

# CITY OF LONDON CORPORATION **THRESHOLDS OF NEED**



city & hackney  
safeguarding  
children board





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# 1 Introduction

Children need good quality support and help at the earliest stages of life and when problems arise to prevent their situation becoming worse. Most children grow up without needing more than the help of universal services. However, some children at different stages of their life journey may have additional needs which require tailored plans of support from different agencies so that they can grow up successfully in secure, healthy home environments. The City and Hackney Safeguarding Children Board (CHSCB) expects that all practitioners working with families know how to identify children who have additional needs and know how to make a referral for early help, using the City of London Multi-Agency Referral Form (see Appendix 1).

The City and Hackney Safeguarding Children Board has set out a Continuum of Need model which ranges from children who have no additional needs to those whose needs are acute. This continuum is supported by agencies offering a graduated range of support from universal to specialist services.

Children might move up and down the Continuum of Need at different stages of their lives, and children will need a varying level of support depending on what their needs are on the continuum.

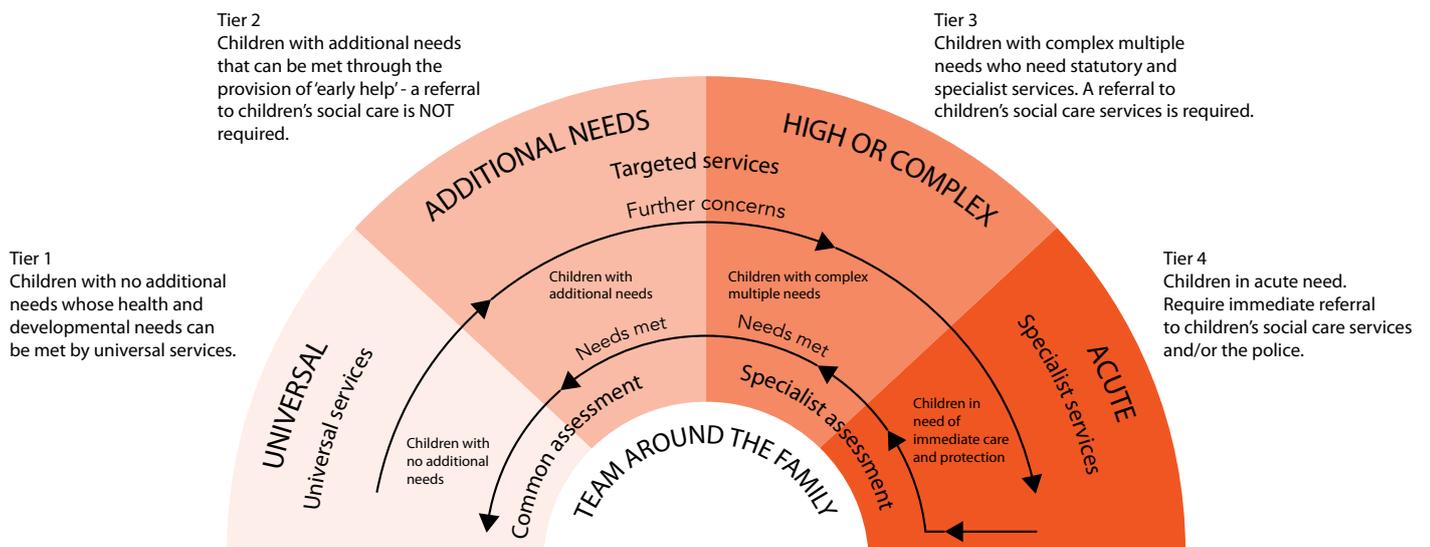


Figure 1: The Continuum of Need model

# 2

## The Continuum of Need

### Tier 1 – Universal

Most children at this level will be healthy, safe, have access to appropriate education or play activities, be engaged citizens of the community and have aspirations for their future. They will be supported through the care of their families with the support of universal services (schools, GPs, Children's Centres etc.) and, as such, will be considered to be in the Tier 1 threshold.

However, at particular times in their lives some children may require additional services to address a specific need over a time-limited period. A practitioner may wish to seek advice from their own agency and/or partner agency in order to address the need of the child appropriately. In these circumstances consent of the family is required.

If a child has a specific single additional need that can be met by a referral to a service within the practitioner's own agency or to a partner agency, for example a referral to podiatry or speech and language therapy, then it is not necessary to complete a City of London Corporation Multi-Agency Referral Form (MARF).

### Tier 2 – Additional Needs

Children and young people who are unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development, without the provision of services, should be considered under the Tier 2 threshold. At this stage, a City of London Corporation Multi-Agency Referral should be undertaken with the child/young person and parent/carer and sent to the duty social worker within the Children and Families Team at the City of London Corporation. Consent must be obtained in order to complete the assessment and to share information across services. If the case meets the threshold for a Tier 2 service, an Early Help worker will be appointed to complete a holistic Multi-Agency Common Assessment to identify the child's needs and will develop a multi-agency plan with the family.

If consent is withheld to share information and/or complete a City of London Corporation Multi-Agency Referral Form (MARF), single agency services should still be offered to the child/young person.

If the professional is concerned that the family needs more support than a single agency can offer and require support/services from partner agencies, for example education and/or children's social care, the worker should discuss the case with their designated professional, and/or their line manager, and with the family in order to gain their consent for a multi-

agency integrated support package to be put in place. If consent is withheld at Tier 2 to complete a City of London Corporation Multi-Agency Referral Form (MARF) and/or share information across agencies, the professional should discuss the case with their designated professional and/or their line manager, to ensure that everything is being done to engage the family and gain their trust. Please note that a single agency service should still continue to be offered at Tier 2.

### Tier 3 – High or complex

This is the level at which a coordinated multi-agency response is required due to the child/young person's complex or multiple needs. In these cases, a City of London Corporation Multi-Agency Referral Form (MARF) must be completed with the consent of the parent/s and sent to the Children and Families Team. The duty social worker with the Team Manager will review the information and decide whether it meets the criteria for Tier 3 as a Child in Need. If it meets the threshold for a Child in Need, a social worker will be allocated, a single assessment will be completed and Child in Need meetings will be held to develop and review progress of the multi-agency support plan. Parents/carers participation, and that of children (where they are of an age and level of understanding) should be encouraged and facilitated in the whole process and they should be invited to the Child in Need meetings.

Engaging parents/carers is a vital component in securing good outcomes for children. If consent is withheld at Tier 3 to complete a City of London Corporation Multi-Agency Referral Form (MARF) and/or share information across agencies, the worker should discuss this with their line manager and/or designated professional to ensure everything is being done to engage the family and gain their trust.

Within Tier 3, there are a group of children with more complex needs who may be considered to be at the higher end of Tier 3. Some of these children may require a statutory service to prevent them from suffering significant harm, and may move to the Tier 4 threshold. In these cases it may be possible to dispense with parental consent where it is withheld and make a section 47 referral to children's social care services. If in doubt discuss (without providing names) with the duty social worker who can advise whether the case would meet the criteria for the Tier 4 threshold.

### Tier 4 – Acute

This is a small group of children/young people who will have needs which may meet the threshold for statutory intervention. Those with complex or acute needs include:

- children who are, or need to be, the subject of a child protection enquiry/plan
- children for whom adoption is the plan
- children who are Looked After by the local authority
- children with severe and complex educational needs
- children with complex disabilities/health needs
- children diagnosed with mental health problems
- young offenders involved with youth justice services etc.

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

# 3

## How to make a referral for Early Help or Safeguarding

When a professional identifies a child or young person who needs to be safeguarded, or who has additional needs which require support from more than one agency, they must complete a City of London Corporation Multi-Agency Referral Form (MARF – see Appendix 1) and send it to the duty social worker at the Children and Families Team once they have obtained consent.

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

### Consent

All referrals for Tiers 2 and 3 must be made with parental consent or the child's consent, where the child is of an age and understanding to give it.

Professionals should also normally seek consent to share information for Tier 4 referrals, except where this would place the child at potential risk of harm, or compromise a police investigation (for example allegations of parental sexual abuse, or suspicions of fabricated or induced illness). If consent is withheld for a Tier 4 referral, the practitioner should consider with their Designated Safeguarding Lead whether they have grounds to override consent in order to protect the child. Where a referral is necessary to protect the child, practitioners will have a legal basis to share information without parental consent.

All referrals – both early help and statutory social work services – should be sent to the duty worker. Referrals must be made by telephone, and backed up with an email using the completed City of London Corporation Multi-Agency Referral Form (MARF – Appendix 1).

The duty manager will then decide the most appropriate level of support and/or assessment needed, and will contact the referrer back on the same day to confirm receipt and say what decision has been taken. If the referrer has not received a call back they must contact the duty worker by telephone to ensure that the referral has been received.

Office hours: City of London Corporation Children and Families team  
Telephone 020 7332 3621/1620/3394 and send the completed referral form (password protected) to: [DCCSDutyF&YPTeam@cityoflondon.gov.uk](mailto:DCCSDutyF&YPTeam@cityoflondon.gov.uk)

Emergencies Out of Hours: Emergency Duty Team  
[edt.cyps@hackney.gov.uk](mailto:edt.cyps@hackney.gov.uk) or 0208 356 2346 or 0208 356 2710

When the duty social worker in the Children and Families team receives the City of London Corporation Multi -Agency Referral Form (MARF), the duty social worker will verify if the child is known to other services, involve other practitioners and decide what further action is needed. This could be a number of options:

- either no further action
- or allocate the case for Early Help (Tier 2) to an Early Help worker who will complete the Common Assessment Framework (CAF)
- or allocate the case as Child in Need (Tier 3) to complete a Single Assessment
- or convene a strategy meeting and pursue a section 47 investigation (Tier 4).

In all cases where the case is allocated Tier 2 to 4 then a social worker or Early Help professional (where appropriate) will assume the role of Lead Professional.

However, if after completing the City of London Corporation Multi-Agency Referral Form (MARF), the decision by Social Care is that it does not meet the threshold and that no further action is required, the agency who completed the referral must continue to monitor the child or young person's situation. If the child's needs increase or the situation deteriorates then the agency must re-refer.

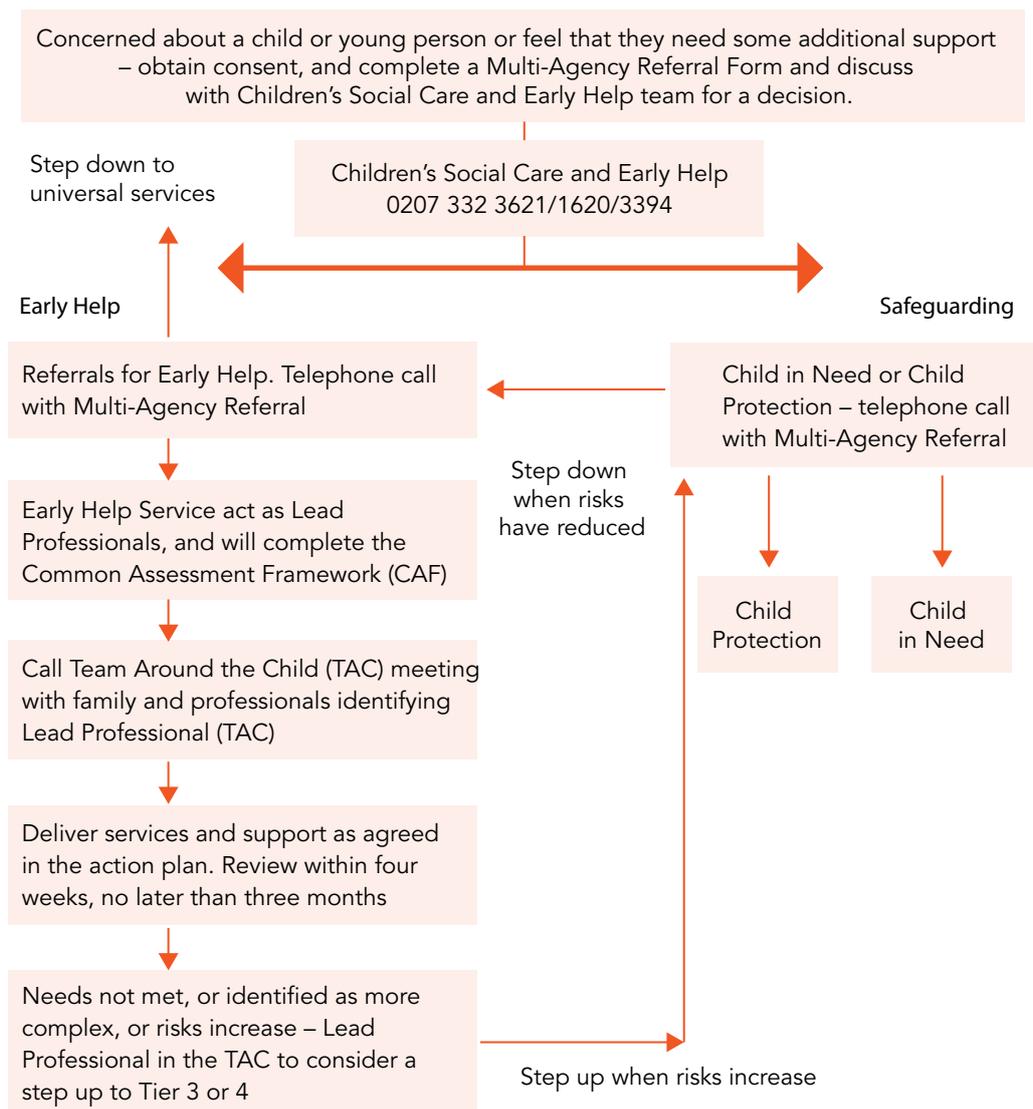
"When a professional identifies a child or young person who needs to be safeguarded, or who has additional needs which require support from more than one agency, they must complete a City of London Corporation Multi-Agency Referral Form (MARF)."

# 4 Escalating concerns

Safeguarding is everyone’s responsibility and front-line staff need confidence in talking with each other about decisions that have been made, discussing concerns about those decisions and, when there isn’t agreement, escalating those concerns if appropriate.

and it is vital front-line staff are encouraged to be professionally curious and raise issues when they feel their concerns for children and young people are not being tackled. For more information on escalation and how to resolve professional differences, refer to the City and Hackney Safeguarding Children Board (CHSCB) Escalation Policy (see Appendix 2).

Equally important is the culture of how we work



Pathways to Early Help and Safeguarding Services

# 5

## The Common Assessment, the Team Around the Child (TAC) and the Early Help Plan

When a child or young person’s needs suggest they could benefit from early help services, the City of London Corporation’s Early Help team will lead and complete a Common Assessment. This means a child’s needs are considered to be at the Tier 2 threshold in the Continuum of Need model.

The Common Assessment is produced with the family, including discussions with the child and other practitioners. It is a three-step process – prepare, discuss, deliver – designed to help practitioners gather and understand information about the needs and strengths of the child and its family. The City has a multi-agency approach to

common assessments so this will normally involve all the professionals and agencies who work with the child and their family.

The assessment will consider the child’s needs holistically, drawing on multi-agency knowledge, expertise and information. It will consider all three dimensions of the Assessment Framework (see figure 2). The assessment will be used to inform an inter-agency work plan with the family that sets out what additional support the family and child will receive in order to achieve good outcomes for the child.

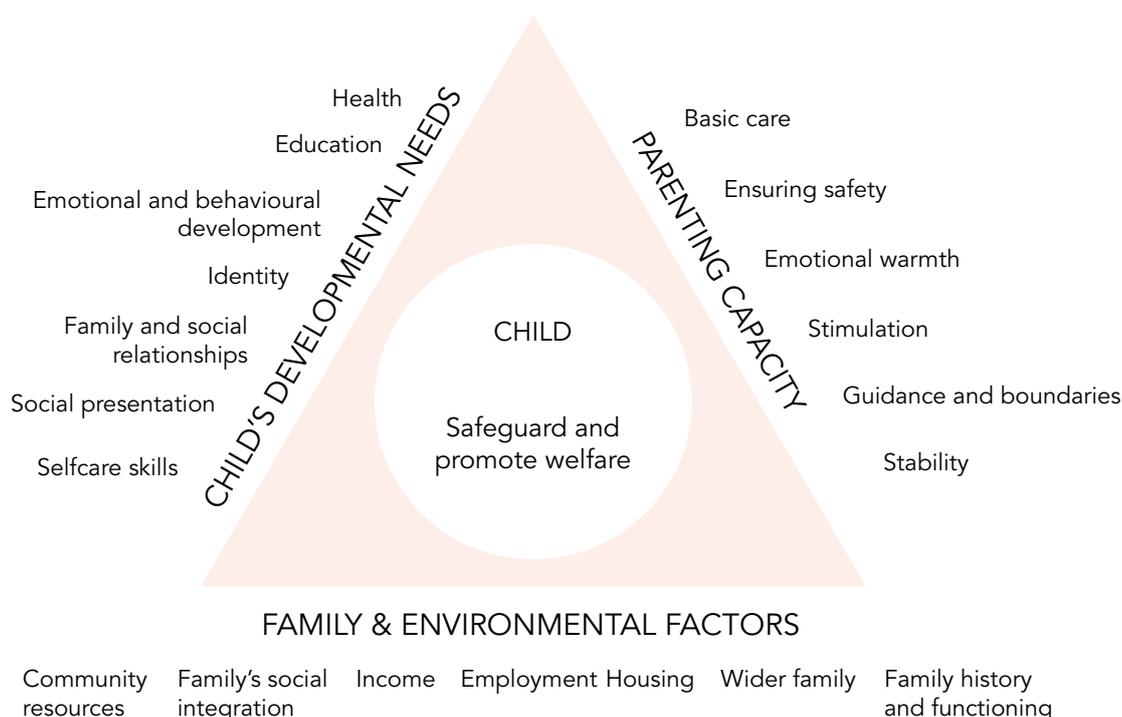


Figure 2: The Assessment Framework

## The Team Around the Child and the child's Early Help Plan

A Team Around the Child (TAC) meeting between key professionals from the agencies will meet with the family and/or the child, and will draw up an Early Help Plan for the child. The plan will address each of the areas of assessed need, be specific, measurable, achievable, realistic and timescaled (SMART).

The TAC will meet on a monthly basis to check progress of the plan and review how well the plan is achieving good outcomes for the child. If the plan is not achieving outcomes, it will be reviewed and revisited by the Lead Professional through the TAC meeting. In some cases, the TAC will need to consider whether the case needs to be 'stepped up' to a Tier 3 or 4 response.

"The City has a multi-agency approach to common assessments involving all the professionals and agencies who work with the child and family."



# Stepping up and stepping down

## Stepping up from Early Help to statutory safeguarding services

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

- Is the child/young person at risk of abuse, neglect or significant harm?
- Are the child's needs being met in Early Help and, if not, what is the impact of this on the child now and/or what would the impact be for the child in the future?
- To what extent is the family engaging effectively in the plan?
- Does the situation need a Single Assessment by a qualified social worker?
- In what timescale does change need to happen for the child?
- What are the consequences for this child if the situation does not change?
- Can the child's needs be met under the current level of support?
- Is consent needed to refer this up?

The decision to step up will need to be made by the Team Manager in children's social care services, based on the multi-agency assessment and review of the plan by the TAC.

## Stepping down from statutory safeguarding services

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

- continue the progress the family has made in accordance with the plan
- make sure the previous intervention is sustained
- continue to support the family in transition
- prevent need escalating
- bring about the required changes that enable children, young people and their families to build resilience so their needs can be met within universal provision.

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

# 7

## The Thresholds of Need matrix

The indicators in this section are an overarching guide to what tier of support and intervention a family may need. This provides practitioners with guidance as to the threshold on which decisions need to be based.

It is not exhaustive and will require professional judgement to weigh the seriousness and significance of each factor.

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

### Tier 1 - Universal Services – Children with no additional needs

FEATURES	ASSESSMENT AND LEVEL OF INTERVENTION
<p>Children with no additional needs.</p> <p>Children whose developmental needs are met by universal services.</p>	<p>No Common Assessment is required</p> <p>Children should access universal services in a normal way</p> <p>Key universal services that may provide support at this level:</p> <ul style="list-style-type: none"> <li>• Education</li> <li>• Children's centres and early years</li> <li>• Health visiting services</li> <li>• School nursing</li> <li>• GP</li> <li>• Play services</li> <li>• Integrated youth support services</li> <li>• Police</li> <li>• Housing</li> <li>• Voluntary and community sector</li> <li>• Family and environment factors</li> <li>• Parents and carers</li> </ul>

## EXAMPLE INDICATORS (not an exhaustive list)

### Developmental needs

#### Learning/education

- Achieving key stages
- Good attendance at school/college/training
- No barriers to learning
- Planned progression beyond statutory school age

#### Health

- Good physical health with age appropriate developmental milestones including speech and language

#### Social, emotional and behavioural identity

- Good mental health and psychological well-being
- Good quality early attachments, confident in social situations
- Knowledgeable about the effects of crime and antisocial behaviour
- Knowledgeable about sex and relationships and consistent use of contraception if sexually active. Good understanding of consent, confident and able to refuse unwanted sexual behaviour

#### Family and social relationships

- Stable families where parents are able to meet the child's needs
- Self-care and independence
- Age appropriate independent living skills

### Family and environmental factors

#### Family history and well-being

Supportive family relationships

#### Housing, employment and finance

- Child fully supported financially
- Good quality stable housing
- Social and Community Resources
- Good social and friendship networks exist
- Safe and secure environment
- Access to consistent and positive activities

### Parenting capacity

#### Basic care, safety and protection

Parents able to provide care for child's needs

#### Emotional warmth and stability

Parents provide secure and caring parenting

#### Guidance boundaries and stimulation

Parents provide appropriate guidance and boundaries to help child develop appropriate values

## Tier 2 – Children with additional needs

Professionals need to intervene early rather than wait for problems to get worse. Early Help services are targeted at children, young people and families likely to experience difficulties, for example, teenage parents, children engaged in criminal or antisocial behaviour, disabled children, young carers and children with parents who have substance misuse problems, domestic abuse and violence and/or mental health problems.

Seek consent from the parents to make a City of London Corporation Multi-Agency Referral to the Children and Families team for Early Help support. The Early Help Team will then complete a Common Assessment with the child and parents to identify their strengths and needs. A Team Around the Child (TAC) meeting will develop a plan to provide support to build self-esteem and enhance social/life skills, and promote prevention. Parental consent is required.

FEATURES	ASSESSMENT AND LEVEL OF INTERVENTION
<p>These children have low level additional needs that are likely to be short-term and that maybe known but are not being met.</p> <p>Vulnerable children's needs are either not clear, not known or not already being met.</p>	<p>Children with additional needs – require a Common Assessment to inform a multi-agency plan of support, led by the Early Help Team as the lead professional, with a multi-agency Team Around the Child (TAC)</p> <p>Enhanced parenting support programmes at Children's Centre</p> <p>For children who are missing from home or at risk of CSE refer to the Multi-Agency Sexual Exploitation (MASE) Panel using the Multi-Agency Referral Form (see Appendix 1). A social worker will then complete the police referral form to the MASE (see Appendix 3) with the referring agency. Consent is needed</p> <p>Where children are missing from education they will be referred to the Targeted Education Resources Panel</p> <p>Other services that may be involved at this level include:</p> <ul style="list-style-type: none"> <li>• Support from CAMHS Tier 2</li> <li>• Education Welfare</li> <li>• Education Psychology</li> <li>• Targeted Youth Services support</li> </ul>

## EXAMPLE INDICATORS (not an exhaustive list)

### Developmental needs

#### Learning/education

- Children with development delay within Early Years Foundation Stage
- Children with Special Educational Needs and Disabilities (SEND) Education, Health and Care (EHC) plans
- Children with low attendance at school (below 85%) and persistent absence
- Children with identified language and communication difficulties
- Children with persistent short term exclusions and risk of permanent exclusion
- Children who are missing education (who should also be referred to the Targeted Education Resources Panel)
- Young people not in education, employment or training (NEET) or where attendance is sporadic and they are not reaching their potential

#### Health

- Children who are delayed in reaching developmental milestones
- Children whose physical and emotional development raises concerns
- Children with chronic/recurring health problems
- Children with a pattern of missed appointments – routine and non-routine
- Children who are showing early signs of organic or non-organic failure to thrive

#### Social, emotional and behavioural identity

- Children with mental health or emotional issues requiring intervention
- Children with an early onset of offending behaviour or activity (10-14 years)
- Children who come to the notice of police on a regular basis but this is not progressed
- Children vulnerable to being engaged with gangs and need help to divert them
- Children known to be using drugs and alcohol frequently with occasional impact on their social well-being
- Children with low self-esteem which is impairing their educational and personal development
- Children who are bereaved
- Young parents under 16 years
- Children who display a pattern of risk taking/inconsequential behaviours
- Children who are victims of crime which could include discrimination and sexual exploitation

#### Child Sexual Exploitation (CSE)

- MASE Category 0: A child or young person who has vulnerabilities (including emotional) which may expose them to sexual exploitation; for example children/young people where there is an early onset of sexual activity and who are not yet clear about consent, or where professionals may be concerned that they are experiencing unwanted sexual pressure from adults or peers, or have other vulnerability factors

#### Self-care and independence

- Children who lack age appropriate behaviours and independent living skills, likely to impact negatively on development

#### Missing

- Child/young person has occasionally gone missing from home for short periods. Support needed to prevent further episodes. Also refer to MASE.

<b>Family and environmental factors</b>	
<b>Family and social relationships and family well-being</b>	<ul style="list-style-type: none"> <li>• Children's behaviour results in parents/carers requesting support to manage behaviour</li> <li>• Children negatively affected by difficult family relationships which could include bullying</li> <li>• Children who are young carers who exhibit additional needs which are a direct result of their caring responsibilities</li> </ul>
<b>Housing, employment and finance</b>	<ul style="list-style-type: none"> <li>• Children negatively affected as a result of overcrowded living conditions and potential homelessness</li> <li>• Children negatively affected by their family's low income or unemployment</li> </ul>
<b>Social and community resources</b>	<ul style="list-style-type: none"> <li>• Children vulnerable to gangs due to social environment as victim or associate</li> <li>• Children negatively affected as a result of insufficient facilities to meet needs or to access local services</li> <li>• Children negatively affected as a result of the family's social exclusion</li> <li>• Children associating with anti-social or criminally active peers</li> <li>• Children have limited access to age appropriate advice, including contraceptive and sexual health advice, information and services</li> <li>• Children experiencing bullying, racism or discrimination at school or in the community</li> </ul>
<b>Parenting capacity</b>	
<b>Basic care, safety and protection</b>	<ul style="list-style-type: none"> <li>• Children affected negatively by inconsistent care. For example inappropriate care or very young parents</li> <li>• Children affected negatively by significant issues of parents which could include learning difficulties, disability, domestic abuse, substance misuse and mental health needs</li> <li>• Children affected negatively by parental non-compliance which could include non attendance at school</li> </ul>
<b>Emotional warmth and stability</b>	<ul style="list-style-type: none"> <li>• Children's emotional and behavioural development affected negatively by inconsistent parenting</li> </ul>
<b>Guidance boundaries and stimulation</b>	<ul style="list-style-type: none"> <li>• Children's development negatively affected by inconsistent parenting in relation to boundaries, responses and engagement in learning</li> </ul>
<b>Parents and carers</b>	<ul style="list-style-type: none"> <li>• Basic care, safety and protection affected negatively by inconsistent care</li> <li>• Children affected negatively by parental non-compliance which could include non-attendance at school</li> <li>• Children taking on some young carer responsibilities</li> <li>• Early signs of neglectful parenting emerging</li> </ul>
<b>Substance misuse</b>	<ul style="list-style-type: none"> <li>• Drug and/or alcohol use is impacting on parenting but is not yet significantly impacting on the child's safety. The child is currently meeting their developmental milestones but there are concerns that this might not continue if parental drug and alcohol use continues or increases</li> </ul>
<b>Mental ill health/disability</b>	<ul style="list-style-type: none"> <li>• The parent's capacity to meet the child's needs are impaired episodically by mental ill health or disability and additional support could offset harm to the child</li> </ul>

<b>Domestic abuse</b>	<ul style="list-style-type: none"> <li>• There are isolated incidents of minor physical and/or emotional violence in the family. Children were present but did not directly witness it. In spite of abuse, victim was not prevented from seeing to the needs of her/his child/ren. Domestic abuse at level 2 (see London Domestic Abuse Risk Assessment Matrix: <a href="http://www.londonscb.gov.uk/domestic_violence">www.londonscb.gov.uk/domestic_violence</a>)</li> </ul>
<b>Emotional warmth and stability</b>	<ul style="list-style-type: none"> <li>• Children's emotional and behavioural development affected negatively by inconsistent parenting</li> </ul>
<b>Guidance boundaries and stimulation</b>	<ul style="list-style-type: none"> <li>• Children's development negatively affected by inconsistent parenting in relation to boundaries, responses and engagement in learning</li> </ul>
<b>Radicalisation</b>	<ul style="list-style-type: none"> <li>• The child expresses extreme or intolerant views, particularly in regard to those who do not share the child's religious/political views, which may be causing some social isolation. The child associates with peers and adults who hold extreme views. The child or parents express support for extremist or prescribed organisations but do not express any intention to become involved. (For further guidance see Thresholds Guidance for Radicalisation in Appendix 4.)</li> </ul>

## Tier 3 – Children with high or complex additional needs

To achieve all their outcomes, children will require longer term intervention from statutory and specialist services.

FEATURES	ASSESSMENT AND LEVEL OF INTERVENTION
<p>Children with high level additional unmet needs, or complex needs likely to require longer term intervention from statutory and/ or specialist services in order for them to attain the same health and development as other children.</p> <p>These children may be eligible for a Child in Need (CIN) service from children's social care services and are at risk of moving to a high level of risk if they do not receive early intervention.</p> <p>This may include children who have been adopted and now require additional support. A social worker is allocated and will act as the Lead Professional or Key Worker.</p>	<p>Practitioners should telephone children's social care services and send a Multi-Agency Referral Form. A social worker will be allocated. Parental consent is required</p> <p>Other specialist assessments may be required</p> <p>These children would, where relevant, also be referred to the Radicalisation Panel or the MASE</p> <p>All referrals to the MASE or the Radicalisation Panel to be made initially through the duty social worker using the Multi-Agency Referral Form. A social worker will then complete the police referral form to the MASE with the referring agency, or ensure that the case is presented at the Radicalisation Panel</p> <p>Children missing education will be referred to the Targeted Education Resources Panel</p>

### EXAMPLE INDICATORS (not an exhaustive list)

#### Developmental needs

- Children at risk from a series of short term exclusions or, children at risk of permanent exclusion, or persistent absence (ten days or more) who will also be referred to the Targeted Education Resources Panel
- Education Health and Care (EHC) plan
- Disability requiring specialist support to be maintained in a mainstream setting
- Physical and emotional development raising significant concerns
- Chronic/recurring health problems
- Missed appointments – routine and non-routine which are impacting significantly on the child's health
- Over 13 but under 16 and pregnant or in a sexual relationship
- Coming to notice of police on a regular basis but not progressed
- Received fixed penalty notice, reprimand, final warning or triage of diversionary intervention
- Substance misuse dependency is affecting mental and physical health and social well-being
- Mental health issues requiring specialist intervention in the community
- Self-harm
- Suspicion of sexual abuse, for example, sexualised behaviour, medical concerns or referral by concerned relative, neighbour carer
- Lack of age appropriate behaviour and independent living skills, likely to impair development
- Refusal to engage with educational or employment opportunities and increasingly socially isolated

<b>Family and environmental factors</b>	
<b>General</b>	<ul style="list-style-type: none"> <li>• Risk of relationship breakdown with parent or carer leading to the child coming into care</li> <li>• Young carers, privately fostered children, children of those detained in prison</li> <li>• Severe overcrowding, temporary accommodation, homelessness, transience, which is significantly impacting on the parent's ability to look after the child</li> <li>• The child experiences persistent or severe bullying at school or the community which has impacted on his/her daily outcomes</li> <li>• The young person is known to be associating with gangs which is placing them at risk of harm and poor outcomes</li> </ul>
<b>Missing</b>	<ul style="list-style-type: none"> <li>• The child or young person is persistently missing from home, or education, and/or believed to be engaging in risky behaviour. (Referral also to be made to the MASE)</li> </ul>
<b>Parents and carers</b>	
<b>General</b>	<ul style="list-style-type: none"> <li>• No available parent and child is in need of accommodation. For example the child is seeking asylum, or parents in custody</li> <li>• Parent is unable to meet child's needs without support</li> <li>• Allegation of physical assault with no visible or only minor injury (other than to a pre or non-mobile child, see Tier 4)</li> <li>• Inadequate physical care or supervision of a child</li> <li>• Allegations concerning parents making verbal threats to children</li> <li>• Pregnant woman with no access to public funds or services due to immigration status or who are receiving a service during confinement</li> <li>• Inconsistent parenting significantly impairing the emotional or behavioural development of the child</li> <li>• Allegations of neglect including poor supervision, poor hygiene, clothing or nutrition</li> <li>• Failure to seek/attend treatment or appointments</li> </ul>
<b>Domestic abuse</b>	<ul style="list-style-type: none"> <li>• Incident(s) of serious and/or persistent physical violence in family. Increasing in severity/frequency and/or duration. A history of previous assaults. Incident(s) of violence occur in presence of child/ren</li> <li>• Emerging concerns about the impact of domestic abuse on children's emotional welfare, and the capacity of the parents to consistently meet the emotional, social and physical needs of the children. However, parents willing and able to engage with services and to act protectively. Consistent with domestic abuse at level 3 of London Domestic Abuse Risk Assessment Matrix (<a href="http://www.londonscb.gov.uk/domestic_violence">www.londonscb.gov.uk/domestic_violence</a>)</li> </ul>
<b>Parental substance misuse</b>	<ul style="list-style-type: none"> <li>• Drug/alcohol use has escalated to the point where it is chaotic and impairs the parents' capacity to provide safe and appropriate care for the children. This is beginning to impact on the children's health, development and well-being. Parents are willing and able to engage with services</li> </ul>
<b>Parental mental ill health or disability</b>	<ul style="list-style-type: none"> <li>• Physical or mental health needs of the parent/carer is overshadowing capacity to meet the needs of the child consistently and this is impairing the child's health and development, or is likely to, without children's social care services being provided</li> </ul>

<b>Female Genital Mutilation (FGM)</b>	<ul style="list-style-type: none"> <li>The child comes from a family where FGM is known to have been practiced and there is a need to assess in order to determine whether the child is in future danger of FGM</li> </ul>
<b>Radicalisation</b>	<ul style="list-style-type: none"> <li>The child is known to associate with people who hold extremist views. The child may be involved in radical activity such as marches or demonstrations and shows intolerance and aggression towards people who do not hold the same political/religious views. The child views extremist material online but is willing to discuss this. Either parents or school do not challenge these behaviours/beliefs and may endorse them. The child may express a wish to travel to combat zones. (For further guidance see Thresholds Guidance for Radicalisation Appendix 4.)</li> </ul>

## Tier 4 – Children with acute additional needs

Complex or acute needs requiring specialist or statutory integrated response or child protection (Section 47 Children’s Social Care). Professionals should make a referral by phone to the Children and Families team and send in a City of London Corporation Multi-Agency Referral Form (MARF). Consent is not required. Specialist assessment is required.

FEATURES	ASSESSMENT AND LEVEL OF INTERVENTION
<p>Complex unmet acute needs.</p> <p>These children require specialist/statutory integrated support.</p> <p>These children are experiencing, or at risk of, significant harm that requires statutory intervention, such as child protection or legal intervention.</p> <p>Some of these children may also need to be accommodated by the local authority either on a voluntary basis or by way of Court Order (S20 or S31).</p> <p>Agencies should make a verbal referral to children’s social care services accompanied by a written referral.</p>	<p>A telephone call followed up by a Multi-Agency Referral Form. A social worker will be allocated</p> <p>All referrals to MASE to be made initially through the duty social worker using the Multi-Agency Referral Form. A social worker will then complete the police referral form to the MASE with the referring agency</p>

## EXAMPLE INDICATORS (not an exhaustive list)

Developmental needs	
<b>General</b>	<ul style="list-style-type: none"> <li>• Medical referral of non-organic failure to thrive in under-fives</li> <li>• Unexplained bruising on a pre-ambulant child</li> <li>• Child/young person engaged in criminal activity, including gang activity that is placing them at serious risk of harm</li> <li>• Child demonstrating age inappropriate/precocious knowledge or sexualized behaviour that indicates the child may have been a victim of sexual abuse</li> <li>• Child is victimised through sexual or physical assault by another child</li> <li>• Child exhibiting sexually harmful behaviour</li> <li>• Child/young person with complex mental health issues requiring specialist interventions in order to prevent them harming themselves or others</li> <li>• Child/young person in a violent or abusive relationship</li> <li>• Child’s substance misuse dependency putting them at such risk that intensive specialist resources are required</li> <li>• Child is suspected of being trafficked or believed to have been subject to child trafficking</li> </ul>

<b>Child Sexual Exploitation (CSE)</b>	<ul style="list-style-type: none"> <li>• MASE Category 1 (medium risk). Evidence that a child is being targeted for opportunistic abuse through the exchange of sex for other rewards, for example attention, accommodation, food, alcohol, drugs, money etc</li> <li>• MASE category 2 (high risk). A child or young person whose sexual exploitation is habitual, often self-denied and where coercion/control is implicit</li> <li>• Young person is under 13 and is pregnant or engaged in sexual activity</li> <li>• Children/young people frequently going missing from home for long periods</li> </ul>
<b>Family and environmental factors</b>	
<b>General</b>	<ul style="list-style-type: none"> <li>• Suspicion of physical, emotional or sexual abuse or neglect that may cause significant harm to the child</li> <li>• Knowledge of a convicted or registered sex offender or violent offender under Multi-Agency Public Protection Arrangements (MAPPA) living in household or having regular unsupervised contact with a child or young person</li> <li>• An individual (adult or child) or organisation posing a serious risk to a child</li> <li>• Child or family need immediate support and protection due to severe harassment/discrimination within the community</li> <li>• Grooming of children/young people either in person or via social media</li> <li>• Children/young people experiencing such persistent or severe bullying, racism or discrimination that their well-being is at risk</li> </ul>
<b>Forced marriage</b>	<ul style="list-style-type: none"> <li>• Concern that the young person is under familial or cultural pressure or duress to marry against their will or wishes. (Do not discuss making a referral with the family)</li> <li>• Child is believed to be at risk of 'honour'-based violence</li> </ul>
<b>Parents and carers</b>	
<b>General</b>	<ul style="list-style-type: none"> <li>• Any allegation of abuse or neglect or any suspected injury suspected to be a non-accidental injury to a child</li> <li>• Repeated allegations or reasonable suspicion of non-accidental injury</li> <li>• Children/young people suffering neglect emotionally or physically (including a history of apparently minor but cumulative episodes) which is impacting on their long term development</li> <li>• Parent is emotionally abusive to a child</li> <li>• No available parent, and child is at risk of suffering significant harm (for example an abandoned baby)</li> </ul>
<b>Female Genital Mutilation (FGM)</b>	<ul style="list-style-type: none"> <li>• There is concern that the child or their siblings are at risk of Female Genital Mutilation or a sibling has already suffered FGM</li> </ul>
<b>Domestic violence</b>	<ul style="list-style-type: none"> <li>• Incident(s) of serious and/or persistent physical violence in family. Increasing in severity/frequency and/or duration. History of previous assaults. Incident(s) of violence occur in presence of child/ren</li> <li>• Emerging concerns about the impact of domestic abuse on the children's emotional welfare, and the capacity of the parents to consistently meet the emotional, social and physical needs of the children. Parents lack insight into the harm caused and are resistant to engage with services. Domestic abuse at level 4 of London Domestic Abuse Risk Assessment Matrix</li> <li>• Severe domestic abuse that leads to a child being traumatised, injured or neglected</li> <li>• Physical assault on mother in the presence of a child under the age of 12 months</li> </ul>

<b>Parental substance misuse</b>	<ul style="list-style-type: none"> <li>• 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</li> </ul>
<b>Parental mental ill health or disability</b>	<ul style="list-style-type: none"> <li>• Physical or mental health needs of the parent/carer significantly affect the care of their child placing them at risk of significant harm. For example the parent has delusions or compulsive obsessions about the child, or is incapable of meeting the child's needs consistently as a result of mental ill health</li> <li>• The parent's capacity to provide appropriate care is significantly reduced and aggravated by the combination of domestic violence, substance misuse and mental ill health</li> <li>• Suspicion that a child may have suffered, or be at risk of, significant harm due to fabricated or induced illness. (Do not discuss referral with parents/carer)</li> </ul>
<b>Radicalisation</b>	<ul style="list-style-type: none"> <li>• The child's parents, or other close associates, are members of prescribed organisations and there is evidence to suggest that the child supports violent extremist ideologies and is actively involved with prescribed or extremist groups. The child is often intimidating towards others who do not share the same views, distributing material promoting violent extremism and conceals their online activity. The child shares a non-specific wish to travel to conflict zones in pursuit of the ideology</li> </ul>

## Definition of Significant Harm:

Some children are in need because they are suffering, or likely to suffer, significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention into family life in the best interests of the child. It places a duty on local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm (S47 CA 1989).

The Children Act 1989 defines 'harm' as 'ill-treatment or the impairment of health or development.' '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. As a result of the Adoption and Children Act 2002, the definition of harm also includes 'impairment suffered by hearing or seeing the ill-treatment of another.'

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration should be given to the severity of ill-treatment and may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism, and bizarre or unusual elements. Each of these elements has been associated with more severe effects on the child, and/or the relatively greater difficulty in helping the child overcome the adverse impact of maltreatment. Sometimes, a single traumatic event may constitute significant harm, for example a violent assault, suffocation or poisoning. More often, significant harm is a cumulation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development.

Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm.

# 8 Thresholds Criteria

## Thresholds Criteria: Section 47, Section 17, Section 20, Section 31, Section 1

Section 47, Children Act 1989: Child Protection enquiries [Tier 4]
<b>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 Fifth edition: <a href="http://www.londonscb.gov.uk/procedures">www.londonscb.gov.uk/procedures</a></b>
Any allegation of abuse or neglect or any suspicious injury in a pre- or non-mobile child.
Allegations or suspicions about a serious injury/sexual abuse to a child.
Two or more minor injuries in pre-mobile or non-verbal babies or young children (including disabled children).
Inconsistent explanations or an admission about a clear non-accidental injury.
Repeated allegations or reasonable suspicions of non-accidental injury.
A child being traumatised, injured or neglected as a result of domestic violence.
Repeated allegations involving serious verbal threats and/or emotional abuse.
Allegations/reasonable suspicions of serious neglect.
Medical referral of non-organic failure to thrive in under-fives.
Direct allegation of sexual abuse made by child or abuser's confession to such abuse.
Any allegation suggesting connections between sexually abused children in different families or more than one abuser.
An individual (adult or child) posing a risk to children.
Any suspicious injury or allegation involving a child subject of a current child protection plan or looked after by a local authority.
No available parent and child vulnerable to significant harm (for example an abandoned baby).
Suspicion that child has suffered or is at risk of significant harm due to fabricated or induced illness.
Children subject of parental delusions.
Children 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 17, Children Act 1989: Child in Need**

A child is a Child in Need if:

1. He/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority;
2. His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or
3. He/she is a disabled child.

Children in need may be assessed under Section 17 of the Children Act 1989, in relation to their special educational needs, disabilities, as a carer, or because they have committed a crime. Where an assessment takes place, it will be carried out by a social worker. The process for assessment should also be used for children whose parents are in prison and for asylum seeking children.

**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 is 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)
- 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 them if the order were not made, not being what it would be reasonable to expect a parent to give to him; or
  - > The child's being beyond parental control.

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

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

'Health' means physical or mental health; and

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

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

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

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

The ascertainable wishes and feelings of the child concerned (considered in 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 the child's needs.

The range of powers available to the court under the Children Act 1989.

# Appendix 1.

## City of London Corporation Multi-Agency Referral Form (MARF)



City of London Corporation  
**Multi-Agency Referral Form**  
**CONFIDENTIAL**

Notes for use: Please complete this form **electronically**; the text boxes will expand to fit your text.  
**The completed form contains personal data to be protected and processed in line with the Data Protection Act 1998.**

**Agency completing**

Name of worker	
Agency	
Address	
Postcode	

Date of referral	
Role of person completing referral	
Phone	
Email	

**Child or young person's details**

Forename(s)	
Surname(s)	
Home address	

Ethnicity	
Gender	
Date of Birth / EDD	
NHS No.	
School Unique Pupil Number	
Phone	
Email	

**Family members' details**

Name	DOB	Gender	Ethnicity	Relationship to the child

**Overview of agency involvement with child/family including information of attendance/engagement with your service**

Has a CAF been completed?

Yes

No

If yes, please attach to this referral form

**What are you worried about?**

(Please state the name of the child if you have any specific concerns about one particular child)

**Past harm to children**

Please include: action/behaviour - who, what, where when; severity; incidence and impact

**Future danger for children**

What are you worried is going to happen to the child if the current situation does not change? (Related to past and future harm)

**Complicating factors**

Factors which make the situation more difficult to resolve

**What is working well?**

Existing strengths

Existing safety /protection: The strengths sustained over time, directly related to the danger

**What needs to happen?**

Future safety/protection/safety goals (When will things be safe enough? What do you want to see parents/carers doing to make the child safe?)

**Parent and child's views**

**Next steps**

What can you / your agency contribute to a plan to keep the child safe? What are the next steps to be taken to achieve the safety goals?

Signature of person completing referral  
If applicable, signature of designated CP person/manager for agency authorising the report

Every effort should be made to obtain parental consent (verbally or in writing) and share this referral with those who have parental responsibility unless it is not appropriate to do so. In circumstances where this is not possible, please state the reason below, and make attempts to inform of content verbally.

Have those with parental responsibility viewed/had verbal feedback of this referral? No  Yes

How?

If possible, please obtain signatures of those with legal parental responsibility who have viewed/had verbal feedback of the report

.....  
.....

Date:

**It is the responsibility of all agencies who are making enquiries and/or making referrals about a child or children to obtain consent from those with parental responsibility and inform the parents/carers that they are making a referral to Children’s Social Care (unless to do so would leave a child at risk).**

**Agencies should make the referral to the Children and Families team by telephone: 020 7332 3621 / 1620 / 3394**

**This form should be saved with password protection and emailed to:**  
[DCCSDutyF&YPTeam@cityoflondon.gov.uk](mailto:DCCSDutyF&YPTeam@cityoflondon.gov.uk)

# Appendix 2.

## City of London and Hackney Escalation Policy

### 1. Introduction

- 1.1** Effective working together depends on an open approach and honest relationships between agencies. Problem resolution is an integral part of professional co-operation and joint working to safeguard children.
- 1.2** Occasionally situations arise when workers within one agency feel that the actions, inaction or decisions of another agency do not adequately safeguard a child. This inter-agency policy defines the process for resolving such professional difference and should be read alongside the London Child Protection Procedures and relevant internal policies on escalating matters of concern.
- 1.3** Disagreements can arise in a number of areas, but are most likely to arise around:
- levels of need
  - roles and responsibilities
  - the need for action
  - progressing plans and communication.
- 1.4** Where professionals consider that the practice of other professionals is placing children at risk of harm, they must be assertive, act swiftly and ensure that they challenge the relevant professionals in line with this policy.
- The safety of individual children is the paramount consideration in any professional activity.
  - Resolution should be sought within the shortest timescale possible to ensure the child is protected.
  - As a guide, professionals should attempt to resolve differences through discussion within one working week or a timescale that protects the child from harm (whichever is shortest).
  - Disagreements should be resolved at the lowest possible stage.
- 1.5** If a child is thought to be at immediate harm, the designated safeguarding lead in your agency should be informed immediately.
- 1.6** Any worker who feels that a decision is not safe or is inappropriate can initially consult their supervisor/manager to clarify their thinking if required. They should be able to evidence the nature and source of the concerns and should to keep a record of all discussions.
- 1.7** Individuals may wish to refer to the Escalation Policy for their organisation to clarify the approach required.

- 1.8** Concerns relating to decisions, suspected wrongdoing or dangers at work within an agency, should be raised in line with each agencies' policies for dealing with such matters including, but not limited to, those setting out the arrangements for whistleblowing.

## **2. Stages of resolution**

- 2.1** Stage one: Discuss with the other worker
- 2.2** The people who disagree have a discussion to resolve the problem. This discussion must take place as soon as possible and could be a telephone conversation or a face to face meeting. It should be recognised that differences in status and/or experience may affect the confidence of some workers to pursue this unsupported.
- 2.3** Stage two: Escalate to line manager.
- 2.4** If the problem is not resolved, the worker should contact their supervisor/manager within their own agency who should have a discussion with the equivalent supervisor/manager in the other agency.
- 2.5** If the case involves a child subject to a Child Protection Plan or a Looked After Child, the Independent Reviewing Officer must also be notified.
- 2.6** Stage three: Escalate to senior managers
- 2.7** If the problem is not resolved at Stage two, the supervisor/manager reports to their respective manager or named/designated safeguarding representative. These two managers must attempt to resolve the professional differences through discussion.
- 2.8** If there remains disagreement, the expectation is that escalation continues through the appropriate tiers of management in each organisation until the matter is resolved. The respective agency members on the City and Hackney Safeguarding Children Board (CHSCB) should be engaged in seeking resolution before the case is raised with the CHSCB Chair.
- 2.9** Stage four: Resolution by CHSCB Chair.
- 2.10** If it has not been possible to resolve the professional differences within the agencies concerned (and after the agency CHSCB members have been involved), the matter should be referred by the concerned agency to the Chair of the CHSCB, who may either seek to resolve the issue direct with the relevant senior managers, or convene a Resolution Panel.

- 2.11** The agency raising the dispute must email the details through to [chscb@hackney.gov.uk](mailto:chscb@hackney.gov.uk)
- 2.12** The Resolution Panel must consist of senior officer from three agencies who are members of the full Board of the CHSCB. The senior officers must include the agencies concerned in the professional differences.
- 2.13** The Resolution Panel will receive representations from those involved in the dispute and will collectively resolve the professional differences concerned.

### **3. Additional notes**

- 3.1** At all stages of the process, actions and decisions must be recorded in writing on the child's file and shared with relevant personnel, to include the worker who raised the initial concern.

# Appendix 3.

## Multi-Agency Sexual Exploitation (MASE) Referral Form

**NOT PROTECTIVELY MARKED**



### MASE Referral Form

Once form is complete - email to [dccsdutyf&ypteam@cityoflondon.gov.uk](mailto:dccsdutyf&ypteam@cityoflondon.gov.uk)



Referring Professional	
Referring Professional:	Agency:
Telephone:	Email:

Subject		
First Name:	Middle Name:	Surname:
Any Alias:	Ethnicity: Please select	
DOB:	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/>	
Address including postcode:		
School:	Social Worker:	
Borough/Force Area where Subject resides		

**NOT PROTECTIVELY MARKED**

Family		
Name	DOB	Relationship to Subject e.g mother

Additional Linked Subject (Please complete Separate form)		
First Name:	Middle Name:	Surname:
DOB:		
Additional Linked Subject (Please complete Separate form)		
First Name:	Middle Name:	Surname:
DOB:		
Additional Linked Subject (Please complete Separate form)		
First Name:	Middle Name:	First Name:
DOB:		

**NOT PROTECTIVELY MARKED**

Perpetrator 1 (if known)	
Name of perpetrator:	DOB:
Any known alias:	Ethnicity: Please select
Address:	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/>
Borough/Force Area where perpetrator resides	

Perpetrator 2 (if known)	
Name of perpetrator:	DOB:
Any known alias:	Ethnicity: Please select
Address:	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/>
Borough/Force Area where perpetrator resides	

Perpetrator 3 (if known)	
Name of perpetrator:	DOB:
Any known alias:	Ethnicity: Please select
Address:	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/>

**NOT PROTECTIVELY MARKED**

Borough/Force Area where perpetrator resides

Risk factors (Mark those that apply - see guidance form for further details)		
<b>S</b>	Sexual health and behaviour	<input type="checkbox"/>
<b>A</b>	Absent from school or repeated running away	<input type="checkbox"/>
<b>F</b>	Familial abuse and or problems at home	<input type="checkbox"/>
<b>E</b>	Emotional and physical condition	<input type="checkbox"/>
<b>G</b>	Gangs, older age groups and involvement in crime	<input type="checkbox"/>
<b>U</b>	Use of technology and sexual bullying	<input type="checkbox"/>
<b>A</b>	Alcohol and drug misuse	<input type="checkbox"/>
<b>R</b>	Receipt of unexplained gifts or money	<input type="checkbox"/>
<b>D</b>	Distrust of authority figures	<input type="checkbox"/>

Concerns/Other Information

**NOT PROTECTIVELY MARKED**

**For completion by MASE Coordinator**

Case suitable for discussion:

YES

NO

Rationale for above:

# Appendix 4.

## City of London Thresholds Guidance for Radicalisation

### Development of the child or young person

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

<b>Tier 1 Children with no additional needs whose health and developmental needs can be met by universal services.</b>	<b>Tier 2 Children with additional needs that can be met through the provision of 'early help' - a referral to children's social care services is NOT required.</b>	<b>Tier 3 Children with complex multiple needs who need statutory and specialist services. A referral to children's social care services is required.</b>	<b>Tier 4 Children in acute need. Require immediate referral to children's social care services and/or the police.</b>
<b>Child's behaviour</b>			
The child engages in age appropriate activities and displays age appropriate behaviours and self-control.	The child is at risk of becoming involved in negative behaviour/activities. For example, the child is expressing strongly held and intolerant views towards people who do not share his/her religious or political views.	The child is becoming involved in negative behaviour/activities. For example, the child is refusing to co-operate with activities at school that challenge their religious or political views. The child is aggressive and intimidating to peers and/or adults who do not share his/her religious or political views.	The child expresses strongly held beliefs that people should be killed because they have a different view. The child is initiating verbal and sometimes physical conflict with people who do not share his/her religious or political views.
	The child is expressing verbal support for extreme views some of which may be in contradiction to British law. For example, the child has from time to time 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.

<p>The child is able to communicate with others, engages in positive social interactions and demonstrates positive behaviour in a wide variety of social situations. Child demonstrates respect for others.</p>	<p>The child 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 being hostile towards them. They are frequently aggressive and intimidating towards others who do not share their views or have a lifestyle they approve of.</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 to research such ideologies. 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 expresses sympathy for ideologies closely linked to violent extremism but is open to other views or loses interest quickly.</p>	<p>The child expresses beliefs that extreme violence should be used against people who disrespect their beliefs and values.</p>	<p>The child supports people travelling to conflict zones for extremist/violent purposes or with intent to join terrorist groups. The child expresses a generalised non-specific intent to go themselves.</p>
<p>The child 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. For example, 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. For example, there is strong concern that they are running away in order to spend time with friends or relatives with extreme views and that they being influenced by them.</p>	<p>The child persistently runs away and/or goes missing and does not recognise that he/she is putting him/herself at risk. For example, s/he perceives the people with whom s/he is associating as teaching her/him the correct way to live and those who do not hold these views as deluded and/or as a threat.</p>

### Education and employment

<p>The child has an appropriate education and opportunities for social interaction with peers.</p>	<p>There is concern that the education the child is receiving does not teach them about different cultures, faiths and ideas or, if it does, is derogatory and dismissive of different faiths, cultures and ideas.</p>	<p>The child is being educated to hold intolerant, extremist views. They are not using public services, such as schools or youth clubs, and are only mixing with other children and adults who hold similar intolerant, extremist views.</p>	<p>The 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="https://www.gov.uk/government/publications/proscribed-terror-groups-or-organisations--2">https://www.gov.uk/government/publications/proscribed-terror-groups-or-organisations--2</a></p>
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### 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><b>Tier 1 Children with no additional needs whose health and developmental needs can be met by universal services.</b></p>	<p><b>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.</b></p>	<p><b>Tier 3 Children with complex multiple needs who need statutory and specialist services. A referral to children's social care is required.</b></p>	<p><b>Tier 4 Children in acute need. Require immediate referral to children's social care and/or the police.</b></p>
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### Legal status

<p>The child and their family have no links to proscribed organisations. See link for list of terrorist groups or organisations banned under UK law <a href="https://www.gov.uk/government/publications/proscribed-terror-groups-or-organisations--2">https://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>
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## 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.
<b>Family environment</b>			
	A child is known to live with an adult or older child who has extreme views. The child either does not 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.



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