

Lambeth Safeguarding Children Board

# Multi-Agency Threshold Guidance



This guidance has been produced by the Lambeth Safeguarding Children Board to support the early identification of potential and actual needs and so enable professionals across the partnership to make a timely response to secure and promote children's health, wellbeing and achievements.

## Lambeth Children's Services First Response Team

**Professionals' Line**      020 7926 3100

**Public Line**                020 7926 5555 (24 hours)

**If a child is at risk of immediate harm,  
call the police 999**

## 1. Introduction

The **purpose** of this document is to make explicit that:

- Safeguarding children and young people is the responsibility of **all** agencies that come into contact with them or their families;
- Effective Safeguarding should focus on prevention of 'need' by identifying early indicators of harm and intervening quickly;
- Where needs arise the least intrusive approach should be used in order to respect the dignity and right to a private family life of those involved;
- Multi-Agency working, within Universal Services, is critical to delivering a strategy of prevention rather than intervention;
- Where Safeguarding reaches a level of complexity or risk then **all** agencies involved should play their fullest role in acting early to achieve safe outcomes for children, young people and their families.

This guidance is underpinned by the following **legal framework (Working Together to Safeguard Children 2015) which defines Safeguarding as:**

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.

The **aims** of the threshold framework are to:

- Improve outcomes for children, young people and their families
- Support professionals to make timely and appropriate responses to safeguard children and young people
- Support a culture that promotes children's well being
- Ensure that the needs of children, young people and their families are anticipated or identified and met at an early stage through universal local provision
- Ensure that services build on existing resources, within the young person and/or their family, and that interventions aim to develop internal resilience.

We will achieve this through:

- Identifying the range of service provision available
- Linking this through to different levels of provision (Tiers)
- Providing information to professionals about how this provision is accessed
- Publishing a range of assessment tools to support referrals to service providers.

## Escalation Policy

All those using this guidance document are reminded of the LSCB Escalation Policy which outlines the process to be followed if they identify a need to escalate a concern about a child or young person.

This policy can be found on the LSCB website: <http://www.lambethscb.org.uk/>

## Thresholds

Threshold is the point at which a child or young person becomes eligible to access a particular level of service provision. Within individual organisations thresholds may vary and thus care has to be taken to understand how the provision of support identified in each tier is accessed.

## Tiers of need

Tiers relate to the nature and intensity of provision from within a particular organisation. Most agencies have a 4 Tier Model: Tier 1 is primarily Universal Services (those available to all); Tier 2 is more specialist, short-term, support; Tier 3 implies a greater complexity of need and thus requires a more intensive and/or multiagency approach; Tier 4 is highly specialist and implies a level or degree of risk.

## Early Help Assessments (CAF)\*

The Early Help Assessment is designed to enable Universal Services to:

- Identify or anticipate needs at the earliest opportunity and to address these through their own or other Universal Services where possible.
- Evidence the range and level of services and interventions already accessed by a child, young person or family to reduce duplication and aid future planning of provision if needed.

The Early Help Assessment is a 'passport' that should go with the child, young person, and/or their family through all services and provide a chronology of intervention.

Through understanding the child, young person, or family's journey through services the multi-agency network will be best placed to ensure resources are targeted, giving consideration to what **has worked** and what remains of concern.

\*The CAF (Common Assessment Framework) form is the Early Help Assessment document used in Lambeth at the time of writing this guidance. A review of this document is proposed, and a revised Early Help Assessment document will then be shared with partners.

## Time bound interventions with a focus on reducing risk and improving outcomes

Where targeted or specialist intervention is required, this should be time-bound with a focus on achieving a sustained reduction in the level of need experienced by the child or young person. A targeted or specialist intervention will never take place in isolation, and there will be an on-going role for universal services in supporting a child, young people and their family before, during and after the intervention has been made.

The evidence base suggests ‘brief interventions’ alongside continuity of care from within Universal Services offers the best outcomes for children, young people and their families. Continuity of Universal Service input offers a sense of ‘normalisation’ and provides a pathway back from elevated need to universal provision.

## 2. Tiers of need, assessment and referral processes

<p><b>Tier 1: Universal and Universal Plus needs</b></p>
<p><b>Tier 1:</b> The child or young person is within acceptable ranges in meeting developmental milestones and achieving expected outcomes. He or she has no significant additional needs and those which do arise can be supported by low level interventions within universal provision. Children, young people and their parents/carers can access services directly and do so based on normal developmental lines or as a result of routine life events (such as physical illness, immunisations, routine outpatient etc.).</p>
<p><b>Assessment Process:</b> Children and young people have their needs met through <b>universal services</b>. Universal assessments such as those carried out by health or education services will apply.</p> <p><b>Referral process:</b> no referral is required.</p>
<p><b>Key universal services providing support at tier 1:</b> (this list is not exhaustive and is best described as services that all children, young people and their families would routinely access without any specific safeguarding needs being identified)          Midwifery services; health visiting and school nursing service (delivery of the Healthy Child Programme); GPs; children’s centres; early years settings and child minders; schools; universal youth and play services (for example, one o’clock club, adventure playgrounds and youth centres); Families’ Information Service; leisure, parks and library services; housing services; voluntary and community sector organisations.</p>

## Tier 2: Children in need of early help

**Tier 2:** The child or young person **requires further support to meet developmental milestones and /or achieve expected outcomes**. He/she has specific additional needs which can be addressed by one or more agencies working in partnership with the child, young person and their family. Early Help is designed to ensure that such needs are addressed to enable children and young people to achieve their best outcomes and prevent deterioration or escalation of their needs.

**Assessment process:** An Early Help Assessment and action plan with a lead professional will help identify all areas of need and coordinate a planned response with the child, parents /carers and partner agencies.

**Referral process:**

- No referral to LA Children’s Services is required.
- The child’s additional needs will be met primarily within your setting, with additional specialist or short term intervention from another agency where required.
- To achieve this, you will need to identify a lead professional within your agency who will, **with parental consent**, complete an Early Help Assessment and action plan, and lead on its implementation and review.

**Key services providing support at tier 2:**

The **universal services** identified under tier 1 and **in addition:** voluntary and community agencies commissioned to provide early help services, including family support services; education welfare services; education psychology; NEET advisory services; targeted drug and alcohol services; speech and language therapy (group work); occupational therapy; parenting support. There is also scope for specific Early Intervention CAMHS or referral to Community Paediatrics for assessment and /or brief intervention.

### Tier 3: Children in need of targeted early help or specialist support

**Tier 3:** The child or young person is at significant risk of not achieving expected outcomes. He or she has high level or complex needs which require co-ordinated, multi-agency support with an Early Help Assessment and action plan; a lead professional; and a team around the family approach. Or it might be a child with safeguarding concerns but no other needs.

He or she may meet the threshold for assessment as a child in need under section 17 of the Children Act 1989.

**Assessment process:** If an Early Help assessment and plan has previously been completed within universal services at tiers 1 or 2, then this will be critical in helping agencies target further interventions effectively.

Children with needs at tier 3 may also benefit from an Education, Health and Care Plan. Some children and young people may not have received early help at tier 2 prior to presenting with needs at tier 3, and in this case an Early Help assessment may not be available.

**Referral process:** A child or young person with multiple needs at tier 3 may require support from the LA Children's Services. You can seek advice prior to referral by contacting the LA Children's Service First Response Team between 9am and 5pm Monday to Friday **Tel 020 7926 3100 (Professionals) or Tel 020 7926 5555 (Public line, 24 hours)**

- If a referral is advised, you should follow the following steps:
  1. Share your concern with the parent or carer
  2. Inform the parent or carer that you will be making a referral to the LA Children's Services
  3. If possible, you should gain parental consent for this referral. A lack of parental consent should not prevent you from making a referral.
- You will be asked to complete a Multi-Agency Referral Form (MARF) and to attach any Early Help Assessment and action plans which have previously been completed.  
If the referral is accepted by the LA Children's Services and requires the support of a social worker a coordinated approach will be made to transfer the role of Lead Professional.

**Key services providing support at tier 3:**

The **services identified under tiers 1 and 2**, and **in addition:** LA Children's Services (Early Help and/or Children's Social Care); SEN services (e.g. Early Years Alliance); voluntary and community agencies commissioned to provide targeted/higher level early help services; youth offending service; CAMHS; specialist NEET interventions; support around child sexual exploitation and around domestic violence; CHANNEL programme (extremism)

## Tier 4: Children at risk of Significant Harm

**Tier 4:** The child or young person has an acute level of unmet and complex need and / or requires urgent intervention to prevent against significant harm. The role of **ALL** agencies must be protection and it is essential that there is an immediate referral to Children's Social Care.

### IF THERE IS AN IMMEDIATE RISK OF HARM DIAL 999 WITHOUT DELAY

**Assessment process:** Follow the Child Protection protocols of your agency where this is possible without increasing risk, and contact Children's Social Care to outline your key concerns, risks to the child or young person and discuss the urgency of action being taken.

**Referral process:** Contact Children's Social Care immediately  
 LA Children's Service First Response Team between 9am and 5pm Monday to Friday  
**Tel 020 7926 3100 (Professionals) or Tel 020 7926 5555 (Public line, 24 hours)**  
 You are required to ensure that you follow up, in writing, any conversation with Children's Social Care about a Child Protection issue within 24 hours – please use the MARF form obtainable from:

[http://www.lambethscb.org.uk/sites/default/files/Updated%20LAMBETH%20MARF%205th%20February%202015\\_0.doc](http://www.lambethscb.org.uk/sites/default/files/Updated%20LAMBETH%20MARF%205th%20February%202015_0.doc).

If you are concerned that a child or young person is at risk of sexual exploitation, you should also complete the Child Sexual Exploitation (CSE) risk matrix, and attach this to your referral. Further information can be found at [www.lambethscb.org.uk](http://www.lambethscb.org.uk)

**If a child or young person is at immediate risk you should phone the Police on 999.**

### Key services providing support at tier 4:

**Support at tier 4 is provided by the services identified at tiers 1-3: the Youth Offending team; tier 4 specialist CAMHS; GANG intervention team; AIM; CWD; CHANNEL programme (extremism).** In addition to this, Lambeth Children's Social Care will assess all referrals made to the First Response Team within 24 hours or immediately in the case where it is suspected that the child or young person is suffering significant harm, and determine whether:

- The risk of harm would reduce through use of s17 of the Children Act
- A strategy meeting under s47 of the Children Act 1989 is required.
- The child or young person requires immediate protection
- The child or young person requires protection and a safety plan can be put in place
- The risk of harm would reduce through a multi-agency response
- The Police are able to intervene (e.g. make an arrest) thereby removing the risk



### 3. Lambeth Children’s Thresholds of Need Indicators

The following tables are illustrative of levels of need and types of intervention that should be considered. The aim is to engage professionals in understanding the range of provision within Lambeth and to access the most appropriate provision based on context and level of need. These are not exhaustive and are based on Pan London guidance. For further details please refer to the following document:

[http://www.londoncp.co.uk/files/revised\\_guidance\\_thresholds.pdf](http://www.londoncp.co.uk/files/revised_guidance_thresholds.pdf)

any situation where you believe a child has been, is or is at risk of being harmed then you should contact Children’s Social Care immediately for advice and support. Take into account all relevant information (such as age, gender, disability and cultural factors) when assessing need. When planning a referral either to Social Care or another agency ensure you are able to evidence the level of need for the tier and service you are referring to.

<b>Tier 1: Universal</b>
The child, young person or family has no significant additional needs. Needs that do arise can be met by low level interventions within universal services.
<p><b>Child’s / Young Person’s Developmental Needs</b></p> <p><b>Abuse and neglect:</b> no physical or material signs of neglect; any injuries within normal range; emotionally warm and stable family environment</p> <p><b>Learning, education and employment:</b> adequate academic progress; meeting developmental mile-stones</p> <p><b>Health:</b> healthy, no physical or mental health condition or disability; access to health services; regular physical activity and healthy diet; no history or substance misuse</p> <p><b>Emotional wellbeing:</b> positive sense of self; emotionally resilient</p> <p><b>Social development:</b> strong friendships and positive, respectful social interactions</p> <p><b>Behaviour:</b> age appropriate, legal activities; self-control appropriate to age and development; does not run away from home is absent or go missing; does not have caring responsibilities</p>
<p><b>Environmental Factors</b></p> <p>Family is integrated into community; finances used appropriately / in best interest of child, even where limited; stable, suitable accommodation; no negative impact from local area</p>

## Parental and Family Factors

**Protection from harm – physical and sexual abuse:** child is protected from danger or significant harm, and is not subject to either sexual or physical abuse

**Neglect:** the child's physical and material needs are met

**Domestic abuse:** there is no history or incidents of domestic abuse in the family

**Perinatal period:** take up or ante / post natal care; coping with parenthood and accessing support as required

**Parenting capacity** to promote child's health, learning and education, emotional wellbeing; consistent parenting and emotional warmth

**Extremism:** no evidence of involvement in or support for extremism

**Drug and alcohol use** – no evidence of impact on child or on parenting ability

**Physical or mental ill health or disability** no adverse impact on child or parenting ability

**Criminal or anti-social behaviour:** no history of criminal activity in family; no family gang involvement

## Tier 2: Children in need of early help

The child, young person or family has low level needs which are not being met by universal services, and so requires some additional early help. An early help assessment and action plan with a lead professional will help identify all areas of need and coordinate a planned response with the child, parents / carers and partners

### Child's / Young Person's Developmental Needs

**Abuse and neglect:** occasional signs of neglect; occasionally dirty, unkempt; occasional, less common injury; parenting lacks emotional warmth

**Learning, education and employment:** Underachieving; additional support needed to meet all developmental mile-stones; at risk of becoming NEET

**Health:** physical or mental health condition or disability; missed health checks or immunisations; no physical activity / unhealthy diet impacting on health; early signs that drug or alcohol use is having a negative impact on social well being

**Emotional wellbeing:** poor self-esteem; requires additional emotional support; shows early signs of negative, anti-social or criminal behaviour

**Social development:** limited social interaction; language and communication difficulties; victim or perpetrator of bullying – some support required

**Behaviour:** occasional anti-social behaviour; short lived sympathy for violent / extreme ideology; occasional lack of age appropriate self-control; risk of negative use of internet and social media; occasionally absent, missing from home; occasional caring responsibilities; socially isolated as a result of intolerant views

### Environmental Factors

Family is socially isolated; occasionally short of adequate food, warmth or clothing due to financial mismanagement; unclean accommodation with potential health and safety hazard; anti-social behaviour in local area has negative impact; family has temporary right to remain, impacting on child's well being; indirect links to proscribed organisations

### Parental and Family Factors

Protection from harm – physical and sexual abuse: evidence of sexual abuse or inappropriate sexual behaviour within wider family network but child is protected from this; child occasionally not protected from accidental harm; physical chastisement within legal limits impacts on child's emotional wellbeing and / or leads to concerns of escalation without intervention; harmful traditional practices are culturally prevalent, but child is protected from these

**Neglect:** occasionally neglectful of the child's physical and material needs, increasing their vulnerability

**Domestic abuse:** parent / carers subject to occasional non-physical abuse; isolated incidents of violence in family, impact mitigated by protective factors

**Perinatal period:** ambivalent to / irregular take up of ante / post natal care; struggles to parent effectively but open to support

**Limited parenting capacity** to promote child's health, learning and education, emotional wellbeing; difficulties in setting boundaries and establishing and maintaining a routine

**Extremism:** Some support for extreme views or ideology, but no evidence of active involvement with extremist organisation

**Drug and alcohol use** occasionally impacts on child

**Physical or mental ill health or disability** of parent / carer / sibling occasionally affects ability to meet child's needs

**Criminal or anti-social behaviour:** history of criminal activity in family; suspicion or some evidence of family gang involvement

### Tier 3: Children in need of targeted or specialist support: LA Children's Services Targeted Early Help

The child, young person or family has high level or complex additional needs which requires co-ordinated multi-agency support with an early help assessment and action plan; a lead professional; and a team around the family approach.

Needs may meet the threshold as a child in need under section 17 of the Children Act.

Children requiring support at tier 3 will usually meet a number of the indicators listed below:

#### Child's / Young Person's Developmental Needs

**Abuse and neglect:** consistent physical and material signs of neglect; frequent injury; volatile and unstable family environment - emotional neglect increasing vulnerability

**Learning, education and employment:** seriously underachieving despite sustained interventions; targeted support needed to meet developmental milestones; NEET

**Health:** physical or mental health condition or disability significantly affects daily functioning; chronic health problems due to lack of access to services; no physical activity / unhealthy diet seriously impacting on health despite sustained interventions; substance misuse dependency impacts mentally and physically

**Emotional wellbeing:** poor self-esteem / sense of identify impacts on daily outcomes; concern of suicide or self-harm; significant deterioration in behaviour and engagement in risky behaviours; fails to meet developmental milestones due to inability of parent/ carer to provide emotional support; involvement in negative; anti-social or criminal behaviour and at greater risk of being groomed or exploited by others

**Social development:** socially isolated; significant communication difficulties; negative interactions and lack of respect; victim or perpetrator or persistent or severe bullying despite early help interventions

**Behaviour:** anti-social behaviour and risk of gang involvement; has associations/affiliation with negative peer groups involved in offending behaviour ( group violent offending, street robbery, use of weapons, drugs offences) expresses support for extremism and violence; regular lack of age appropriate self-control; engaged in or victim of harmful use of internet and social media; negative behaviour associated with extremism; persistently missing or absent from home – concern around extremism related to this; caring responsibilities have negative impact; negative and intolerant interactions with others

### Environmental Factors

Family socially excluded – adverse impact on child; regularly short of adequate food, warmth or clothing due to other prioritisation of financial resources; consistently dirty accommodation with health and safety hazards; child victim of anti-social behaviour or crime in local area and at ongoing risk; local area has significant levels of crime and ASB, family at risk of involuntary removal / risk of having limited financial resources increases vulnerability of child to criminal activity; strong links to proscribed organisations

### Parental and Family Factors

**Protection from harm** – physical and sexual abuse: parent / carer unable to protect family from significant harm; possible inappropriate sexual behaviour from parent / carer; family home previously been used for criminal activity, including prostitution; physical chastisement beyond legal limits; concern child may be subject to harmful traditional practices

**Neglect:** regularly neglectful of child's physical and material needs, impacting on outcomes; and placing at risk of grooming or exploitation

**Domestic abuse:** parent/ carer has previously experienced and occasionally experiences domestic abuse; domestic abuse within the family with limited sign of change or recognition of adverse emotional impact on the child; child shows sign of emotional abuse and behaviours that indicate risk of becoming perpetrator or victim of abuse

**Perinatal period:** does not access ante / post natal care; post natal depression; sustained difficulties in parenting effectively and will not accept support

**Very limited parenting capacity** impacts adversely on child's health, learning and education; child is emotionally neglected and vulnerable to exploitation; significant risk of parent / child relationship breakdown; parent / carer unable to set boundaries; weak or negative family network

**Extremism:** family members, parents or carers expose child to involvement in activity that supports or endorses extremism

**Drug and alcohol use** by parents, carers, family members consistently impacts on child

**Physical or mental ill health or disability** of parents / carers / family members impacts on the care of the child

**Criminal or anti-social behaviour** criminal record relating to violent or serious crime may impact on child in household; known gang involvement and drugs supply offences

## Tier 4: Children at risk of significant harm: LA Children's Services Children's Social Care

The child or young person has an acute level of unmet and complex need and / or requires urgent intervention to protect against significant harm.  
An investigation is required under section 47 of the Children Act 1989.

Children requiring support at tier 4 will usually meet a number of the indicators listed below:

### Child's / Young Person's Developmental Needs

**Abuse and neglect:** extreme physical signs of neglect; material neglect causing significant harm; unaccounted injuries and child disclosure; long term emotional neglect places child at high risk of / involvement in sexual or other exploitation as perpetrator or victim

**Learning, education and employment:** significant delay / impairment to developmental milestones; at risk of significant harm as a result

**Health:** complex physical or mental health condition or disability has significant adverse impact; complex and chronic health problems due to lack of access to services; no physical activity / unhealthy diet seriously impacting on health and placing at risk of significant harm despite sustained interventions; substance misuse dependency places child at significant risk of harm

**Emotional wellbeing:** negative sense of self leads to significant harm; child is exploited and harmed by others as a result; development significantly impaired; self-harming or suicidal; at high risk of CSE

**Social development:** completely isolated; little or no communication skills or positive interaction with others; negative interactions and lack of respect; victim or perpetrator of persistent or severe bullying which places well being at risk

**Behaviour:** involved in persistent, serious criminal activity (group violent offending, weapons use, possession with intent to supply drugs/offences) and known gang involvement; expresses support for extremism and violence; little or no age appropriate self-control places self and others at risk; significant concerns child is at risk of harm due to internet and social media activity; significant concern child is being groomed for involvement in extremist activity; strong links with extremist individuals / groups; child persistently missing or absent with significant concern about sexual exploitation and / or criminal activity; caring responsibilities have significant negative impact with no sign of change. Arrested for a drugs offence outside of London area or stopped and searched out of London in circumstances that may indicate involvement in drugs supply offences at risk of criminal exploitation.

## Environmental Factors

Family excluded and child severely affected – family deliberately isolates child from support; consistent inability to manage finances leaves child consistently short of food, clothing and warmth; family has no stable home; local area has high levels of crime, ASB, and has a group violent offending /gang problem, has profoundly negative impact on child - child involved in frequent anti-social behaviour and criminal activity and at high risk of involvement in exploitation as victim or perpetrator; family at risk of deportation / child an unaccompanied asylum seeker; child being exposed to / involved in criminal activity as a result of trafficking; child, close family members /friends of proscribed organisations; victim of serious, sustained and escalating acts of bullying

## Parental and Family Factors

**Protection from harm – physical and sexual abuse:** parent / carer unable to protect child from harm, placing child at significant risk; parent carer sexually abuses child or is at high risk of doing so; child is being sexually abused or exploited; parent carer significantly physically harms child; evidence that child may be subject to harmful traditional practices

**Neglect:** consistent failure to meet child's physical and material needs placing child at significant risk of harm, including significant risk of involvement in criminal or sexual exploitation

**Domestic abuse:** parent / carer a victim of frequent domestic abuse; child at significant risk of emotional or physical harm; child is at high risk of being perpetrator or victim of serious abusive behaviour

**Perinatal period:** does not access ante / post natal care and uses drugs or alcohol excessively; serious post natal depression causes serious risk to parent and child; inability to parent effectively and refusal to accept help has significant adverse impact on child

**Lack of parenting capacity / deliberately obstructive parenting** has significant adverse impact on child's health, learning and education; long term emotion neglect means child is now at very high risk of involvement in exploitation as perpetrator or victim; breakdown of parent / child relationship places child at risk of significant harm

**Extremism:** evidence that child is involved in / actively promoting violent extremism; evidence that parent / carer / child planning to travel to conflict zone to participate in extremist activity

**Drugs and alcohol:** drug and alcohol use by parents, carers or other family members severely limits parenting capacity and has a significant adverse impact on child

**Physical or mental ill health or disability** of parents / carers/ family members causes or places child at risk of significant harm

**Criminal or anti-social behaviour:** criminal record for serious or violent crime, drugs supply offences and or known involvement in group violent offending /gang activity by family members has significant impact on child

## 4. Understanding Thresholds – Case Example

Bob and his mother have recently moved to Lambeth. They have moved in to stay with Bob's uncle Stephen (mother's brother in law). Since moving into the area Bob has attended the local primary school. He frequently arrives late in the morning and is sometimes picked up late. You notice that he always appears to have dressed in a hurry and is often tired and unable to concentrate in the class, but he has made friends quickly and joins in with the playground games.

**Tier – Universal:** Whilst Bob's appearance, lateness and tiredness are concerns he does appear to be relatively well adjusted and an exercise of Professional Curiosity in discussion with Bob and his mother may be all it needs to get Bob back on the right track.

When you ask Bob why he is late and often tired he tells you that he and his mother sleep in the living room of his uncles flat and although his mother puts him to bed at 7.30 he finds it difficult to sleep as his mother and his uncle watch television in the living room after he is in bed. He also tells you that his mother goes to work early so his uncle gets him ready for school. After phoning Bob's mother several times and receiving no response you attempt to speak to Bob's uncle Stephen. It is difficult to get hold of Stephen as he and Bob often arrive after school has started. You decide to wait at the gates and notice that Stephen appears dishevelled, tired and bleary eyed. He is reluctant to speak with you and will not provide you with any information saying 'you lot are all busybody and interfering, just do your job' and walks off without saying anything to Bob.

You finally get hold of Bob's mother and after much negotiation she agrees to see you but only at 1.00pm. Bob's mother tells you she works split shifts so has to leave early in the morning and does not get back until 7.00pm. She knows the situation for Bob is not ideal but she has no other options at present. You express your concerns about Stephen and she promises to have a word with him about watching television so late but she dismisses your concerns about his appearance saying he must have had a difficult night. Nevertheless, she is open to the idea of support.

**Tier – 2:** There are signs of neglect and possibly poor supervision which are having an impact on Bob's learning and education. The family also appear to be socially isolated.

After coordinating support for Bob and his mother Bob attends both the Breakfast and after school club and it is reported that his appearance has improved and he loves his breakfast. His presentation in class improves and he now contributes to class discussions. During a class discussion Bob explains that he doesn't like his uncle Stephen as he is angry all the time and shouts at him and his mother. Soon after this other parents start reporting that they have seen Bob out on his own in the evening.



Bob explains that he was with his uncle but he doesn't like it in the pub and he doesn't like his uncle's friends as they drink a lot and start shouting so he goes to the park until he thinks his mother will be home.

Bob's mother tells you that she knew Stephen occasionally took Bob out with him but didn't realise that he took him to the pub all the time. She agrees to speak to Stephen who still refuses to speak with professionals.

The next day you notice that Bob is very tired and unable to concentrate and when you ask him how he is he explains that he was up late as his uncle was very angry and was shouting at his mother. He says this happens a lot but normally he's able to cover his head with his pillow and wait till it's over but this is the worst it's ever been and he was worried for his mother. His uncle sometimes shouts at him but has never hit him.

**Tier – 3: Greater concerns of neglect and a lack of supervision and Bob's possible exposure to harm in the community. Alcohol abuse and Bob's exposure to such abuse. Volatile and unstable family environment. Signs of Domestic Abuse.**

A week later you are surprised to see Bob with his mother in the playground and notice that they both look very tired and his mother's eyes are very puffy. Bob's mother explains that it's been hard at work and she decided to take the day off as she needed the rest. Later that day you overhear Bob telling his friend that he has a sore head as his mother had fallen on him when he was in bed and he had banged his head on the wall. His uncle and mother were arguing and he shouted at her and pushed her over onto him. You ask Bob about this and although he is reluctant he tells you that he was very frightened and that his mother was crying and telling his uncle to stop but this just made him angrier and he threw his mother out of the flat. Bob says he hid under the bed covers but his uncle heard him crying and shouted at him to stop or he would hit him. In the morning his uncle was fast asleep and he heard his mother knocking on the door and let her in.

**Tier – 4: Physical harm and threats of violence to Bob. Exposure to Domestic Abuse**

## 5. Further Information

The following documents may support you in understanding and applying the thresholds as outlined above:

[www.londoncp.co.uk/files/revise\\_d\\_guidance\\_thresholds.pdf](http://www.londoncp.co.uk/files/revise_d_guidance_thresholds.pdf)

[www.lambethscb.org.uk/sites/default/files/What\\_to\\_do\\_if\\_you\\_are\\_worried\\_about\\_a\\_child.pdf](http://www.lambethscb.org.uk/sites/default/files/What_to_do_if_you_are_worried_about_a_child.pdf)

[www.londonscb.gov.uk/procedures/london\\_child\\_protection\\_procedures\\_chapters.html](http://www.londonscb.gov.uk/procedures/london_child_protection_procedures_chapters.html)

The following web links will help you find further information about service provision in Lambeth

[www.younglambeth.org](http://www.younglambeth.org)

[www.younglambeth.org/local-offer/landing-pages/local-offer.html](http://www.younglambeth.org/local-offer/landing-pages/local-offer.html)

[www.younglambethcoop.co.uk](http://www.younglambethcoop.co.uk)

[www.evelinalondon.nhs.uk](http://www.evelinalondon.nhs.uk)