

LSCP MULTI-AGENCY THRESHOLD GUIDANCE

for referral and assessment



Sutton LSCP
Local Safeguarding
Children Partnership

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1. INTRODUCTION

If you are concerned about a child or young person contact the Children's First Contact Service (CFCS)

The **referral form** can be found here:
sutton.gov.uk/cfcs

Email:
childrensfirstcontactservice@sutton.gov.uk

Tel (9:00-17:00):
0208 770 6001
0208 770 6072

Out of hours:
0208 770 5000
childrens.edt@sutton.gov.uk

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

Sutton Local Safeguarding Children Partnership (LSCP) is committed to safeguarding and promoting the welfare of every child and young person in Sutton. Sutton LSCP has a statutory duty to publish a threshold document as set out by Working Together 2018. The revised guidance introduces extra-familial threats and harm that may arise in schools and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These important developments have been embedded within this document.

This document is guidance for helping early and providing safeguarding support to any child under the age of 18 years and should be followed by all staff and volunteers working in the London Borough of Sutton.

While most children grow up without needing more help than they get from their family, friends, school, and health services, we know that some will need early help services at different stages of their development for lots of different reasons.

Sutton LSCP expects that all those in contact with children know how to complete an early help assessment, and are able to identify and respond to concerns about actual or likely significant harm under the definition of the Children Act 1989. Everyone has a responsibility to refer a concern about abuse and neglect to the Children's First Contact Service (CFCS) through the CFCS referral form: sutton.gov.uk/cfcs.

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 2020.

Sutton LSCP partners are collectively signed up to comply with the London Child Protection procedures and this document should be read in conjunction with the pan-London threshold indicators: londoncp.co.uk.

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

2. 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”¹

The purpose of the multi-agency threshold guidance document is to guide professionals to identify and assess a child’s level of need and the pathway for accessing the right level of support. The threshold guidance is divided into four tiers:

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

This document should be used to support professional judgements alongside the London Child Protection Procedures: londoncp.co.uk and alongside Sutton’s local operating protocols listed in Appendix C.

¹ HM Government, ‘Working Together to Safeguard Children’ (July 2018), pg 15

3. OUR APPROACH IN SUTTON

In order to effectively safeguard and promote the welfare of children in the London Borough of Sutton, it is important that all professionals and volunteers work to the same approach. These themes relate to how effectively the LSCP keep children safe in Sutton.

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.

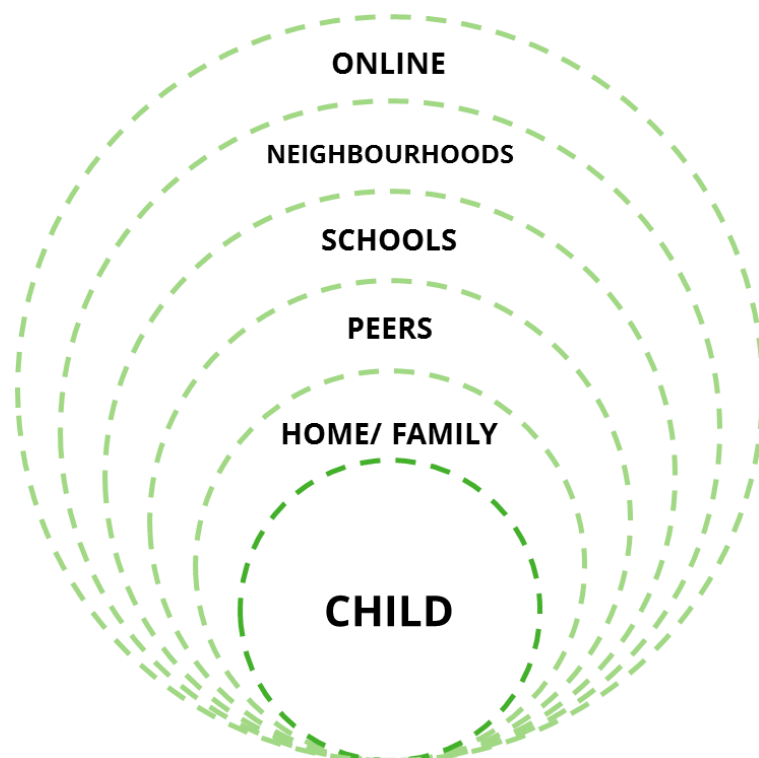
4. INTRODUCING THE CONCEPT OF CONTEXTUAL SAFEGUARDING

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

Carlene Firmin,
‘Contextual Safeguarding, an overview of the operational, strategic and conceptual framework’
(November 2017)

The concept of contextual safeguarding is introduced in Working Together 2018 and from April 2019, Sutton LSCP has led on the contextual safeguarding scale-up project supported by Dr Carlene Firmin and the University of Bedfordshire. The aim of the project is to develop and embed a contextual safeguarding approach to safeguarding and promoting the welfare of children and young people in Sutton. This is the first time this approach has been included within this guidance, and the aim is for all safeguarding to be contextual whether the harm occurs in the home or elsewhere.

A key consideration when working with children, visualised in the figure² below, 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

² Carlene Firmin, ‘Contextual Safeguarding, an overview of the operational, strategic and conceptual framework’ (November 2017)

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

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.

5. REFERRING A 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 is the referral route for the following services:

- Statutory Children's Services;
- Targeted Early Help;
- Early Help Assessment Tool (EHAT) submission and feedback;
- Children with Disabilities (Access Point); 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 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 (including those with disabilities);
- 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 (including those with disabilities) 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.

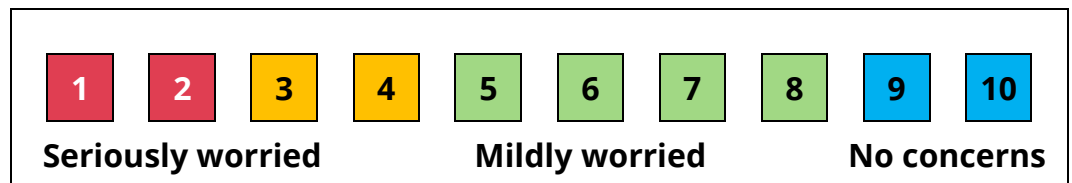
What is CFCS?

CFCS is Sutton's multi-agency children's safeguarding hub (known as MASH in some boroughs).

CFCS includes representatives for the following areas:

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

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.



Onwards pathways to support

When sharing information with CFCS, professionals and volunteers should consider the flowchart in Appendix B.

10	TIER 1	No additional needs	Universal services Early Help adviser and websites with information, guidance and support: <ul style="list-style-type: none"> • Local Offer • LBS Website • Family Information Directory
9			
8	TIER 2	Children with additional needs	Targeted non-statutory services <ul style="list-style-type: none"> • Early Help and Prevention Panel • Targeted Youth Support • Locality Team Family Support • Restorative Family Coaches • Restorative Support and Family Group Conferencing • Parenting Programmes • Short Breaks and iCount
7			
6			
5			
4	TIER 3	Children with complex multiple needs	Statutory services <ul style="list-style-type: none"> • Children in Need • Locality Team • Children with Disabilities Team
3			
2	TIER 4	Children in acute need	Statutory services <ul style="list-style-type: none"> • Children's First Contact Service • Referral and Assessment Service
1			

CFCS can be contacted via the following routes:

- Referral form: sutton.gov.uk/cfcs
- Telephone (9:00-17:00): 0208 770 6001
- Email: childrensfirstcontactservice@sutton.gov.uk
- Address: 1st Floor, Civic Offices, St Nicholas Way, Sutton, SM1 1EA

For out of hours contact the Emergency Duty Team (EDT):

- Telephone: 0208 770 5000
- Email: childrens.edt@sutton.gov.uk

TARGETED EARLY HELP

Providing help early to children and young people and their families with additional needs is an important part of the practice within Sutton LSCP. With the right support at the right time, children and young people have more chance of their basic needs being met, theirs and their parents and communities strengths and abilities growing, so they can thrive even when facing difficult circumstances.

The CFCS team includes an Early Help Team Manager who will assess each referral at tier 2 and then decide on the most appropriate service to refer the child/ young person and their family on to. These services are referred to as targeted early help support and include:

- Early Help and Prevention Panel
- Targeted Youth Support
- Locality Team Family Support
- Restorative Family Coaches
- Restorative Support and Family Group Conferencing
- Parenting Programmes

Further information on some of these services is provided below, for more comprehensive details visit the Early Help section of the Sutton website: sutton.gov.uk/earlyhelp.

Where a referral does not meet the threshold for a targeted early help response, the Early Help Coordinator will provide information, advice and guidance and may suggest the referrer completes the Early Help Assessment Tool (EHAT) to help them identify how they can further support the child/young person in their setting. The EHAT can be found here: sutton.gov.uk/ehat.

Early Help and Prevention Panel

The Early Help and Prevention Panel (EHPP) is a multi-agency, problem solving, decision making and allocation forum. The panel will consider

“Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child’s life, from the foundation years through to the teenage years.”

Working Together to Safeguard Children (2018)

children and young people who have identified needs that require multi-agency collaboration and intervention to prevent issues escalating beyond tier 2 with a particular focus on keeping pupils in mainstream education. Cases will be considered where the needs are complex, or engagement or progress has been limited. Discussion will be in two parts: prevention cases and early help cases. The focus is on information sharing, collaborative working and identifying appropriate resources and innovative approaches to support.

Restorative Family Coaches

A Restorative Family Coach will work alongside children, young people and their families to provide a bespoke package of support. They also support and advise professionals around restorative practices and the wider early help agenda.

The Restorative Family Coaches deliver a wide range of interventions which include:

- Early Help Assessment Tool (EHAT);
- Organise a Team Around the Family (TAF) meeting;
- Whole family support, direct work with parent or child/ young person;
- Parenting support;
- Mediation;
- Family Group Conferences (FGCs);
- Restorative conference; and
- School placement stabilisation.

Family Group Conferences/ Family Meetings

A Family Meeting is a voluntary process led by family members, and is an opportunity for the wider family to come together, talk about the issues or concerns, identify solutions and create a plan to resolve them. The process is designed to be respectful and empowering, focussing on the families own skills, strengths and detailed family knowledge to resolve difficulties. The family, including the children, family friends and other close relatives work, together facilitated by a coordinator to address the identified issues in a safe, supported environment where the family are decision makers rather than professionals.

A Family Meeting might be appropriate where:

- Support from the wider family could help create and sustain improvements, reduce or de-escalate concerns;
- A child or young person is identified as experiencing two or more tier 2 indicators;
- A family is affected by domestic abuse, parental conflict or relationship breakdown;
- There is risk of a child or young person coming into care; and
- An initial child protection conference is being considered.

“We are collectively ambitious for our children and young people. Together we want to provide them with the best chances to achieve their best outcomes in life, whatever their starting point, and to prepare them effectively for adulthood.”

Our Vision, Sutton's Local Offer:
sutton.gov.uk/info/200611/suttons-local-offer

CHILDREN/ YOUNG PEOPLE WITH DISABILITIES

In Sutton, the All Age Disability Service works with and supports children/ young people with disabilities and their families from 0 to 25 years of age. To access services for children/ young people with disabilities, please see Sutton's Local Offer: sutton.gov.uk/info/200611/suttons-local-offer. For children/ young people with disabilities that need additional support, contact CFCS.

Why a referral should be made for a child/ young person with disabilities

This list is not exhaustive and should be considered in conjunction with the indicators in section 9.

- All children/ young people with disabilities living in Sutton have the right to an assessment under S.17 of the Children Act 1989;
- To access help early;
- To apply for an iCount card;
- To apply for short breaks;
- For a Paediatric Occupational Therapy assessment of a child/ young person's needs at home;
- For support in transition to adulthood;
- To safeguard the child/ young person with disabilities from abuse or neglect; and
- To safeguard other children in the household from abuse or neglect.

Children with disabilities team

The Children with Disabilities (CWD) team consists of social workers, occupational therapists, and other practitioners who provide advice and assistance to children and young people with disabilities and their parents/ carers.

CWD support children/ young people who have proof of diagnosis or a permanent and substantial disability and may need help with any of the following:

- Intellectual development of learning;
- Communication;
- Personal and self-care;
- Hearing and vision;
- Mobility;
- Special treatment, such as dialysis or medication;
- Independence appropriate for age, gender, cultural, religious, or social circumstance.

Any child/ young person with disabilities living in Sutton has the right to an assessment under S.17 of the Children Act 1989 and under the

Chronically Sick and Disabled Person's Act 1970. Following assessment the CWD team will decide on what level of support and intervention the child/ young person requires.

Transitions team

Sutton's Transition Service works with young people aged between 14 and 25 who have special educational needs and disabilities and consists of social workers and assessment officers who provide advice and assistance to young people with disabilities and their parents/ carers.

Transition into adulthood is a process of change and can be a period of uncertainty for young people and their parents/ carers. Therefore, it is essential that transition is considered as an evolving process and not a single event. It can also be a time of excitement and opportunity with young people perhaps leaving school and considering their future plans for employment, training, or further education.

iCount

To receive an iCount card a child/ young person with disabilities will need to be added to the Children's Disability Register in Sutton.

Once a child/ young person's name is added to the register, parents and carers will receive information about services available in Sutton and will receive an iCount card.

Various organisations in Sutton accept the iCount card as proof of disability, enabling concessions, fast-tracking and assistance to be obtained more easily.

Short breaks

In Sutton, short breaks include an activity or a service from which a child/ young person with disabilities gets enjoyment, learning and benefit. The services include the use of children's centres, leisure activities, youth services and other provisions related to and for the purpose of providing a break. This also gives carers a break from their caring role.

Education, Health and Care Plans

Where a child/ young person's special educational needs cannot be reasonably met within the resources normally available to mainstream education providers an Education, Health and Care Plan (EHCP) can be issued. Children/ young people with special educational needs and/or disabilities up to the age of 25 are eligible.

For all enquiries regarding requests for an EHCP please contact the Special Educational Needs Service on: 0208 323 0453/ 0208 323 0454, or email: sen.team@cognus.org.uk.

6. ATTENDANCE MATTERS

“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

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, this duty may be delegated to an Education Welfare Office service or Early Help colleagues.

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 all children with six weeks broken attendance or two weeks complete non-attendance. Failure to take timely action to follow up on all days missed from school can have serious safeguarding implications.

7. THE FOUR LEVELS OF NEED FRAMEWORK

It is important to emphasise that the indicators contained in this document are not an exhaustive list. Multiple factors are likely to be present and decisions as to whether the criteria applies relies on professional judgement, including the advice from the agency designated safeguarding specialist or CFCS.

We also know that the 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 (including disabilities), 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, either outside of or in partnership with Children's Services.

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 adult's needs. This is the threshold for an assessment led by Children's Services under S.17 of the Children Act 1989, although the assessments and services required may come from a range of provision outside of Children's Services.

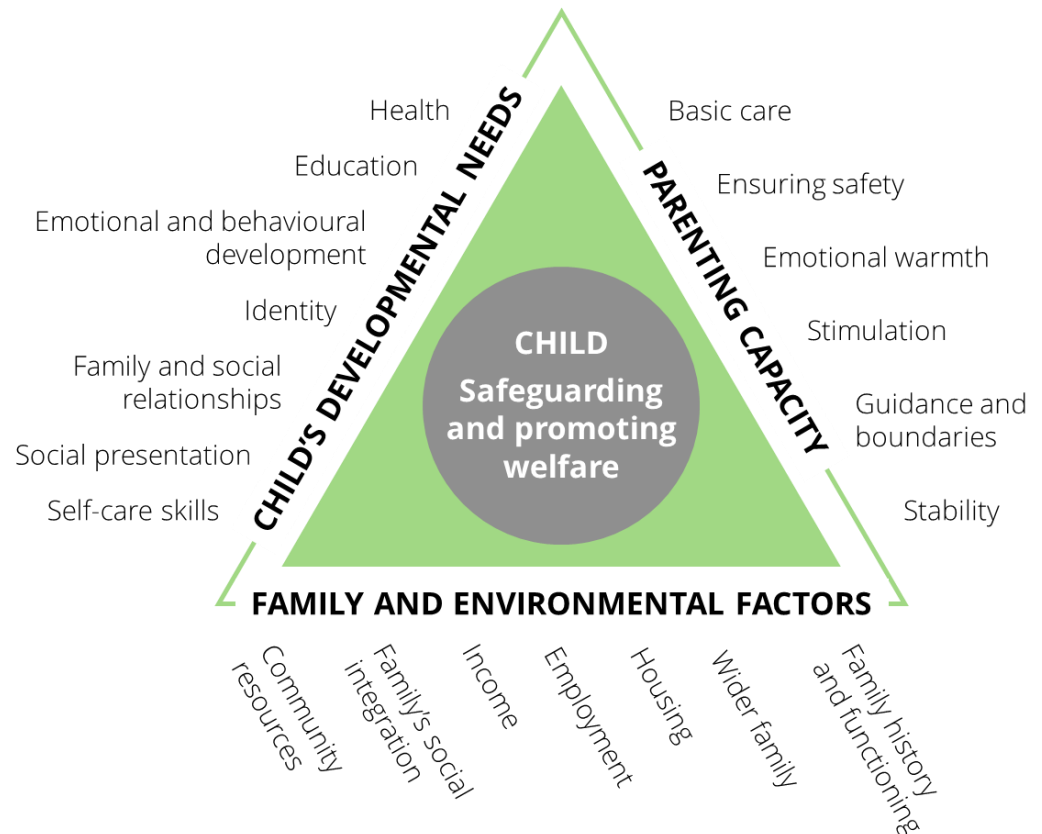
TIER 4 – CHILDREN IN ACUTE NEED

These children (including those with disabilities) 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 specialised services in residential, day patient, or outpatient settings for children and adolescents with severe and/or complex health problems, and they may be referred to Children's Services under S.20, 47, or 31 of the Children Act 1989. This would also include those children remanded into custody and statutory youth offending services.³

³ London Safeguarding Children Board, 'Threshold Document: Continuum of Help and Support', pg 6

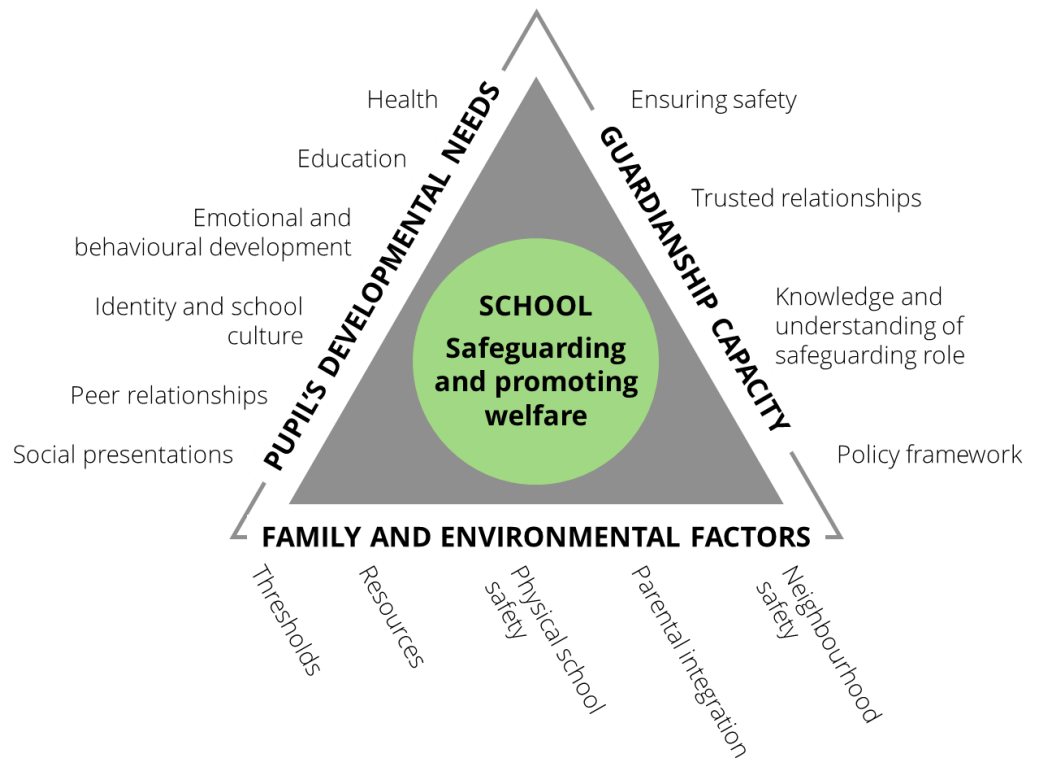
8. THE FOUR ASSESSMENT TRIANGLES

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 have 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.

School assessment triangle

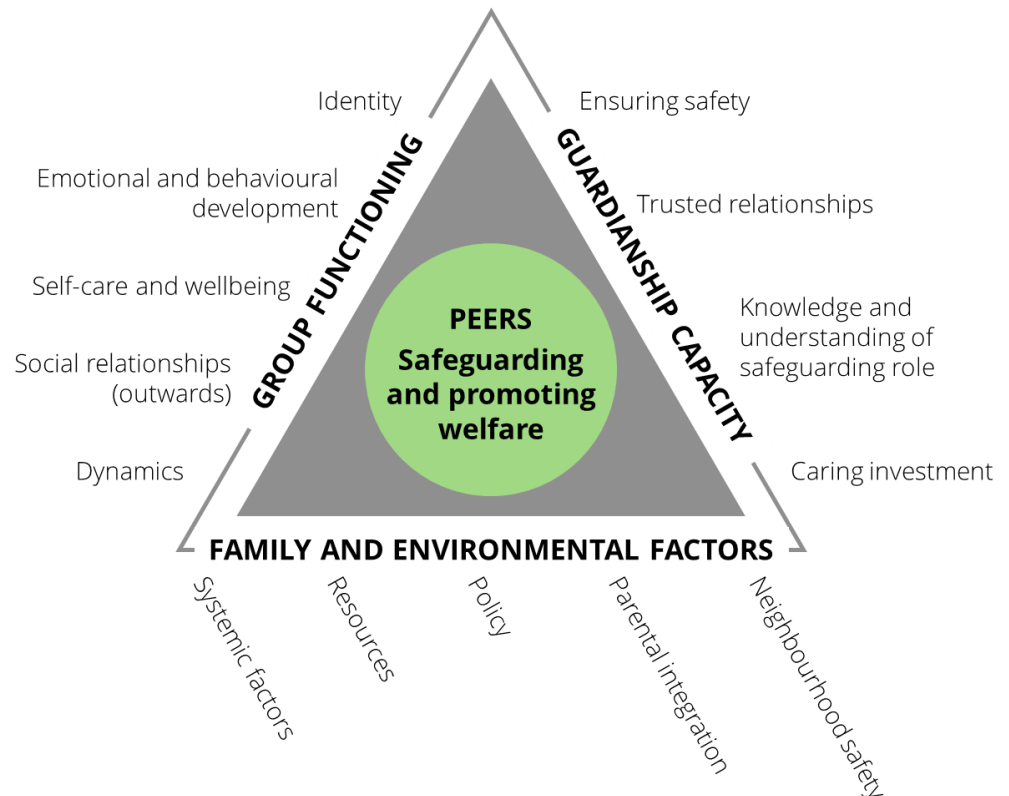


More information on the contextual assessment triangles can be found here: csnetwork.org.uk/assets/documents/Context-Assessment-Triangles.pdf

Neighbourhoods assessment triangle



Peers assessment triangle



9. SUTTON THRESHOLD GUIDANCE

Refer to the [London Threshold Document: Continuum of Help and Support](#) for a comprehensive list of indicators.

The following indicators are **not** an exhaustive list and should be considered using professional judgement. For a more comprehensive set of indicators refer to the London Threshold Document: Continuum of Help and Support.⁴

These indicators have been developed from combining the London Threshold Document, the Context Assessment Triangles (shown above),⁵ and the criteria from the LBS Targeted Early Help Service Troubled Families Programme.

⁴ londoncp.co.uk/files/revised_guidance_thresholds.pdf

⁵ csnetwork.org.uk/assets/documents/Context-Assessment-Triangles.pdf

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.

SERVICES

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

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.

SCHOOL

- A safe space for the CYP;
- Allows the CYP to access the PSHE and RSE curriculum;
- Evidence of clear safeguarding policies and staff training;
- 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 (including disabilities), who may be vulnerable and showing early signs of abuse and/or neglect.

ASSESSMENT

Early help assessment tool (EHAT)

ACTION

Obtain consent to refer concern to CFCS.

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

Complete an EHAT to help identify how to further support the child/young person in your setting:

sutton.gov.uk/ehat

CHILD'S DEVELOPMENT NEEDS

- Developmental milestones are not met, and CYP is below age-appropriate social development expectations;
- CYP has health issues, due to a mild health condition, poor diet, lack of physical activity, or drug and alcohol use;
- CYP is persistently absent from education or not in education, employment or training (NEET);
- 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;
- CYP has gone missing on one or two occasions;
- 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.

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 anti-social behaviour;

SERVICES

- Targeted Early Help Service;
- Children with Disabilities Team;
- 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

- Indirect links to proscribed organisations.

SCHOOL

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

NEIGHBOURHOOD

- Neighbourhood has a negative impact on CYP;
- Where 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, S.47

and/or social work

assessment by Referral and Assessment (RAS).

ACTION

Obtain consent, if required, and refer concern to CFCS.

RAS will assess the case and refer on to an appropriate service.

CHILD'S DEVELOPMENT NEEDS

- Some developmental milestones are not met and require specialist support;
- CYP is below age-appropriate academic expectations despite ongoing support, and CYP refuses to engage in education or employment;
- CYP has health issues, due to a health condition, poor diet, no physical activity, or substance misuse;
- Persistent demonstration of behavioural difficulties, which increases risk of anti-social behaviour, bullying, 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. Concern that CYP may be self-harming or feeling suicidal;
- CYP is isolated and has communication difficulties;
- CYP expresses beliefs of extremism/ intolerance;
- CYP persistently goes missing;
- CYP shows consistent signs of neglect or abuse.

PARENTING CAPACITY

- Poor engagement with and 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;
- Poor parenting is having a negative impact on CYP and appropriate boundaries are not set;
- Historic or current low-level domestic abuse impacts on CYP's emotional wellbeing and increases risk of CYP being a perpetrator or victim of abuse including CSE;
- Physical or mental health, learning difficulties, and/or substance misuse of parents impacts parenting, and parent unable to protect CYP from harm;
- Concerns around disciplining of CYP and/or harmful traditional 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 dirty and unsafe;

SERVICES

- Children's Services Locality team;
- Children with Disabilities team;
- 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

- 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;
- Family experiences social exclusion, bullying, hate crime, violence, and anti-social or criminal behaviour;
- Strong links to proscribed organisations.

SCHOOL

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

NEIGHBOURHOOD

- Neighbourhood has a negative impact on CYP;
- Where 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;
- Puts the CYP at risk of exploitation, and evidence of possible grooming.

TIER 4 – CHILDREN IN ACUTE NEED

Children (including those with disabilities) are suffering or are likely to suffer significant harm.

ASSESSMENT

S.47 enquiry and social work assessment by Referral and Assessment (RAS).

ACTION

No consent required. Refer concern to CFCS. Strategy meeting will take place and RAS will assess the case and refer on to an appropriate service.

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

CHILD'S DEVELOPMENT NEEDS

- Developmental milestones are significantly delayed creating risk of significant harm;
- CYP has complex health issues, due to a complex health condition, poor diet, no physical activity, or substance misuse;
- Persistent demonstration of behavioural difficulties, which places CYP at imminent risk of anti-social behaviour, bullying, 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;
- 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;
- 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 appropriate boundaries are not set which exposes CYP to significant harm;
- Current 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;
- Parents blame the CYP for harm they experience outside of the home;
- Parents facilitate CYP's exposure to extra-familial harm.

SERVICES

- Children's Services Locality team;
- Court team;
- Children with Disabilities team;
- 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

FAMILY AND ENVIRONMENTAL FACTORS

- Family members at risk of deportation;
- Family has no stable housing, and their home is consistently dirty and unsafe;
- 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 social excluded and involved in bullying, hate crime, violence, and anti-social or criminal behaviour;
- Family and/or friends are members of proscribed organisations.

SCHOOL

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

NEIGHBOURHOOD

- Neighbourhood has a profound negative impact on CYP;
- Where CYP feels unsafe to travel beyond their immediate environment;
- Where the 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

- Where the CYP is at risk of exploitation, and there is evidence of possible grooming;
- Unsafe and causing the CYP emotional harm.

10. ADDITIONAL THRESHOLD CRITERIA: SECTION 47, SECTION 20, SECTION 31⁶

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 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 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.

⁶ Threshold document: continuum of help and support
www.londoncp.co.uk/files/revised_guidance_thresholds.pdf

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 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?

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 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.

11. SPECIFIC CIRCUMSTANCES

NEGLECT

Neglect is defined in Working Together to Safeguard Children 2018 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.”⁷

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.

The toolkit and additional resources to identify and respond to neglect are available on the LSCP website: suttonlscp.org.uk.

CHILDREN LOOKED AFTER WHO RETURN HOME FROM CARE

Planned return

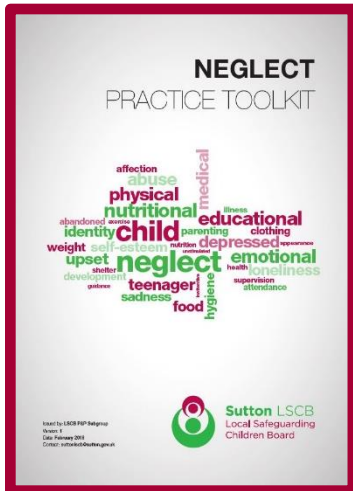
Where a child/ young person returning home from care is planned, Sutton Children’s Services will complete an assessment whilst the child/ young person is still being looked after as part of the care planning process under regulation 39 of the Care Planning Regulations 2010. The assessment should consider any services or support the child/ young person and their family may need, including Early Help support.⁸

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/

⁷ HM Government, ‘Working Together to Safeguard Children’ (July 2018), pg. 104

⁸ HM Government, ‘Working Together to Safeguard Children’ (July 2018), pg. 53



young person's safety and wellbeing. If there are concerns then Children's Services should take appropriate action, including Section 47 enquiries.⁹

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.

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 the Early Help & Prevention Panel will be made;
- If history and risks suggest that statutory intervention is likely to be needed the case will be referred to the Referral and Assessment Service (RAS) 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.¹⁰

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

⁹ HM Government, 'Working Together to Safeguard Children' (July 2018), pg. 53

¹⁰ swlstg.nhs.uk/our-services/find-a-service/service/perinatal-mental-health-service

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 here:

sutton.gov.uk/info/200336/looking-after-someone/1053/young_carers

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

PRIVATE FOSTERING

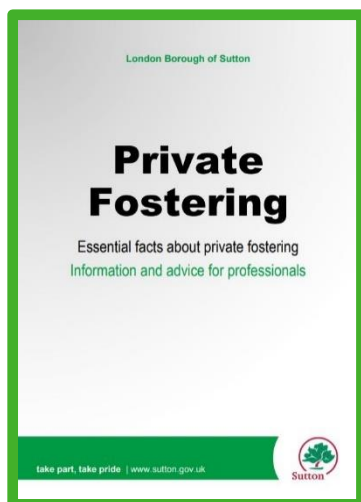
If the living arrangements of a child/young person fits the criteria below they may be being privately fostered:

- 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 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.

CHILDREN/ YOUNG PEOPLE AT RISK OF, OR INVOLVED IN, ANTISOCIAL OR 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:

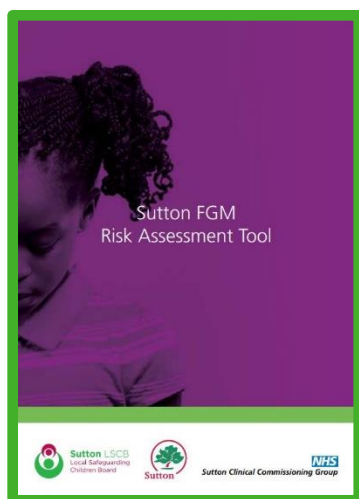
- Supervision of young people subject to statutory court orders and out of court disposals;
- Intervention to prevent offending and reduce the risk of re-offending by young people;
- Work with young people who have offended to support them to consider the consequences of their offending behaviour, and 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.

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. The tool can be found on the Sutton LSCP website here: suttonlscp.org.uk/lscp-policy-practice.php.

UNACCOMPANIED ASYLUM SEEKING CHILDREN

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.

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 Self-Harm and Suicidal Ideation Protocol for children suffering from self-harm and suicidal ideation, which can be found here: suttonlscp.org.uk/lscp-protocols.php.

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 the London Child Protection Procedures: londoncp.co.uk/chapters/sg_ch_dom_abuse.html.

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.

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.

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

ADOLESCENT SAFEGUARDING

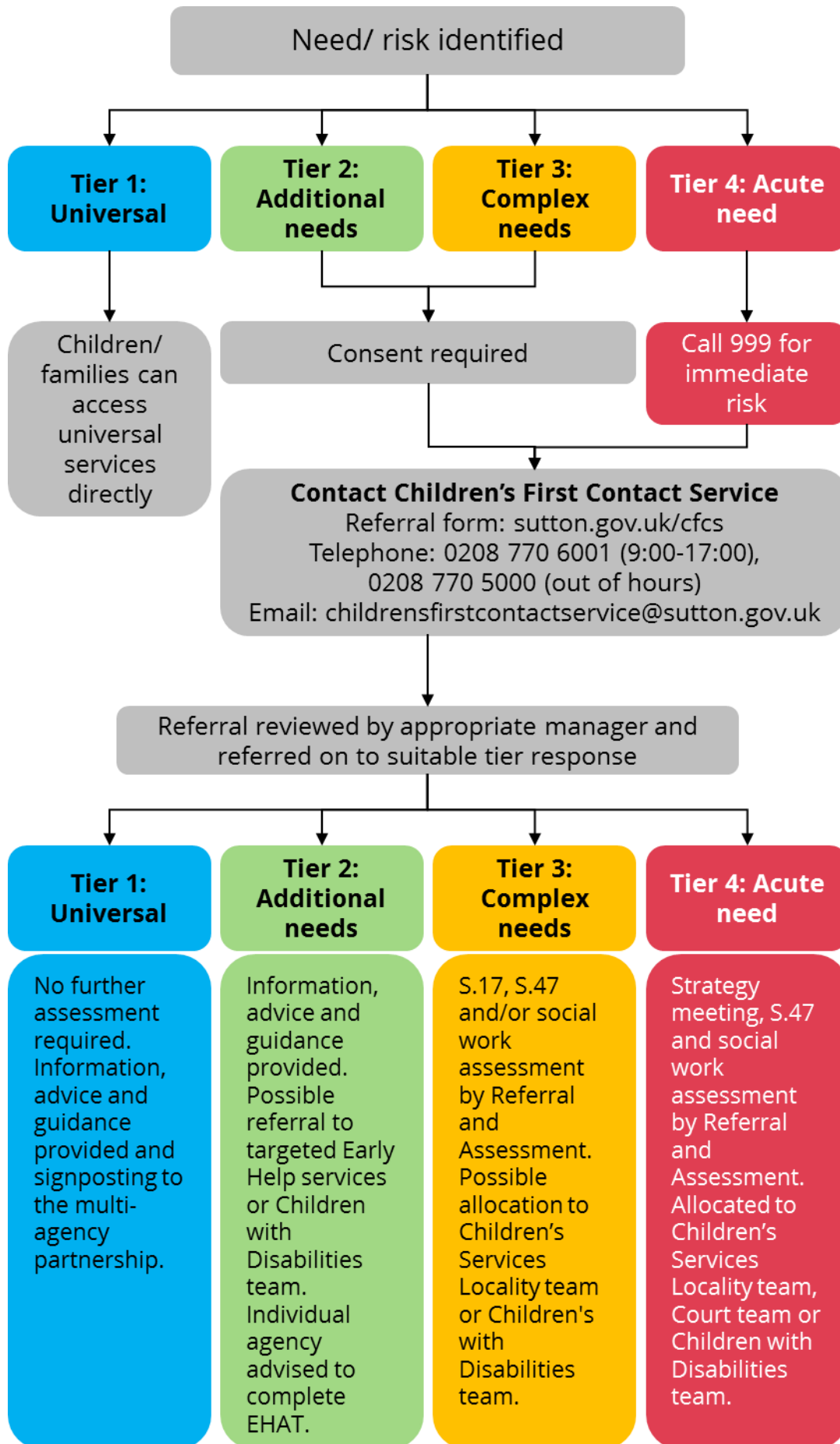
As children get older they become exposed to more environments outside the family home where they may suffer harm. The [LSCP Multi-Agency Protocol for Safeguarding Adolescents](#) considers how professionals can further support adolescents to promote their welfare and keep them safe from harm. The protocol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

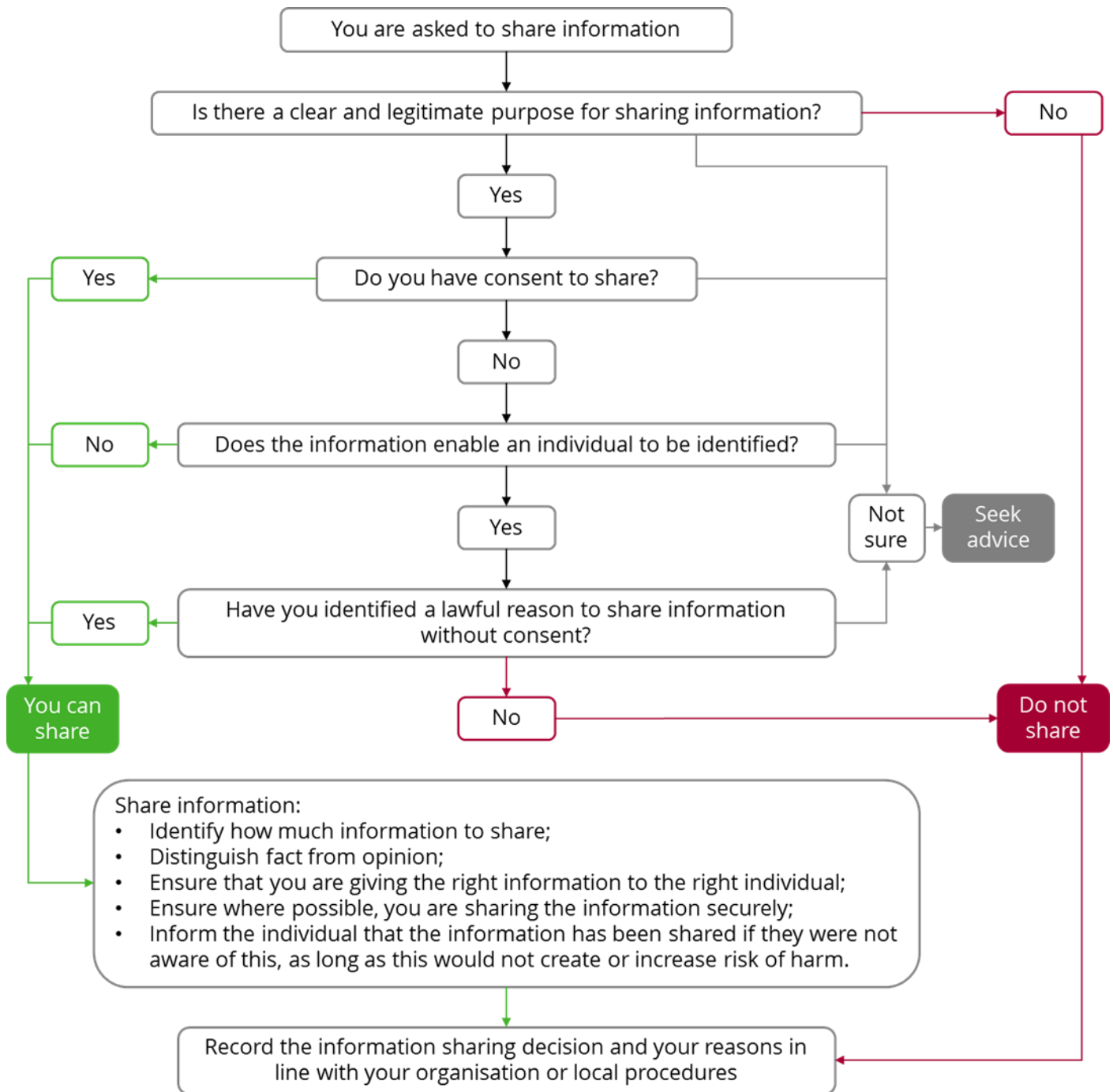
If professionals have concerns regarding harm to a child/ young person from outside the family home they should follow the same process as if they had traditional safeguarding concerns and refer the child/ young person to CFCS.

APPENDIX A. SUTTON THRESHOLD PATHWAY



APPENDIX B. INFORMATION SHARING

The flowchart below should be considered when sharing information:¹¹



¹¹ HM Government, 'Information sharing advice for practitioners providing safeguarding services to children, young people, parents and carers' (July 2018) pg 12.

APPENDIX C. USEFUL LINKS AND DOCUMENTS

LINKS

- Sutton LSCP website: suttonlscp.org.uk
- CFCS referral form: sutton.gov.uk/cfcs
- London Child Protection Procedures: londoncp.co.uk
- Early Help Services: sutton.gov.uk/earlyhelp
- Early Help Assessment Tool: sutton.gov.uk/ehat
- Sutton's Local Offer: sutton.gov.uk/info/200611/suttons_local_offer
- Perinatal Mental Health Services: swlstg.nhs.uk/our-services/find-a-service/service/perinatal-mental-health-service
- Sutton Young Carers Service: suttoncarerscentre.org/young-carers-services
- Sutton CAMHS Referral Form: <https://www.swlstg.nhs.uk/documents/related-documents/our-services/731-spa-referral-form-updated-jan-2020/file>
- Not Alone In Sutton: notaloneinsutton.org.uk

DOCUMENTS

- HM Government, 'Working Together to Safeguard Children' (July 2018): assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf
- London Children Safeguarding Partnership, 'Threshold Document: Continuum of Help and Support': londoncp.co.uk/files/revised_guidance_thresholds.pdf
- Carlene Firmin, 'Contextual Safeguarding, an overview of the operational, strategic and conceptual framework' (November 2017): csnetwork.org.uk/assets/documents/Contextual-Safeguarding-Briefing.pdf
- Context Assessment Triangles: csnetwork.org.uk/assets/documents/Context-Assessment-Triangles.pdf
- Sutton LSCP Neglect Practice Toolkit: suttonlscp.org.uk/static/guidance_files/LSCB_NeglectPracticeToolkit_A4.pdf
- LBS Targeted Early Help Service Troubled Families Criteria: docs.google.com/document/d/1ndZvd3jBbCn_t1rH4-XOvHqoTE-Hh-cNld6XM9jAlVw/edit?usp=sharing
- LSCP Perinatal Mental Help Protocol: [suttonlscp.org.uk/static/guidance_files/Perinatal%20Mental%20Health%20Protococol%20\(1\).pdf](http://suttonlscp.org.uk/static/guidance_files/Perinatal%20Mental%20Health%20Protococol%20(1).pdf)

- Sutton FGM Risk Assessment Toolkit:
suttonlscp.org.uk/static/guidance_files/Sutton%20FGM%20Booklet.pdf
- LSCP Management of Young People who Self-Harm or have Suicidal Ideation Protocol:
suttonlscp.org.uk/static/guidance_files/LSCP_Self-harm_Suicidal_Protocol_2020.pdf
- Sutton Multi-Agency Missing Children and Young People Protocol:
[suttonlscp.org.uk/static/guidance_files/Sutton%20Missing%20Children%20Protocol%20-%202019%20\(1\).pdf](https://suttonlscp.org.uk/static/guidance_files/Sutton%20Missing%20Children%20Protocol%20-%202019%20(1).pdf)
- LSCP Multi-Agency Protocol for Safeguarding Adolescents:
suttonlscp.org.uk/static/guidance_files/LSCP_Protocol_Safeguarding_Adolescents.pdf
- Sutton's Helping Early Strategy 2020-2023:
suttonlscp.org.uk/static/guidance_files/Early_Help_Strategy_FA.pdf
- HM Government, 'Information sharing advice for practitioners providing safeguarding services to children, young people, parents and carers' (July 2018):
assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf

CHILD SAFEGUARDING TOOLKIT

Sutton LSCP has developed a child safeguarding toolkit to implement learning from local child safeguarding practice reviews which contains useful resources, including a free e-learning module: childsafeguardingtoolkit.co.uk

