakes no physical activity, and/ or has an unhealthy diet which is impacting on their health.	The child undertakes no physical activity and has a diet which seriously impacts on their health despite intensive support from early help services.	Despite support, the child undertakes no physical activity and has a diet which is adversely affecting their health and causing significant harm.
The child has no history of substance misuse or dependency.	The child is known to be using drugs and alcohol frequently with occasional impact on their social wellbeing	The child's substance misuse dependency is affecting their mental and physical health and social wellbeing.	The child's substance misuse dependency is putting the child at such risk that intensive specialist resources are required.

The child's emotional wellbeing			
The child engages in age appropriate activities and displays age appropriate behaviours.	The child is at risk of becoming involved in negative behaviour/ activities - for example anti-social behaviour [ASB] or substance misuse.	The child is becoming involved in negative behaviour/ activities, for example, non-school attendance and as a result may be excluded short term from school. This increases their risk of being involved in ASB, crime, substance misuse and puts them at risk of grooming and exploitative relationships with peers or adults.	The child frequently exhibits negative behaviour or activities that place self or others at imminent risk including chronic non-school attendance. Child may be permanently excluded or not in education which puts them at high risk of CSE.
The child has a positive sense of self and abilities.	The child has a negative sense of self and abilities.	The child has a negative sense of self and abilities to the extent that it impacts on their daily outcomes.	The child has such a negative sense of self and abilities that there is evidence or likelihood that this is causing harm.
The child's positive sense of self and abilities reduces the risk that they will be targeted by peers or adults who wish to exploit them.	The child has a negative sense of self and abilities and suffers with low self-esteem which makes them vulnerable to peers and adults who pay them attention and/or show them affection but do so in order to exploit them.	The child's negative sense of self and low self-esteem has contributed to their involvement with peers and/or adults who are thought to be treating them badly and/or encouraging them to get involved in self destructive and/or anti-social or criminal behaviour.	The child's vulnerability resulting from their negative sense of self and low esteem has been exploited by others who are causing them harm.
The child is emotionally supported by his/her parents/carers to meet their developmental milestones to the best of their abilities.	The child occasionally does not meet developmental milestones due to a lack of emotional support.	The child is unable to meet developmental milestones due to the inability of their parent/carer to emotionally engage with them.	The child's development is being significantly impaired.

The child has not suffered the loss of a close family member or friend	The child has suffered a bereavement recently or in the past and is distressed but receives support from family and friends and appears to be coping reasonably well – would benefit from short term additional support from early help services.	The child has suffered bereavement recently or in the past and doesn't appear to be coping. They appear depressed and/or withdrawn and there is concern that they might be/are self-harming or feeling suicidal.	The child has suffered bereavement and is self-harming and/or disclosing suicidal thoughts.
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.
The child's social development			
The child has strong friendships and positive social interaction with a range of peers	The child has few friendships and limited social interaction with their peers	The child or young person is isolated, and refuses to participate in social activities.	The child or young person is completely isolated, refusing to participate in any activities.
The child is able to communicate with others, engages in positive social interactions and demonstrates positive behaviour in a wide variety of social situations. Child demonstrates respect for others.	The child has communication difficulties and poor interaction with others.	The child has significant communication difficulties. The child interacts negatively with others and demonstrates significant lack of respect for others.	The child has little or no communication skills Positive interaction with others is severely limited.

The child demonstrates accepted behaviour and tolerance towards their peers and others. Where on occasion this is not the case, this is managed through effective parenting and universal services	The child exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community. Support is in place to manage this behaviour.	The child exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community. Early support has been refused, or been inadequate to manage this behaviour.	The child exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community, and which is impacting on their wellbeing or safety.
The child demonstrates feelings of belonging and acceptance	The child is a victim of discrimination or bullying.	The child has experienced persistent or severe bullying which has impacted on his/her daily outcomes.	The child has experienced such persistent or severe bullying that his/her wellbeing is at risk.
The child's behaviour			
The child's activities are legal.	The child has from time to time been involved in anti-social behaviour.	The child is involved in anti-social behaviour and may be at risk of gang involvement.	The child is currently involved in persistent or serious criminal activity and /or is known to be engaging in gang activities.
The child's activities are legal.	The child expresses sympathy for ideologies closely linked to violent extremism but is open to other views or loses interest quickly.	The child expresses beliefs that extreme violence should be used against people who disrespect their beliefs and values.	The child supports people travelling to conflict zones for extremist/ violent purposes or with intent to join terrorist groups The child expresses a generalised non-specific intent to go themselves.
The child demonstrates self-control appropriate with their age and development.	The child from time to time displays a lack of self-control which would be unusual in other children of their age.	The child regularly displays a lack of self-control which would be unusual in other children of their age.	The child displays little or no self-control which seriously impacts on relationships with those around them putting themselves/others at risk.

The child has growing level of competencies in practical and independent living skills.	The child's competencies in practical and independent living skills are at times impaired or delayed.	The child does not possess, or neglects to use, self-care and independent living skills appropriate to their age.	Severe lack of age appropriate behaviour and independent living skills likely to result in significant harm. E.g. bullying, isolation.
The child engages in age appropriate use of internet, gaming and social media.	The child is at risk of becoming involved in negative internet use, lacks control and is unsupervised in gaming and social media applications.	The child is engaged in or victim of negative and harmful behaviours associated with internet and social media use, e.g. bullying, trolling, transmission of inappropriate images. Or is obsessively involved in gaming which interferes with social functioning.	The child is showing signs of being secretive, deceptive and is actively concealing internet and social media activities, e.g. at risk of being groomed for child sexual exploitation or is showing signs of addiction (gaming, pornography).
The child engages in age appropriate use of internet, including social media.	The child is at risk of becoming involved in negative internet use that will expose them to extremist ideology. They have unsupervised access to the internet and have disclosed to adults or peers that they intend research such ideologies although they haven't done so yet. They express casual support for extremist views.	The child is engaged in negative and harmful behaviours associated with internet and social media use. The child is known to have viewed extremist websites and has said s/he shares some of those views but is open about this and can discuss the pros and cons or different viewpoints.	There are significant concerns that the child is being groomed for involvement in extremist activities. The child is known to have viewed extremist websites and is actively concealing internet and social media activities. They either refuse to discuss their views or make clear their support for extremist views.
The child engages in age appropriate activities and displays age appropriate behaviours and self-control.	The child is at risk of becoming involved in negative behaviour/ activities. For example, the child is expressing strongly held and intolerant views towards people who do not share his/her	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	The child expresses strongly held beliefs that people should be killed because they have a different view. The child is initiating verbal and sometimes physical conflict with people who do not share his/her

	religious or political views.	intimidating to peers and/or adults who do not share his/her religious or political views.	religious or political views.
The child engages in age appropriate activities and displays age appropriate behaviours and self-control.	The child is expressing verbal support for extreme views some of which may be in contradiction to British law for example, the child has espoused racist, sexist, homophobic or other prejudiced views and links these with a religion or ideology.	The child has connections to individuals or groups known to have extreme views.	The child has strong links with individuals or groups who are known to have extreme views and/or are known to have links to violent extremism. The child is thought to be involved in the activities of these groups.
The child does not run away from home.	The child has run away from home on one or two occasions or not returned at the normal time.	The child persistently runs away and/or goes missing.	The child persistently runs away and/or goes missing and does not recognise that he/she is putting him/herself at risk.
The child's whereabouts are always known to their parents or carers.	The child has been missing from home on one or two occasions and there is concern about what happened to them whilst they were away.	The child persistently goes missing.	The child persistently goes missing and is engaging in risky behaviours whilst they are away. There is concern they might be being sexually exploited or being drawn into criminal behaviour.
The child does not run away from home.	The child has run away from home on one or two occasions or not returned at the normal time. There is concern that they might have been staying with friends or relatives who have extreme	The child persistently runs away and/or goes missing. There are serious concerns that they are running away in order to spend time with friends or relatives with extreme views and that they being influenced	The child persistently runs away and/or goes missing and does not recognise that s/he is putting him/herself at risk. For example, whilst missing the young person is spending time with people with extremist views and perceives

	views.	by them	these people as teaching her/him the correct way to live and those who don't hold these views as deluded and/or as a threat
The child does not have caring responsibilities.	The child occasionally has caring responsibilities for members of their family and this sometimes impacts on their opportunities.	The child's outcomes are being adversely impacted by their caring responsibilities.	The child's outcomes are being adversely impacted by their unsupported caring responsibilities which have been on-going for a lengthy period of time and are unlikely to end in the foreseeable future.
The child is able to communicate with others, engages in positive social interactions and demonstrates positive behaviour in a wide variety of social situations. Child demonstrates respect for others.	The child expresses intolerant views towards peers and this leads to their being socially isolated.	The child often interacts negatively or has limited interaction with those they perceive as holding different views from themselves. They demonstrate significant lack of respect for others, for example, becoming aggressive with those that do not share their intolerant or extreme views.	Positive interaction with others is severely limited. The child has isolated themselves from peers and/or family because of their extreme and intolerant views. They glorify acts of terrorism and/or believe in conspiracy theories and perceive mainstream society as hostile to themselves. They are frequently aggressive and intimidating towards others who do not share their views or have a lifestyle they approve of.
Abuse and neglect			
The child shows no physical symptoms which could be attributed to neglect.	The child occasionally shows physical symptoms which could	The child consistently shows physical symptoms which clearly indicate	The child shows physical signs of neglect such as a thin or swollen

	indicate neglect such as a poor hygiene or tooth decay.	neglect	tummy, poor skin tone/sores/rashes, prominent joints and bones, poor hygiene or tooth decay which are attributable to the care provided by their parents/carers.
The child is appropriately dressed.	The child or their siblings sometimes come to nursery/ school in dirty clothing or they are unkempt or soiled.	The child or their siblings consistently come to school in dirty clothing which is inappropriate for the weather and/ or they are unkempt or soiled The parents/carers are reluctant or unable to address these concerns.	The child consistently wears dirty or inappropriate clothing and are suffering significant harm as a result [e.g. they are unable to fully participate at school, are being bullied and/or are physically unwell]
The child has injuries, such as bruising on their shins etc., which are consistent with normal childish play and activities.	The child has occasional, less common injuries which are consistent with the parents' account of accidental injury. The parents seek out or accept advice on how to avoid accidental injury.	The child has injuries for example bruising, scalds, burns and scratches, which are accounted for but are more frequent than would be expected for a child of a similar age.	The child has injuries, for example bruising, scalds, burns and scratches, which are not accounted for. The child makes disclosure and implicates parents or older family members.
The child is provided with an emotionally warm and stable family environment.	The child's experiences parenting characterised by a lack of emotional warmth and/ is overly critical and/or inconsistent.	The child experiences a volatile and unstable family environment. and this is having a negative effect on the child who, due to the emotional neglect they have suffered is vulnerable to grooming and/or exploitative relationships with abusive adults or risky peer groups	The child has suffered long term neglect of the emotional needs and, as a result, is now at high risk of, or is already involved in sexual or other forms of exploitation either as a perpetrator or victim

Environmental Factors

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

<p>Level 1 Children with no additional needs whose health and developmental needs can be met by universal services.</p>	<p>Level 2 Children with additional needs that can be met through the provision of ‘early help’ - a referral to children’s social care is NOT required.</p>	<p>Level 3 Children with complex multiple needs who need statutory and specialist services. A referral to children’s social care is required.</p>	<p>Level 4 Children in acute need. Require immediate referral to children’s social care and/or the police.</p>
<p>The family feels integrated into the community.</p>	<p>The family is chronically socially excluded and/ or there is an absence of supportive community networks.</p>	<p>The family is socially excluded and isolated to the extent that it has an adverse impact on the child.</p>	<p>The family is excluded and the child is seriously affected but the family actively resists all attempts to achieve inclusion and isolates the child from sources of support.</p>
<p>The family has a reasonable income over time and financial resources are used appropriately to meet the family's needs.</p> <p>The family are living on a very low income and/or have significant debt but the parents use their limited resources in the best interests of their child/children. The parents maximise their income and resources.</p>	<p>There are concerns that the parents are unable to budget effectively and as a result the child occasionally does not have adequate food, warmth, or essential clothing. However, the parents are working with support services to address these issues.</p>	<p>The family does not use its financial resources in the best interests of the child and the child regularly does not have adequate food, warmth, or essential clothing. For example, expenditure on drug, alcohol, gambling or other addictive behaviours means that there isn’t enough money to meet the child’s basic needs.</p>	<p>The child consistently does not have adequate food, warmth, or essential clothing. The parents are consistently unable to budget effectively and are resisting engagement.</p>

<p>The parent / carer is able to manage their working or unemployment arrangements and do not perceive them as unduly stressful.</p>			
<p>The family's accommodation is stable, clean, warm, and tidy and there are no hazards which could impact the safety or wellbeing of the child. For example the 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>

The neighbourhood is a safe and positive environment encouraging good citizenship.	The neighbourhood or locality is having a negative impact on the child, for example, the child is known to be part of a group or associated with a group which is involved in anti-social behaviour – including sexual and other forms of harassment	The neighbourhood or locality is having a negative impact on the child who is sometimes participating in anti-social behaviour [including sexual and other forms of harassment] or is present in a group when others do so.	The neighbourhood or locality is having a profoundly negative effect on the child who is frequently involved in anti-social behaviour and criminal activity including, for example, sexual and other forms of harassment or assault
The family is legally entitled to live in the country indefinitely and has full rights to employment and public funds.	The family's legal entitlement to stay in the country is temporary and/or restricts access to public funds and/or the right to work placing the child and family under stress.	The family's legal status puts them at risk of involuntary removal from the country (e.g. asylum-seeking families or illegal workers) OR having limited financial resources/no recourse to public funds increases the vulnerability of the children to criminal activity (e.g. illegal employment, child labour, CSE).	Family members are being detained and at risk of deportation or the child is an unaccompanied asylum-seeker. There is evidence that a child has been exposed or involved in criminal activity to generate income for the family (e.g. illegal employment, child labour, CSE).
The child is legally entitled to live in the country indefinitely and has full rights to education and public funds.	The child's legal entitlement to stay in the country is temporary and/or restricts access to public funds placing the child under stress.	The child's legal status as, for example, an asylum-seeker or an illegal migrant who may have been trafficked puts them at risk of involuntary removal from the country. Their immigration status means they have limited financial resources/no recourse to public funds and increases their vulnerability to criminal activity (e.g.	There is evidence that a child has been exposed to or involved in criminal activity either as a result of being trafficked into the country or to support themselves (e.g. illegal employment, child labour, CSE).

		illegal employment, child labour, CSE).	
The child and their family have no links to proscribed organisations. See link below for list of terrorist groups or organisations banned under UK law https://www.gov.uk/government/publications/proscribed-terror-groups-or-organisations--2	The child and/or their parents/carers have strong links to proscribed organisations	Family members, family friends or friends of the child have strong links with proscribed organisations.	The child, their parents/carers or other close family members or friends are members of proscribed organisations.
The child spends time in safe and positive environments outside of the home.	The child is known to be/have been a victim or perpetrator of bullying and/or is part of a group or associated with a group which bullies others.	The child is a repeated victim and/or perpetrator of bullying including sexual or other targeted forms of bullying.	The child is a victim of serious and/or repeated and/or escalating acts of bullying, including sexual bullying.

Parental and Family Factors			
Including basic care, emotional warmth, stimulation, guidance and boundaries, stability and parenting styles and attitudes, and whether these meet the child's physical, educational, emotional and social needs. These are guidelines to support practitioners in their decision-making. This is not intended to be a 'tick box' exercise and practitioners should use their professional judgement.			
Level 1 Children with no additional needs whose health and developmental needs can be met by universal services.	Level 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.	Level 3 Children with complex multiple needs who need statutory and specialist services. A referral to children's social care is required.	Level 4 Children in acute need. Require immediate referral to children's social care and/or the police.
Parenting during pregnancy and infancy			
The parent/carer accesses ante-natal and/or post-natal care	The parent/carer demonstrates ambivalence to ante-natal and post-natal care with irregular attendance and missed appointments.	The parent/ carer is not accessing ante-natal and/ or post-natal care.	The parent neglects to access ante natal care and is using drugs and alcohol excessively whilst pregnant. AND/OR The parent neglects to access ante natal care where there are complicating obstetric factors that may pose a risk to the unborn child or new born child.
The parent/carer is coping well emotionally following the birth of their baby and accessing universal support services where required.	The parent/carer is struggling to adjust to the role of parenthood.	The parent/ carer is suffering from post-natal depression.	The parent/carer is suffering from severe post-natal depression which is causing serious risk to themselves and their child/ children.
The parent/carer is able to manage their child's sleeping feeding and crying and is appropriately	The parent/ carer has sustained difficulties managing their child's sleeping, feeding or crying but accepts support to resolve these	The parent/ carer has sustained difficulties managing their child's sleeping, feeding or crying despite the intervention of support services	The parent/carer is unable to manage their child's sleeping, feeding or crying, and is unable or unwilling to engage with health

responsive.	difficulties.	or refuses to engage with support services.	professionals to address this, causing significant adverse impact on the child.
Meeting the health needs of the child			
The parent/carer understands and is appropriately responsive to the health demands of their child.	The parent/ carer displays high levels of anxiety regarding their child's health and their response is beginning to impact on the well-being of the child.	The parent/ carer displays high levels of anxiety regarding their child's health and their response is impacting on the well-being of the child. For example, they are unnecessarily removed from school or prevented from socialising or playing sport. There are some indications that the parent/carer's concerns for the health of the child are unrelated to any physical or mental symptoms of illness.	The parent/carers' level of anxiety regarding their child's health is significantly harming the child's development. For example, their attendance at school is poor and/or they are socially isolated. There are strong suspicions or evidence that the parent/carer is fabricating or inducing illness in their child.
All the child's needs (e.g. disability, behaviour, long-term conditions) are fully met by the parents.	Parents are meeting the child's needs but require additional help in order to do so.	One or more child's needs (e.g. disability, behaviour, long-term conditions) are not always met by the parents, with additional support required, and this is having an impact on the day to day lives of the child/children's siblings/parents.	One or more children's needs (e.g. disability, behaviour, long-term conditions) have a significant impact on the day to day lives of the child/children and their siblings and/or parents.

Meeting the educational and employment needs of the child			
The parent/ carer positively supports learning and aspirations and engages with school.	The parent is not engaged in supporting learning aspirations and/or is not engaging with the school.	The parent does not engage with the school and actively resists suggestions of supportive interventions.	The parent/carer actively discourages or prevents the child from learning or engaging with the school.
The young person is supported to success in the labour market.	The young person is not supported to success in the labour market.	The young person is often discouraged from success in the labour market.	The young person is actively obstructed and discouraged from success in the labour market.
The child has an appropriate education and opportunities for social interaction with peers.	There is concern that the education the child is receiving does not teach them about different cultures, faiths and ideas or, if it does, is derogatory and dismissive of different faiths, cultures and ideas.	The child is being educated to hold intolerant, extremist views. They are not using public services, such as schools or youth clubs, and are only mixing with other children and adults who hold similar intolerant, extremist views.	The child is being educated by adults who are members of or have links to proscribed organisations – see link below for list of terrorist groups or organisations banned under UK law https://www.gov.uk/government/publications/proscribed-terror-groups-or-organisations--2
Meeting the emotional needs of the child			
The child is provided with an emotionally warm and stable family environment. The parenting generally demonstrates praise, emotional warmth and encouragement.	Parenting often lacks emotional warmth and/or can be overly critical and/or inconsistent.	The family environment is volatile and unstable. For example, parenting is intolerant, critical, inconsistent, harsh or rejecting and this is having a negative effect on the child who, due to the emotional	The child has suffered long term neglect of their emotional needs and, as a result, is now at high risk of, or is already involved in sexual or other forms of exploitation either as a perpetrator or victim

		neglect they have suffered is vulnerable to grooming and/or exploitative relationships with abusive adults or risky peer groups	
There is a warm and supportive relationship between the parent/carer and the child which supports the child's emotional, behavioural and social development.	Occasional periods of relationship difficulties impact on the child's development.	Relationship difficulties between the child and parent/ carer significantly inhibits the child's emotional, behavioural and social development which if unaddressed could lead to relationship breakdown.	Relationships between the child and parent/carer have broken down to the extent that the child is at risk of significant harm. For example, the parent/carer rejects their child from home.
The parent/ carer sets consistent boundaries and give guidance.	The parent/ carer struggles to set age appropriate boundaries and has difficulties maintaining their child's routine.	The parent/ carer is unable to judge dangerous situations and/or is unable to set appropriate boundaries.	The parent/ carer is unable to judge dangerous situations and/or is unable to set appropriate boundaries and their child is frequently exposed to dangerous situations in the home and / or community.
There is a positive family network and good friendships outside the family unit.	There is a significant lack of support from the extended family network which is impacting on the parent's capacity.	There is a weak or negative family network. There is destructive or unhelpful involvement from the extended family.	The family network has broken down or is highly volatile and is causing serious adverse impact to the child.
The child is not privately fostered. OR The child is privately fostered by adults who are able to provide for his/her needs and there are no safeguarding concerns. The local	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.

authority has been notified as per the requirements of 'The Children (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.
Meeting the practical needs of the child			
The parent/ carer makes appropriate	The parent/ carer occasionally	The parent/ carer regularly makes	The parent/carers has consistently

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

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

Parental drug and alcohol use does not impact on parenting.	developmental milestones but there are concerns that this might not continue if parental drug and alcohol use continues or increases.	home, the child feeling unable to invite friends to the home, the child worrying about their parent/ carer.	parenting. This could include blackouts, confusion, severe mood swings, drug paraphernalia not stored or disposed of, using drugs/ alcohol when their child is present, involving the child in procuring illegal substances, and dangers of overdose.
There is no evidence of siblings or other household members misusing drugs or alcohol. Nb See Parental factors for assessment of need relating to parental drug/alcohol misuse]	Siblings' or other household members' drug or alcohol mis-use occasionally impacts on the child.	Siblings' or other household members' drug or alcohol mis-use consistently impacts on the child.	Siblings' or other household members' drug or alcohol mis-use is significantly adversely impacting on the child.
The physical or mental health of the parent/carer does not affect the care of the child.	Physical and mental health needs of the parent/carer create an adult focus which at times detracts attention away from the child.	Physical or mental health needs of the parent/ carer is overshadowing the care of their child.	Physical or mental health needs of the parent/carer significantly affect the care of their child placing them at risk of significant harm.
The parents/ carers learning disabilities do not affect the care of their child.	The parents/carers learning difficulties occasionally impedes their ability to provide consistent patterns of care but without putting the child at risk.	The parents/ carers learning disabilities are affecting the care of their child.	The parents/ carers learning disabilities are severely affecting the care of their child and placing them at risk of significant harm.
The parent/carer's mental health does not impact the child adversely.	Adult mental health impacts on the care of the child. The carer presents with mental health issues which have sporadic or low level impact on the child however there are	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	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

	protective factors in place.	family to prevent harm.	parental delusions.
Where siblings or other members of the family do not have disabilities, serious health conditions or mental health concerns.	Where siblings or other members of the family have disabilities, serious health conditions or mental health concerns which require additional support.	Siblings or other members of the family have a disability or serious health condition, including mental health concerns which impact on the child.	Siblings or other members of the family have disabilities, health conditions or mental health concerns that are seriously impacting on the child, for example causing neglect, putting them at risk of significant harm or causing them high levels of stress and emotional anxiety.
Protection from harm: physical or sexual abuse			
The parent/ carer protects their family from danger/ significant harm.	The parent/carer on occasion does not protect their family which if unaddressed could lead to risk or danger.	The parent/carer frequently neglects/is unable to protect their family from danger/significant harm.	The parent/ carer is unable to protect their child from harm, placing their child at significant risk.
The parent/carer does not sexually abuse their child.	There is a history of sexual abuse within the family or network but the parents respond appropriately to the need to protect the child.	There are concerns around possible inappropriate sexual behaviour from the parent/carer. Parent or carer has expressed thoughts that they may sexually abuse their child but are willing to engage in therapeutic support.	The parent/ carer sexually abuses their child. There is a risk the parent/carer may sexually abuse their child and he/she does not accept therapeutic interventions.
There is no evidence of sexual abuse.	There are concerns relating to inappropriate sexual behaviour in	The family home has in the past been used on occasion for drug taking /dealing, prostitution or illegal	The family home is used for drug taking and/or dealing, prostitution

	the wider family.	activities.	and illegal activities. The child is being sexually abused/exploited. A schedule 1 offender who is a serious risk is in contact with the family.
<p>The parent/carer does not physically harm their child.</p> <p>The parent uses reasonable physical chastisement that is within legal limits – that is they do not leave the child with visible bruising, grazes, scratches, minor swellings or cuts.</p>	<p>The parent/carer physically chastises their child within legal limits but there is concern that this is having a negative impact on the child’s emotional wellbeing (for example, the child appears fearful of the parent).</p> <p>There is concern that it may escalate in frequency and/or severity as the parent seems highly critical of their child and/or expresses the belief that only physical punishment will have the desired impact on the child’s behaviour.</p> <p>However, The parent is willing to access professional support to help them manage their child’s behaviour.</p>	<p>The parent/carer physically chastises their child leaving the child with visible bruising, grazes, scratches, minor swellings or cuts – this may result from a loss of control. The parent is willing to access professional support to help them manage their child’s behaviour.</p>	<p>The parent/ carer significantly physically harms child.</p>
<p>There is no concern that the child may be subject to harmful traditional practices such as FGM,</p>	<p>There is concern that the child is in a culture where harmful practices are known to have been performed</p>	<p>There is concern that the child may be subject to harmful traditional practices.</p>	<p>There is evidence that the child may be subject to harmful traditional practices.</p>

HBV, Forced marriage and Belief in Spirit possession.	however parents are opposed to the practices in respect of their children.		
Criminal or anti-social behaviour			
There is no history of criminal offences within the family.	There is a history of criminal activity within the family.	A criminal record relating to serious or violent crime is held by a member of the family which may impact on the children in the household.	A criminal record relating to serious or violent crime is held by a member of the family which is impacting on the children in the household.
The family members are not involved in gangs.	There is suspicion, or some evidence that the family are involved in gangs.	There is a known involvement in gang activity.	There is a known involvement in gang activity which is impacting significantly on the child and family.

Threshold Criteria: Section 47, Section 20, Section 31

In addition the following threshold Criteria also apply.

Section 47, Children Act 1989: Child Protection enquiries [Level 4]
The table below is an indicator guide of the type of circumstances which would lead to a S47 assessment. This table is intended as a guide and is not exhaustive. Reference should also be made to the London Child Protection Procedures 5th edition. http://www.londonscb.gov.uk/procedures/
Any allegation of abuse or neglect or any suspicious injury in a pre- or non-mobile child.
Allegations or suspicions about a serious injury / sexual abuse to a child.
Two or more minor injuries in pre-mobile or non-verbal babies or young children (including disabled children).
Inconsistent explanations or an admission about a clear non-accidental injury.
Repeated allegations or reasonable suspicions of non-accidental injury.
A child being traumatised injured or neglected as a result of domestic violence.
Repeated allegations involving serious verbal threats and/or emotional abuse.
Allegations / reasonable suspicions of serious neglect.
Medical referral of non-organic failure to thrive in under-fives. .
Direct allegation of sexual abuse made by child or abuser's confession to such abuse.
Any allegation suggesting connections between sexually abused children in different families or more than one abuser.
An individual (adult or child) posing a risk to children.

Any suspicious injury or allegation involving a child subject of a current child protection plan or looked after by a local authority.

No available parent and child vulnerable to significant harm (e.g. an abandoned baby).

Suspicion that child has suffered or is at risk of significant harm due to fabricated or induced illness.

Child/ren subject of parental delusions.

A child at risk of sexual exploitation or trafficking.

Pregnancy in a child aged under 13.

A child at risk of FGM, honour based violence or forced marriage.

Section 20, Children Act 1989: Child provided with accommodation

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

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

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

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

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

Section 31, Children Act 1989: Initiation of care proceedings

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

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

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

'Health' means physical or mental health; and

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

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

Section 1 Children Act 1989 – The Court Welfare Checklist
<i>The welfare checklist to which courts will have regard when deciding whether to make an order in respect of a child:</i>
The ascertainable wishes and feelings of the child concerned (considered in the light of his/her age and understanding);
His/her physical, emotional and educational needs;
The likely effect on him/her of any change in his/her circumstances;
His/her age, sex, background and any characteristics which the court considers relevant;
Any harm which s/he has suffered or is at risk of suffering;
How capable each of his/her parents, and any other person in relation to whom the court considers the question to be relevant, is of meeting his/her needs;
The range of powers available to the court under the Children Act 1989.

The Islington Children’s Services Contact Team (CSCT) Members of the public and professionals requiring advice have access to a wide range of professionals in the CSCT for consultation and advice. CSCT is the single point of contact for all family support and safeguarding services. Professional referrers should normally carry out an early help assessment using the Common Assessment Framework (CAF) to identify whether there are needs that should be met by more than one agency. CSCT will receive the CAF securely via the e-CAF system and will then 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 through the e-CAF system to the CSCT 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 CSCT.

Document status:	Current
Document security	0
Document name:	2015.05.21 ISCB Threshold Document
Document path:	S:\SAFEGUARDING & QUALITY ASSURANCE (Restricted)\Islington Safeguarding Children Board\ISCB Sub Groups\ISCB Policy and Practice\ISCB Threshold\2015.05.21 ISCB Threshold Document.doc
Changes:	1. Changed reference from WT 2013 to WT2015