CITY OF LONDON CORPORATION

Thresholds of Need

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CITY OF LONDON

Contents

1 Introduction

Children need good quality support and help at the earliest stages of life and when problems arise to prevent their situation becoming worse. Most children grow up without needing more than the help of universal services. However, some children at different stages of their life journey may have additional needs which require tailored plans of support from different agencies so that they can grow up successfully in secure, healthy home environments.

Working Together to Safeguard Children (2018) sets out a clear expectation that local agencies will work together to collaborate to identify children with additional needs and provide support as soon as a problem emerges. Providing early help is a key element of achieving this and will avoid problems becoming entrenched.

The City and Hackney Safeguarding Children Partnership (CHSCP) expects that all practitioners working with families know how to identify children who have additional needs and know how to make a referral for early help, using the City of London Multi-Agency Referral Form (see Appendix 1).

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

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

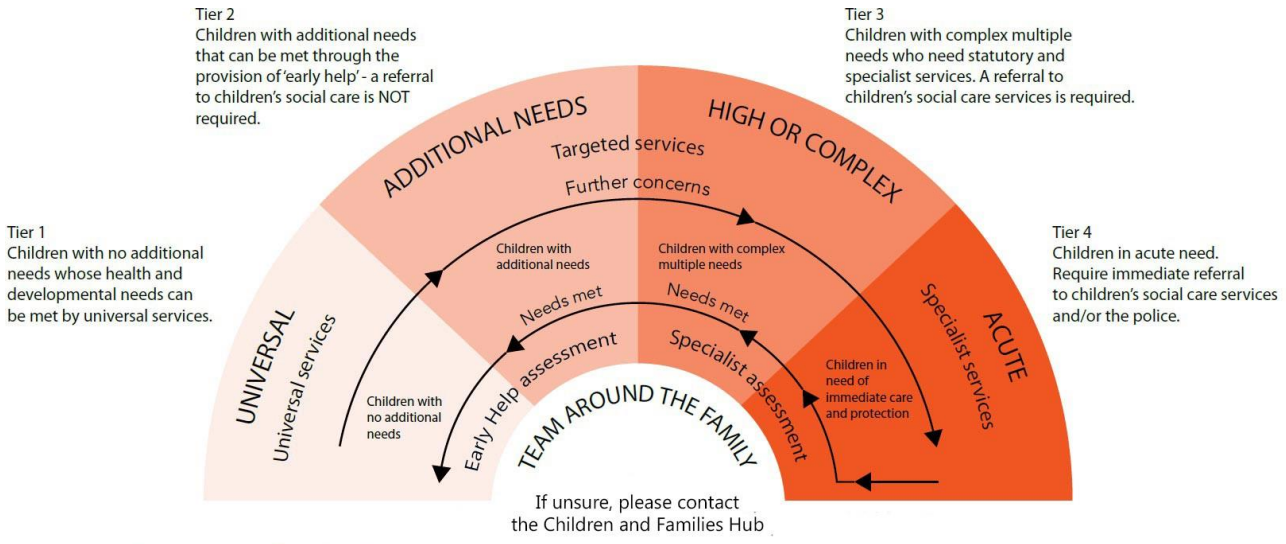

Figure 1: The Continuum of Need model

2 The Continuum of Need

Tier 1 – Universal

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

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

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

Tier 2 – Additional Needs

Children and young people who are unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development, without the provision of services, should be considered within the Tier 2 threshold.

At this stage, the City of London Multi-Agency Referral Form should be completed with the child/young person and their parent/carer and sent tothe Children and Families Hub at the City of London Corporation. If the case meets the threshold for a Tier 2 service, an early help worker will be appointed to complete a holistic, multi-agency Early Help Assessment to identify the child's needs and will develop a multi-agency plan with the family (see page 13).

Consent must be obtained in order to refer, complete an assessment, and to share information across services. If consent is withheld, single agency services should still be offered to the child/young person.

If consent is withheld and the professional is concerned that the family needs more support than a single agency can offer and requires support/services from partner agencies, for example education and/or children's social care, the professional should discuss the case with their designated safeguarding lead and/or their line manager to

ensure that everything is being done to engage the family and gain their trust. Please note that single agency services should still continue to be offered at Tier 2.

Tier 3 – High or complex

Children and families at this level will be experiencing complex and/or multiple needs which will require an integrated and co-ordinated response. Children at Tier 3 are often described as children 'in need' and may be seen to be at risk of impaired development without the provision of supports and services.

This is the level at which a coordinated multi-agency response is required due to the child/young person's complex or multiple needs. In these cases, a City of London Multi-Agency Referral Forum must be completed with the consent of the parent(s) and sent to the Children and Families Hub.

If consent is withheld at Tier 3 to complete a City of London Multi-Agency Referral Form and/or share information across agencies, the practitioner should discuss this with their line manager and/or designated safeguarding lead to ensure that everything is being done to engage the family and gain their trust.

Once the referral is reviewed by the duty social worker and manager, a decision will be made about whether there is indication that the child / children may be "In Need" as defined by s.17 of the Children Act 1989. If so, a social worker will be allocated to undertake a Child & Family Assessment. If the assessment confirms that the threshold for Tier 3 Child in Need support is met, the social worker will work with the child and family (with their consent) and other involved professionals to develop and progress a multi-agency Child in Need plan. Parent/carer participation, as well as that of children (where they are of an age and level of understanding), will be encouraged and facilitated in the whole process. Engaging parents/carers is a vital component in securing good outcomes for children.. Engaging parents/carers is a vital component in securing good outcomes for children.

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

Tier 4 – Acute

Children meeting the threshold at Tier 4 of the continuum have suffered or are at risk of suffering significant harm and/or significant impairment to their health or development.

The risks can be broadly of two kinds:

a) Abuse or ill-treatment causing an immediate and acute risk of significant harm to the child/young person's health or development; or
b) A chronic and long-term risk of harm to the child's health or Development, for example from persistent neglect, or prolonged exposure to domestic abuse.

This small group of children/young people will have needs which may meet the threshold for statutory intervention at the highest level. Children at this level may be subject to child protection enquiries; taken into care of the local authority; or need specialist mental health intervention.

Professionals must make a referral to the Children and Families Hub for any child/young person at this level of need. Professionals should normally seek consent to share information for Tier 4 referrals, except when this would place the child at increased risk of harm or compromise a police investigation (e.g. allegation of sexual abuse or suspicions of fabricated or induced illness). Whenever there is concern that a child is suffering or is likely to suffer significant harm, a referral must be made as swiftly as possible. Referrals made by phone must be followed up in writing within 24 hours on a Multi-Agency Referral Form, sent by secure email to Children.duty@cityoflondon.gov.uk.

If consent is withheld for a Tier 4 referral, the practitioner should consider, with their designated safeguarding lead and/or line manager, whether they have grounds to override consent in order to protect the child. Where a referral is necessary to protect the child, a practitioner will have a legal basis to share information without parental consent (see section 5 – Information Sharing).

Children's social care will take the lead in safeguarding children and coordinating services for children/young people at this level. The agencies involved might include any of those working with children/ young people at all levels.

Eligibility for Tier 4 support and protection is determined by assessment, usually through s.47 enquiries following a multi-agency strategy discussion, although steps to safeguarding a child can be taken before an assessment has started, if required.

A social worker will be allocated at the point of referral and will lead the work in line with statutory guidance and requirements.

3 How to make a referral for Early Help or Children's Social Care

When it is identified that a child/young person needs to be safeguarded or has additional needs which require support from more than one agency, the City of London Multi-Agency Referral From (MARF - see Appendix 1) must be completed and sent to the Children and Families Hub.

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

All referrals should be made with the consent of the parent/carer or the child/young person, unless to do so would put the child at risk.

The Children and Families Hub welcomes calls from partners who would like advice to determine whether a referral should be made. These consultation calls are done without the exchange of identifying information and intended to provide guidance – the responsibility for deciding whether to make a referral rests with the professional who knows and is concerned about the child or young person.

All referrals – for both early help and statutory social work services – should besent to the Children and Families Hub. Referrals can be made by telephone, but must be followed up with a City of London Corporation Multi-Agency Referral Form (MARF – Appendix 1), sent within 24 hours by secure email to Children.duty@cityoflondon.gov.uk

It is important that the referral type is made clear on the City of London Multi-Agency Referral Form so that it can be appropriately directed to early help or statutory social care.

Contact details
Office Hours: 09.00 – 17.00 Monday to Friday
Children and Families Hub
Telephone
020 7332 3621/1620/3394
Completed referrals forms should be password protected and emailed within 24 hours to:
Children.duty@cityoflondon.gov.uk

Out of Hours: 17.00 – 08.30am, weekends and public holidays
Emergency Duty Team
Telephone
020 8356 2346/2710
Completed referral forms should be password protected and emailed within 24 hours to:
duty@hackney.gov.uk

Once the referral has been processed, the Children and Families Hub will contact the referrer to confirm receipt and the outcome of the referral. If the referrer has not received a call back within one working day, they must contact the Children and Families Hub to ensure the referral has been received.

Decisions will take account of the referral information, information held on existing records, discussions with the family (where possible and appropriate) and information provided by other professionals or services as deemed necessary (via the MASH). There could be a number of outcomes to the referral, such as:

- If there is already an allocated early help or social worker involved withthe family, your information will be passed straight to them and their manager for review and decision making
- Allocation to Early Help for assessment and early intervention
- A finding that the child appears to be a Child in Need and requiresallocation to a social worker for a Child & Family Assessment
- A finding that there are concerns about actual or potential significant harm that require a strategy discussion, which may lead to a child protection investigation
- A finding that the child or young person does not meet the Tier 2-4 threshold and therefore no further action will be taken. In this case, the Duty or MASH social worker may provide specific advice or information or may signpost the family to other specialist agencies.
- The referring agency must continue to monitor the child or young person's situation. If their needs increase or the situation deteriorates, the agencymust re-refer.
- When is it not clear from the referral what the appropriate level of support should be, the referral will be passed to the City of London Virtual Multi-Agency Safeguarding Hub (MASH), where further information will be sought from partner agencies to help make this determination (please refer to the MASH Protocol and MASH Operational Procedures).

"When it is identified that a child or young person needs to be safeguarded or has additional needs which require support from more than one agency, the City of London Multi-Agency Referral Form (MARF) must be completed and sent to the Children and Families Hub"

- When there is more than one child in the household, the Social Work Manager will make a decision about whether or not to include any or all the children in the final threshold decision. In the majority of cases, a decision to undertake Early Help or Child and Family assessments will include all children in the household. The reasons for excluding any will be made clear to the referrer.

4 Children with disabilities

Children aged under 18 with disabilities have a right to an assessment under Section 17 of the Children Act 1989 and a right to receive from appropriate support that meets their needs.

A referral which concerns a child who has a disability and whose needs have not previously been assessed will be allocated to a social worker, who will undertake a Child and Family Assessment, to help identify the child's needs and to agree with the family how these can be best met. This assessment will be informed by the child's Education Health and Care (EHC) plan, where available.

Not all children who have a disability will require an ongoing Child in Need plan, however; in the majority of cases, their needs can be met through support from universal, specialist and voluntary services, although in in some cases, Tier 2 Early Help support may be required to help co-ordinate this support and provide additional assistance to the family.

A child with disabilities is only likely to require Tier 3/4 intervention when, despite the provision of appropriate support, there are continuing concerns about the quality and consistency of their care and safety.

5 Escalating concerns

Safeguarding is everyone's responsibility and effective, collaborative working is essential. Professionals need confidence in talking with each other about decisions that have been made, discussing concerns about those decisions and, when there isn't agreement, escalating those concerns if appropriate. The need for staff from all agencies to feel confident in their understanding of when and how to raise effective challenge about practice is necessary to achieve the best outcome for children and young people.

Equally important is the culture of how we work and it is vital front-line staff are encouraged to be professionally curious and raise issues when they feel their concerns for children and young people are not being tackled.

For more information on escalation and how to resolve professional differences, refer to the City and Hackney Safeguarding Children Partnership (CHSCP) Escalation Policy (see Appendix 2).

6 Information sharing

Information sharing is essential for effective safeguarding and promoting the welfare of children and young people. It is a key factor identified in many Serious Case Reviews, where poor information sharing has resulted in missed opportunities to take action that keeps children and young people safe.

Proportionality and necessity are factors to be taken into consideration when deciding whether to share confidential information. In making the decision, practitioners must weigh up what might happen as a result of the information being shared against what might happen if it is not and apply their professional judgement.

Where there is a clear risk of significant harm to a child you must share the information to safeguard the child.

If you are unsure about whether to share information, you should seek advice from your line manager, your organisation's designated safeguarding lead, and/or Information Manager.

For more information on information sharing, the City and Hackney Safeguarding Partnership (CHSCP) advice is available here http://www.chscb.org.uk/information-sharing/

Direct access to government advice on information sharing for those providing services to children, young people, parents and carers, is available here https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice

7 The Early Help Assessment, Team Around the Family (TAF) and the Early Help Outcomes Plan (Tier 2)

When a child or young person's needs suggest they would benefit from early help services, the use of the Early Help Assessment should be considered. This means a child's needs are considered to be at Tier 2 of the Continuum of Need model.

The Early Help Assessment is a tool to support early intervention. When used effectively, it ensures children and families receive the right support at the right time to prevent a small need from growing into a larger one.

The Early Help Assessment is co-created with the family, including discussions with the child/young person as well as with practitioners from involved agencies. The Early Help Assessment is designed to gather and understand information about the needs and strengths of the child and their family in order to determine the interventions required to deliver effective help.

The process is entirely voluntary and informed consent from the parent/carer and/or the young person is mandatory.

The Early Help Assessment considers the child's needs holistically, drawing on the family's and multi-agency knowledge, expertise and information to carefully consider all three dimensions of the Assessment Framework (figure 2).
The Early Help Assessment is usually completed within 45 working days and is always shared with the family (and child/young person, when appropriate).
The assessment is used to inform an Early Help Outcomes Plan with the family, that sets out what additional support the child/young person and family will receive in order to achieve good outcomes for the child/young person. This outcome plan aims to be SMART - specific, measurable, attainable, realistic and timely; it is regularly reviewed and monitored by the lead professional to ensure it is effective (see below).

Figure 2: the three dimensions of the Assessment Framework

The Team Around the Family and Early Help Outcomes Plan

Multi-agency meetings that include the family are organised by the lead professional so that information can be shared to enable everyone to plan the next steps together in response to the assessed needs and produce a plan to help families achieve their goals. This is called the Team Around the Family (TAF) meeting and the plan is the Early Help Outcomes Plan.

The TAF will meet on a regular basis to check progress of the plan and review how well the plan is achieving the desired good outcomes for the child. In some cases where progress is not being made against the desired outcomes, the TAF willneed to consider whether further targeted intervention at Tier 2 is required orwhether the concerns that remain unresolved need to be 'stepped up' to
children's social care if they meet the Tier 3 or 4 threshold criteria.

The Early Help Outcomes Plan should clearly state who is going to do what and when, including the actions the family can do to help themselves. This is a family-led approach that must include the voices of the child/young person and their parent/carer.

> "The City has a multi-agency, family-led approach to assessing, planning, delivering and reviewing early help need, intervention and impact. The Team Around the Family works together to provide the right help at the right time."

8 Stepping up and stepping down

Stepping up from Early Help to Children's Social Care services

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

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

The decision to step up and refer to the Children and Families Hub should be made by the lead professional of the Early Help Assessment or Team Around the Family based on a review of the Early Outcomes Help Plan.

Stepping down from statutory safeguarding services

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

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

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

9 The Thresholds of Need matrix

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

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

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

Tier 1 - Universal Services – Children with no additional needs

FEATURES	ASSESSMENT AND LEVEL OF INTERVENTION
Children with no additional needs. Children whose developmental needs are met by universal services.	No Common Assessment is required Children should access universal services in a normal way Key universal services that may provide support at this level: • Education - including wide range of services provided in and by schools • Nurseries, pre-schools and playgroups • Children's centre services • Health visiting services • School nursing • Speech and Language Therapy • GP • Play services • Integrated youth support services • Police • Housing • Voluntary and community sector • Family

EXAMPLE INDICATORS (not an exhaustive list)	
Developmental needs	
Learning/education	• Achieving key stages • Good attendance at school/college/training • No barriers to learning • Planned progression beyond statutory school age
Health	• Good physical health with age appropriate developmental milestones including speech and language
Social, emotional and mental health	• Good mental health and psychological well-being • Good quality early attachments, confident in social situations • Knowledgeable about the effects of crime and antisocial behaviour • Knowledgeable about sex and relationships and consistent use of contraception if sexually active. Good understanding of consent, confident and able to refuse unwanted sexual behaviour
Family and social relationships	• Stable families where parents are able to meet the child's needs • Self-care and independence • Age appropriate independent living skills
Family and environmental factors	
Family history and well-being	Supportive family relationships
Housing, employment and finance	• Child fully supported financially • Good quality stable housing • Social and Community Resources • Good social and friendship networks exist • Safe and secure environment • Access to consistent and positive activities
Parenting capacity	
Basic care, safety and protection	Parents able to provide care for child's needs
Emotional warmth and stability	Parents provide secure and caring parenting
Guidance boundaries and stimulation	Parents provide appropriate guidance and boundaries to help child develop appropriate values

Tier 2 – Children with additional needs

Children and young people at this level have additional needs. Professionals need to intervene early rather than wait for problems to get worse. Children and young people at this level are in need of coordinated early and support from services.

Early help services are targeted to children, young people and families likely to experience difficulties, for example, disabled children, young carers, children missing education, teenage parents, children engaged in criminal or antisocial behaviour, and children with parents who have substance misuse problems, domestic abuse and violence and/or mental health problems. This is when the identified need(s) cannot be met by a universal service/setting alone but can be met by more than one service working together using the early help assessment process.

FEATURES	ASSESSMENT AND LEVEL OF INTERVENTION
These children have low level additional needs that are likely to be short-term and that maybe known but are not being met. Vulnerable children's needs are either not clear, not known or not already being met.	Children with additional needs require an Early Help Assessment to inform a multi-agency plan of support, led by a lead professional and supported by a multi-agency Team Around the Family (TAF). Early Help Service Enhanced parenting support as part of Children Centre services Services that may be involved at this level include: • CAMHS Tier 2 • Education Welfare • Education Psychology • SEND services for children requiring support for special educational needs and disability • Targeted Youth Services

EXAMPLE INDICATORS (not an exhaustive list)	
Developmental needs	
Learning/education	• Children with development delay within the Early Years Foundation Stage • Children with Special Educational Needs and Disabilities (SEND) Education, Health and Care (EHC) plans • Children with identified language and communication difficulties • Children with low attendance at school (below 90%) and persistent absence • Children with persistent short term exclusions and risk of permanent exclusion • Children who are missing education (eg due to chronic health needs) • Young people not in education, employment or training (NEET) or where attendance is sporadic and they are not reaching their potential
Health	• Children who are delayed in reaching developmental milestones • Children whose physical and emotional development raises concerns • Children with chronic/recurring health problems • Children with a pattern of missed appointments – routine and non-routine • Children who are showing early signs of organic or non-organic failure to thrive
Social, emotional and mental health	• Children with mental health or emotional issues requiring intervention • Children with an early onset of offending behaviour or activity (10-14 years) • Children who come to the notice of police on a regular basis but this is not progressed • Children vulnerable to becoming involved with gangs and needing help to divert them • Children known to be using drugs and alcohol frequently with occasional impact on their social well-being • Children with low self-esteem which is impairing their educational and personal development • Children who are bereaved • Young parents under 16 years • Children who display a pattern of risk taking/inconsequential behaviours • Children who are victims of crime which could include discrimination, sexual or criminal exploitation
Self-care and independence	• Children who lack age appropriate behaviours and independent living skills, likely to impact negatively on their development
Missing	• Child/young person has occasionally gone missing from home for short periods. Support needed to prevent further episodes. Also refer to MACE. • Consider referring to the Multi Agency Child Exploitation Panel and Vulnerable Adolescents Forum (MACE and VAF) using the City of London's Multi-Agency Referral Form (MARF – Appendix 1). A duty social worker will then complete the referral form to MACE and VAF with the referring agency (see Appendix 3)

Family and environmental factors	
Family and social relationships and family well-being	• Children's behaviour results in parents/carers requesting support to manage behaviour • Children negatively affected by difficult family relationships which could include bullying • Children who are young carers who exhibit additional needs which are a direct result of their caring responsibilities
Housing, employment and finance	• Children negatively affected as a result of overcrowded living conditions and potential homelessness • Children negatively affected by their family's low income or unemployment
Social and community resources	• Children vulnerable to gangs due to social environment as victim or associate • Children negatively affected as a result of insufficient facilities to meet needs or to access local services • Children negatively affected as a result of the family's social exclusion • Children associating with anti-social or criminally active peers • Children have limited access to age appropriate advice, including contraceptive and sexual health advice, information and services • Children experiencing bullying, racism or discrimination at school or in the community
Parenting capacity	
Basic care, safety and protection	• Children affected negatively by inconsistent care. For example inappropriate care or very young parents • Children affected negatively by significant issues of parents which could include learning difficulties, disability, domestic abuse, substance misuse and mental health needs • Sleeping arrangements for babies not consistent with 'Safer Sleep for Babies' guidance.
	• Children affected negatively by parental non-compliance which could include non-attendance at school
Emotional warmth and stability	• Children's emotional, social and behavioural development affected negatively by inconsistent parenting
Guidance boundaries and stimulation	• Children's development negatively affected by inconsistent parenting in relation to boundaries, responses and engagement in learning
Parents and carers	• Basic care, safety and protection affected negatively by inconsistent care
	• Children affected negatively by parental non-compliance which could include non-attendance at school • Children taking on some young carer responsibilities • Early signs of neglectful parenting emerging
Substance misuse	• Drug and/or alcohol use is impacting on parenting but is not yet significantly impacting on the child's safety. The child is currently meeting their developmental milestones but there are concerns that this might not continue if parental drug and alcohol use continues or increases
Mental ill health/disability	• The parent's capacity to meet the child's needs are impaired episodically by mental ill health or disability and additional support could offset harm to the child

Domestic abuse	• There are isolated incidents of minor physical and/or emotional violence in the family. Children were present but did not directly witness it. In spite of abuse, victim was not prevented from seeing to the needs of her/his child/ren. Domestic abuse at level 2 (see London Domestic Abuse Risk Assessment Matrix: www.londonscb.gov.uk/ domestic violence)
Radicalisation	• The child or young person expresses extreme or intolerant views, particularly in regard to those who do not share the child's religious/political views, which may be causing some social isolation. • The child associates with peers and adults who hold extreme views. • The child or parents express support for extremist or prescribed organisations but do not express any intention to become involved. (For further guidance see Thresholds Guidance for Radicalisation and Prevent Referral Form in Appendix 4.)

Tier 3 – Children with high or complex additional needs

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

FEATURES

Children with high level additional unmet needs, or complex needs likely to require longer term intervention from statutory and/ or specialist services in order for them to attain the same health and development as other children.

These children may be eligible for a Child in Need (CIN) service from children's social care services and are at risk of moving to a high level of risk if they do not receive early intervention.

This may include children who have been adopted and now require additional support. A social worker is allocated and will act as the lead professional or key worker.

Parents/carers (or young people themselves, if of sufficient age and understanding) can chose to decline Tier 3 Child in Need support. In this case, a social work manager will make a decision about whether the child or young person is likely to suffer significant harm if circumstances do not change, and therefore whether a strategy discussion is required to consider the need for statutory safeguarding intervention.

ASSESSMENT AND LEVEL OF INTERVENTION

Based on need and risk, cases at Tier 3 are likely to require children's social care involvement. Practitioners should telephone the Children and Families Hub and follow up this verbal referral in writing using the City of London's Multi-Agency Referral From (MARF). Parental consent should be sought unless it places the child at further risk of harm.

Other specialist assessments may be required

These children would, where relevant, also be referred to the Radicalisation Panel or the MACE

Practitioners should send all such referrals to the Children and Families Hub using the City of London's Multi-Agency Referral Form (MARF). A duty social worker will then complete the police referral form to the MACE with the referring agency or ensure that the case is presented to the Radicalisation Panel.

Children missing education at this level should be referred to the Education and Early Years' Service and referred to the Children and Families Hub for social work assessment. The Early Help Assessment can be used as supporting evidence to gain specialist/targeted support, but it cannot replace a specialist assessment.

EXAMPLE INDICATORS (not an exhaustive list)

Developmental needs

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

Family and environmental factors	
General	• Risk of relationship breakdown with parent or carer leading to the child coming into care • Young carers, privately fostered children, children of those detained in prison • Severe overcrowding, temporary accommodation, homelessness, transience, which is significantly impacting on the parent's ability to look after the child • The child experiences persistent or severe bullying at school or the community which has impacted on his/her daily outcomes • The young person is known to be associating with gangs which is placing them at risk of harm and poor outcomes
Missing	• The child or young person is persistently missing from home, or education, and/or believed to be engaging in behaviour that places them at risk of significant harm. (Referral also to be made to the MACE)
Child Exploitation	• MACE Category 0: A child or young person who has vulnerabilities (including emotional) which may expose them to sexual or criminal exploitation. For example, children/young people where there is an early onset of sexual activity and who are not yet clear about consent, or where professionals may be concerned that they are experiencing unwanted sexual pressure from adults or peers. • A vulnerable child or young person where there are concerns they are being targeted and groomed and where any of the sexual or criminal exploitation signs have been identified. However, at this stage there is no evidence of any offences
Parents and carers	
General	• No available parent and child is in need of accommodation. For example the child is seeking asylum, or parents in custody • Parent is unable to meet child's needs without support • Allegation of physical assault with no visible or only minor injury (other than to a pre or non-mobile child, see Tier 4) • Inadequate physical care or supervision of a child • Allegations concerning parents making verbal threats to children • Pregnant woman with no access to public funds or services due to immigration status or who are receiving a service during confinement • Inconsistent parenting significantly impairing the emotional or behavioural development of the child • Allegations of neglect including poor supervision, poor hygiene, clothing or nutrition
Domestic abuse	• Incident(s) of serious and/or persistent physical violence in family. Increasing in severity/frequency and/or duration. A history of previous assaults. Incident(s) of violence occur in presence of child/ren • Emerging concerns about the impact of domestic abuse on children's emotional welfare, and the capacity of the parents to consistently meet the emotional, social and physical needs of the children. However, parents willing and able to engage with services and to act protectively.

Parental substance misuse	• Drug/alcohol use has escalated to the point where it is chaotic and impairs the parents' capacity to provide safe and appropriate care for the children. This is beginning to impact on the children's health, development and well-being. Parents are willing and able to engage with services
Parental mental ill health or disability	• Physical or mental health needs of the parent/carer is overshadowing capacity to meet the needs of the child consistently and this is impairing the child's health and development, or is likely to, without children's social care services being provided
Female Genital Mutilation (FGM)	• The child comes from a family where FGM is known to have been practiced and there is a need to assess in order to determine whether the child is in future danger of FGM
Radicalisation	• The child is known to associate with people who hold extremist views • The child may be involved in radical activity such as marches or demonstrations and shows intolerance and aggression towards people who do not hold the same political/religious views • The child views extremist material online but is willing to discuss this. • Either parents or school do not challenge these behaviours/beliefs and may endorse them • The child may express a wish to travel to combat zones. (For further guidance see Thresholds Guidance for Radicalisation Appendix 4.)

Tier 4 – Children with acute additional needs

Complex or acute needs requiring specialist or statutory integrated response or child protection (Section 47 Children's Social Care).

Specialist assessment is required. Professionals need to make an immediate referral by telephone to the Children and Families Hub and follow up with a written City of London Multi-Agency Referral Form (MARF) within 24 hours, sent by secure email to Children.duty@cityoflondon.gov.uk

Parental consent is not required but should be obtained if it is safe to do so.

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

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

EXAMPLE INDICATORS (not an exhaustive list)

Developmental needs

General

- Medical referral of non-organic failure to thrive in under-fives
- Unexplained bruising or other injury on a pre- or non-mobile child
- Child/young person engaged in criminal activity, including gang activity that is placing them at risk of significant harm
- Child demonstrating age-inappropriate/precocious sexual knowledge or sexualized behaviour that indicates the child may have been a victim of sexual abuse
- Child is victimised through sexual or physical assault by another child
- Child exhibiting sexually harmful behaviour
- Child/young person with complex mental health issues requiring specialist interventions in order to prevent them harming themselves or others
- Child/young person in a violent, controlling or otherwise abusive relationship
- Child's substance misuse dependency putting them at such risk that intensive specialist resources are required
- Child is suspected of being trafficked or believed to have been subject to child trafficking and/or modern slavery

Child exploitation	• MACE Category 1 (medium risk). Evidence that a child or young person is being targeted for opportunistic abuse and exploitation through the exchange of sex or criminal activity for other rewards, for example attention, belonging, accommodation, food, alcohol, drugs, money, etc. • MACE category 2 (high risk). A child or young person whose sexual or criminal exploitation is habitual, often self-denied and where coercion/ control is implicit • Young person is under 13 and is pregnant or engaged in sexual activity • Children/young people frequently going missing from home periods
Family and environmental factors	
General	• Suspicion of physical, emotional or sexual abuse or neglect that may cause significant harm to the child • Knowledge of a convicted or registered sex offender or violent offender under Multi-Agency Public Protection Arrangements (MAPPA) living in household or having unsupervised contact with a child or young person • An individual (adult or child) or organisation posing a serious risk to a child • Child or family in need of immediate support and protection due to severe harassment/discrimination within the community • Grooming of children/young people either in person or via social media • Children/young people experiencing such persistent or severe bullying, racism or discrimination that their well-being is at risk
Forced marriage	• Concern that the young person is under familial or cultural pressure or duress to marry against their will or wishes. (Do not discuss making a referral with the family) • Child is believed to be at risk of 'honour'-based violence
Parents and carers	
General	• Any allegation of abuse or neglect or any suspected injury suspected to be a non-accidental injury to a child • Repeated allegations or reasonable suspicion of non-accidental injury • Children/young people suffering neglect emotionally or physically (including a history of apparently minor but cumulative episodes) which is impacting on their long term development • Parent/carer is emotionally abusive to a child • No available parent/carer, and child is at risk of suffering significant harm (for example an abandoned baby)
Female Genital Mutilation (FGM)	• There is concern that the child or their siblings are at risk of Female Genital Mutilation or a sibling has already suffered FGM
	• **Domestic violence** • Incident(s) of serious and/or persistent physical or emotional abuse in the family or household, increasing in severity/frequency and/or duration.History of previous assaults • Incident(s) of violence occurring in presence of child/ren • Emerging concerns about the impact of domestic abuse on the children's emotional welfare, and the capacity of the parents/ carers to consistently meet the emotional, social and physical needs of the children. Parents/carers lack insight into the harm caused and are resistant to engaging with services. Domestic abuse at level 4 of London Domestic Abuse Risk Assessment Matrix • Severe domestic abuse that leads to a child being traumatised, injured or neglected • Physical assault on mother in the presence of or whilst carrying a child under the age of 12 months

Parental substance misuse	• Parental drug and/or alcohol use is at a problematic level and the parent/carer cannot carry out daily parenting. This could include blackouts, confusion, severe mood swings, drug paraphernalia not stored or disposed of, using drugs/ alcohol when their child is present, involving the child in procuring illegal substances and dangers of overdose
Parental mental ill health or disability	• Physical or mental health needs of the parent/carer significantly affect the care of their child placing them at risk of significant harm. For example the parent/carer has delusions or compulsive obsessions about the child, or is incapable of meeting the child's needs consistently as a result of mental ill health • The parent/carer's capacity to provide appropriate care is significantly reduced and aggravated by the combination of domestic violence, substance misuse and/or mental ill health • Suspicion that a child may have suffered, or be at risk of, significant harm due to fabricated or induced illness. (Do not discuss referral with parents/carer)
Radicalisation (See Appendix 4)	• The child's parents/carers, or other close associates, are members of prescribed organisations and there is evidence to suggest that the child supports violent extremist ideologies and is actively involved with prescribed or extremist groups • The child is often intimidating towards others who do not share the same views, distributing material promoting violent extremism and conceals their online activity • The child shares a non-specific wish to travel to conflict zones in pursuit of the ideology (For further guidance see Thresholds Guidance for Radicalisation Appendix 4.)

Definition of Significant Harm:

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

The Children Act 1989 defines 'harm' as 'ill-treatment or the impairment of health or development.' 'Development' means physical, intellectual, emotional, social
or behavioural development; 'health' means physical or mental health; and 'ill- treatment' includes sexual abuse and forms of ill-treatment which are not physical. As a result of the Adoption and Children Act 2002, the definition of harm also includes 'impairment suffered by hearing or seeing the ill-treatment of another.'

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

More often, significant harm is a cumulation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development.

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

10

Thresholds Criteria

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

Section 47, Children Act 1989: Child Protection enquiries [Tier 4]
The table below is an indicator guide of the type of circumstances which would lead to a s47 assessment. This table is intended as a guide and is not exhaustive. reference should also be made to the London Child Protection Procedures fifth edition.
Any allegation of abuse or neglect or any suspicious or unexplained injury in a pre- or non-mobilechild.
Allegations or suspicions about a serious injury to /sexual abuse of a child.
Two or more minor injuries in pre-mobile and/or non-verbal babies or young children(including disabled children).
Inconsistent explanations or an admission about a clear non-accidental injury.
Repeated allegations or reasonable suspicions of non-accidental injury.
A child being traumatised, injured or neglected as a result of domestic violence.
Repeated allegations involving serious verbal threats and/or emotional abuse.
Allegations/reasonable suspicions of serious neglect.
Medical referral of non-organic failure to thrive in a child under five.
Direct allegation of sexual abuse made by child or abuser's confession to such abuse.
Any allegation suggesting connections between sexually abused children in different families or more than one abuser.
An individual (adult or child) posing a risk to children.
Any suspicious injury or allegation involving a child subject of a current child protection plan or looked after by a local authority.
No available parent and child vulnerable to significant harm (for example an abandoned baby).
Suspicion that child has suffered or is at risk of significant harm due to fabricated or induced illness.
Children subject of parental delusions.
Children at risk of sexual exploitation or trafficking.
Pregnancy in a child aged under 13.
A child at risk of FGM, honour-based violence or forced marriage.

Section 17, Children Act 1989: Child in Need
A child is a Child in Need if: 1) He/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority; 2) His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or 3) He/she is a disabled child.
Children in Need may be assessed under Section 17 of the Children Act 1989, in relation to their special educational needs, disabilities, as a young carer, or because theyhave committed a crime. Where an assessment takes place, it will be carried out by a qualified social worker. The process for assessment should also be used for children whose parents are in prison and for asylum seeking children.

Section 20, Children Act 1989: Child provided with accommodation
This can be on the initiative of the local authority with the agreement of the parents or at the request of the parents. Any person with parental responsibility can, at any time, remove the child from the accommodation.
The child is a child in need who requires accommodation as a result of: • having no person with parental responsibility for him/her; or • being lost or abandoned; or • the person who has been caring for him/her is being prevented (whether or not permanently, and for whatever reason) from providing him/her with suitable accommodation or care; or • having reached the age of 16, his/her welfare is likely to be seriously prejudiced if he/she is not provided with accommodation; or • accommodating the child would safeguard or promote his/her welfare (even though a person who has parental responsibility for him is able to provide him with accommodation), provided that that person does not object.
Before providing accommodation, so far as is reasonably practicable and consistent with the child's welfare: • ascertain, and give due consideration to, the child's wishes and feelings (having regard to his/her age and understanding) • ascertain whether the parents/person(s) with parental responsibility have given a valid consent: • Does the parent have the mental capacity to consent? • Is the consent fully informed? • Is it fair and proportionate for the child to be accommodated? • Have all possible and safe alternatives to accommodation been exhausted, for example from within the child's wider family and friendship network?

Section 31, Children Act 1989: Initiation of care proceedings
• The child is suffering, or is likely to suffer, significant harm; and the harm, or likelihood of harm, is attributable to: • The care given to the child, or likely to be given to them if the order were not made, not being what it would be reasonable to expect a parent to give to him; or • The child's being beyond parental control.
'Harm' means ill-treatment or the impairment of health or development including, for example, impairment suffered from seeing or hearing the ill-treatment of another.
'Development' means physical, intellectual, emotional, social or behavioural development.
'Health' means physical or mental health; and
'Ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical.
Where the question of whether harm suffered by a child is significant turns on the child's health or development, his/her health or development shall be compared with that which could reasonably be expected of a similar child.

Section 1 Children Act 1989 – The Court Welfare checklist
The Welfare checklist to which courts will have regard when deciding whether to make an order in respect of a child:
The ascertainable wishes and feelings of the child concerned (considered in light of his/her age and understanding).
His/her physical, emotional and educational needs.
The likely effect on him/her of any change in his/her circumstances.
His/her age, sex, background and any characteristics which the court considers relevant.
Any harm which s/he has suffered or is at risk of suffering.
How capable each of his/her parents, and any other person in relation to whom the court considers the question to be relevant, is of meeting the child's needs.
The range of powers available to the court under the Children Act 1989.

Appendix 1.

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

City of London Corporation

Multi-Agency Referral Form

CONFIDENTIAL

It is the responsibility of all agencies who are making enquiries and/or making referrals about a child or children to obtain consent from those with parental responsibility and inform the parents/carers that they are making a referral to Children's Social Care (unless to do so would leave a child at risk). If your referral is for Early Help services, consent is always required.

All referrals come into the Children and Families Hub.

Agencies should make the referral by telephone: 020 7332 3621/1620/3394. Please save this completed form with password protection and email it within 24 hours to: children.duty@cityoflondon.gov.uk

If the matter is urgent and it is a weekend or outside normal working hours, please contact the Emergency Duty Team on 020 8356 2346/2710 and email this completed form within 24 hours to: duty@hackney.gov.uk

If the child is at immediate risk, you should contact the Police directly on 999

REFERRAL TYPE

Specifying the referral type will help ensure that the Children and Families Hub directs your referral to the right service.

Early Help Referral **consent from those with parental responsibility is a requirement for all referrals to Early Help*	☐ New Referral ☐ Repeat Referral
Children's Social Care Referral	☐ New Referral ☐ Repeat Referral

REFERRING AGENCY'S DETAILS

Name of worker		Date of referral	
Agency		Role of referrer	
Address		Phone	
Post Code		Email	

CHILD OR YOUNG PERSON'S DETAILS

Forename(s)		Ethnicity	
Surname(s)		Gender	
Home address		Date of Birth / EDD	
		NHS No.	
		School Unique Pupil No.	
		Phone	
		Email	

HOUSEHOLD DETAILS

* *Please list below the names and details of all children and adults who are currently residing with the child/ young person*

Surname(s)	Forename	Date of Birth / EDD (DD/MM/YY)	Ethnicity	Relationship to child/ young person	Tick if this is a child you are also referring
					☐
					☐
					☐
					☐
					☐

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

Has an Early Help Assessment been completed? *If yes, please attach to this referral form.*	☐ Yes ☐ No

1. What are you worried about? *Please sate the name of the child if you have any specific concerns about one particular child.* Primary known or emerging needs/risk *What are the factors that have contributed to this referral?*
Past harm to children *Please indicate N/A if not applicable. If completing please include: action/behaviour – who, what, where, when; as well as severity and impact.*
Future risk for children *What are you worried is going to happen to the child if the current situation does not change?*
2. What is working well? *Existing strengths/protective factors: sustained over time and directly related to needs/risks*

3. What needs to happen? *Future goals: when will we know things have improved or things will be safe enough? What do you want to see the parents/carers doing to keep the child safe or make things better for their children?*
Complicating factors *Factors which make the situation more difficult to resolve*
Parent's views
Child's views
Next steps *What can you/your agency contribute to a plan to support this child and/or keep this child safe? What are the next steps to be taken to achieve/support the safety goals?*

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

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

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

How?

If possible, please obtain signatures of those with legal parental responsibility who have viewed/had verbal feedback of this referral	Name: Signature: Date:
	Name: Signature: Date:

The City of London Corporation is a data controller and processes personal data in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018. For full details of how and why the City of London Corporation processes personal data, please refer to the full privacy notice at www.cityoflondon.gov.uk/privacy. Alternatively, you can request a hard copy.

Please direct all data protection queries to the information compliance team at information.officer@cityoflondon.gov.uk

Appendix 2.

City of London and Hackney Escalation Policy

1. Introduction

1.1 Effective working together depends on an open approach and honest relationships between agencies. Problem resolution is an integral part of professional co-operation and joint working to safeguard children.

1.2 Occasionally situations arise when workers within one agency feel that the actions, inaction or decisions of another agency do not adequately safeguard a child. This inter-agency policy defines the process for resolving such professional difference and should be read alongside the London Child Protection Procedures and relevant internal policies on escalating matters of concern.

1.3 Disagreements can arise in a number of areas, but are most likely to arise around:

- levels of need
- roles and responsibilities
- the need for action
- progressing plans and communication.

1.4 Where professionals consider that the practice of other professionals is placing children at risk of harm, they must be assertive, act swiftly and ensure that they challenge the relevant professionals in line with this policy.

- The safety of individual children is the paramount consideration in any professional activity.
- Resolution should be sought within the shortest timescale possible to ensure the child is protected.
- As a guide, professionals should attempt to resolve differences through discussion within one working week or a timescale that protects the child from harm (whichever is shortest).
- Disagreements should be resolved at the lowest possible stage.

1.5 If a child is thought to be at immediate harm, the designated safeguarding lead in your agency should be informed immediately.

1.6 Any worker who feels that a decision is not safe or is inappropriate can initially consult their supervisor/manager to clarify their thinking if required. They should be able to evidence the nature and source of the concerns and should keep a record of all discussions.

1.7 Individuals may wish to refer to the Escalation Policy for their organisation to clarify the approach required.

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

2. Stages of resolution

2.1 Stage one: Discuss with the other worker

2.2 The people who disagree have a discussion to resolve the problem. This discussion must take place as soon as possible and could be a telephone conversation or a face to face meeting. It should be recognised that differences in status and/or experience may affect the confidence of some workers to pursue this unsupported.

2.3 Stage two: Escalate to line manager.

2.4 If the problem is not resolved, the worker should contact their supervisor/ manager within their own agency who should have a discussion with the equivalent supervisor/manager in the other agency.

2.5 If the case involves a child subject to a Child Protection Plan or a Looked After Child, the Independent Reviewing Officer must also be notified.

2.6 Stage three: Escalate to senior managers

2.7 If the problem is not resolved at Stage two, the supervisor/manager reports to their respective manager or named/designated safeguarding representative. These two managers must attempt to resolve the professional differences through discussion.

2.8 If there remains disagreement, the expectation is that escalation continues through the appropriate tiers of management in each organisation until the matter is resolved. The respective agency members on the City and Hackney Safeguarding Children Partnership (CHSCB) should be engaged in seeking resolution before the case is raised with the CHSCP's Independent Child Safeguarding Commissioner.

2.9 Stage four: Resolution by CHSCP Independent Child Safeguarding Commissioner

2.10 If it has not been possible to resolve the professional differences within the agencies concerned (and after the agency CHSCP members have been involved), the matter should be referred by the concerned agency to the CHSCP Independent Child Safeguarding Commissioner, who may either seek to resolve the issue direct with the relevant senior managers, or convene a Resolution Panel.

2.11 The agency raising the dispute must email the details through to **chscp@hackney.gov.uk**

2.12 The Resolution Panel must consist of senior officer from three agencies who are members of the full Board of the CHSCB. The senior officers must include the agencies concerned in the professional differences.

2.13 The Resolution Panel will receive representations from those involved in the dispute and will collectively resolve the professional differences concerned.

3. Additional notes

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

Appendix 3.

Multi-Agency Child Exploitation (MACE) Referral Form

MACE Referral Form

Once form is complete - email to
Children.duty@cityoflondon.gov.uk

Referring Professional	
Referring Professional:	Agency:
Telephone:	Email:

Subject		
First Name:	Middle Name:	Surname:
Any Alias:	Ethnicity: Black	
DOB: 25/03/2003	Gender: Female ☐ Male ☐ Transgender ☐	
Address including postcode:		
School:	Social Worker:	
Borough/Force Area where Subject resides:		

Family		
Name	**DOB**	**Relationship to Subject e.g mother**

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

Perpetrator 1 (if known)	
Name of perpetrator:	DOB:
Any known alias:	Ethnicity: Please select
Address:	Gender: Female ☐ Male ☐ Transgender ☐
Borough/Force Area where perpetrator resides	

Perpetrator 2 (if known)	
Name of perpetrator:	DOB:
Any known alias:	Ethnicity: Please select
Address:	Gender: Female ☐ Male ☐ Transgender ☐
Borough/Force Area where perpetrator resides	

Perpetrator 3 (if known)	
Name of perpetrator:	DOB:
Any known alias:	Ethnicity: Please select
Address:	Gender: Female ☐ Male ☐ Transgender ☐
Borough/Force Area where perpetrator resides	

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

For completion by MASE Coordinator		
Case suitable for discussion:	YES ☐	NO ☐
Rationale for above:		

Appendix 4.

City of London Thresholds Guidance for Radicalisation

Development of the child or young person

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

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

The child is able to communicate with others, engages in positive social interactions and demonstrates positive behaviour in a wide variety of social situations. Child demonstrates respect for others.	The child expresses intolerant views towards peers and this leads to their being socially isolated.	The child often interacts negatively or has limited interaction with those they perceive as holding different views from themselves. They demonstrate significant lack of respect for others, for example, becoming aggressive with those that do not share their intolerant or extreme views.	Positive interaction with others is severely limited. The child has isolated themselves from peers and/or family because of their extreme and intolerant views. They glorify acts of terrorism and/or believe in conspiracy theories and perceive mainstream society as being hostile towards them. They are frequently aggressive and intimidating towards others who do not share their views or have a lifestyle they approve of.
The child engages in age-appropriate use of internet, including social media.	The child is at risk of becoming involved in negative internet use that will expose them to extremist ideology. They have unsupervised access to the internet and have disclosed to adults or peers that they intend to research such ideologies. They express casual support for extremist views.	The child is engaged in negative and harmful behaviours associated with internet and social media use. The child is known to have viewed extremist websites and has said s/he shares some of those views but is open about this and can discuss the pros and cons or different viewpoints.	There are significant concerns that the child is being groomed for involvement in extremist activities. The child is known to have viewed extremist websites and is actively concealing internet and social media activities. They either refuse to discuss their views or make clear their support for extremist views.
	The child expresses sympathy for ideologies closely linked to violent extremism but is open to other views or loses interest quickly.	The child expresses beliefs that extreme violence should be used against people who disrespect their beliefs and values.	The child supports people travelling to conflict zones for extremist/violent purposes or with intent to join terrorist groups The child expresses a generalised non-specific intent to go themselves.
The child does not run away from home.	The child has run away from home on one or two occasions or not returned at the normal time. For example, there is concern that they might have been staying with friends or relatives who have extreme views.	The child persistently runs away and/or goes missing. For example, there is strong concern that they are running away in order to spend time with friends or relatives with extreme views and that they are being influenced by them.	The child persistently runs away and/or goes missing and does not recognise that he/she is putting him/herself at risk. For example, s/he perceives the people with whom s/he is associating as teaching her/him the correct way to live and those who do not hold these views as deluded and/or as a threat.

education and employment			
The child has an appropriate education and opportunities for social interaction with peers.	There is concern that the education the child is receiving does not teach them about different cultures, faiths and ideas or, if it does, is derogatory and dismissive of different faiths, cultures and ideas.	The child is being educated to hold intolerant, extremist views. They are not using public services, such as schools or youth clubs, and are only mixing with other children and adults who hold similar intolerant, extremist views.	The child is being educated by adults who are members of, or have links to, prescribed organisations – see link below for list of terrorist groups or organisations banned under UK law: https://www.gov.uk/government/publications/proscribed-terror-groups-or-organisations--2

Environmental factors

Including access to and use of: community resources; living conditions; housing; employment status; legal status. These are guidelines to support practitioners in their decision-making. This is not intended to be a 'tick box' exercise and practitioners should use their professional judgement.

Tier 1 Children with no additional needs whose health and developmental needs can be met by universal services.	**Tier 2 Children with additional needs that can be met through the provision of 'early help' a referral to children's social care is NoT required.**	**Tier 3 Children with complex multiple needs who need statutory and specialist services. A referral to children's social care is required.**	**Tier 4 Children in acute need. require immediate referral to children's social care and/or the police.**
legal status			
The child and their family have no links to proscribed organisations. See link for list of terrorist groups or organisations banned under UK law https://www.gov.uk/government/publications/proscribed-terror-groups-or-organisations--2	The child and/ or their parents/ carers have indirect links to proscribed organisations. For example, they attend religious or social activities which are, or have been in the recent past, attended by members of proscribed organisations.	Family members, family friends or friends of the child have strong links with proscribed organisations.	The child, their parents/ carers or other close family members or friends are members of proscribed organisations.

Parental and family factors

Including basic care, emotional warmth, stimulation, guidance and boundaries, stability and parenting styles and attitudes, and whether these meet the child's physical, educational, emotional and social needs. These are guidelines to support practitioners in their decision-making. This is not intended to be a 'tick box' exercise and practitioners should use their professional judgement.

Tier 1 Children with no additional needs whose health and developmental needs can be met by universal services.	**Tier 2 Children with additional needs that can be met through the provision of 'early help' a referral to children's social care is NoT required.**	**Tier 3 Children with complex multiple needs who need statutory and specialist services. A referral to children's social care is required.**	**Tier 4 Children in acute need. require immediate referral to children's social care and/or the police.**
Family environment			
Child and family have good networks and friendships out of the home; they are integrated into the community.	A child is known to live with an adult or older child who has extreme views. The child either does not express support for these views or is too young to express such views themselves.	A child is taken to demonstrations or marches where violent, extremist and/or age-inappropriate imagery or language is used.	The child, their parents/ carers or other close family members or friends are members of proscribed organisations.
A child is cared for by adults who promote and monitor their appropriate use of technology and social media.	A child is known to live with an adult or young person who has extreme views and the child has unsupervised access to computers which means they may view violent extremist imagery which the adults or young people have been viewing.	A child is being sent violent extremist imagery by family members/ family friends or is being helped to access it. Parents/carers either don't challenge this activity or appear to endorse it.	A child is circulating violent extremist images and is promoting the actions of violent extremists and/or saying that they will carry out violence in support of extremist views.
There is no history or indication of the child and/or their parents/carers expressing support for extremist ideology or groups.	The child and/or their parents/carers express strong support for a particular extremist organisation or movement but do not express any intention to be actively involved.	The child and/or their parents/carers express strong support for extremist views and a generalised, non-specific intention to travel to a conflict zone in support of those views.	The child and/or their parents/carers are making plans to travel to a conflict zone and there is evidence to suggest that they are doing so to support or participate in extremist activities.

PREVENT REFERRAL FORM

REFERRAL PROCESS

By sending this form you consent for it to arrive with your regional Prevent policing unit for a safeguarding triage. Wherever possible we aim to give you feedback on your referral. Please be aware, however, that this is not always possible due to data-protection considerations & other sensitivities.

Once you have completed this form, please email it to**: prevent@cityoflondon.gov.uk**

If you have any questions whilst filling in the form, please call: **0207 332 1639**

Forename(s):	
Surname:	
Date of Birth (DD/MM/YYYY):	
Approx. Age (if DoB unknown):	
Gender:	
Known Address(es):	
Nationality / Citizenship:	
Immigration / Asylum Status:	
Primary Language:	
Contact Number(s):	
Email Address(es):	
Any Other Family Details:	

In as much detail as possible, please describe the specific concern(s) relevant to Prevent.

FOR EXAMPLE:

- How / why did the Individual come to your organisation's notice in this instance?
- Does it involve a specific risk or event? What happened? Is it a combination of factors? Describe them.
- Has the Individual discussed personal travel plans to a warzone or countries with similar concerns? Where? When? How?
- Does the Individual have contact with groups or individuals that cause you concern? Who? Why are they concerning? What is the nature of this contact and how frequent is it?
- Is there something about the Individual's mobile phone, internet or social media use that is worrying to you? What exactly? How do you have access to this information?
- Has the Individual expressed a desire to cause physical harm, or threatened anyone with violence? Who? When? Can you remember what was said / expressed exactly?
- Has the Individual shown a concerning interest in hate crimes, or extremists, or terrorism? Consider *any* extremist
  r cause, as well as support for "school-shooters" or massacres, or violence against public figures.
  ny other concerns you may have that are not mentioned here.

Is there anything in the Individual s life that you think might be affecting their wellbeing or that might make them vulnerable in any sense?

FOR EXAMPLE:

- A child or very elderly.
- Victim of abuse or bullying.
- Citizenship, asylum or immigration issues.
- Living in Care; ward of the State; work, financial or housing problems.
- Personal problems, emotional difficulties, relationship problems, family issues, ongoing court proceedings.
- On probation; any erratic, violent, self-destructive or risky behaviours, or alcohol / drug misuse or dependency.
- Expressed feelings of injustice or grievance involving any racial, religious or political issue, or even conspiracy theories.
- Educational issues, developmental or behavioural difficulties, mental ill health (see **Safeguarding Considerations** below).
- Please describe any other need or potential vulnerability you think may be present but which is not mentioned here.

PREVENT REFERRAL FORM

OTHER INFORMATION	Please provide any further information you think may be relevant, e.g. social media details, military service number, other agencies or professionals working with the Individual, etc..

PERSON WHO FIRST IDENTIFIED THE CONCERNS	
Do they wish to remain anonymous?	
Forename:	
Surname:	
Professional Role & Organisation:	
Relationship to Individual:	
Contact Telephone Number:	
Email Address:	
PERSON MAKING THIS REFERRAL (if different from above)	
Forename:	
Surname:	
Professional Role & Organisation:	
Relationship to Individual:	
Contact Telephone Number:	
REFERRER S ORGANISATIONAL PREVENT CONTACT (if different from above)	
Forename:	
Surname:	
Professional Role & Organisation:	
Relationship to Individual:	
Contact Telephone Number:	
Email Address:	

RELEVANT DATES	
Date the concern first came to light:	
Date referral made to Prevent:	

SAFEGUARDING CONSIDERATIONS	
Does the Individual have any stated or diagnosed disabilities, disorders or mental health issues?	Yes / No
Please describe, stating whether the concern has been diagnosed.	
Have you discussed this Individual with your organisations Safeguarding / Prevent lead?	Yes / No
What was the result of the discussion?	
Have you informed the Individual that you are making this referral?	Yes / No
What was the response?	
Have you taken any direct action with the Individual since receiving this information?	Yes / No
What was the action & the result?	
Have you discussed your concerns around the Individual with any other agencies?	Yes / No
What was the result of the discussion?	

PREVENT REFERRAL FORM

INDIVIDUAL'S EMPLOYMENT / EDUCATION DETAILS	
Current Occupation & Employer:	Current Occupation(s) & Employer(s)
Previous Occupation(s) & Employer(s):	Previous Occupation(s) & Employer(s)
Current School / College / University:	Current Educational Establishment(s)
Previous School / College / University:	Previous Educational Establishment(s)

THANK YOU

Thank you for taking the time to make this referral. Information you provide is valuable and will always be assessed.
If there is no Prevent concern but other safeguarding issues are present, this information will be sent to the relevant team or agency to provide the correct support for the individual(s) concerned.

Children and Families Team
Department of Community and Children's Services
City of London Corporation
North Wing, Guildhall
PO Box 270
London EC2P 2EJ