Thresholds Document

Guidance for all practitioners in working together so that ***families in Portsmouth have access to the right support at the right time***

Updated July 2019

1. Introduction

All children, young people and families access a range of universal services, including maternity and health visiting services in early years, education, leisure facilities, GPs, and services provided by voluntary organisations. Some families have needs which will require additional support to enable them to reach their full potential. At different times families might present different levels of need, which might require limited support or intensive support depending on their circumstances.

Our aim is to work **with** children, young people and families to help them sustain safe and healthy lives and create the foundations of future success - their stronger futures. To achieve this we want to be able to identify children who have additional needs at the earliest opportunity so as to offer help at the earliest opportunity.

This document outlines the approach that will be taken in Portsmouth to promote the wellbeing and safety of children and families. It describes:

- How different tiers of needs are understood in Portsmouth and the threshold criteria to access services in accordance with the tier of need
- The legal definition of 'Children in Need' and eligibility for Children's Social Care Services
- Conversation opportunities to identify appropriate support for children and families

2. Children's Needs, Levels of Intervention and Conversation Opportunities

There are a range of services available for families in Portsmouth and the Portsmouth Local Safeguarding Partnership has developed a pathway through services to ensure that children, young people and their families receive the appropriate help at the right time. The levels of need can be understood by the following diagram:

When a child's needs cannot be met by universal services alone, quality conversations can strengthen decision making and joint working to provide the right help at the right time for families. Anybody working with children, young people, parents and/or families is responsible for **starting a conversation** with a child or a family about the level of difficulty or challenge they are experiencing and what solution they think would work for them.

Further conversations about the families' identified needs may then take place between practitioners working across universal, additional, targeted and specialist services to secure the right support to improve outcomes for the child. Practitioners should have conversations safely within their agency information sharing protocols that are recorded accurately.

Practitioners should have a discussion with the Multi-Agency Safeguarding Hub (MASH) if families require targeted or specialist help. The MASH will consider what is known about the family and apply the threshold criteria to ensure families who need a coordinated multi-agency response have access to the right services.

If practitioners are concerned that a child is at risk of, or experiencing significant harm, they must contact the MASH.

3. Principles

In Portsmouth we will aim to create the best possible environment for families to care for their children, providing additional support where appropriate and to intervene where necessary to safeguard and protect children and young people. To do this we are committed to:

- Wherever possible all children's and families' needs will be met by universal services
- As soon as any professional is aware that a family has any additional needs that may impact adversely on a child he/she will have a **starting conversation** with the child and their family and offer advice and support to meet that need
- Families will be empowered to identify their own problems, needs and solutions. In most cases, outcomes for children will only be improved by supporting and assisting parents/carers to make changes. Our aim is always to build resilience in children and families and the capacity to overcome their own difficulties for the remainder of their lives
- We will offer support and services to help families find their own sustainable solutions. Once improvement is made services will reduce or end so as not to create dependence

These principles support our restorative approach to practice in Portsmouth. Restorative practice is a way of behaving which helps to build and maintain healthy relationships, resolve difficulties and repair harm where there has been conflict. We

will support the development of family capacity, resilience, and independence by building on strengths and enabling them to identify their own solutions - and take responsibility for their **stronger future**.

4. Tiers of Need

All children and young people will receive **Tier 1** or universal service provision and most families' needs will generally be met by these universal services. If problems arise families are encouraged to access self-help services such as libraries, schools and online help services in the first instance.

Tier 2 describes children with early identifiable needs, often around a specific issue. These children will require some additional support to meet their needs. Support offered at Tier 2 is usually offered by a single agency approach and may include children where specific needs are identified (e.g. need for Speech and Language Therapists). Practitioners will want to engage families in a **conversation** about how best to support their needs and might consider completing an early help assessment for these children if it is helpful to make a record of their needs, strengths and goals, leading to a plan of intervention to achieve them.

Tier 3 describes an increased level of complex needs where children may face a range of difficulties that are increasingly challenging. They will require a clear understanding of their circumstances in order to provide purposeful support. When practitioners identify that a family's needs have reached this level a **conversation** should take place with the family and an early help assessment should be completed so as to inform the multi-agency response that is required. Practitioners should have a **conversation** with the MASH to discuss the level of concern and ensure that the family has access to the right services to meet their needs.

Tier 4 relates to children who are considered highly vulnerable and require support under a statutory framework to address their needs. To consider whether a child and family meet the threshold for a statutory social work service under the Children Act 1989 a referral should be made to the MASH. The MASH will consider what is known about the family and apply the threshold criteria to determine whether a social work assessment is necessary, whether the concerns are such to warrant a child protection enquiry or whether a coordinated multi-agency early response is most appropriate.

A child protection enquiry will be initiated where there is reason to believe a child is suffering or likely to suffer significant harm as a result of the care they are receiving.

5. Which Tier?

The four tiers of need identified in the windscreen diagram have been developed into a matrix of needs and risks in appendix 1. The matrix describes the circumstances in which additional support should be considered, when coordinated multi-agency provision might be more appropriate and when a referral to children's social care services may be necessary. It cannot be over emphasised that the list of individual indicators of potential needs or risks from harm to a child contained in this document is not an exhaustive one. In assessing whether the tier of need and/or risk may require additional intervention or support from specialist services, **multiple and interacting factors** are likely to be present and decisions as to whether the criteria are met requires the application of professional judgement and **conversation**. It is important to remember that often the signs that a child, young person or family has particular needs are not found in a single piece of evidence, but in a combination of factors or indicators presenting to several agencies.

Other factors which will influence the level of need and assessment of risk and may be indicators that multi-agency targeted help is needed include:

- A history of abuse and neglect both of other children in the family and of the parents
- The age of the child and of the parent
- If the child is disabled and has specific additional needs
- The child has special educational needs
- The child is a young carer
- The child is showing signs of engaging in anti-social or criminal behaviour
- The child is in a family circumstance presenting challenges for the child, such as substance misuse, adult mental health problems and domestic abuse
- The child has returned home to their family from care
- Poverty & financial exclusion
- The child is showing early signs of abuse and/or neglect
- Family motivation to change and accept help

6. Stepping-up and stepping-down through the tiers

Where a family have been receiving a service from a single agency or where an Early Help Assessment and Team Around the Child/ Team Around the Family/ Team Around the Worker has been in place, but over time it becomes apparent that the family's needs have not been met, it may be appropriate to consider a service at a different tier. A child for example, who was receiving a service at tier 2, may need to receive a more coordinated response within tier 3. Similarly, a child in tier 3 whose circumstances and situation do not improve sufficiently may need to receive the

specialist assessment and support provided at tier 4. These situations highlight a **conversation opportunity** with the family and with the MASH.

Whilst the assessed response to children's needs may move from one tier of need to another all agencies (including universal services) may offer support at more than one tier.

Not all children will move up the tiers of support in a sequential manner. Problems may arise, which will require an immediate high level response, such as a child protection issue. In these instances a referral must be made to the MASH to ensure the matter is fully investigated. It may be that as a result of assessment further support to the child will be provided under the child in need framework in Children's Social Care or 'stepped-down' to other agencies that are more appropriate to support the family based on the identified level of risk or need.

7. The Early Help Assessment

The aim of the early help assessment (EHA) is to help identify, at the earliest opportunity, a child, young person's or family's additional needs, which are not being fully met by the existing services they are receiving and to support the provision of timely and coordinated support to meet those needs. An early help assessment can only be undertaken with informed and explicit consent from the child/young person and/or their parents/carers.

The early help assessment:

- Is a process for consistently carrying out a common holistic assessment, to help everyone including the child in the family and those working with the family understand information about their needs and strengths
- Uses a standard format to help record and where appropriate, share with others the information given during the assessment
- Can only be undertaken with informed and explicit consent from the child/young person and/or their parents/carers

When undertaking an assessment practitioners should take account of what works best for families as identified in the Government guidance 'Working with Troubled Families' (Department for Communities and Local Authority 2012):

1. Having a dedicated worker, working with the child and their family.
2. Practical 'hands on' support for them and their family.
3. A persistent, assertive and challenging approach to meeting the child's needs.
4. Considering the child's family network as a whole when gathering the information about them.
5. Having a common purpose and agreed actions.

8. Multi-Disciplinary Working, Team Around the Child/Family (TAC or TAF) and Team Around the Worker (TAW)

If the early help assessment identifies that coordinated multi-disciplinary support is required to meet the needs of the child and family then a team of practitioners might become the Team Around the Child/ Family. The parent/carer and TAC/TAF will agree who is best placed to become the Lead Practitioner who will lead the TAC/TAF in developing a plan of action to support the child in context of their family network. This may, for example, include housing officers, teachers or early year's workers. Being a Lead Practitioner is about ensuring that the plans made for the child are carried out and to help resolve any difficulties which may arise.

In Portsmouth a co-ordinated multi-agency approach will include the option to provide a Team around the Worker, so that the family experience only the Lead Practitioner working with them rather than the whole professional group. This model wraps multi-agency support around the Lead Practitioner so that they are equipped with the right knowledge and right skills to support the child/ family.

Ensuring that the right families receive the right support at the right time will be strengthened by quality **conversations**.

9. Eligibility for Children's Social Care

The Children Act 1989 places a duty on the Local Authority to "Safeguard and promote the welfare of children within their area who are in need and so far as is consistent with their welfare, promote the upbringing of children by their families by providing a range and level of services to meet their needs".

The Children Act 1989 defines a 'Child in Need' as:

- A child who is unlikely to achieve or maintain, or have opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority
- A child whose health or development is likely to be significantly impaired or further impaired, without the provision of services
- A child who has a substantial and permanent disability

Professionals in all agencies have a responsibility to refer a child to the MASH when it is believed or suspected that the child:

- Has suffered significant harm
- Is likely to, or is at risk of, suffering significant harm

Significant harm could occur where there is a single event, such as a violent assault or sexual abuse. It can also be identified when there have been a number of events which have compromised a child's physical and emotional wellbeing; for example a child whose health and development is severely impaired through neglect. Where it is suspected a child is suffering or at risk of suffering significant harm a child protection enquiry will be initiated under S47 Children Act 1989 and Children's Social Care will

take the lead role in safeguarding the wellbeing of the child/children and ensure that the 4LSCB Child Protection Procedures are followed.

These are not clear-cut definitions and allow room for discussion and professional judgement about the level of need and the associated risk. Advice on tiers of need and thresholds for intervention can be accessed through the Multi-Agency safeguarding Hub.

The PSCB Indicators of Need (attached at Appendix 1) has been developed to help inform decision making about the thresholds for intervention and what service children and young people might receive against the four tiers of need descriptors

The content of the tiers has been developed taking into account the learning from local and national serious case reviews, good practice, and the needs of the local population.

Appendix 1 - PSCB Indicators of need

The indicators of possible need listed under each heading are an indication of the likely level of need. Only by talking to children and their family in more detail to explore the context and the factors behind the need will the practitioner be able to form a judgment as to the level of support needed. The indicators are a guide and not a pre-determined level of response. When applying these indicators consideration should be given to the age and developmental stage of the child, the impact that any disability or medical condition may have on this. Similarly consideration should be given to the impact the age, cognitive ability, disability, ethnicity or culture may have on the parent/carer(s)

	Tier 1 - Universal	Tier 2 - Additional	Tier 3 - Multiple & Complex Needs	Tier 4 - Requires a Statutory Response[1]
How I Grow and Develop - important to consider the age of the child				
Being Healthy	• Physically healthy, all developmental checks and immunisations are up to date • Regular medical, dental and optical health appointments attended	• Persistent health problems that adversely impact upon school attendance, but parent/carer(s) are engaging with advice and support given • Delay in reaching anticipatory developmental milestones • Medical, dental and optical care not sufficient, poor attendance at routine appointments.	• Learning significantly affected by health problems in ways which could be avoidable • Concerns about developmental progress • Missing routine health appointments; dental decay	• Child has severe/chronic health problems and/or disability and appropriate services are not being accessed • Refusing medical care endangering life/ development • Faltering growth and parent/carer(s) persistently not engaging with the medical advice given • Chronic dental decay and no access to treatment • Fabrication or induction of illness (likely to cause significant harm) to a child by a parent or carer
	• Height and weight appear normal (or BMI in normal range ie 2nd to 91st centile when measured by a health professional), • Adequate and nutritious diet	• Child appears underweight and concern about lack of nutrition[2]. • Child appears overweight[3] or obese or BMI centile is >91st when measured by a health professional, or there are risk factors for obesity as defined in	• Child appears overweight or obese and health professional confirms that BMI centile is continuing to climb upwards despite intervention at tier 2 for 6 months • Child is underweight and there is significant concern about lack of nutrition and potential adverse	• Lack of food or very poor diet linked to neglect[5] • Child appears obese or has BMI in the obese range (above 98th centile) and imminent severe health risk due to obesity (this includes medical conditions known to be associated with obesity as well as psychosocial

[1] From Children's Social Care

[2] Children who appear underweight should be referred to a health professional for measurements and assessment to be made.

[3] Children who appear overweight should be referred to a health professional for measurements and assessment to be made.

[5] Please use the Portsmouth Neglect Identification and Measurement Toolkit (NIMT) to assess children at risk of neglect. This can be found on the PSCB website - https://www.portsmouthscb.org.uk/professionals/neglect/

		the Portsmouth City Child obesity pathway[4]. • Diet is nutritionally poor or limited (e.g. no breakfast),	health consequences, or lack of family engagement. • Diet is nutritionally poor or limited, and there is significant concern about potential adverse health consequences or lack of family engagement.	consequences such as difficulties with participation, socialisation, physical function or self-esteem) OR no progress has been made at tier 3 and there is consistent failure of care givers to engage with support given.
	• Emotionally healthy, feelings and actions demonstrate appropriate responses • Strong, well-developed and appropriate attachments to caregivers • Able to adapt to change • Able to demonstrate empathy	• Some difficulties with family relationships • Child can find managing change difficult • Some evidence of inappropriate responses and actions, unduly anxious, angry or defiant • Child is unduly apprehensive about new experiences, appears unhappy • Some difficulties with peer relationships • Not always able to understand how own actions impact on others	• Child appears regularly anxious, angry or phobic and demonstrates a mental health condition • Child withdrawn/unwilling to engage • Child who finds it difficult to cope with anger and frustration • Disruptive/ challenging behaviour at school/ neighbourhood • Chid appears regularly anxious/withdrawn/unwilling to engage • Limited ability to understand how actions impact on others; Poor peer relationships	• Emerging acute mental health problems – threat of suicide, self-harm, psychotic episodes, severe depression requiring a specialist/statutory response • Parent/carer(s) and or child persistently fails or refuses to address chronic behaviour issues (such as conduct disorder, ADHD, autism, anxiety) that puts the child or others at risk
	• Sexual activity appropriate for age • No concerns around risk of sexual exploitation	• Emerging concerns around sexual activity and awareness • Low risk of sexual exploitation[6]	• Increasing concern of vulnerability from sexual activity and awareness • Medium risk of sexual exploitation • Teenage pregnancy over the age of 13 and under the age of 16 • Sexually Transmitted Infections • Child persistently displays problematical sexual behaviour towards others	• Risk taking sexual activity • High risk of sexual exploitation • Sexual activity or pregnancy under age of 13 • Child has been convicted of a sexual offence
	• No history of any family member having experienced Female Genital Mutilation	• Child has family members who have experienced Female Genital Mutilation who see it as part of their cultural heritage	• Child has experienced Female Genital Mutilation, safeguarding are now in place and appropriate medical treatment has been sought	• Child is assessed as being at high risk of Female Genital Mutilation[7] • Child has experienced Female Genital Mutilation
	• No misuse of substances	• Experimenting with substances and alcohol	• Regular substance and/or alcohol misuse and associated risk taking	• Persistent and/or high risk substance and/or alcohol misuse

[4] The Portsmouth Child Obesity Pathway can be found on the PSCB website - https://www.portsmouthscb.org.uk/professionals/health-information/

[6] Please use the Portsmouth CSE toolkit to assess children at risk of CSE

[7] Please refer to 4LSCB Safeguarding Procedure on FGM

			behaviour	and associated risk taking behavior which puts the child at risk of significant harm
Learning to be responsible	• Appropriate social skills and behaviour • Sense of right and wrong • Ability to understand what is expected and to act on it	• Some inappropriate social skills and behaviour • Some issues with sense of right and wrong • Some ability to understand what is expected and to act on it	• Limited social skills and behaviour • Involvement in anti-social behaviour in the community; • Exclusion from school due to behaviour • Involvement in crime • Limited ability to understand what is expected and to act on it	• No appropriate social skills and behaviour • Regularly involved in anti-social/ criminal activities/ gang activities • Prosecution for offences, resulting in court orders and custodial sentences (YOT) • Child at risk of radicalisation (PREVENT)
	• Able to keep themselves safe	• Being absent from home, school or care but not at risk[8]	• Regularly going missing from home, school or care and posing a potential risk to themselves or others	• Repeated missing episodes from home, school or care and at risk of significant harm

[8] Please refer to PSCB Children Going Missing from Home or Care Risk Assessment Toolkit for definitions of 'absent' and 'missing' and guidance on responding to these

Learning & Achieving	• Acquired appropriate range of skills/ interests • Experience of success/ achievement • No concerns around cognitive development • Enjoy and participate in educational activities and school life • Sound home/ school link • Planned progression beyond statutory education	• Not always engaged with learning (e.g. poor concentration, low motivation, easily distracted) • Not thought to be reaching their educational potential • Has an assessed special educational need or EHCP[9] • Some poor punctuality and occasional nursery/school/college absences without explanation • Home/ school/ college link not well established • Limited evidence of progression planning beyond statutory education, they're at risk of becoming NEET[10]	• Achievement is below the child's academic potential • Failed Education Supervision Order/School Attendance Order and the family is refusing to engage. Poor punctuality • Some fixed term exclusions and there is a poor home - school/college link • Has an EHCP and the needs of the child are not being met by one or more of the key agencies involved • Achievement is significantly below the child's academic potential • Second permanent exclusion or imminent second exclusion (check); no school placement • No progression planning evident prior to spring term of Year 11, at very high risk of becoming/or is NEET	• Child is not accessing education and is beyond parental control, placing them at risk of significant harm, including: • Chronic non-attendance at school with attendance 50% or below • Alienated from peers/ adults
Becoming Independent	• Parent/carer(s) has supported development of age appropriate self-care skills of feeding, hygiene and dressing, looking after themselves	• Parent/carer(s) only partially support the development of age appropriate self-care skills resulting in these not always being adequate in all areas	• Ability of the child/ or adult carer prevents self-care in a significant range of tasks given. There are regular issues with the child's presentation e.g. clothing is regularly unwashed and frequently ill fitting, poor hygiene, untreated head lice. Child's presentation leads to alienation/ bullying from peer group • Child sometimes left without adequate supervision • Parental factors impact on the parent's ability to provide basic care tasks for the child	• Child expected to be self-reliant for their own basic care needs (or those of their siblings) beyond their capabilities, placing them at potential risk of significant harm [11] • Child left home alone without adequate adult supervision or support and at risk of significant harm • Parents not able or refuse to engage with support offered from services

[9] EHCP = Education, Health & Care Plan

[10] NEET = Not in Education, Employment or Training

[11] Please use the Portsmouth Neglect Identification and Measurement Toolkit (NIMT) to assess children at risk of neglect

	• Confidence in social situations and able to discriminate between 'safe' and 'unsafe' contacts (including online contacts)	• Child can be inappropriately overly friendly or withdrawn	• Child may not discriminate between 'safe' and 'unsafe' contacts with others (including online contacts)[12] • Presentation significantly impacts on all relationships	• Child unable to discriminate effectively and has, or is at serious risk from contact with other people (children or adults, in the 'real' world and online)
Able to Communicate	• Appropriate speech and language • Child can connect and communicate constructively with others • Preferred language/ method of communication is understood by parents	• Some delay in development of speech and language • Some issues with connecting with and communicating constructively with others, and preferred language/method of communication is sometimes understood by parents	• Delay in development of speech and language • Issues connecting with and communicating constructively with others, and parents are struggling to understand, or access support to understand preferred language/ method of communication	• Significant delay in development of speech and language and parents refuse to engage with support and advice given. • Significant issues with connecting with and communicating constructively with others, and parents are unable to understand preferred language/ method of communication and unwilling to engage with any support services to help with this
Enjoying Friends & Family	• Stable and appropriate relationships with care givers • Positive relationships with peers and siblings	• Unresolved issues between parents/ main caregivers (e.g. divorce, step parenting, death of parent/ carer) • Child has lack of positive role models • Some inconsistencies in relationships with wider family and friends • Child has some difficulty sustaining relationships • Child is having some difficulties with attachment to caregiver	• Relationships with parent/carer(s) are characterised by inconsistencies • May have had multiple caregivers • Involved in ongoing conflict with peers/ siblings • Peers also involved in ongoing challenging behaviour • Highly isolated from peers with few positive relationships	• The child has suffered or is at risk of suffering significant emotional harm due to: • Relationships with family experienced as persistently critical and/or negative; • Rejection by a parent/carer; • Family breakdown threatened; • Family have abandoned child • Other relationships characterised by rejection

[12] Please use the PSCB Child Sexual Exploitation (CSE) Risk Assessment Toolkit to assess the child's level of risk of CSE

Confidence in who I am	• Positive sense of self and abilities • Demonstrates feelings of belonging and acceptance • Appropriate level of self-esteem and resilience	• Limited self-confidence &/or resilience • Child subject to discrimination • Some insecurities around identity expressed	• May be a victim or perpetrator of crime • Signs of deteriorating mental health • Child experiences persistent discrimination • Demonstrates significantly low self-esteem in a range of situations and poor self-confidence &/or resilience	• Persistent emotional harm has resulted in child having internalised discrimination and behaviour which reflects poor self-image and self confidence • Child's self-image is distorted and may demonstrate fear of persecution by others • Significant mental health problems
What I Need from People Who Look After Me				
Guidance, supporting the child to make the right choice	• The parent/carer(s) responds to the child in a consistent way - parenting style, guidance and boundaries	• Inconsistent responses to the child by parent/carer(s) - including praise, discipline, routine and boundary setting	• Inconsistent parenting affects the capacity to nurture. • Physical chastisement. • Child behaves in anti-social way in the neighbourhood	• Low warmth and high criticism is an enduring feature of the parenting style. • Injury results from physical chastisement or physical chastisement continues despite advice from services
	• Parent/carer(s) have age appropriate expectations of the child • Ensure the child can develop a sense of right and wrong	• Inconsistent expectations of the child with regards to their age and level of development	• On-going inconsistent expectations of the child with regards to their age and level of development • Child under inappropriate pressure from parent/carer to achieve	• Child is given responsibilities that are inappropriate for their age/ level of maturity resulting in significant harm to the child
Everyday care and help	• Basic every day care and help is always provided • Protection from danger or significant harm	• Basic care (adequate diet, home conditions and appropriate child care arrangements)[13] is not provided consistently and parent/carer requires advice on parenting issues • Some concerns around child's physical needs being met' • Young, inexperienced parent/carer	• Parent/carer is often not able to provide adequate and consistent basic care levels - food, warmth and environment • Parents have found it difficult to care for previous child/young person • Child is taking on a caring role in relation to their parent/carer(s) or is looking after younger siblings, and this is have a negative impact on their development &/or attainment	• Parent/carer(s) are unable to care for the child • Food, warmth and basic environment frequently not available • Parent/carer(s) unable to care for previous children

[13] Please use the Portsmouth Neglect Identification and Measurement Toolkit (NIMT) to assess children at risk of neglect

Knowing what is going to happen and when	• Parents/carer(s) offer consistent boundaries, routine and structure for the child	• Parents/carer(s)offer inconsistent boundaries, routine and structure for the child	• Parents/carer(s) provides inconsistent boundaries or presents a negative role model which seriously impacts on a child's development e.g. parents are offending or behaving anti-socially	• Parents/carer(s) provides no consistent boundaries, routine and structure for the child which has or is likely to result in significant harm for the child. • Instability and violence in the home continually
	• Parents/carer(s) have no known risk factors impacting on their ability to parent	• Parents/carer(s)factors - mental health issues, learning difficulties, alcohol and substance misuse, young, inexperienced parents may impact on the care of the child • History of domestic abuse in the home[14]	• Parents/carer(s)factors - mental health issues, learning difficulties, alcohol and substance misuse, young inexperienced parents/carer(s)which have a direct impact on their care of the child • Pregnant women where there is a suspicion of current or known history of domestic violence • Ongoing domestic abuse in the home; Some exposure to dangerous situations in the home or community	• Parents/carer(s)factors - mental health issues, learning difficulties, alcohol and substance misuse which present a significant risk of harm to the child • Chronic and serious domestic abuse in the home where the victim is assessed as high level risk and the child (including unborn) is at risk of significant harm.

[14] Please use the Domestic Abuse, Stalking and Honour based violence toolkit (DASH) to assess the risk relating to domestic abuse

Keeping the Child Safe	• There is no evidence of non-accidental injuries • Child is always well supervised and attention given to safety issues	• Accidental injuries to the child suggesting lack of age appropriate supervision &/or age inappropriate activities • Some poor parent/carer(s)supervision and attention to safety issues • Delayed booking of pregnancy	• Frequent accidental injuries to the child suggesting lack of age appropriate supervision &/or age inappropriate activities • Poor supervision and attention to safety issues • Child consistently picked up late with no arrangements put in place by parent/carer(s) • Not seeking help with pregnancy until midway through 3rd trimester or until in established labour	• Child may have been abused or been neglected by the parent/carer(s) resulting in non-accidental injuries • Unaccompanied asylum seeking children • Child is a victim of, or at high risk of becoming a victim of, forced marriage, FGM[15] or trafficking, incl. for sexual exploitation • Supervision is reckless and dangerous (which may include the child being left at home alone) that presents a risk of or has resulted in significant harm • Parents unable to restrict the access to the home by dangerous adults who present a risk of significant harm to the child • Not seeking help with pregnancy **and** attempting to conceal the birth
Being There for the Child	• The child has consistent main carer(s)	• The child has different main carer(s)	• The child has had a succession of main carer(s) or has multiple carers and has no significant relationship with any of them	• The child has been left in the care of unknown adults or those suspected to be at risk to children • Child has no one to care for them
	• The parent/carer's and family's relationship is positive and there are no difficulties which impact on the child.	• Conflict or emotional disharmony between the parent/carer(s) (particularly in pregnancy) or family relationship difficulties is having an impact on the child	• Ongoing conflict (including domestic abuse) between the parent/carer(s) and/or family, and/or family life is chaotic and this is having a negative impact on the child	• Regular and ongoing conflict (including domestic abuse) between the parents and/or family members which is witnessed/ experienced by the child and it is having a significant impact on them

[15] FGM = Female Genital Mutilation