



BROMLEY SAFEGUARDING THRESHOLDS GUIDANCE

The Children Act 2004 and its Every Child Matters (ECM) agenda and children's trust model introduced a fundamental shift towards services designed to promote wellbeing in children and young people rather than intervening when things go wrong. Under the Children Act 2004, every agency has a duty to cooperate to promote every child/young person they work with achieving the five ECM outcomes, which the act describes as the legal definition of wellbeing for children and young people.

The Common Assessment Framework (CAF) is one of the key "common processes" (along with the Lead Professional and Information Sharing) introduced by the children's trust model. The CAF is designed as an assessment tool to facilitate early intervention and cooperation between agencies to improve outcomes for children/young people with additional needs ("vulnerable children/young people").

The Department for Children, Schools and Families (formerly DfES) describes a children's trust as "a whole-systems approach where the needs of children and families lie along a continuum, supported by flexible and responsive services which become increasingly targeted and specialist according to need". Vulnerable children/young people then are seen as lying on a continuum of need, between children/young people with no additional needs and children/young people at risk of significant harm. This continuum is commonly understood as a "safeguarding" continuum. This reflects the understanding under Every Child Matters that protecting children and young people's welfare cannot be separated from promoting their wellbeing.

The ECM agenda and children's trust model are underpinned by the philosophy of "Progressive Universalism" - "help for all and extra help for those who need it most". It focuses on building up multi-agency, universal services in local areas, to allow for integrated early intervention to help children/young people and families achieve good outcomes. The CAF allows the ECM agenda and children's trusts to include all children/young people in its vision for universal services, by providing the support more vulnerable families might need to be able to benefit from universal services.

On a local level, Bromley is reconfiguring the delivery of some universal services through its programme to develop services and support for families and children within local neighbourhood areas. By incorporating the CAF as a process to support multi-agency "Team Around the Child" interventions, this local neighbourhood area programme will be able to include Bromley's more vulnerable children/young people and families in the benefits of the universal services it is developing.

Most local authorities have drawn up a model to represent a continuum of need and intervention (usually presented in the form of a triangle), starting from universal services and showing thresholds for undertaking a CAF and for referring to statutory services. When all agencies agree on and work to this model, it helps to support

multi-agency working by helping to develop a common language around need and agreement on appropriate service response across the Children's Workforce.

Below is Bromley's version of a continuum of need and intervention triangle (Bromley Safeguarding Continuum of Need and Intervention) similar to those found in other local authorities. For some children/young people it is clear where they fall on the continuum; for other children/young people a practitioner may need to use the Threshold Guidance in the appendix to try to decide whether or not the child/young person has additional needs, and where they might fall on the continuum; this process can help decide whether a CAF would be appropriate, to help further clarify need and appropriate response. Sometimes it is only by completing a CAF that practitioners can gain a clear understanding of the child or young person's level of need and what would be the appropriate service response.

Children and young people's needs often change over time and may cross different levels, ie, high in some areas and low in others. The age of the child/young person and protective factors that may enhance resilience are also important contributory factors. The Bromley Safeguarding Continuum of Need and Intervention (below) and the Threshold Guidance (in the appendix) are designed to assist members of the Children's Workforce to think about the needs of children and young people in a holistic and common way, and can help provide an evidence-base for decision-making. However, decisions should always ultimately be made through professional judgment and consultation rather than through a chart or checklist.

Most children and young people's needs will be met through universal services (Level 1) – for example, schools, youth services, GP surgeries – as well as from support from within the family, friendship, and community networks. A relatively very small number of children and young people, at risk of significant harm or significant impairment to health or development, require specialist support (Level 4), usually led by Children's Social Care.

In between Levels 1 and 4 are the vulnerable children/young people who have additional needs and are in need of targeted support. These children/young people's needs do not obviously rise to Level 4. Many of these children/young people have traditionally been referred to Children's Social Care for an assessment of their needs. Often they have sat on long waiting lists, during which time their needs escalated and became harder to address successfully. Or they might have been told that their needs did not meet social care thresholds and they were not offered a service.

The CAF is designed to be used at Levels 2a, 2b, and the lower part of Level 3, primarily as a holistic assessment of need to support multi-agency work. It should be used whenever there is a concern about a child or young person's wellbeing (a child/young person appears not to be progressing towards one or more of the five outcomes) and the cause and appropriate response are not clear. You might use a CAF when for example:

- You are concerned about how the child/young person is progressing, in terms of their health, welfare, behaviour, learning, or any other aspect of their wellbeing;
- You receive a request from the child/young person or parent/carer for more support;
- You are concerned about the child/young person's appearance or behaviour, but their needs are unclear or are broader than your service can address;

- You want to use the CAF to help you identify the needs of the child/young person and/or to pool knowledge and expertise with other agencies to support the child/young person better.

(You would not normally complete a CAF for a child or young person if another multi-agency Bromley specialist referral has been or will be made - eg, Early Support, Sensory Support for children with disabilities. There could be the rare occasion when a CAF might be a referral into a specific multi-agency specialist service; or there may be siblings within the family who require a CAF).

The holistic picture of needs identified by the CAF might then underpin either a single-agency response (Level 2a), a joint-agency response (Level 2a or Level 2b), a coordinated multi-agency response organised by a Lead Professional and a Team Around the Child (Level 2b or Level 3), or a referral to Children's Social Care (Level 3 or Level 4).

The CAF has the potential to support some multi-agency work with families with fairly complex needs at Level 3. Families at this level may, but not necessarily, be eligible for a referral to Children's Social Care – but only if a CAF and Team Around the Child Meeting has been completed first, or if the family or young person refuses to participate in the CAF process. The process of completing a CAF will help to identify whether Children's Social Care thresholds have been met, and might then trigger their involvement. Before considering a referral to Children's Social Care, practitioners should also ask themselves what the involvement of Children's Social Care would add to the intervention.

The CAF process is designed to be empowering for families. You should discuss your concerns with the child/young person and their parent/carer before deciding on a CAF. You might also use the pre-assessment checklist. A CAF assessment is first and foremost about *having a conversation* with the family; the CAF form is just a structured way of recording the conversation. If the family does not agree to undergo a CAF assessment, their wishes must be respected.

If a family has not agreed to a proposed CAF assessment, the practitioner should try to identify why the family might be reluctant to engage. Some families will have had a negative experience of accessing services and it may take some time to build their trust. If the practitioner does not gain the family's consent and in the future has ongoing concerns, the practitioner should consider a referral to Children's Social Care.

If the child or young person gives consent and the parents do not, the practitioner should consider whether the child or young person is of an age and understanding where their consent can override their parents' lack of consent.

If at any time you have reasonable concern that a child or young person has suffered significant harm or may be at immediate or acute risk of suffering significant harm, make a referral directly to Children's Social Care straightaway.

What Do I Do if I am Concerned that a Child or Young Person Has Additional Needs?

The expectation is that most children and young people’s additional needs will be identified at an early stage by workers in Universal Services; however, you must always be prepared to assess the complexity of a child or young person’s needs and intervene at the appropriate level. Your intervention should aim to reduce the risk factors and increase the protective factors the child/young person is subject to.

Bromley Safeguarding Continuum of Need and Intervention

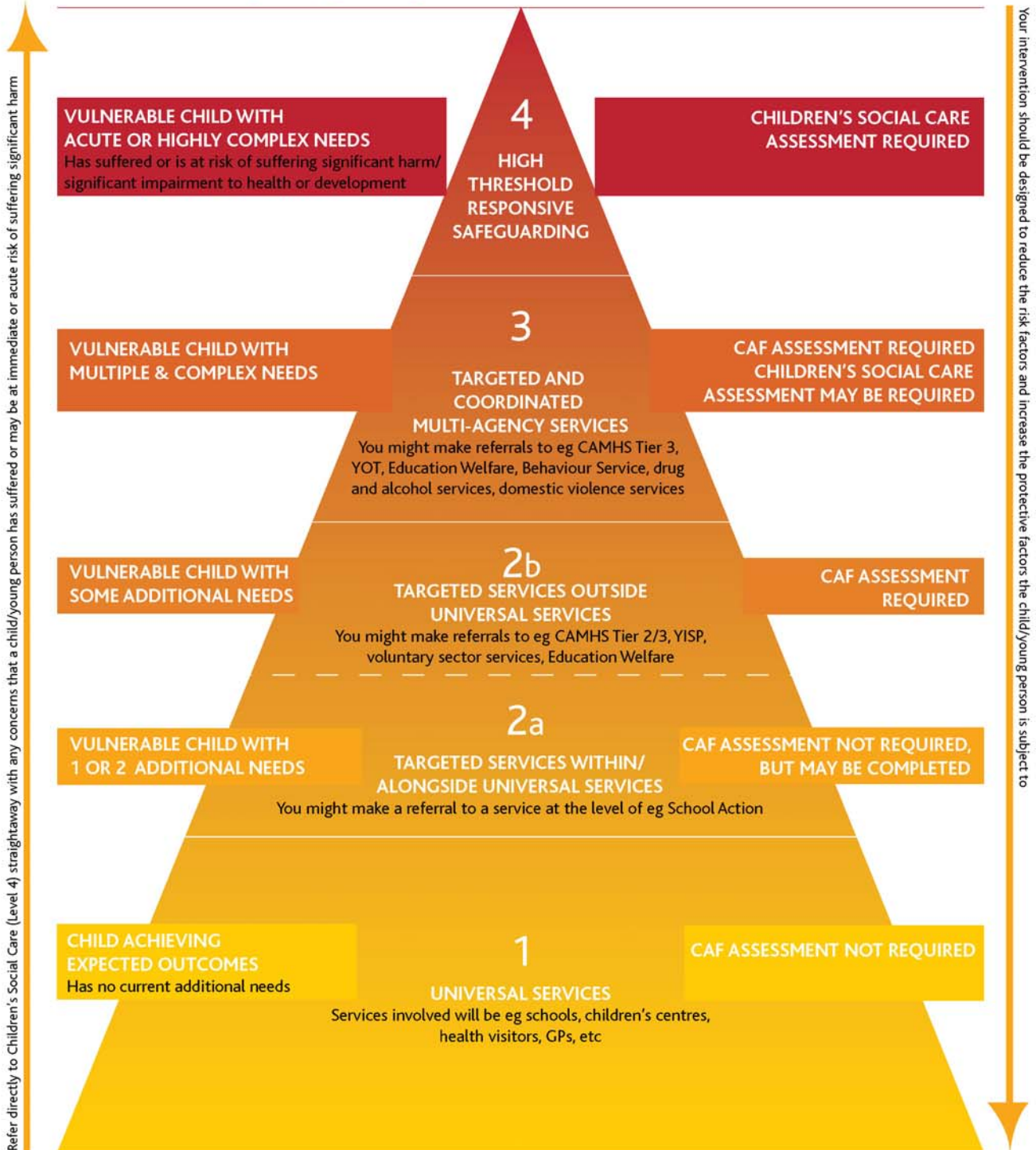
<p>VULNERABLE CHILD WITH ACUTE OR HIGHLY COMPLEX NEEDS Has suffered or is at risk of suffering significant harm/significant impairment to health or development</p>	<p>4. HIGH THRESHOLD RESPONSIVE SAFEGUARDING <i>Children’s Social Care assessment required</i></p> <ul style="list-style-type: none"> • If there is already a “Team Around the Child” (TAC) in place, they will continue to work with the family. • The “Lead Professional” will be replaced by the allocated social worker from Children’s Social Care.
<p>VULNERABLE CHILD WITH MULTIPLE AND COMPLEX NEEDS</p>	<p>3. TARGETED AND COORDINATED MULTI-AGENCY SERVICES You might make referrals to eg CAMHS Tier 3, YOT, Education Welfare, Behaviour Service, drug and alcohol services, domestic violence services. <i>CAF assessment required (unless another multi-agency Bromley specialist referral has been or will be made); Children’s Social Care Assessment may be required</i></p> <ul style="list-style-type: none"> • You will need to convene a “Team Around the Child” (TAC) Meeting with all agencies involved. • Best practice should identify a “Lead Professional” from one of the key agencies involved. • Families at this level may, but not necessarily, be eligible for a referral to Children’s Social Care. • Before deciding whether to make a referral to Children’s Social Care, first complete the CAF and TAC mtg. • Before referring to Children’s Social Care, ask yourself what their involvement would add to the intervention.
<p>VULNERABLE CHILD WITH SOME ADDITIONAL NEEDS</p>	<p>2. (b) TARGETED SERVICES OUTSIDE UNIVERSAL SERVICES You might make referrals to eg CAMHS Tier 2/3, YISP, voluntary sector services, Education Welfare <i>CAF assessment required (unless another multi-agency Bromley specialist referral has been or will be made)</i></p> <ul style="list-style-type: none"> • You or someone in your agency will need to complete a CAF – to analyse strengths and needs and to identify necessary targeted services. • The “Bromley Families” website can help identify agencies to provide the necessary targeted services. • Practitioners will need to identify with the family who should act as the “Lead Professional” - possibly through holding a “Team Around the Child” (TAC) meeting.
<p>VULNERABLE CHILD WITH ONE OR TWO ADDITIONAL NEEDS</p>	<p>2. (a) TARGETED SERVICES WITHIN/ALONGSIDE UNIVERSAL SERVICES You might make a referral to a service at the level of eg School Action <i>CAF assessment not required, but may be completed</i></p> <ul style="list-style-type: none"> • You or someone in your agency should address the child/YP’s additional needs directly as long as they fall within the remit of your agency and possibly one other. • You will not need to complete a CAF, unless the child/YP’s needs are not clear or you and the family believe the family would benefit from further exploration of their strengths and needs.
<p>CHILD ACHIEVING EXPECTED OUTCOMES Has no current additional needs</p>	<p>1. UNIVERSAL SERVICES Services involved will be eg schools, children’s centres, health visitors, GPs, etc. <i>CAF assessment not required</i></p> <ul style="list-style-type: none"> • Most children/YP’s needs are adequately met by these Universal Services alone. • If you develop concerns that a particular child/YP is not achieving his or her potential in any of the five outcome areas, consider what additional needs the child/YP may have and at what level to address them (perhaps through using the CAF Checklist).



What do I do if I am concerned that a child or young person has additional needs?

The expectation is that most children and young people's additional needs will be identified at an early stage by workers in Universal Services; however, you must always be prepared to assess the complexity of a child or young person's needs and intervene at the appropriate level.

Bromley Safeguarding Continuum of Need and Intervention



CAF stands for 'Common Assessment Framework'. To be used in conjunction with BSCB document "Bromley Safeguarding Thresholds Guidance". CAF assessment not normally required if another multi-agency Bromley specialist referral has been or will be made (eg. Early Support, Sensory Support for children with disabilities).

Five Every Child Matters Outcome Areas

The Every Child Matters agenda represents a fundamental shift towards services designed to promote wellbeing rather than intervening when things go wrong. Under the Children Act 2004, every agency has a duty to cooperate around promoting the five ECM outcomes for the children and young people they work with. The Act describes the five outcomes as the legal definition of wellbeing for children and young people.

Being Healthy	<ul style="list-style-type: none"> • Is physically healthy • Is mentally and emotionally healthy • Is sexually healthy • Has a healthy lifestyle • Chooses not to take illegal drugs • <i>Parents, carers, and family promote healthy choices</i>
Staying Safe	<ul style="list-style-type: none"> • Is safe from maltreatment, neglect, violence, and sexual exploitation • Is safe from accidental injury and death • Is safe from bullying and discrimination • Is safe from crime and anti-social behaviour in and out of school • Has security and stability and is cared for • <i>Parents, carers, and family provide safe homes and stability</i>
Enjoying and Achieving	<ul style="list-style-type: none"> • Is ready for school • Attends and enjoys school • Achieves stretching national educational standards at primary/secondary school • Achieves personal and social development and enjoys recreation • <i>Parents, carers, and family support learning</i>
Making a Positive Contribution	<ul style="list-style-type: none"> • Engages in decision-making and supports the community and environment • Engages in law-abiding and positive behaviour in and out of school • Develops positive relationships and chooses not to bully or discriminate • Develops self-confidence and successfully deals with significant life changes and challenges • Develops enterprising behaviour • <i>Parents, carers, and family promote positive behaviour</i>
Achieving Economic Wellbeing	<ul style="list-style-type: none"> • Engages in further education, employment, or training on leaving school • Is ready for employment when leaves school • Lives in a decent home and sustainable community • Has access to transport and material goods • Lives in a household free from low income • <i>Parents, carers, and family are supported to be economically active</i>

When would I Consider Undertaking a CAF Assessment?

You will want to consider talking to the family about doing a CAF assessment if you are concerned about a child or young person’s wellbeing (a child or young person appears not to be progressing towards one or more of the five outcomes) and the cause and appropriate response are not clear.

Vulnerability in children and young people is not usually the result of their falling behind in just one area of development; it is usually the result of several low- or high-level factors coming together at the same time.

The protective factors in the child or young person’s life and their degree of resilience play a part in determining how vulnerable they are to risk factors. Practitioners need to be particularly vigilant about children and young people who do not have strong protective factors in their lives. They should also bear in mind that children/young people who have strong protective factors in their lives may nonetheless be vulnerable – and conversely that children/young people may be resilient despite the presence of one or more risk factors. The table below may best be used in conjunction with the “Bromley Safeguarding Continuum of Need and Intervention” and/or the Threshold Guidance in Appendix 1.

Strengths/Protective Factors Build Resilience to Risks to Health or Development	Stresses/Risk Factors Create Vulnerability to Risks to Health or Development
<p>Individual Characteristics</p> <ul style="list-style-type: none"> • Child has good learning and problem solving skills • Child has good self-regulation skills • Child feels positive about self and capabilities • Child has a positive or hopeful outlook on life • Child has talents, skills • Others find child appealing <p>Relationships and Parenting</p> <ul style="list-style-type: none"> • Child has secure attachment with one or more effective parent • Parents show warm regard, praise, and encouragement • Parents set appropriate boundaries • Child has bonds with other positive adults in the family and community • Child has connections to positive and competent peers <p>Community Context</p> <ul style="list-style-type: none"> • Child has access to good schooling • Child has opportunities to develop skills and talents • Child lives in a safe community • Child has access to positive organisations in the community • Child lives in circumstances of socioeconomic advantage 	<ul style="list-style-type: none"> • Child has complex care needs • Child had low birth weight • There is domestic violence at home • Parent suffers from mental illness • Parent has learning difficulties • Parent misuses substance • Parent is under 20 years old • Mother is experiencing post-natal depression • Parents are not working • Parents lack basic skills • Family experiences financial stress • Family experiences social exclusion • Family has unsettled way of life • Family is homeless or lives in poor housing

When Would I Consider Referring to Children’s Social Care?

PHYSICAL ABUSE	An act of physical aggression causing injury to a child, even if the injury was unintended
SEXUAL ABUSE	Includes any violation of the child’s bodily privacy. Includes exposure of the child to adult sexuality
EMOTIONAL ABUSE	An attitude, behaviour, or failure to act that represents a risk to a child’s emotional or social development; it is almost always present when another form of abuse is found. It might include exposing the child to physical violence, ignoring or rejecting the child.
NEGLECT	A pattern of failing to provide for a child’s physical, emotional, or educational need. A single act of neglect might not constitute abuse but repeated acts of neglect do constitute abuse. The most common form of abuse but the most difficult to identify as it is an act of omission.

Risks to a child/young person’s health or development can be of broadly two kinds:

1. Abuse or ill-treatment causing an immediate and acute risk of significant harm to the child/young person’s health or development

If at any time you have reasonable concern that a child or young person may be at immediate or acute risk of suffering significant harm or has already suffered significant harm, make a referral to Children’s Social Care straightaway. Do not consider arranging a CAF assessment or organising a multi-agency response.

Examples of when to refer directly to Children’s Social Care:

- Allegations/ reasonable suspicions about physical abuse: e.g., a series of apparently accidental injuries or a minor non-accidental incident, allegations of serious verbal threats, Schedule 1 offender moving into a household with under eighteen-year-olds, suspicion that the child is at risk of significant harm due to fabricated/ induced illness, child subject of parental delusions which imply risk.
- Allegations/ reasonable suspicions of sexual abuse: e.g., a referral by a concerned neighbour or friend, sexualised behaviour on the part of the child, allegation of sexual abuse made by a child, confession by an adult of sexual abuse of a child, any allegation suggesting connections between sexually abused children in different families or more than one abuser.
- Allegations/ reasonable suspicions of emotional abuse: e.g., witnessing domestic violence, repeated allegations of emotional abuse.
- Allegations/ reasonable suspicions of serious neglect: e.g., medical referral of non-organic failure to thrive in under-fives, child left insufficiently supervised, child chronically having inappropriate clothing, poor hygiene, failing to attend appointments.
- Allegations/ reasonable suspicions that the child has been injured (even if inadvertently) during an incident of domestic violence.
- Allegations/ reasonable suspicions a child has witnessed one serious or three minor domestic violence incidents. If in doubt about seriousness of incident, seek advice.

2. A chronic and long-term risk of harm to the child’s health or development

Some situations represent a more *chronic, long-term risk of harm* to the child’s health or development. These situations may be best addressed through a coordinated multi-agency response organised by a Lead Professional around a Common Assessment and a Team Around the Child.

However, if the Team Around the Child has been working with the family and feels they are not having an impact on the situation, the team should then have a discussion with Children’s Social Care or make a referral to Children’s Social Care.

Appendix 1

Threshold Guidance

Level 1. Child Achieving Expected Outcomes: has no current additional needs

Developmental needs of child or young person

Health

- Physically well
- Adequate diet/ hygiene/ clothing
- Developmental checks/ immunisations up to date
- Regular dental & optical care
- Health appointments are kept
- Developmental milestones appropriate
- Speech & language development met
- Appropriate height & weight
- Healthy lifestyle
- Sexual activity appropriate for age
- Good state of mental health

Education & Learning

- Skills/ Interests
- Success/ achievement
- Cognitive development
- Access to books/ toys, play

Emotional & Behavioural Development

- Feelings & actions demonstrate appropriate responses
- Good quality early attachments
- Able to adapt to change
- Able to demonstrate empathy

Identity

- Positive sense of self & abilities
- Demonstrates feelings of belonging & acceptance
- A sense of self
- An ability to express needs

Family & Social Relationships

- Stable & affectionate relationships with care givers
- Good relationships with siblings
- Positive relationships with peers

Social Presentation

- Appropriate dress for different settings
- Good level of personal hygiene

Self-care Skills

- Growing level of competencies in practical & emotional skills, such as feeding, dressing & independent living skills

Parent & Carer Factors

Basic Care

- Provide for child's physical needs: food, drink, appropriate clothing, medical & dental care

Ensuring Safety

- Protect from danger or significant harm, in the home & elsewhere

Emotional warmth

- Show warm regard, praise & encouragement

Stimulation

- Facilitates cognitive development through interaction & play
- Enable child to experience success

Guidance & Boundaries

- Provide guidance so that child can develop an appropriate internal model of values & conscience

Stability

- Ensure that secure attachments are not disrupted
- Provide consistency of emotional warmth over time

Family & Environment Factors

Family History & Functioning

- Good relationships within family, including when parents are separated
- Few significant changes in family composition

Wider Family

- Sense of larger family network & good friendships outside of the family unit

Housing

- Accommodation has basic amenities & appropriate facilities

Employment

- Parents able to manage the working or unemployment arrangements & do not perceive them as unduly stressful

Income

- Reasonable income over time, with resources used appropriately to meet individual needs

Family's Social integration

- Family feels integrated into the community
- Good social & friendship networks exist

Community Resources

- Good universal services in neighbourhood

Level 2. Vulnerable Child with Some Additional Needs

Development needs of child/ young person

Health

- Defaulting on immunisations/ checks
- Is susceptible to minor health problems
- Slow in reaching developmental milestones
- Minor concerns re diet/ hygiene/ clothing
- Starting to default on health appointments

Education & Learning

- Have some identified learning needs that place him/ her on "School Action" or "School Action Plus" of the Code of Practice
- Poor punctuality
- Pattern of regular school absences
- Not always engaged in learning, e.g. poor concentration, low motivation & interest
- Not thought to be reaching educational potential
- Reduced access to books/ toys

Emotional & Behavioural Development

- Some difficulties with peer group relationships & with some adults
- Some evidence of inappropriate responses & actions
- Can find managing change difficult
- Starting to show difficulties expressing empathy

Identity

- Some insecurities around identity expressed, e.g. low self-esteem for learning
- May experience bullying around 'difference'

Family & Social Relationships

- Some support from family & friends
- Has some difficulties sustaining relationships

Social Presentation

- Can be over-friendly or withdrawn with strangers
- Can be provocative in appearance & behaviour
- Personal hygiene starting to be a problem

Self-care Skills

- Not always adequate self-care – poor hygiene
- Slow to develop age appropriate self-care skills

Parent & Carer Factors

Basic Care

- Parental engagement with services is poor
- Parent requires advice on parenting issues
- Professionals are beginning to have some concerns around child's physical needs being met

Ensuring Safety

- Some exposure to dangerous situations in home/ community
- Parental stresses starting to affect ability to ensure child's safety

Emotional warmth

- Inconsistent responses to child by parents
- Able to develop other +ve relationships

Stimulation

- Spends much time alone (TV etc)
- Child not exposed to new experiences

Guidance & Boundaries

- Can behave in an anti-social way
- Inconsistent boundaries offered

Stability

- Key relationships with family members not always kept up
- May have different carers
- Difficulties with attachments

Family & Environment Factors

Family History & Functioning

- Parents have some conflicts/ difficulty that can involve the children
- Experienced loss of significant adult
- May look after younger siblings
- Parent has health difficulties

Wider Family

- Some support from family/ friends

Housing

- Adequate/ poor housing
- Family seeking asylum or refugees

Employment

- Wage earner has periods of no work
- Parents have limited formal education
- Parents stressed by unemployment

Income

- Low income

Family's Social Integration

- Family may be new to the area
- Some social exclusion problems

Community Resources

- Adequate universal resources but family may have access issues

Level 3. Vulnerable Child with Multiple and Complex Needs

Developmental needs of infant/child/ young person

Health

- Concerns re: diet, hygiene, clothing
- Has some chronic health problems
- Missed routine & non-routine health appointments
- Overweight/ underweight/ enuresis
- Smokes, substance misuse
- Developmental milestones are unlikely to be met
- Some concerns around mental health

Education & Learning

- Identified learning needs & may have Statement of Special Ed. Needs
- Not achieving key stage benchmarks
- Poor school attendance/ punctuality
- Some fixed term exclusions
- No interests/ skills displayed

Emotional & Behavioural Development

- Difficulty coping with anger, frustration & upset
- Disruptive/ challenging behaviour
- Cannot manage change
- Unable to demonstrate empathy

Identity

- Subject to discrimination – racial, sexual or due to disabilities
- Demonstrates significantly low self-esteem in a range of situations

Family & Social Relationships

- Has lack of positive role models
- Misses school or leisure activities
- Peers also involved in challenging behaviour
- Involved in conflicts with peers/ siblings
- Regularly needed to care for another family member

Social Presentation

- Is provocative in behaviour/ appearance
- Clothing is regularly unwashed
- Hygiene problems

Self-care Skills

- Poor self-care for age – hygiene
- Precociously able to care for self

Parent & Carer Factors

Basic Care

- Difficult to engage parents with services
- Parent is struggling to provide adequate care
- Previously a LAC child
- Professionals have serious concerns

Ensuring Safety

- Perceived to be a problem by parent
- May be subject to neglect
- Experiencing unsafe situations

Emotional Warmth

- Receives erratic/ inconsistent care
- Care is often poor quality
- Parental instability affects capacity to nurture
- Has no other positive relationships

Stimulation

- Not receiving +ve stimulation – lack of new experiences or activities

Guidance & Boundaries

- Erratic/ inadequate guidance provided
- Parent not a good role model by behaving in an anti-social way

Stability

- Has multiple carers
- Has been a LAC child

Family & Environment Factors

Family History & Functioning

- Incidents of domestic violence between parents
- Acrimonious divorce/ separation
- Family have serious physical & mental health difficulties

Wider Family

- Family has poor relationship with extended family/ little communication
- Family is socially isolated

Housing

- Poor state of repair, temporary or overcrowded

Employment

- Parents stressed due to “overworking” or unemployment
- Parents find it difficult to obtain employment due to poor basic skills

Income

- Serious debts/ poverty impact on ability to have basic needs met

Family's Social Integration

- Parents socially excluded
- Lack of a support network

Community Resources

- Poor quality universal resources & access problems to these & targeted services

Level 4. Vulnerable Child with Acute or Highly Complex Needs

Developmental needs of infant/child/ young person

Health

- Has severe / chronic health problems
- Persistent substance misuse, smoking
- Developmental milestones unlikely to be met
- Early teenage pregnancy
- Serious mental health issues
- Seriously obese
- Dental decay & no access to treatment
- Sexual exploitation/ abuse

Education & Learning

- Is out of school
- Permanently excluded from school or at risk of permanent exclusion
- Has no access to leisure activities

Emotional & Behavioural Development

- Regularly involved in anti-social/ criminal activities
- Puts self or others in danger – missing
- Suffers from periods of depression
- Self-harming or suicide attempts

Identity

- Experiences persistent discrimination, e.g. on the basis of ethnicity, sexual orientation or disability
- Is socially isolated & lacks appropriate role models
- Alienates self from others

Family & Social Relationships

- Periods of being accommodated by Local Authority
- Family breakdown related in some way to child's behavioural difficulties
- Subject to physical, emotional or sexual abuse/ neglect
- Is main carer for family member

Social Presentation

- Poor & inappropriate self-presentation

Self-care Skills

- Neglects to use self-care skills due to alternative priorities, e.g. substance misuse

Parent & Carer Factors

Basic Care

- Parents unable to provide “good enough” parenting that is adequate & safe
- Parents’ mental health problems or substance misuse significantly affect care of child
- Parents unable to care for previous children

Ensuring Safety

- There is an instability & violence in the home continually
- Parents are involved in crime
- Parents unable to keep child safe
- Victim of crime

Emotional Warmth

- Parents inconsistent, highly critical or apathetic towards child

Stimulation

- No constructive leisure time or guided play

Guidance & Boundaries

- No effective boundaries set by parents
- Regularly behaves in an anti-social way in the neighbourhood

Stability

- Beyond parental control
- Has no-one to care for him/ her

Family & Environment Factors

Family History & Functioning

- Significant parental discord & persistent domestic violence
- Poor relationships between siblings

Wider Family

- No effective support from extended family
- Destructive/ unhelpful involvement from extended family

Housing

- Physical accommodation places child in danger

Employment

- Chronic unemployment that has severely affected parents’ own identities
- Family unable to gain employment due to significant lack of basic skills or long-term difficulties e.g. substance misuse

Income

- Extreme poverty/ debt impacting on ability to care for child

Family's Social Integration

- Family chronically socially excluded
- No supportive network

Community Resources

- Poor quality services with long-term difficulties with accessing target populations