



SUTTON LSCP THRESHOLD GUIDANCE



Sutton LSCP
Local Safeguarding
Children Partnership

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1. INTRODUCTION

Safeguarding Partnerships have a statutory duty to publish a threshold document as set out by Working Together 2018 to safeguard and promote the welfare of children.

Helping families early provides the best chance of achieving positive outcomes for children that can be sustained over time.

Every professional in contact with children needs to know how to undertake an early help assessment (sutton.gov.uk/ehat) when they identify that a child has additional needs that can not be met by universal services. This may involve convening a team around the child meeting with those in the professional network to find the right support at the right time for the family.

Everyone has a responsibility to refer a concern about a child being at risk of, or likely risk of significant harm. The criteria for meeting the threshold for statutory intervention to safeguard a child from abuse and neglect is outlined in this document. Extra-familial threats and harms are also forms of child abuse.

The threshold guidance is structured around the four tiers in the pan-London guidance:

- Tier 1 - No additional needs
- Tier 2 - Children with additional needs
- Tier 3 - Children with complex multiple needs
- Tier 4 - Children in acute need

Sutton LSCP are collectively signed up to comply with the London Safeguarding Children procedures and this document should be read in conjunction with the pan-London threshold indicators:

londonsafeguardingchildrenprocedures.co.uk.

Organisations, professionals, and volunteers in the London Borough of Sutton should also comply with local LSCP protocols and practice guidance that are published on the LSCP website: suttonlscp.org.uk.

It is the responsibility of employers to ensure that staff and volunteers are properly equipped with the knowledge, skills, and confidence to fulfil their safeguarding duties under S.11 of the Children Act 2004. There is a similar duty for schools and other education providers under the Education Act 2002 and the statutory Keeping Children Safe in Education 2021.

Multi-agency safeguarding training to help professionals and volunteers identify risk factors to keep children safe from neglect and abuse can be accessed on this link:

suttontraining.event-booking.org.

The 10 principles for learning from serious child safeguarding incidents and a range of learning resources have been developed by Sutton LSCP and can be accessed here:

childsafeguardingtoolkit.org.uk.

2. OUR APPROACH IN SUTTON

Sutton LSCP Local Arrangements are structured around the following three themes, and key principles to demonstrate effective multi-agency partnership working.

Knowing our children and their families

- Our children and young people's welfare is of the greatest importance; Working with, listening to and respecting the views of the child and young person, family members and carers;
- Understanding the effect of special educational needs and/or disabilities on the welfare of children and young people;
- Recognising and understanding each family's individual culture, beliefs, and religions;
- Understanding that children's and families' needs may change and therefore need regular re-assessment;
- Setting and focusing on appropriate and ambitious outcomes for our children and young people;
- Recognising and responding to the impact of trauma experienced by children and young people and their parents/ carers; and
- Recognising the importance of a child's context (home/ family, peers, school, neighbourhoods and online).

Knowing our practice

- Constantly improving and strengthening practice based on learning from audits, practice reviews, and other activities;

- Making decisions based on evidence and established practice;
- Staying up to date and well informed with learning and development courses and resources;
- Using developed protocols and procedures to achieve best practice; and
- Providing help and support at the earliest possible opportunity to keep interventions at the lowest level.

Knowing ourselves

- Building and maintaining strong relationships between agencies;
- Sharing information between agencies in an appropriate and timely manner;
- Undertaking joint working to achieve the best outcomes for children and young people; and
- Understanding which agency is best placed to support a child or family.



3. HELPING EARLY

Helping early is about the right support at the right time. It is for any child or young person, in the context of their family, support network and community, who are experiencing things that are starting to feel difficult. It is about feeling okay to ask for support at the time, and professionals listening and responding in the most helpful way.

If you believe a child may meet tier 2 concerns (additional needs) you should complete an Early Help Assessment (EHAT). The tool will assist you in understanding a child or young person's needs and developing an effective action plan to address the identified needs.

Completion of an EHAT requires consent and the child and family should be actively involved in the assessment and the development of their plan.

Following completion of an EHAT, you should consider whether support for the child and family requires a single-agency response, a team around the child/family, or targeted early help support.

Single-agency response

If single-agency support is sufficient, then you will need to provide the help and support through your agency.

Team around the child/ family

If support from other agencies is required to address needs, then you should coordinate a team around the child/ family to ensure an appropriate multi-agency response.

Targeted early help

Where cases are more complex, have persistent or escalating concerns you should make a referral to CFCS. You should provide your completed EHAT and information of any early help support provided prior to the referral.

Cases need to meet at least three of the [supporting families criteria](#) for it to be considered by the Early Help Integrated Youth Justice Service.

COMPLETING AN EHAT

Before completing an EHAT, contact CFCS to confirm if an EHAT has already been completed, if there is a lead professional, and if Children's Services are involved.

The **EHAT form** can be found here: sutton.gov.uk/ehat.

Supporting documents should be emailed securely to **CFCS**: childrensfirstcontactservice@sutton.gov.uk

For advice, contact the **Early Help Coordinator**: 0208 770 6001



4. REFERRING A SAFEGUARDING CONCERN

CHILDREN'S FIRST CONTACT SERVICE

The Children's First Contact Service (CFCS) is the single referral and assessment pathway to access services in the London Borough of Sutton and the referral form can be found here: sutton.gov.uk/cfcs.

CFCS includes representatives from for the following areas:

- Police;
- Children's Services (including Targeted Early Help);
- Health (including CAMHS); and
- Education.

CFCS is the referral route for the following services:

- Statutory Children's Services;
- Targeted Early Help;
- Early Help Assessment Tool (EHAT) submission and feedback;
- Children and Young People with Disabilities Service; and
- Parenting Plus.

The role of CFCS is to assess the level of need and risk of a referral and then refer onwards to one of the services above, provide advice to the referrer, or take no further action.

You should contact CFCS if:

- You are concerned about the abuse or neglect of an unborn baby or a child aged under 18 years;
- You are concerned about the self-harm and suicide risk of a child or young person;
- You are concerned about a child being exploited, including peer on peer sexual exploitation;
- A child is seriously injured or has died;
- You believe a child aged under 18 years requires additional support;
- To refer a parent for parenting support;
- You require information, advice, or guidance about the application of the threshold for a referral and assessment.

You will be asked to rate your concerns about the child using this scale of grading from 'seriously worried' to 'no concerns'. This scale is aligned to tiers 1–4 of the indicators of need and the onward pathway to support.



5. THE FOUR LEVELS OF NEED FRAMEWORK

The indicators contained in this document are not an exhaustive list but provide examples of some of the most common factors for families needing information, guidance or support.

Multiple factors are likely to be present when the significant harm criteria is applied. Usually advice would be sought from the agency designated safeguarding specialist before making a referral to the Children's First Contact Service.

Signs that a child or young person has particular needs may not be found in a single piece of evidence but in a combination of factors or indicators. For example, within this threshold framework, a cluster of indicators at Tier 2 when considered together may indicate the need for a Tier 3 assessment. A single indicator could be sufficient to meet the threshold at Tier 4 even in the absence of any other indicator.

TIER 1 – NO ADDITIONAL NEEDS

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

TIER 2 – CHILDREN WITH ADDITIONAL NEEDS

These are children with additional needs, who may be vulnerable and showing early signs of abuse and/or neglect; their needs are not clear, not known or not being met. These children may be subject to adult focused care giving.

This is the threshold for a multi-agency early help assessment to begin. These are children who require a lead professional for a co-ordinated approach to the provision of additional services such as family support services, parenting programmes and children's centres. These will be provided within universal or targeted services provision and do not include services from children's social care.



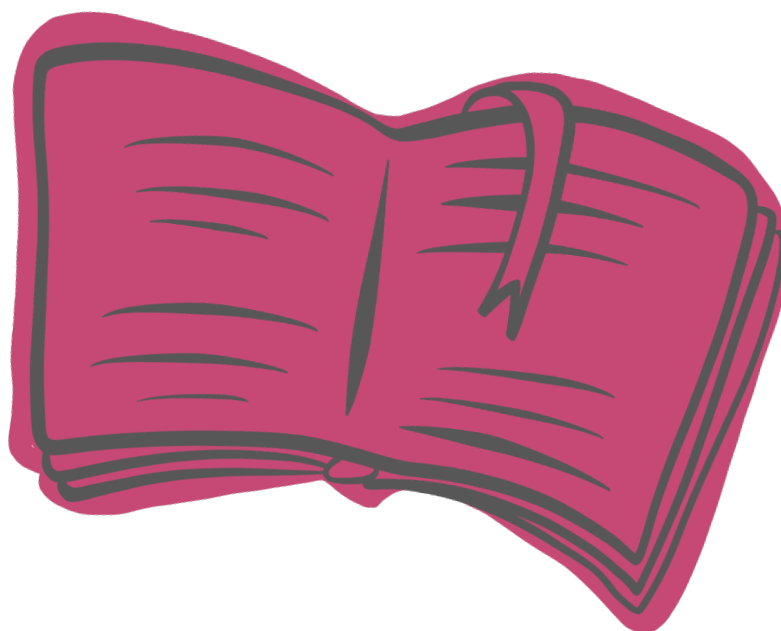
TIER 3 – CHILDREN WITH COMPLEX MULTIPLE NEEDS

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

TIER 4 – CHILDREN IN ACUTE NEED

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

This would also include those children remanded into custody and statutory youth offending services.



TIER 1 - NO ADDITIONAL NEEDS

Children with no additional needs; all their health and developmental needs will be met by universal services.

ASSESSMENT

No assessment required.

ACTION

Children and families can access universal services directly.

CHILD'S DEVELOPMENTAL NEEDS

- Developmental milestones are met, including age-appropriate emotional, academic and social development;
- CYP is physically, mentally and emotionally healthy;
- CYP is in education, employment or training (EET);
- CYP displays age-appropriate behaviours and self-control;
- CYP does not go missing or absent.

PARENTING CAPACITY

- Regular access to universal services to meet child's needs;
- Consistent evidence of emotionally warm, encouraging, supportive, and protective parenting, with clear and consistent boundaries in place;
- All CYP's needs are fully met by the parents;
- Parents' health, learning disabilities, and alcohol or drug use does not impact on parenting;
- Parents are aware of potential risks and pressures to the CYP from outside the family home and provide protective support and are confident to raise concerns at an early stage;
- Parents know the parents of their CYP's peers and know who to contact to ensure appropriate supervision.

FAMILY AND ENVIRONMENTAL FACTORS

- Stable and safe housing, physically and emotionally;
- Positive family network;
- No incidents or violence or criminal activity in the family;
- Financial stability;
- Good social networks and access to community resources;
- No links to proscribed organisations.

EDUCATION SETTING

- A safe space for the CYP;
- Allows the CYP to access the PSHE and RSE curriculum;
- Evidence of clear safeguarding policies and staff training;

SERVICES

- Education settings;
- Children's centres;
- Childcare providers;
- Midwifery;
- Health visiting;
- School nursing;
- GP;
- Youth services;
- Police;
- Housing;
- Community & voluntary organisations;
- And others

- Ensures the CYP knows who to talk to and experiences appropriate responses to any concerns.

NEIGHBOURHOOD

- Safe, with no evidence of exploitation or grooming taking place.

PEERS

- Provide the CYP with good quality, socially appropriate, consensual and reciprocal relationships;
- Engage in safe and age appropriate activities;
- Supportive and age appropriate.

ONLINE

- A safe, healthy and age appropriate digital activity space;
- CYP is aware of safe online behaviour and knows who to contact if they experience harm online;
- Parents practice online safety within their home.

TIER 2 - CHILDREN WITH ADDITIONAL NEEDS

Children with additional needs, who may be vulnerable and showing early signs of abuse and/or neglect.

ASSESSMENT

Early help assessment (EHAT): sutton.gov.uk/ehat

ACTION

Obtain consent to complete an EHAT to help identify how to further support the child/young person in your setting, or with a team around the child.

If concerns persist and further support is required, obtain consent to refer to CFCS.

The Early Help Manager will assess the referral and refer on to appropriate service or provide information, advice and guidance.

CHILD'S DEVELOPMENTAL NEEDS

- Some developmental milestones are not met, and CYP is below age-appropriate social development expectations;
- CYP has communication difficulties;
- CYP has health issues, due to a mild health condition, poor diet, lack of physical activity, or drug and alcohol use;
- CYP misses appropriate health appointments;
- CYP is persistently absent from education or not in education, employment or training (NEET), and is under-achieving or making no academic progress;
- CYP is about to leave education with no planned education, training or employment;
- CYP has a negative sense of self and abilities, occasional demonstration of emotional or behavioural difficulties, and/or lacks emotional support;
- CYP expresses verbal support for extreme/ intolerant views and/or participates in activities that may expose them to extremist ideologies;
- CYP has gone missing on one or two occasions;
- CYP has occasional caring responsibilities that impact on their opportunities;
- CYP shows occasional signs of neglect or abuse.

PARENTING CAPACITY

- Parent not accessing universal services appropriately;
- A lack of emotionally warm and supportive parenting and age appropriate boundaries and routines;
- CYP's needs are mostly met by the parents with additional help;
- Low level/ isolated incidents of parental conflict and domestic abuse, mitigated by other protective factors;
- Parents' health, learning disabilities, and alcohol or drug use occasionally impacts on parenting;
- Concerns around disciplining of CYP and/or harmful traditional practices;
- CYP lives with adult who holds extreme/ intolerant views;
- Parents consider that CYP is to blame for extra-familial harm;
- Parents do not know the CYP's peer group.

SERVICES

- Targeted Early Help Service;
- Children and Young People with Disabilities Service (CYPDS);
- Local Offer;
- Education settings;
- Parenting support;
- Children's centres;
- Childcare providers;
- Midwifery;
- Health visiting;
- School nursing;
- GP;
- Youth services;
- Police;
- Housing;
- Community & voluntary organisations;
- And others

FAMILY AND ENVIRONMENTAL FACTORS

- Financial pressures, including problematic or unmanageable forms of debt, and restricted access to public funds;
- Housing is stable, but dirty and not always safe;
- Lack of support from family network;
- History of criminal activity, and/or evidence of gang involvement;
- Family experiences social exclusion, bullying, and/or antisocial behaviour;
- Indirect links to proscribed organisations.

EDUCATION SETTING

- CYP struggles with peer relationships;
- CYP is being pressured to become involved in inappropriate behaviour;
- CYP is being bullied;
- CYP is experiencing stress/anxiety due to academic and/or social pressure.

NEIGHBOURHOOD

- Neighbourhood has a negative impact on CYP;
- CYP feels unsafe and is uncomfortable travelling around or being in certain places.

PEERS

- Provide the CYP with good quality, socially appropriate, consensual and reciprocal relationships with some members that raise low level concerns;
- Supportive and age appropriate, but CYP has some difficulties with peer relationships.

ONLINE

- Usually a safe, healthy and age appropriate digital activity space;
- CYP is not always aware of safe online behaviour and knows who to contact if they experience harm online;
- Parents are not able to put safeguards in place to provide online safety within their home.

TIER 3 - CHILDREN WITH COMPLEX MULTIPLE NEEDS

Children require specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled

ASSESSMENT

S.17 assessment (CIN), with evidence that Helping Early at Tier 2 has been attempted, where appropriate, prior to escalation

ACTION

Obtain consent, if it does not put the child at further risk of harm, and refer concern to CFCS. If appropriate, Children's Services will assess the case under S.17 and will refer on to the appropriate service.

CHILD'S DEVELOPMENTAL NEEDS

- Some developmental milestones are not met and require targeted/ specialist support;
- CYP is severely below age-appropriate academic expectations despite ongoing support, CYP refuses to engage in education or employment, and is socially isolated;
- CYP has significant health issues that seriously affect their everyday functioning, due to a health condition, poor diet, no physical activity, or substance misuse and is not accessing appropriate support;
- Persistent demonstration of destructive behaviours, which increases risk of anti-social behaviour, crime, substance misuse, and exploitation;
- CYP has a negative sense of self and abilities which is impacting on their outcomes and/or lacks emotional support from their parents. Concern that CYP may be self-harming or feeling suicidal and parents are not a protective factor;
- CYP is isolated and has significant communication difficulties;
- CYP expresses beliefs of extremism/ intolerance and is aggressive towards those whose beliefs differ from their own;
- CYP persistently goes missing;
- CYP's outcomes are adversely impacted by their caring responsibilities;
- CYP shows consistent signs of neglect, abuse or exploitation.

PARENTING CAPACITY

- Poor engagement with and active resistance to recommended support and services;
- CYP discouraged from success in education or employment;
- CYP educated to hold extreme/ intolerant views and is accessing extremist imagery;
- Parenting is intolerant, critical, inconsistent, harsh or rejecting;
- Parents are unable to set appropriate boundaries;
- Historic or current domestic abuse impacts on CYP's emotional wellbeing and the perpetrator has low capacity to change and little understanding of the impact their behaviour has on the child, which increases risk of CYP being a perpetrator or victim of abuse including CSE, and;
- Physical or mental health, learning difficulties, and/or substance misuse of parents impacts parenting, and parent unable to protect CYP from harm;
- Concerns of inappropriate sexual behaviour from parents;
- Concerns around disciplining of CYP and/or harmful traditional

SERVICES

- Children's Services
Locality team;
- CYPDS;
- CAMHS;
- Education settings;
- Parenting support;
- Children's centres;
- Childcare providers;
- Midwifery;
- Health visiting;
- School nursing;
- GP;
- Youth services;
- Police;
- Probation;
- Housing;
- Substance misuse services;
- DV One Stop Shop;
- Community & voluntary organisations;
- And others

practices;

- Parents consider that CYP is to blame for extra-familial harm;
- Parents do not know the CYP's peer group.

FAMILY AND ENVIRONMENTAL FACTORS

- Family's legal status puts them at risk of involuntary removal from the country;
- Housing is consistently dirty and hazardous;
- Weak or negative family network;
- History of criminal activity, and/or evidence of gang involvement;
- Financial resources are not used in the best interests of CYP, leaving CYP without food, warmth or adequate clothing;
- Family experiences social exclusion, bullying, hate crime, violence, and antisocial or criminal behaviour;
- Strong links to proscribed organisations.

EDUCATION SETTING

- CYP struggles with peer relationships;
- CYP is being pressured to become involved in anti-social and/or criminal behaviour;
- CYP is experiencing or perpetrating persistent or severe bullying;
- CYP is experiencing stress/anxiety due to academic and/or social pressure.

NEIGHBOURHOOD

- Has a negative impact on CYP, including participating in or being victim of anti-social behaviour and criminal activities;
- CYP feels unsafe and is uncomfortable to travel beyond their immediate environment.

PEERS

- Expose the CYP to selling or using drugs;
- Make the CYP aware of others carrying weapons, resulting in them feeling compelled to do so as well;
- Pressure the CYP to become involved in anti-social and/or criminal behaviour, including gang involvement;
- Expose the CYP to violence and trauma.

ONLINE

- A space where the CYP is unsafe;
- CYP is engaged in or is a victim of negative and harmful behaviours;
- CYP accesses harmful content;
- Puts the CYP at risk of exploitation and grooming.

TIER 4 - CHILDREN IN ACUTE NEED

Children are suffering or are likely to suffer significant harm.

ASSESSMENT

S.47 assessment (CP)

ACTION

Obtain consent, if it does not put the child at further risk of harm, and refer concern to CFCS.

There should be no delay in referring concerns if it is not possible to get consent.

Children's Services will assess the case under S.47 and convene a strategy meeting to determine further actions.

Where there is an immediate need to protect a child, the police should be contacted on 999.

CHILD'S DEVELOPMENTAL NEEDS

- Developmental milestones are significantly delayed creating risk of significant harm;
- CYP has complex health issues which are having an adverse impact on their physical and mental health, due to a complex health condition, poor diet, no physical activity, or substance misuse;
- Persistent demonstration of destructive behaviour, which places CYP at imminent risk of anti-social behaviour, crime, substance misuse, and exploitation;
- CYP has a negative sense of self and abilities which is exploited by others. CYP is self-harming or disclosing suicidal thoughts and parents are not a protective factor;
- CYP is completely isolated and has little or no communication;
- CYP expresses beliefs of extremism/ intolerance, and there are concerns that CYP is being groomed for involvement in extremist activities, including travelling to conflict zones;
- CYP persistently goes missing, does not recognise risk, and may be involved in exploitation;
- CYP shows consistent physical and emotional signs of neglect or abuse.

PARENTING CAPACITY

- Parents neglect to access recommended support and services;
- Strong suspicions/ evidence of fabricated illness;
- CYP is actively obstructed and discouraged from success in education or employment;
- CYP educated to hold extreme/ intolerant views, is circulating extremist imagery, and/or family is planning on travelling to a conflict zone;
- Relationships between parents and CYP have broken down and put the CYP at risk of significant harm;
- Parents are unable to judge or protect CYP from dangerous situations;
- Persistent and severe domestic abuse is emotionally harming CYP, and CYP is at high risk of being or is already a perpetrator or victim of abuse including exploitation;
- Physical or mental health, learning difficulties, and/or substance misuse of parents significantly impacts care of CYP;
- Parent unable to protect CYP from harm and places them at significant risk;
- Parent physically harms CYP and/or may be subjecting them to harmful traditional practices;

SERVICES

- Children's Services
Locality team;
- Court team;
- CYPDS;
- CAMHS;
- Education settings;
- Parenting support;
- Children's centres;
- Childcare providers;
- Midwifery;
- Health visiting;
- School nursing;
- GP;
- Youth services;
- Police;
- Probation;
- Housing;
- Substance misuse services;
- DV One Stop Shop;
- Community & voluntary organisations;
- And others

- Parents blame the CYP for extra-familial harm they experience;
- Parents facilitate CYP's exposure to extra-familial harm.

FAMILY AND ENVIRONMENTAL FACTORS

- Family members at risk of deportation;
- Family has no stable housing, and their home is consistently dirty and hazardous to the child's health and safety;
- Highly volatile family network;
- Current criminal activity, and/or evidence of gang involvement;
- Poor financial resources and budgeting results in CYP's basic needs not being met;
- Family is socially excluded and involved in bullying, hate crime, violence, and anti-social or criminal behaviour;
- Family and/or friends are members of proscribed organisations.

EDUCATION SETTING

- CYP avoids in order to stay safe;
- CYP has been, or is at risk of being, permanently excluded;
- CYP is exposed to physical, emotional or sexual violence either at school or through school based networks.

NEIGHBOURHOOD

- Neighbourhood has a profound negative impact on CYP;
- CYP feels unsafe to travel beyond their immediate environment;
- CYP has suffered, or is at immediate risk of suffering, significant harm.

PEERS

- Expose the CYP to abuse, including suspected rape;
- Exploit the CYP sexually or for criminal purposes, including serious youth violence and radicalisation;
- Cause significant harm to the CYP's wellbeing due to severe and/or complex relationship difficulties;
- Involved in a group sexual offence.

ONLINE

- CYP is at risk of exploitation and grooming;
- CYP shows signs of addiction to gaming and/or pornography;
- CYP visits extremist websites;
- Unsafe and causing the CYP emotional harm.

6. ADDITIONAL THRESHOLD CRITERIA: SECTION 47, SECTION 20, SECTION 31

SECTION 47, CHILDREN ACT 1989

CHILD PROTECTION ENQUIRIES (TIER 4)

- Any allegation of abuse or neglect or any suspicious injury in a pre- or non-mobile child;
- Allegations or suspicions about a serious injury/ sexual abuse to a child;
- Two or more minor injuries in pre-mobile or non-verbal babies or young child (including disabled children);
- Inconsistent explanations or an admission about a clear nonaccidental injury;
- Repeated allegations or reasonable suspicions of nonaccidental injury;
- A child being traumatised injured or neglected as a result of domestic violence;
- Repeated allegations involving serious verbal threats and/or emotional abuse;
- Allegations/ reasonable suspicions of serious neglect;
- Medical referral of non-organic failure to thrive in under-fives;
- Direct allegation of sexual abuse made by child or abuser's confession to such abuse;
- Any allegation suggesting connections between sexually abused children in different families or more than one abuser;
- An individual (adult or child) posing a risk to children;
- Any suspicious injury or allegation involving a child subject of a current child protection plan or looked after by a local authority;
- No available parent and child vulnerable to significant harm (e.g. an abandoned baby);
- Suspicion that child has suffered or is at risk of significant harm due to fabricated or induced illness;
- Child/ren subject of parental delusions;
- A child at risk of sexual exploitation or trafficking;
- Pregnancy in a child aged under 13; and
- A child at risk of FGM, honour based violence, or forced marriage.

CHILD PROVIDED WITH ACCOMMODATION

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

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

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

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

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

**INITIATION OF CARE PROCEEDINGS
(Threshold for pre-proceedings)**

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

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

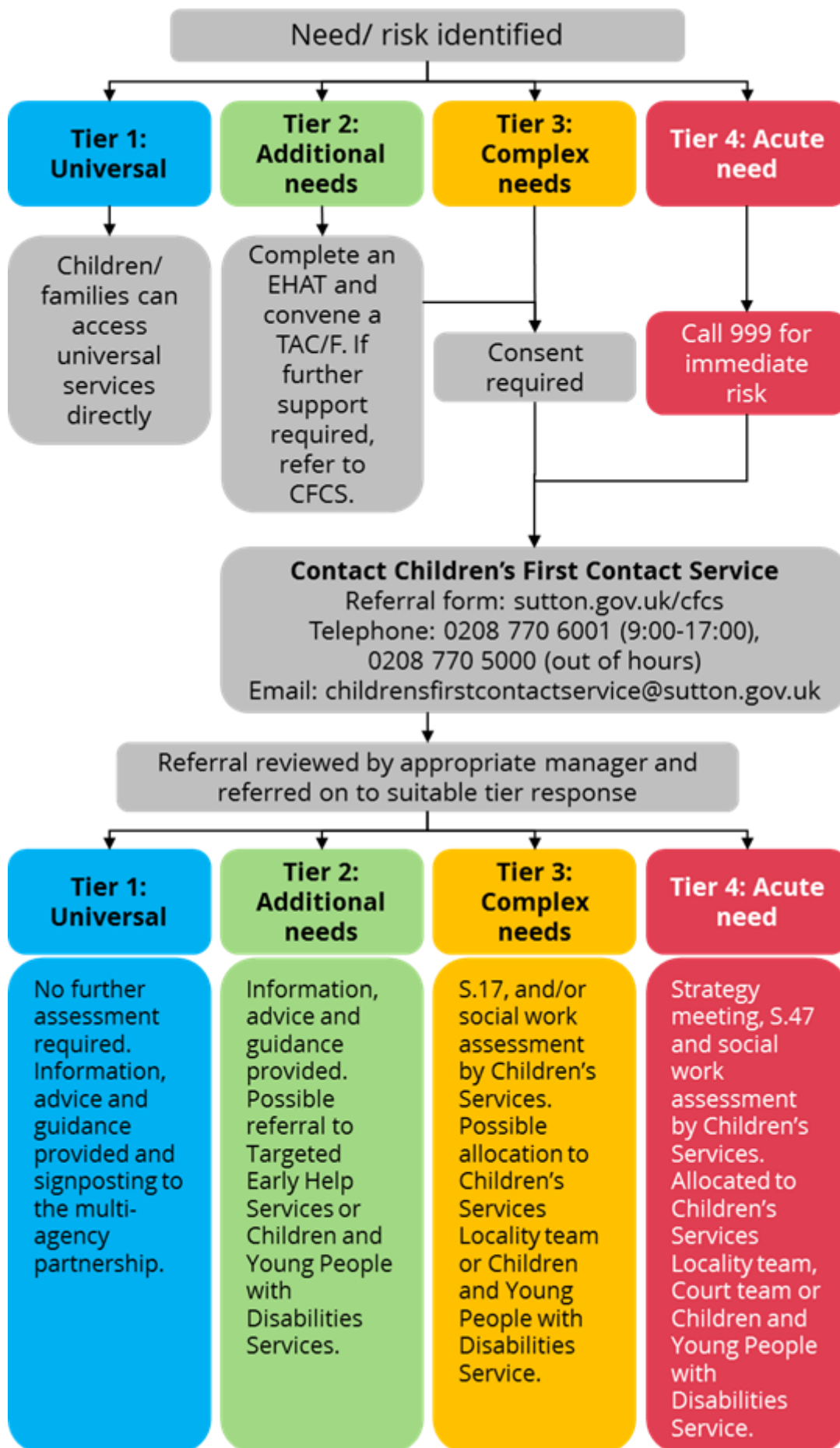
'Development' means physical, intellectual, emotional, social, or behavioural development;

'Health' means physical or mental health; and

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

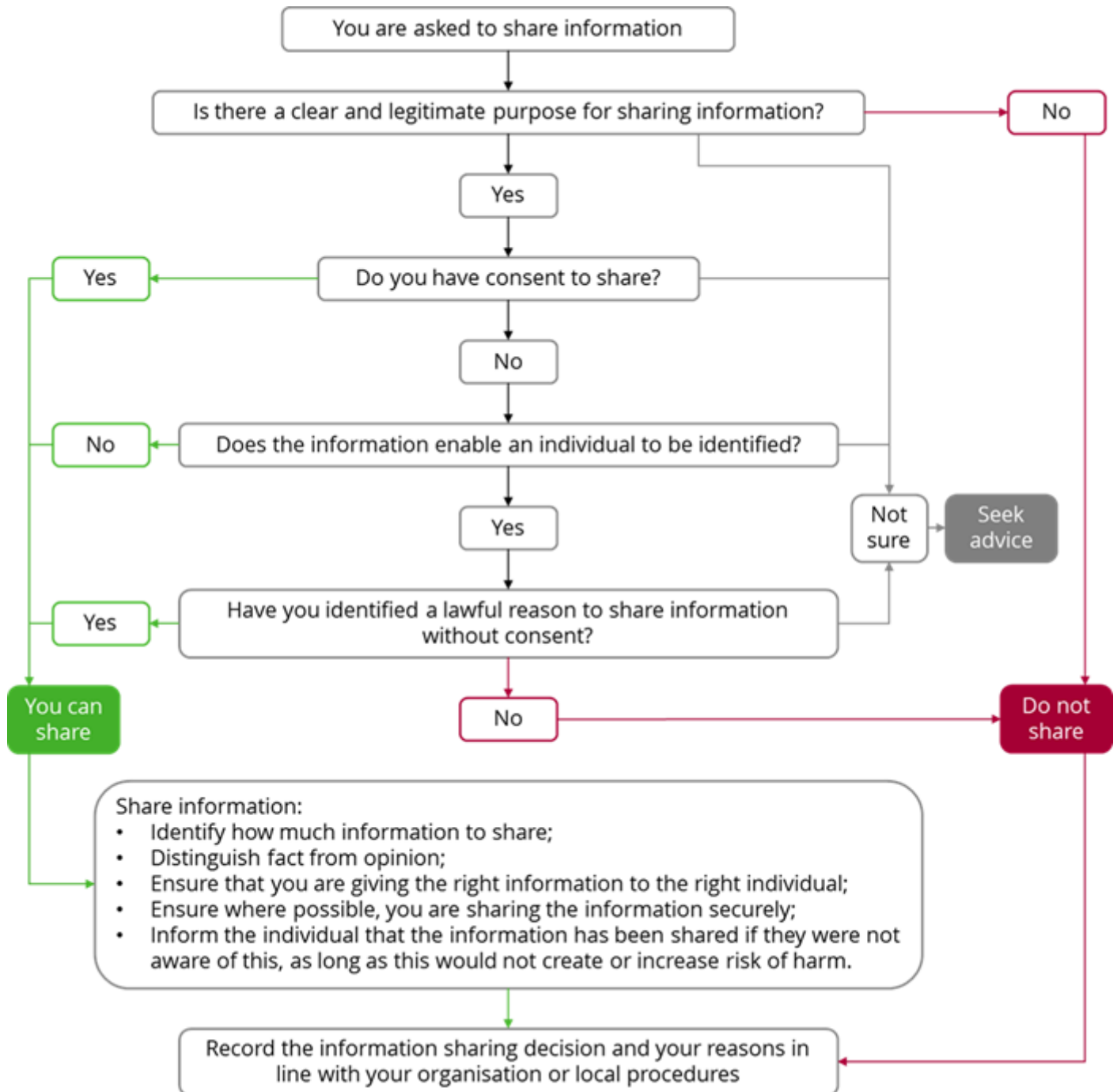
Where the question of whether harm suffered by a child is significant turns on the child's health or development, his/ her health or development shall be compared with that which could reasonably be expected of a similar child.

APPENDIX A. SUTTON THRESHOLD PATHWAY



APPENDIX B. INFORMATION SHARING

The flowchart below should be considered when sharing information (HM Government, 2018).



APPENDIX C. CONTEXTUAL SAFEGUARDING AND THE FOUR ASSESSMENT TRIANGLES

CONTEXTUAL SAFEGUARDING

“Contextual Safeguarding is an approach to understanding, and responding to, young people’s experiences of significant harm beyond their families.” (Firmin, 2017).

Since April 2019, Sutton has sought to embed a contextual safeguarding approach to safeguarding and promoting the welfare of children and young people.

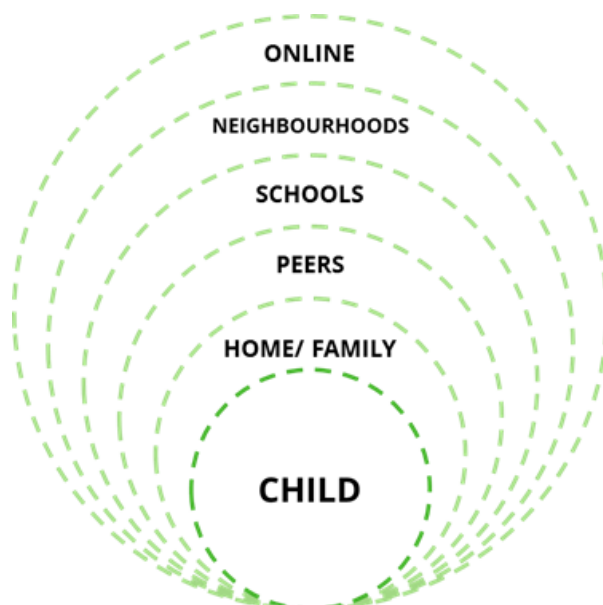
A key consideration when working with children, visualised in the figure below (Firmin, 2017), is that they are influenced by more than just their home and family; they are also shaped by their peers, schools, and neighbourhood, in both online and offline contexts. Therefore, support provided to a child or young person needs to consider the extra-familial contexts as well.

To begin addressing and responding to the harm children experience both within and outside of the family home, Sutton will be considering the context (home/

family, peers, neighbourhood, school, online) in which the child is coming to harm. A contextual safeguarding approach involves weighting which context is the source of the harm will determine where the intervention is best focused. This may involve working with a number of external agencies that children's social care traditionally do not work alongside to both assess and intervene. Typically this approach is used for children who are 10+ years of age and are likely to be experiencing harm such as drug use, bullying, assault or exploitation. However, the contextual safeguarding approach can be used across the lifespan of a child.

If professionals have concerns regarding harm to a child from outside the family home they should follow the same process as if they had safeguarding concerns about abuse and neglect.

For further information and research on contextual safeguarding: csnetwork.org.uk.



THE FOUR ASSESSMENT TRIANGLES

The traditional assessment triangle below focuses on children and their families to assess a child's needs and form a judgement regarding the level of need. The assessment triangle comes from Working Together 2018 and

underpins the Framework for Assessment in Need and their Families which is used as the assessment model for considering whether a child is in need under the Children Act 1989 and should be used by professionals when assessing a child's needs.

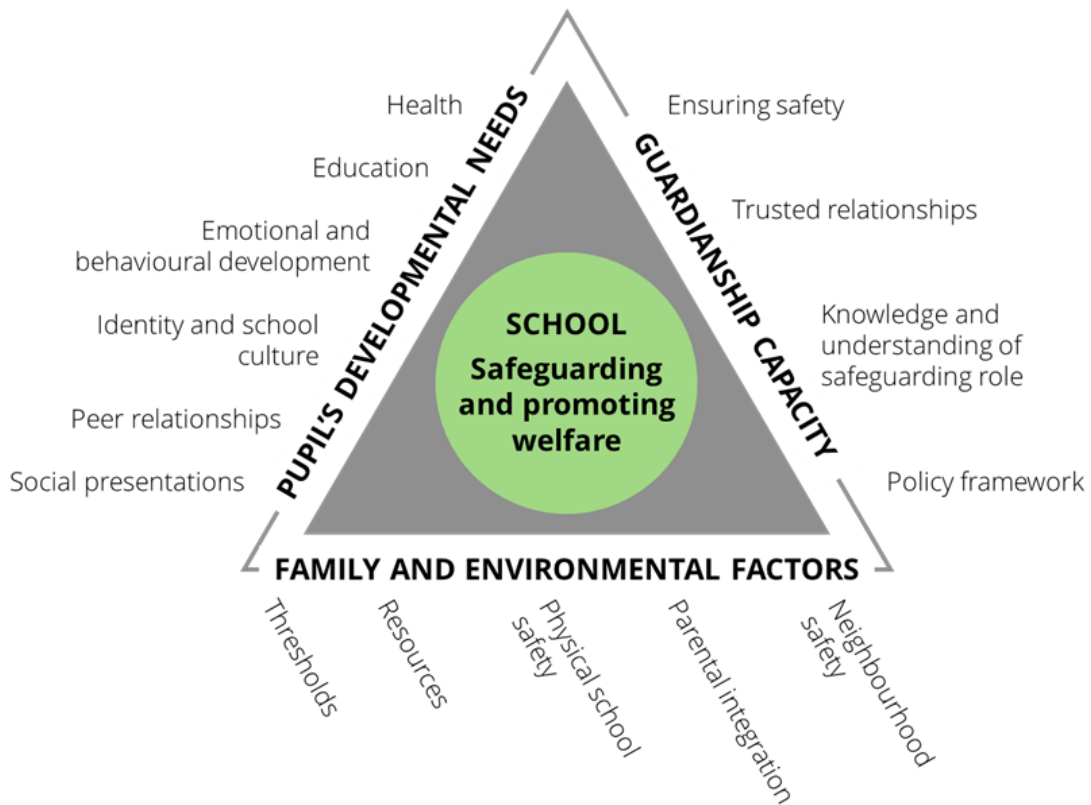


In addition to the traditional child protection assessment triangle, the Contextual Safeguarding Network has developed three further assessment triangles to support professionals when assessing a child's safety and welfare: schools, neighbourhoods, and peers. All four triangles should be referred to by

professionals when assessing a child's needs and have been used to inform the indicators within this document.

More information on the contextual assessment triangles can be found here: csnetwork.org.uk/assets/documents/ContextAssessmentTriangles.pdf

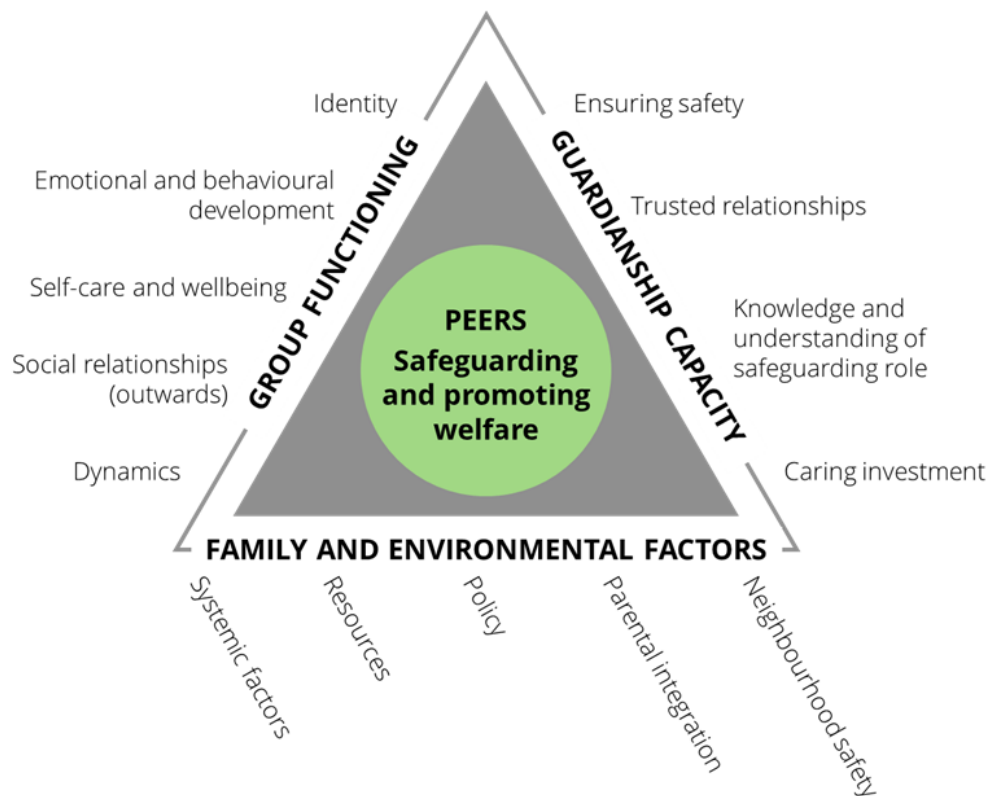
School assessment triangle



Neighbourhoods assessment triangle



Peers assessments triangle



APPENDIX D. ATTENDANCE MATTERS

Parents and carers are responsible in law (S.7 Education Act 1996) for ensuring their children are in receipt of a suitable full time education. In addition, Local Authorities have a legal obligation (S.437 Education Act 1996) to ensure that all children of statutory school age, who reside in their area, are in receipt of a suitable education. Locally, the Borough School Attendance Service provides support in this area.

If a child is experiencing attendance difficulties and it remains below an acceptable threshold once school staff have exhausted internal strategies to improve the attendance, school staff have a duty to inform the relevant services in the Local Authority.

In many cases school staff will have informed parents and carers that a referral is going to be made. However, given that failure to ensure a child's attendance at school is an offence committed by parents and carers, there is no obligation for parents and carers to consent to the referral, and there are no implications for sharing relevant data in relation to the potential offence.

In addition to a duty to make contact on the first day of all instances of unexplained absence for school, staff

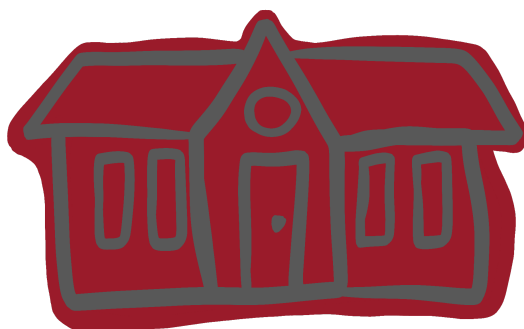
should consider referrals for Early Help Support (once all internal measures have been exhausted) all children with six weeks broken attendance or two weeks complete unauthorised non-attendance. Failure to take timely action to follow up on all days missed from school can have serious safeguarding implications.

“The parent of every child of compulsory school age shall cause him to receive efficient full-time education suitable—
(a) to his age, ability and aptitude, and
(b) to any special educational needs he may have, either by regular attendance at school or otherwise.”

S.7 Education Act 1996

““Parent”, in relation to a child or young person, includes any person—
(a) who is not a parent of his but who has parental responsibility for him, or
(b) who has care of him.”

S.576 Education Act 1996



APPENDIX E. SPECIFIC CIRCUMSTANCES

ADOLESCENT SAFEGUARDING

As children get older they become exposed to more environments outside the family home where they may suffer harm. The [LSCP Multi-Agency Protocol for Safeguarding Adolescents](#) considers how professionals can further support adolescents to promote their welfare and keep them safe from harm. The protocol includes:

- Child victims of trafficking and modern day slavery;
- Children/ young people at risk of radicalisation and exposure to extremist ideology;
- Harmful sexual behaviour, including peer on peer abuse;
- Child sexual exploitation;
- Child criminal exploitation, including county lines and serious youth violence; and
- Online exploitation.

Where a case meets threshold it will be considered at the Multi-Agency Child Exploitation (MACE) operating panel. The MACE panel is a multi-agency meeting that takes place monthly and aims to reduce the extrafamilial safeguarding risks that adolescents may be exposed to by building an understanding of the links between victims and perpetrators, identifying themes and trends, and using these to inform diversionary measures and tactical interventions. Cases are referred to the MACE panel via a screening tool completed by Children's Services.

If professionals have concerns regarding harm to a child/ young person from outside the family home they should

follow the same process as if they had traditional safeguarding concerns and refer the child/ young person to CFCS.

CHILDREN AT RISK OF FEMALE GENITAL MUTILATION (FGM)

Where FGM has been identified as an actual or potential concern an assessment of risk should be completed. Where the risk of harm to a child or young person is judged to be high, i.e. that it is likely that FGM will happen in the near future or has happened and a child is suffering harm, there should be no delay in referring the child or young person to CFCS.

If a girl appears to have been recently cut or you believe she is at imminent risk, act immediately – this may include phoning 999.

Regulated health and social care professionals and teachers in England and Wales have a mandatory duty to report 'known' (visually identified or verbally disclosed) cases of FGM in under 18s to the police via police 101 number.

Professionals and volunteers should use the [Sutton FGM Risk Assessment Toolkit](#) to support them in assessing the risk to a child or young person.

CHILDREN LOOKED AFTER WHO RETURN HOME FROM CARE

Planned return

Where a child/ young person returning home from care is planned, Sutton Children's Services will complete an

assessment whilst the child/ young person is still being looked after as part of the care planning process under regulation 39 of the Care Planning Regulations 2010. The assessment should consider any services or support the child/ young person and their family may need, including Early Help support.

Unplanned return

Where a child/ young person accommodated under Section 20 of the Children Act 1989 returns home unplanned, Sutton Children's Services must consider whether there are any immediate concerns for the child/ young person's safety and wellbeing. If there are concerns then Children's Services should take appropriate action, including Section 47 enquiries.

For more information on children looked after who return home from care please refer to 'Processes for managing individual cases' in Chapter 1 of Working Together to Safeguard Children 2018.

CHILDREN MISSING FROM HOME OR CARE

A child who goes missing should always be reported to the Police as the lead agency. The Police will then refer the child to CFCS for a discussion around any safeguarding concerns.

[Sutton LSCP Multi-Agency Protocol for Missing Children](#) should be followed by all professionals and volunteers when a child goes missing.

CHILDREN WITH MENTAL HEALTH NEEDS

Children and young people with mental health needs who need support can be referred to Sutton CAMHS (Child and Adolescent Mental Health Service) via the Single Point of Access (SPA). This service gives assessment, advice, information and treatment in respect of children and young people whose behaviour suggests they have psychological, developmental or mental health difficulties affecting their wellbeing.

- [Sutton CAMHS referral form](#)
- Telephone: 0203 513 3800
- Fax: 0203 513 4454

In addition, professionals and volunteers should refer to the [LSCP Management of Young People who Self-Harm or have Suicidal Ideation Protocol](#) for children suffering from self-harm and suicidal ideation.

CHILDREN/ YOUNG PEOPLE AT RISK OF, OR INVOLVED IN ANTI-SOCIAL AND OFFENDING BEHAVIOUR

When professionals have concerns that children or young people might be at risk of crime or anti-social behaviour they should refer to the CFCS, who will then refer on to the Youth Offending Team (YOT), if appropriate.

Sutton's YOT is part of the Integrated Youth Services and the team works with young offenders or children and young people aged 10 to 17 years who may be at risk of crime or anti-social behaviour.

The team's work includes:

- Supervision of young people subject to statutory court orders and out of court disposals;
- Intervention to prevent offending and reduce the risk of reoffending by young people;
- Work with young people who have offended to support them to consider the consequences of their offending behaviour, and assist them to understand the impact of their behaviour on their victims, their families and themselves;
- Work with young people who have offended to make reparations to victims of crime and/or the wider community; and
- Support parents of young people who have offended to reduce the risk of future re-offending.

DOMESTIC ABUSE

Exposure to domestic abuse can cause serious harm to a child or young person. Children experiencing domestic abuse are at an increased risk of other types of abuse, and adolescents may be victims of domestic abuse in peer-to-peer relationships.

If a child or young person discloses domestic abuse, either between their parents or in their own relationship, a referral should be made to CFCS; if it is believed that the child and/or family are in immediate danger call the police on 999.

For further procedures and guidance on safeguarding children affected by domestic abuse, see section 11 of the

[London Safeguarding Children Procedures](#).

For information on what services are available to children and young people and their families experiencing domestic abuse in Sutton, visit the Not Alone in Sutton website: notaloneinsutton.org.uk.

NEGLECT

Neglect is defined in Working Together 2018 (pg. 104) as:

“The persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate caregivers);
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.”

Neglect practice toolkit

The [Sutton LSCP Neglect Practice Toolkit](#) is designed to support Section 47 and Child in Need risk assessments, and planning and reviewing processes. It is organised into two parts: the practice

guidance and the neglect screening tool template.

PRIVATE FOSTERING

If the living arrangements of a child/young person fits the criteria below they may be being privately fostered:

- Child/ young person is living with someone other than their parents, legal guardian, close relative (grandparent, brother, sister, aunt, and uncle), or other person with legal responsibility;
- The child/ young person is below the age of 16 (or below the age of 18 if they have a disability);
- The child/ young person has stayed, or will be staying, longer than 28 days.

There are many reasons why a child/ young person may be being privately fostered: if a parent has to be admitted to hospital for a long amount of time, parents are living abroad, conflict between the child and parents etc.

If you suspect a child/ young person is being privately fostered then Children's Services need to be contacted via CFCS; Children's Services have a legal duty under the Children Act 2004 to ensure all privately fostered children are safeguarded and their needs promoted.

Following referral to Children's Services, a social worker will undertake an assessment of the arrangement and will then decide whether to approve the arrangement or not. If it is approved then the social worker will make regular visits within statutory guidelines for as long as the arrangement is in place. If the

arrangement isn't approved then the social worker will discuss alternate options with the parents.

UNACCOMPANIED ASYLUM SEEKING CHILDREN (UASC)

Unaccompanied asylum seeking children (UASC) are children and young people who are seeking asylum in the UK but who have been separated from their parents or carers. While their claim is processed, they are cared for by a local authority.

The London Borough of Sutton will care for an UASC where they first present in Sutton or are transferred from another local authority. Children's Services will assess any safeguarding risks to the child/ young person and will place them in suitable accommodation.

UNBORN CHILDREN

Where professionals have concerns about the safety and wellbeing of an unborn child they should make a referral to CFCS for a pre-birth assessment. Concerns may arise for a number of reasons, such as the mother's lifestyle during pregnancy, or the parents' capability to care for the child once born. Any concerns should be addressed as early as possible before the birth to best safeguard the unborn child.

Referrals to Sutton CFCS will be accepted at or after eight weeks' gestation. Based on information gathered, referrals will result in one of the following outcomes:

- Where there are insufficient safeguarding concerns but support

would be beneficial, a referral to Targeted Early Help will be made;

- If history and risks suggest that statutory intervention is likely to be needed the case will be referred to the Children's Services Locality Team to undertake a pre-birth assessment alongside a child and family assessment;
- Where there are insufficient safeguarding concerns and it is not felt that support is needed, there will be no further action and advice and information will be given to the referrer.

Where there are concerns about the mental health of the mother (whilst pregnant or in the first year following the birth of their baby) professionals and volunteers should refer to the [LSCP Perinatal Mental Health Protocol](#). A referral can be made to the [South West London and St George's Mental Health NHS Trust Perinatal Mental Health Service](#).

- Telephone: 0203 513 6577
- Fax: 0203 513 4461
- Email: ssg-tr.perinatalswlstg@nhs.net

YOUNG CARERS

A young carer is anyone who is under the age of 18, and who looks after someone in their family, or a friend, who is ill, disabled, has a mental health condition or misuses drugs or alcohol.

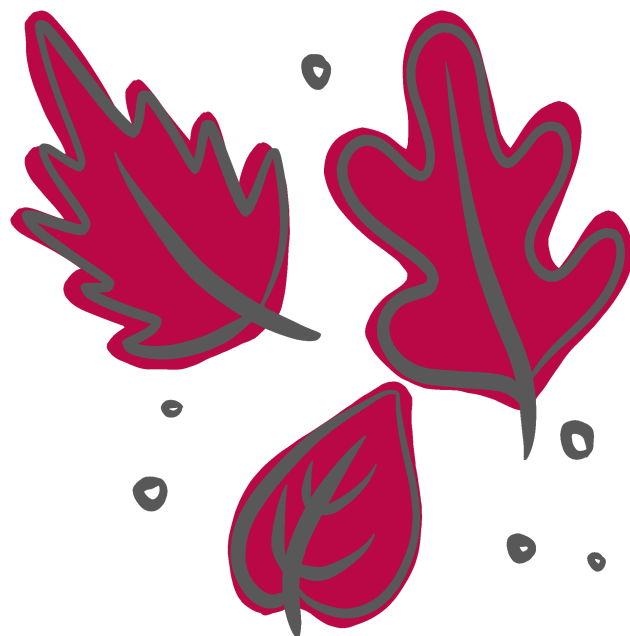
Young carers may find they have more responsibilities around the house than other children their age, and they may feel under pressure to take time off of

school, or not have time to play with friends or do homework.

If there are concerns that a young carer may have support needs or a young carer or their parent requests one, Children's Services must carry out an assessment under S.17ZA of the Children Act 1989. This can be accessed by making a referral to CFCS. More information can be found on the [London Borough of Sutton website](#).

Young carers can also contact the Sutton Young Carers Service which provides specialist support for young carers, including information, advice and lots of other support services.

- Telephone: 0208 296 5611
- Email: enquiries@suttoncarerscentre.org
- Website: suttoncarerscentre.org/young-carers-services



APPENDIX F. LEGAL AND POLICY CONTEXT

Working Together to Safeguard Children 2018 sets out a clear expectation that local agencies will work together and collaborate to identify children with additional needs and/or disabilities and provide support as soon as a problem emerges.

“The safeguarding partners should publish a threshold document, which sets out the local criteria for action in a way that is transparent, accessible and easily understood. This should include:

- The process for the early help assessment and the type and level of early help services to be provided
- The criteria, including the level of need, for when a case should be referred to local authority children’s social care for assessment and for statutory services under:
 - Section 17 of the Children Act 1989 (children in need)
 - Section 47 of the Children Act 1989 (reasonable cause to suspect a child is suffering or likely to suffer significant harm)

- Section 31 of the Children Act 1989 (care and supervision orders)
- Section 20 of the Children Act 1989 (duty to accommodate a child)
- Clear procedures and processes for cases relating to:
 - The abuse, neglect and exploitation of children
 - Children managed within the youth secure estate
 - Disabled children”

For all local LSCP protocols and guidance, visit the LSCP website: suttonlscp.org.uk.

