

ROTHERHAM SAFEGUARDING CHILDREN PARTNERSHIP (RSCP)

Multi-Agency Threshold Guidance & Descriptors

Providing the right services at the right time for children and their families



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This Guidance is for all practitioners – paid or voluntary – working with children and families in Rotherham, who may be considering referral to Children’s Social Care services via the Multi Agency Safeguarding Hub (MASH). The Guidance and Descriptors set out a framework of needs and vulnerabilities that seek to place the circumstances of individual children on a continuum – from Universal to Acute – that can be used to assist in understanding situations that may be highly complex. This is not a prescriptive framework and should not be thought to determine the level of services offered to a child and their family. It is a tool for understanding and communicating those highly complex situations. Professionals should refer to this guidance and the descriptors below, taking note of all those that apply to the child and family under consideration, before calling the MASH. The threshold descriptors also apply to children who are looked after (LAC) and Careleavers. Professionals need to access their own safeguarding leads for advice and support. More information can be found in the [RSCP procedures](#).

When contacting the Rotherham MASH, professionals need to be clear about whether they are seeking help for a family as a preventative measure, or whether there is a risk of harm. Unless there is a risk of Significant Harm (as defined in the Children Act 1989) parental consent is required, but professionals can consult with MASH on a hypothetical basis to talk through worries prior to making a referral. If in doubt, please refer to:

[Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers](#)

Framework of Care

Universal: Services for all children, provided by a range of statutory and voluntary organisations

Early Help: Services for families of children with additional needs

Child in Need: (Section 17, Children Act 1989)

Child Protection: (Section 47, Children Act 1989)

Services for children and families are provided on a multi-agency basis. No one service or organisation can be expected to provide for all the needs of any child or family, and agencies cannot expect to pass on all the responsibility for any child to another agency. Professionals in a wide range of services must agree on how to work together to safeguard and promote the welfare of children. Working together to safeguard children

Referrals to Rotherham MASH (Option 2) are initially screened by MASH Social Care, who will make a Triage decision:

- Children’s Social Care assessment; or
- Signposting, advice, and guidance with no further action for MASH; or
- Multi-Agency Information Sharing to assist with decision making




Referrers are informed of the outcome of their contact as early as possible.

Calling the MASH – 01709 336080

The automated phone system has four Options:

1. If known to a Social Worker or Early Help Worker
2. To get help for a child or family (refer in)
3. If a child is at risk of Significant Harm
4. Other RMBC services

GUIDING PRINCIPLES

The Rotherham Family Approach	Framework for Assessment	Signs of Safety
<ul style="list-style-type: none"> • Signs of Safety • Social Pedagogy: Getting alongside children and families and working together with them to achieve the best outcomes • Restorative Practice: Reflective analysis of past relationships, towards building positive relationships between professionals and with children and families 		<ul style="list-style-type: none"> • What are we worried about? (Past harm and future danger) • What’s going well? (Strengths, resources, and proven safety) • What needs to happen? (Goals and next steps) 

PHYSICAL ABUSE

Using professional judgement in a decision making and developmental context (considering the child's voice, age, development stage and ability)

Universal	Vulnerable	Complex	Acute
<p>Mobile children may experience minor injuries through play and activities, whilst exploring their environment. Injuries are likely to be sustained on bony prominences (e.g., knees, shins, elbows) and are usually minor.</p> <p>Context and professional judgement are key to the assessment and understanding of any accidents or injuries. This should include the developmental stage of the child, patterns of concerns, previous injuries, and the voice of the child. This should also include the explanation for the injury given by parent/carer or child and whether this is consistent with the injury.</p>	<p>Frequent accidental injuries/ concerning patterns of injuries which indicate a lack of parental supervision (Also see Neglect and Parenting Capacity).</p> <p>Inappropriate parenting/ behaviour management strategies which resort to physical chastisement.</p> <p>Girl is vulnerable to Female Genital Mutilation (FGM) or Breast Ironing practice due to links with their community or family, where family views are known and there is no risk.</p>	<p>Threats of physical abuse and violence from parent, carer or sibling.</p> <p>Escalating pattern of accidents causing injury (Also see Neglect and Parenting Capacity)</p> <p>Environmental factors which place child at risk of physical harm.</p> <p>Inappropriate and overuse of physical chastisement</p> <p>Girl is vulnerable to FGM or Breast Ironing practice due to links with their community or family, where family views are unknown.</p> <p>Fabricated or induced illness – intentional or unintentional harm to child caused by parent/ carer to receive medical attention (perplexing presentation).</p>	<p>Physical harm has occurred/ suspected: non-accidental injury (e.g., fractures, bruises, scalds, burns, cuts, poisoning).</p> <p>Female Genital Mutilation (FGM) occurred or suspected.</p> <p>Repeated incidents of unexplained illness, accidents, or injuries (which are of concern) and not consistent with developmental stage of child and/or significant GP/ Urgent Emergency Care Centre (UECC) attendances.</p> <p>Environment is not safe for the child/ risk of harm through serious accident or injury.xq</p> <p>Risk of physical and emotional abuse from domestic abuse, including peers abuse and exploitation.</p> <p>Fabricated or induced illness – immediate risk, e.g., child has been deliberately poisoned.</p>

PHYSICAL ABUSE (CONTINUED)

Using professional judgement in a decision making and developmental context (considering the child's voice, age, development stage and ability)

Universal	Vulnerable	Complex	Acute
<p>Sometimes children will have a birth mark which can appear to be an injury. A specific health led pathway has been developed to assist professionals to differentiate between birth marks and injuries.</p>		<p>For health practitioners, bruises or other injuries on a non-independently mobile child should lead to information check to MASH to inform medical assessment and decision making for the next steps.</p> <p>Child is vulnerable to forced marriage or honour-based abuse.</p>	<p>For non-health practitioners, bruises or other injuries on a non-independently mobile child should lead to immediate referral to MASH and for medical assessment. For health practitioners, after medical assessment, any bruises, or other injuries without an adequate explanation on a non-independently mobile child should lead to immediate referral to MASH for joint decision making about next steps.</p> <p>Girl is born to family who are from a FGM practicing community and mother has been subjected to FGM/ family are known to support the practice.</p> <p>Child is at risk of or has suffered harm due to forced marriage or honour-based abuse.</p> <p>Assault and/or injury because of domestic abuse, bullying or exploitation.</p>

EMOTIONAL ABUSE

Using professional judgement in a decision making and developmental context (considering the child's voice, age, development stage and ability)

Universal	Vulnerable	Complex	Acute
<p>Age-appropriate physical, sexual, and emotional development.</p> <p>Positive self-esteem.</p> <p>Good quality and appropriate attachment.</p> <p>Able to demonstrate empathy.</p> <p>Demonstrates appropriate responses in feelings and actions.</p> <p>Demonstrates feelings of belonging and acceptance.</p> <p>Strong family networks and friendships outside of the family unit.</p> <p>Stable and affectionate relationships with parent/carer.</p> <p>Good relationship with siblings.</p>	<p>Displays some insecurities around identity.</p> <p>Poor self-image, limited self-confidence, subject to discrimination</p> <p>Difficulties with family relationships.</p> <p>Limited support from family or friends.</p> <p>Parent has unrealistic expectations.</p> <p>Parent/carer's inability to support the child in maintaining healthy relationships with significant adults.</p> <p>Unresolved issues arising from parents' relationship/ divorce/ separation /step parenting/ death of parent or significant carer.</p> <p>Parents experiencing conflicts that may involve child.</p>	<p>Demonstrates significantly low self-esteem.</p> <p>Lacks confidence, watchful or wary.</p> <p>Withdrawn, unwilling to engage or is isolated.</p> <p>Significant emotional/behavioural challenges.</p> <p>Child expresses suicidal thinking or actions.</p> <p>Child unable to make their feelings known to adults and there is evidence of distress.</p> <p>Child is emotionally/physically harmed by bullying.</p> <p>Experiences persistent discrimination.</p> <p>Child /unborn exposed to domestic abuse.</p> <p>Alienation and/or withdrawing from peers and family.</p>	<p>Little or no confidence, self-esteem and self-image; affecting all areas of life, total withdrawal, and isolation.</p> <p>Frozen watchfulness.</p> <p>Rejection or taunting by peers/ serious assault from bullying.</p> <p>Relationships characterised by rejection, abandonment, or scapegoating.</p> <p>Chronic and serious domestic abuse or parent unable to restrict access to home by dangerous adults.</p> <p>Child/unborn babies' ongoing exposure to domestic abuse.</p> <p>Family characterised by conflict and serious, chronic relationship difficulties.</p> <p>Relationship with parent and family persistently experienced as low warmth, high criticism.</p>

EMOTIONAL ABUSE (CONTINUED)

Using professional judgement in a decision making and developmental context (considering the child's voice, age, development stage and ability)

Universal	Vulnerable	Complex	Acute
	<p>Child is anxious / angry /defiant/ withdrawn/ emotionally distressed.</p> <p>Difficulties relating to child contact with absent parent/ family members.</p>	<p>Parents are critical of child and show little warmth or praise.</p> <p>Child included in parental conflict, may be emotional (e.g., contact arrangements, parental alienation).</p> <p>Controlling home environment.</p>	<p>Complete rejection by a parent/ carer.</p> <p>Concern of fabricated or induced illness (perplexing presentation).</p> <p>Witnessing physical/sexual abuse.</p>

NEGLECT

Using professional judgement in a decision making and developmental context (considering the child's voice, age, development stage and ability)

Universal	Vulnerable	Complex	Acute
<p>Child is of an appropriate height and weight for age, has a healthy Body Mass Index (BMI).</p> <p>Adequate and nutritious diet.</p> <p>Physical care needs provided for, and health needs effectively promoted.</p> <p>Child's developmental checks, immunisations, dental and optical care up to date.</p> <p>Any additional health needs are met e.g., speech and language therapy.</p> <p>Child is clean, with well-fitting clothing.</p> <p>Child has a good level of practical, emotional, and independent living skills appropriate to age e.g., feeding, dressing and social skills.</p>	<p>Inconsistency in child being brought to appointments. Medical advice not always sought.</p> <p>Late booking for maternity care.</p> <p>Dental care/developmental checks /immunisations not all up to date (Immunisations are parental choice, should be considered as part of assessment)</p> <p>Additional health needs are not consistently met/up to date.</p> <p>Frequent Urgent Emergency Care Centre (UECC) or GP attendances following accidents.</p> <p>Child has limited self-care/ independence skills for age.</p> <p>Child has some hygiene/ continence problems.</p>	<p>Poor diet adversely affecting child's health, growth and/or development/ possible faltering growth.</p> <p>Very high or low BMI.</p> <p>Child's health needs/concerns not addressed or poorly managed by parent/carer (immunisations, developmental checks, dental care, delay seeking appropriate health advice and appointments; frequent/pattern of Urgent Emergency Care Centre (UECC) or GP following accidents identifying parenting concerns).</p> <p>Child's self-care skills are limited/ impacted by parenting capacity.</p> <p>Clothing is regularly unwashed and ill-fitting; poor hygiene which is not addressed.</p> <p>Unacceptable or deteriorating provision of basic care/ care arrangements/ level of supervision.</p>	<p>Diet causing severe concerns or impairments to child's health/ evidence of faltered growth.</p> <p>Sudden weight loss/ extreme weight gain. Eating disorder.</p> <p>Child / unborn has significant unmet/ outstanding health needs/ lack of prescribed medication impacting on child's health.</p> <p>Parents not seeking medical advice / intervention/ dental care with potential for significant harm.</p> <p>Consistent poor care basic compromising general well-being, dirty clothes, ill-fitting shoes, inappropriate care of hair and skin.</p> <p>Child consistently hungry – unfed.</p> <p>Lack or absence of basic care or supervision causing harm or risk of significant harm, e.g., fall from window, unsafe home environment.</p>

NEGLECT (CONTINUED)

Using professional judgement in a decision making and developmental context (considering the child's voice, age, development stage and ability)

Universal	Vulnerable	Complex	Acute
<p>Child is afforded experiences/ stimulation appropriate to age and interest through leisure, play, reading, activities, and socialisation with peers.</p> <p>Home conditions and environment are appropriate and adequate for the child's needs/safety.</p> <p>Good school attendance and positive home/ school link</p>	<p>Inappropriate or inconsistent provision of basic care needs, including supervision, guidance and boundaries</p> <p>Child's weight/diet potentially impacting health and development.</p> <p>High or low BMI.</p> <p>Inconsistent opportunities for stimulation and socialisation.</p> <p>Home conditions and environment may impact on child's needs/ safety.</p> <p>Safe sleep space requires improvement.</p> <p>Poor punctuality/frequent absences from school.</p> <p>Home /school link not well established.</p>	<p>Inappropriate/ inadequate guidance /boundaries.</p> <p>Limited opportunities for stimulation and socialisation.</p> <p>Parent/carer unresponsive to emotional needs / child self-harming / suicidal ideation or actions.</p> <p>Aspects of home conditions/ environment are inadequate/ unsafe.</p> <p>Significant school attendance issues/ poor link between home and school.</p> <p>Un-booked pregnancy for maternity care –health risk to mother and baby.</p>	<p>Unacceptable/absent levels of boundaries/ guidance/ supervision/ child abandoned.</p> <p>Absence of appropriate levels of stimulation/socialisation.</p> <p>Lack of self-care skills is adversely impacting on child's health and development.</p> <p>Persistent absence from school/ no school place.</p> <p>No or acrimonious home/school link.</p> <p>Parent/carer unresponsive to emotional needs / child self-harming / suicidal ideation or actions.</p>

SEXUAL ABUSE

Using professional judgement in a decision making and developmental context (considering the child's voice, age, development stage and ability)

Universal	Vulnerable	Complex	Acute
<p>Age-appropriate physical, sexual, and emotional development.</p> <p>Appropriate confidence in social situations and sufficiently aware of the difference between 'safe' and 'unsafe' relationships.</p> <p>Appropriate sexual boundaries within family unit between adults and children and between siblings.</p> <p>Child has appropriate guidance in relation to online use and risks.</p>	<p>Attendance at sexual health services or pregnancy where age or other factors indicate a level of vulnerability.</p> <p>Persistent urinary tract infections/ concerns about enuresis.</p> <p>Sexualised language or behaviour which is not consistent with the child's age or developmental stage.</p> <p>Can be overfamiliar with others, including people not known to the child.</p> <p>Withdrawn or isolated.</p> <p>Child has limited guidance and boundaries relating to online risks.</p>	<p>Attendance at sexual health services or pregnancy, where age or other factors indicate a level of needs/concerns.</p> <p>Sexually transmitted infections dependent on age and circumstances.</p> <p>Persistent urinary tract infections/ concerns about enuresis/ smearing behaviour.</p> <p>Previous victim of sexual abuse/ history of sexual abuse within the family.</p> <p>Sexualised language or behaviour which is not consistent with the child's age or developmental stage which is considered harmful to them or another.</p> <p>Withdrawn or isolated/ self-harm / suicidal statements or actions.</p>	<p>Disclosure from child or other of sexual abuse.</p> <p>Attendance at sexual health services or pregnancy/ miscarriage/ termination, where there are safeguarding risks for the mother or unborn child.</p> <p>Sexual abuse indicated by genital warts and/or sexually transmitted infections.</p> <p>Child under 13yrs (statutory rape).</p> <p>Witnessing sexual harm to another person.</p> <p>Trans-generational sexual abuse within the family, including sibling abuse.</p> <p>Harmful sexualised behaviour towards others.</p> <p>Withdrawn or isolated/ self-harm requiring treatment/ serious suicidal statements or actions.</p>

SEXUAL ABUSE (CONTINUED)

Using professional judgement in a decision making and developmental context (considering the child's voice, age, development stage and ability)

Universal	Vulnerable	Complex	Acute
		Evidence of technology / on-line exploitation e.g., exchanging of images/ exposure to pornography.	Evidence of technology / on-line exploitation e.g., exchanging of images/ exposure to pornography – evidence of coercive behaviour.

EXPLOITATION

Using professional judgement in a decision making and developmental context (considering the child's voice, age, development stage and ability)

Universal	Vulnerable	Complex	Acute
<p>Good school attendance</p> <p>Demonstrating age-appropriate behaviours.</p> <p>Child is sufficiently aware of the difference between 'safe' and 'unsafe' relationships.</p> <p>Strong and positive family networks and peers within and outside of the family unit.</p>	<p>Poor school attendance or exclusion/ fixed term exclusions.</p> <p>Early evidence of escalating anti-social/ potential involvement in criminal behaviour.</p> <p>Experimenting with substances/ alcohol, which is leading to concerns about impact on child's welfare.</p> <p>Associating with unknown adults / evidence of a relationship with a power imbalance.</p> <p>Regularly coming home late; staying out overnight without parental oversight.</p> <p>Emerging concerns about child/ young person's dress/presentation/ money or material items.</p> <p>Emerging concerns regarding the child's peer relationships (includes bullying/ controlling behaviour).</p>	<p>Regular fixed term exclusions/at risk of permanent exclusion.</p> <p>Potential indicators of child exploitation, with escalating concerns relating to alcohol, drugs and/or self-harm.</p> <p>Potential indicators of child exploitation linked to anti-social behaviour/ criminal activity.</p> <p>Potential indicators of child exploitation linked to locations/ groups/activity within the community (e.g., hotels / nightclubs / parks /shopping centres or relating to vehicles).</p> <p>Associating with other young people at risk of exploitation or those known to be exploited.</p> <p>Unaccounted sums of money/ material items/ additional mobile phone.</p> <p>Inappropriate adult association.</p>	<p>No education/training placement or persistent absence.</p> <p>Indicators of child exploitation with alcohol, drugs and/or self-harm.</p> <p>Substantial quantities of drugs found on the child/ in their home/ drug debts.</p> <p>Evidence of exploitation at specific locations / groups/ activity within the community (e.g., hotels / nightclubs/parks/shopping centres or relating to vehicles).</p> <p>Disclosure or evidence of rape/ serious sexual assault/physical harm.</p> <p>Evidence of child exploitation leading to teenage pregnancy/ multiple miscarriages/ access to sexual health services/ sexually transmitted infections.</p> <p>Abduction, forced imprisonment or trafficking/ modern slavery.</p>

EXPLOITATION (CONTINUED)

Using professional judgement in a decision making and developmental context (considering the child's voice, age, development stage and ability)

Universal	Vulnerable	Complex	Acute
	<p>Reduced contact with family, friends, and other support networks.</p> <p>Vulnerabilities due to community locations which are cause for concern.</p> <p>Teenage pregnancy.</p> <p>Child is expressing language, views or behaviour which could be identified with extremist or radical views.</p> <p>Research indicates that children with neurodevelopmental condition (e.g., autism) are more vulnerable.</p>	<p>Indicators of exploitation leading to teenage pregnancy/multiple miscarriages/ access to sexual health services.</p> <p>Missing episodes indicative of exploitation.</p> <p>Child is becoming increasingly isolated from family, friends, and other support networks.</p> <p>Evidence that child or young person is taking an active interest in radical/extreme views or ideologies.</p> <p>Potential indicators and concerns relating to online exploitation/coercion (e.g., child becoming more secretive/anxious about phone/internet use).</p> <p>Peer on peer /abuse/ bullying which is potentially indicative of exploitation.</p>	<p>Evidence of online exploitation/coercion e.g., exchanging of images</p> <p>Child is being drawn into radical/extreme ideologies or behaviours.</p> <p>Gang member or association with gangs/groups (consider tattoos, injuries, language and activity of group)/ secretive about friends/associates.</p> <p>Child is isolated from family, friends, and other support networks.</p> <p>Criminal behaviour linked to or because of exploitation.</p> <p>Possession of weapons (knives, guns etc) and unaccounted sums of money/material items/ additional mobile phone.</p> <p>Missing episodes with evidence of exploitation.</p>

EXPLOITATION (CONTINUED)

Using professional judgement in a decision making and developmental context (considering the child's voice, age, development stage and ability)

Universal	Vulnerable	Complex	Acute
	<p>Reduced contact with family, friends, and other support networks.</p> <p>Vulnerabilities due to community locations which are cause for concern.</p> <p>Teenage pregnancy.</p> <p>Child is expressing language, views or behaviour which could be identified with extremist or radical views.</p> <p>Research indicates that children with neurodevelopmental condition (e.g., autism) are more vulnerable.</p>	<p>Concerns that child is being sexually exploited and abused through an exploitative relationship (consider adult/peer on peer abuse).</p> <p>Pattern of Urgent Emergency Care Centre (UECC) attendances with injuries and which are causing concern of possible child criminal exploitation</p> <p>Attendances with mental health concerns where indicators of exploitation identified</p>	<p>Peer on peer exploitation/abuse/ bullying that is indicative of exploitation.</p> <p>Indicators that a child/young person is at risk of honour- based violence or forced marriage.</p>

CHILD VULNERABILITY

Using professional judgement in a decision making and developmental context (considering the child's voice, age, development stage and ability)

Universal	Vulnerable	Complex	Acute
<p>Growing level of competencies in practical emotional and independent living skills.</p> <p>Positive sense of self and abilities.</p> <p>Demonstrates feelings of belonging and acceptance</p> <p>Acquires a range of skills/interests.</p> <p>Able to adapt to change</p> <p>Able to socialise appropriately.</p> <p>Positive relationship with peers and siblings.</p>	<p>Delay in reaching developmental milestones.</p> <p>Delay in development of age-appropriate self-care skills e.g., resulting in poor hygiene</p> <p>Some insecurities around identity expressed – e.g., low self-esteem, confidence, aspirations for the future.</p> <p>Subject to discrimination e.g., racial, sexual, or due to disabilities or appearance.</p> <p>Limited self-confidence.</p> <p>Child is a victim of crime/ bullying</p> <p>Child is a perpetrator of bullying</p> <p>Child is a carer/young carer</p> <p>Can find managing change difficult.</p>	<p>Significant delay in reaching developmental milestones.</p> <p>Child takes little or no responsibility for self-care tasks in comparison to peer group.</p> <p>Signs of deteriorating emotional wellbeing.</p> <p>Demonstrates significantly low self-esteem in a range of situations.</p> <p>Experiences persistent discrimination e.g., based on ethnicity, sexual orientation, disability.</p> <p>Any child with a disability.</p> <p>Withdrawn/unwilling to engage or isolated</p> <p>Significant delay in age-appropriate self-care skills.</p> <p>Involved in serious conflicts with siblings/peers, bullying/victim of bullying.</p>	<p>Significant delay in reaching developmental milestones, leading to risk of significant harm.</p> <p>Lack of self-care significantly affecting health or social development.</p> <p>Significantly withdrawn from educational or social interaction/ relationships.</p> <p>Unable to display empathy, serious abuse to others, cruelty to animals.</p> <p>Perpetrator or victim of crime which could lead to trauma for the child.</p> <p>Relationships with significant adults characterised by rejection / poor attachment.</p>

CHILD VULNERABILITY (CONTINUED)

Using professional judgement in a decision making and developmental context (considering the child's voice, age, development stage and ability)

Universal	Vulnerable	Complex	Acute
	<p>Has difficulty sustaining some relationships.</p> <p>Difficulty in displaying empathy.</p> <p>Confrontational/defiant</p> <p>Finds it difficult to cope with anger and frustration.</p>	<p>Child has experienced traumatic event e.g., bereavement.</p> <p>Child is privately fostered / potentially private fostering.</p>	

PARENTING CAPACITY

Using professional judgement in a decision making and developmental context (considering the child's voice, age, development stage and ability)

Universal	Vulnerable	Complex	Acute
<p>Appropriate and safe accommodation which meets the needs of the family.</p> <p>Parents are able to manage their working or unemployment arrangements.</p> <p>Positive and stable home/school link.</p> <p>Parents making plans for becoming a parent/positive about pregnancy.</p> <p>Parent in positive adult relationship.</p> <p>Parent is a good role model for child; shows warm regard, praise, and encouragement.</p> <p>Parent is always emotionally responsive to needs and behaviours of the child > child living in high warmth, low criticism family.</p>	<p>Poor socio- economic situation (e.g., housing, finances).</p> <p>Parents mental health, disabilities, or substance misuse impacts on their parenting capacity.</p> <p>Parent/carer's inability to support the child in maintaining healthy relationships with significant adults.</p> <p>Poor parenting history/ parent is a care leaver. Parent/carer has adverse childhood experiences.</p> <p>Home/school link not well established.</p> <p>Inappropriate care arrangements.</p> <p>Parental vulnerability or behaviour prevents them from always being emotionally responsive to the needs and behaviours of the child.</p>	<p>No recourse to public funds and/ or financial situation impacting on parenting capacity. Unsafe or insecure home conditions / homelessness.</p> <p>Electively Home educated with little opportunity for external support or social integration or poor home/ school link.</p> <p>Experiencing frequent housing moves/transient lifestyle.</p> <p>Domestic abuse, parent's/ carer's mental health, disabilities, or substance misuse impacts on their parenting capacity and care provided to child or unborn.</p> <p>Child is a young carer.</p> <p>Parent is not consistently emotionally responsive to the needs and behaviours of the child.</p>	<p>Parents with physical or mental health issues and or learning disability significantly impacting on child's welfare.</p> <p>Parental substance misuse or domestic abuse significantly impacting on child's welfare.</p> <p>Transient nature/suitability/ safety of accommodation poses a significant risk to the child.</p> <p>Persistent absence of resources to provide basic care for child.</p> <p>Asylum seekers/unaccompanied children/ no recourse to public funds/missing family/children</p> <p>Parents emotionally unresponsive to child's needs and behaviours, child living in high criticism, low warmth family.</p> <p>Previous child has been removed from parent/ previous child protection planning.</p>

PARENTING CAPACITY (CONTINUED)

Using professional judgement in a decision making and developmental context (considering the child's voice, age, development stage and ability)

Universal	Vulnerable	Complex	Acute
<p>Parent provides guidance so that child/young person can develop properly.</p> <p>Community are generally supportive of families with children/ young people.</p> <p>Access to good universal services.</p> <p>Family feels integrated within the community. Good social and friendship network exists.</p> <p>Parent/carers protects from danger or harm inside the home or elsewhere.</p>	<p>Inconsistent supervision and guidance, unaware of child/young person's whereabouts (dependant on child's age and developmental stage).</p> <p>Inability to respond to concerns about basic care. Inconsistent approach to child's overall well-being and development.</p> <p>Parents/parents to be with learning disability/teenage parents.</p> <p>Parents are asylum seekers.</p> <p>Inadequate/poor housing/ safe sleep practice requires support and guidance.</p> <p>Parents have required additional support to care for a previous child</p> <p>Parent has had additional service support in childhood</p>	<p>Inappropriate parenting strategies exposing the child to harm and inconsistencies in care (including multiple carers/no main carer) and limited supervision.</p> <p>Imprisonment of a parent.</p> <p>Teenage parents with adverse childhood experiences/minimal support.</p> <p>No home/school link.</p> <p>Parental non-engagement with education.</p> <p>Acrimonious relationships within community; family socially isolated.</p>	<p>Breakdown of relationship between parent and child e.g., family no longer wants to care for the child/ have abandoned child.</p> <p>Parent's spiritual, cultural or religious beliefs are risk of significant harm to child.</p> <p>Parents are receiving threats or are in danger from/within their community.</p> <p>Parents unable or unwilling to restrict access to persons who are known to be a risk to children</p> <p>Parent/carer unable to provide even basic care needs to child.</p>