

## West Sussex Safeguarding Children Partnership – Thresholds/Continuum of need matrix

<b>LEVEL 1</b> Children whose needs are fully met and thrive. Services open to all	<b>LEVEL 2</b> Children with some emerging needs Consent required to access services	<b>LEVEL 3</b> Children with multiple complex needs Consent required to access services	<b>LEVEL 4</b> Children with acute needs including those in need of protection Consent required unless immediate safeguarding concern
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### Developmental Needs - Health

<ul style="list-style-type: none"> <li>~ Meeting developmental milestones.</li> <li>~ Child appears healthy with age-appropriate development, including speech and language.</li> <li>~ All child's health needs are met by the parents or the family's wider support network.</li> <li>~ Developmental checks/immunisations up to date or declined with parental understanding.</li> <li>~ Has access and makes use of appropriate health and health advice services appropriate to the needs of the child (no missed health appointments family are aware of and following health advice, registered with a GP has had dental and opticians appointments in line with national recommendations).</li> </ul>	<ul style="list-style-type: none"> <li>~ Child rarely accesses appropriate health and health advice services; not brought to universal appointments or routinely missing specialist health appointments.</li> <li>~ Slow in reaching expected development milestones impacting on their day-to-day experiences.</li> <li>~ Overdue immunisations or health checks.</li> <li>~ Minor health problems.</li> <li>~ Inadequate diet e.g. no breakfast, being under/overweight.</li> <li>~ Inappropriate weaning, too early/too late.</li> <li>~ Inadequate general hygiene.</li> <li>~ Mother not attending some antenatal appointments.</li> <li>~ Dental problems and untreated decay – poor dental hygiene.</li> <li>~ Bedwetting or soiling.</li> <li>~ Experiment with tobacco, alcohol and illegal drugs.</li> <li>~ Parent has undergone Female Genital Mutilation (FGM) procedure, but risk assessment undertaken by health professionals identifies there is not a perceived risk of the child being subject to the procedure.</li> <li>~ Concern of self-harm (including substance misuse) Child is accessing social media sites about self-harm; expressed thoughts of self-harm but not acted on this.</li> <li>~ Parent has physical or mental health issues and is requesting support for themselves.</li> <li>~ Child low in mood, feeling alone or presenting as unhappy or misunderstood.</li> <li>~ Hygiene has some effect on child's personal presentation.</li> </ul>	<ul style="list-style-type: none"> <li>~ There is no evidence that the child has accessed health and health advice services and suffers chronic and recurrent health problems as a result.</li> <li>~ Child has some chronic/recurrent health problems or a disability; inappropriately managed; may include some cases of perplexing presentations/medical neglect.</li> <li>~ Developmental milestones unlikely / not being met due to parental care.</li> <li>~ Poor personal hygiene problems impacting on the child's presentation and health.</li> <li>~ Regular substance misuse that is impacting on the child's lived experience.</li> <li>~ Increasing concern regarding the child's diet or development infant /child appears to have poor growth – Falling 2 centile ranges or more without an apparent health problem.</li> <li>~ Unsafe sexual activity and/or Sexually Transmitted Infections (STIs).</li> <li>~ Harmful sexual behaviours refer to <a href="#">Ofsted continuum</a>.</li> <li>~ Emerging mental health condition e.g. conduct disorder, ADHD, anxiety, depression, eating disorder, self-harming.</li> <li>~ Some emerging concern regarding unborn baby and mother attending antenatal services inconsistently.</li> <li>~ Parent has undergone, (FGM) procedure but risk of child being subject to procedure is unknown and needs to be further assessed within partnership (National Risk Assessment for FGM).</li> <li>~ Growing professional concern about fabricated and induced illness and some perplexing presentations but there is no current evidence of significant harm.</li> <li>~ Teenage pregnancy - consider and age/ maturity/ consent and social circumstances.</li> </ul>	<ul style="list-style-type: none"> <li>~ Serious physical and emotional health concerns that are consistently not addressed by the parent e.g. failure to thrive, seriously obese/underweight, serious dental decay, persistent and high-risk substance misuse, acute mental health problems including self-harming behaviour, risk of suicide, child sexual exploitation and specific physical or medical conditions which require specialist interventions.</li> <li>~ The child has complex health problems which are attributable to lack of access to health services . Carer is denying professional staff access to the child putting them at risk of harm.</li> <li>~ Concern about serious unexplained injury.</li> <li>~ Developmental milestones not met consistently and is impacting on the child's development.</li> <li>~ Persistent presentation to professionals with concerning injuries: Raising concerns about child safety/ parental behaviour.</li> <li>~ Child is at serious risk of FGM/travel arrangements, seeking doctor, seeking finance for procedure.</li> <li>~ Professional concern about fabricated and induced illness and there is evidence of significant harm.</li> <li>~ Hygiene problems directly affecting the health and development of the child.</li> </ul>
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<b>Developmental Needs - Learning and Education</b>			
<ul style="list-style-type: none"> <li>~ General development is age appropriate.</li> <li>~ Regular access to books and toys, play.</li> <li>~ Working at the expected educational standard.</li> <li>~ Child fully attending school and achieving.</li> <li>~ Good attendance at nursery/college/training.</li> <li>~ Planned progression beyond statutory school age.</li> <li>~ Child home schooled and no concerns.</li> </ul>	<ul style="list-style-type: none"> <li>~ Limited access to books, toys, the internet or educational materials.</li> <li>~ Poor stimulation.</li> <li>~ Identified language and communication difficulties.</li> <li>~ SEN support at school level.</li> <li>~ Some learning or disability needs that require support.</li> <li>~ Concerning attendance patters leading to risk of Persistent Absence/has had some Fixed term exclusions from school.</li> <li>~ Occasional truanting or non-attendance and poor punctuality.</li> <li>~ Persistent late arrival/absent /truanting from school.</li> <li>~ Pattern of school absences.</li> <li>~ Not always engaged in learning – poor concentration, low motivation and interest.</li> <li>~ Caring responsibilities are impacting on the ability to concentrate and learn – Young Carer.</li> <li>~ Not making educational progress despite support.</li> <li>~ Some fixed term exclusions or reduced timetable.</li> <li>~ Some emerging concerns for a child/ young person being home schooled.</li> </ul>	<ul style="list-style-type: none"> <li>~ Persistent short-term exclusions or at risk of permanent exclusion.</li> <li>~ Primary aged children at risk of exclusion from school due to persistent and escalating behaviours.</li> <li>~ Persistent poor school attendance and punctuality.</li> <li>~ Children who are home schooled where there are concerns that their educational needs are not being consistently met.</li> <li>~ Parent does not engage with school and actively resists support.</li> <li>~ Missing school due to caring responsibilities - Young carers.</li> <li>~ Special Education Needs (SEN) not being appropriately met.</li> <li>~ No access to books, toys, internet or educational materials and inadequate stimulation leading to developmental concerns.</li> <li>~ NEET (Not in Education, Employment or Training).</li> </ul>	<ul style="list-style-type: none"> <li>~ Chronic non-attendance, truanting, permanent exclusions, consistently poor educational attainment/progress, which are attributable to the parenting that the child is receiving.</li> <li>~ The parent has consistently failed to cooperate with services at the Early Help level to address learning/ education and there is evidence to show this impacting on a child's lived experience.</li> <li>~ Children who are home schooled where there are significant concerns that the child's educational needs are not being met.</li> </ul>
<b>Developmental Needs - Social and emotional presentation/behaviour/identity</b>			
<ul style="list-style-type: none"> <li>~ Feelings/ actions demonstrate appropriate responses.</li> <li>~ Ability to express needs.</li> <li>~ Able to adapt to change.</li> <li>~ Able to demonstrate empathy, feelings of belonging and acceptance.</li> <li>~ Positive sense of self and abilities.</li> <li>~ Good mental health and psychological wellbeing.</li> <li>~ Confident in social situations.</li> </ul>	<ul style="list-style-type: none"> <li>~ Difficulty making and sustaining relationships with peers and with family.</li> <li>~ Social isolation.</li> <li>~ Lack of positive role models.</li> <li>~ Exhibits antisocial/anti - authoritarian behaviour.</li> <li>~ The child has a mild mental health condition which affects their everyday functioning but can be managed within education and health services, parents are engaged with services in addressing these needs.</li> <li>~ Children involved in bullying/may experience bullying or low-level cyber bullying.</li> </ul>	<ul style="list-style-type: none"> <li>~ Low or medium level indicators of Child Exploitation (please see CSE risk assessment guidance and strategy).</li> <li>~ Starting to commit offences and reoffend / regularly coming to Police notice for criminal behaviour.</li> <li>~ Child lacks empathy.</li> <li>~ Child is engaging in cyber activity that potentially places others or themselves at risk of harm.</li> <li>~ Evidence of regular/frequent drug use which may be combined with other risk factors.</li> <li>~ Concerns regarding peer groups.</li> </ul>	<ul style="list-style-type: none"> <li>~ Serious persistent offending behaviour.</li> <li>~ Allegations of child-on-child sexual harmful behaviour refer to <a href="#">Ofsted continuum</a>.</li> <li>~ Subject to peer/gang culture and pressure.</li> <li>~ Serious concerns that the child is being sexually exploited (based on risk assessment evidence).</li> <li>~ Child under 16 is pregnant where there are significant social family concerns.</li> <li>~ Safety and welfare seriously compromised by criminal exploitation.</li> </ul>

<ul style="list-style-type: none"> <li>~ Knowledgeable about the effects of crime and antisocial behaviour.</li> <li>~ Knowledgeable about sex and relationships and consistent use of contraception if sexually active.</li> <li>~ Has developed appropriate values and ability to regulate their emotions.</li> </ul>	<ul style="list-style-type: none"> <li>~ Child at times not able to show empathy.</li> <li>~ Early onset of sexual activity or at risk of teenage pregnancy.</li> <li>~ Lack of confidence/low self-esteem which affects behaviour and development.</li> <li>~ Child subject to persistent discrimination.</li> </ul>	<ul style="list-style-type: none"> <li>~ Concerns regarding Criminal exploitation.</li> <li>~ Evidence of gang affiliation and gang related activities – need, harm and risk beyond the family.</li> <li>~ Concern about child being radicalised or exposed to extremism.</li> <li>~ Parental mental health/physical needs showing signs of impact on the care of the child.</li> <li>~ Escalating level of concern of low self-esteem and confidence affecting emotional presentation, behaviour and identity.</li> <li>~ Child has a significant mental health condition which significantly affects their everyday functioning and requires specialist intervention in the community.</li> <li>~ Subject to discrimination e.g. racial, sexual orientation, gender identity or disabilities.</li> <li>~ Sudden display of unexplained gifts / clothing combined with concerns around exploitation.</li> </ul>	<ul style="list-style-type: none"> <li>~ Complex mental health issues requiring specialist interventions which are consistently not being adequately managed by the parent.</li> <li>~ Frequently go missing from home which seriously compromises the child’s safety and wellbeing.</li> <li>~ Child emotional health and physical safety is compromised by exposure to radicalisation and extremist ideology.</li> <li>~ Child is engaging in cyber activity that places them at risk of harm from others and is not managed by the parent.</li> <li>~ Prosecution of offences resulting in court orders/ remand in Local Authority care.</li> <li>~ Family breakdown related to child’s behaviour difficulties.</li> <li>~ Persistent but unsubstantiated concerns about physical, emotional or sexual abuse and neglect.</li> </ul>
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**Developmental Needs - self-care and independence**

<ul style="list-style-type: none"> <li>~ Age-appropriate self-care skills and able to display age-appropriate independence.</li> </ul>	<ul style="list-style-type: none"> <li>~ Lack of age-appropriate self-care skills and independent living skills that increase vulnerability.</li> </ul>	<ul style="list-style-type: none"> <li>~ Lack of age-appropriate behaviour and independent living skills, likely to impair development or compromise safety.</li> <li>~ Inappropriate weaning, too early/too late.</li> </ul>	<ul style="list-style-type: none"> <li>~ Severe lack of age-appropriate behaviour and independent living skills likely to result in significant harm.</li> </ul>
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**Family and social relationships**

<ul style="list-style-type: none"> <li>~ Stable families where parents/carers are able to meet the child’s needs.</li> <li>~ Good relationships with siblings.</li> <li>~ Positive relationships with peers.</li> <li>~ Supportive family relationships even when parents are separated.</li> <li>~ Child is provided with a safe, emotionally warm, supportive relationships and stable family environment providing consistent boundaries and guidance. Meeting developmental milestones to the best of their abilities.</li> </ul>	<ul style="list-style-type: none"> <li>~ Low level verbal arguments between parents/ family members where police have been called.</li> <li>~ Parents/carers have relationship difficulties which affect the child ie: parental acrimony.</li> <li>~ Parent struggles to regulate emotions which is impacting the child(ren).</li> <li>~ Young carer</li> <li>~ Family is socially isolated</li> <li>~ Housing instability</li> <li>~ Low level inter-sibling violence and aggression.</li> </ul>	<ul style="list-style-type: none"> <li>~ Emerging pattern of exposure to domestic abuse and/or sexual violence.</li> <li>~ Parental conflict that is impacting on the child’s lived experience.</li> <li>~ Parental illness or disability affecting ability to provide basic care.</li> <li>~ Concerns about inter-sibling violence and aggression which does not result in significant emotional or physical harm.</li> <li>~ Young carer responsibilities that are impacting on the child.</li> </ul>	<ul style="list-style-type: none"> <li>~ Exposure to domestic abuse and/or sexual violence. Child who lives in a household into which a registered sex offender or convicted violent offender subject to Multi-Agency Public Protection Arrangements (MAPPA) moves.</li> <li>~ Risk of extra familial harm and child sexual exploitation.</li> <li>~ Inappropriate / lack of parental guidance and support placing child/ young person at risk.</li> <li>~ Poor attachment with primary carers with volatile relationships.</li> </ul>
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	<ul style="list-style-type: none"> <li>~ Family history of criminal involvement relevant to current concerns.</li> <li>~ Child and parent violence that is of concern.</li> </ul>	<ul style="list-style-type: none"> <li>~ Instability in housing that is starting to affect the child/ young person's wellbeing.</li> <li>~ Poor family support.</li> </ul>	<ul style="list-style-type: none"> <li>~ Lack of appropriate friendships.</li> </ul>
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<b>Housing, employment and finance</b>			
<ul style="list-style-type: none"> <li>~ Child fully supported financially.</li> <li>~ Appropriate and stable housing/amenities.</li> <li>~ Parents/carers able to manage working/unemployment.</li> <li>~ Reasonable income over time and resources used appropriately to meet the child's needs.</li> </ul>	<ul style="list-style-type: none"> <li>~ Overcrowding in poor housing conditions.</li> <li>~ Housing arrangements are temporary or unsecure which is impacting on stability within the family home.</li> <li>~ Unsecure or unknown immigration status that is impacting on the child's lived experience.</li> <li>~ Low income and financial pressures that are impacting on the family's environment.</li> </ul>	<ul style="list-style-type: none"> <li>~ Unsuitable accommodation.</li> <li>~ Families financial resources impact on child's basic physical needs being met.</li> <li>~ Parents experience stress due to unemployment or over working that are impacting on their capacity to care for their children appropriately.</li> <li>~ Parent(s) find it difficult to obtain employment due to poor/basic skills and this is impacting on the child's lived experience.</li> <li>~ Serious debt/ poverty impacts on ability to meet the child's basic needs.</li> <li>~ No recourse to public funds (immigration) that will need support from other agencies in order to meet a child's needs.</li> </ul>	<ul style="list-style-type: none"> <li>~ Clear evidence that a family is destitute and homeless</li> <li>~ Relationship between the child and carer have broken down to the extent that the child is at risk of significant harm / exposed to dangerous situations and development impaired .</li> <li>~ Clear evidence that a 16/17-year-old is destitute and homeless.</li> <li>~ Inappropriate accommodation that are impacting severely on the wellbeing of the child.</li> <li>~ Extreme poverty/ debt/ gambling impacting on parent's ability to care for the child.</li> <li>~ Deliberate avoidance of authority and intervention by professionals resulting in multiple moves impacting on the child.</li> </ul>
<b>Social and Community Resources</b>			
<ul style="list-style-type: none"> <li>~ Child fully supported financially.</li> <li>~ Appropriate and stable housing/amenities.</li> <li>~ Parents/carers able to manage working/unemployment.</li> <li>~ Reasonable income over time and resources used appropriately to meet the child's needs.</li> <li>~ Good social and friendship networks exist.</li> <li>~ Family integrated into the community.</li> <li>~ Safe and secure environment.</li> <li>~ Access to consistent and positive activities.</li> <li>~ Good universal services in the community.</li> </ul>	<ul style="list-style-type: none"> <li>~ Families are victim of hate crime and this impacting on the child's lived experience.</li> <li>~ Negative influences from peer groups or friends.</li> <li>~ Isolated / Marginalised from the community with adverse impact on the child.</li> <li>~ Risk of exposure to exploitation.</li> <li>~ Concern the child is in a culture where harmful practices are known to have been performed however parents are opposed to the practices in respect of their children.</li> </ul>	<ul style="list-style-type: none"> <li>~ Family require support services as a result of social exclusion.</li> <li>~ Concern the child may be subject to harmful traditional practices.</li> </ul>	<ul style="list-style-type: none"> <li>~ High levels of domestic abuse that put the child at serious risk.</li> <li>~ Imminent risk of parental/carers and child relationship breakdown leading to child possibly becoming looked after.</li> <li>~ Child is young carer, and this is significantly impacting on their development and welfare.</li> <li>~ There are indicators that a child is at risk of honour-based violence/abuse or forced marriage.</li> <li>~ Evidence the child may be subject to harmful traditional practices.</li> <li>~ There are indicators of active interest in terrorist activity.</li> <li>~ Child is subjected to physical, emotional, sexual abuse or neglect including peer on peer exploitation.</li> </ul>

			<ul style="list-style-type: none"> <li>~ Family member is known to be a significant risk to children.</li> <li>~ Concerns about inter-sibling violence and aggression which does result in significant emotional or physical harm and is not managed by the parent.</li> <li>~ Child is privately fostered - Child under 16 years (or 18 if the child has a disability) (S.66 Children Act 1989) is placed for 28 days or more in the care of someone who is not the child's parent(s) or a 'connected person'.</li> <li>~ Unaccompanied minors.</li> <li>~ Trafficked children.</li> <li>~ There is nobody with parental responsibility to ensure the child's wellbeing and stability of care and this is impacting on the welfare of the child.</li> </ul>
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<b>Parents and Carers - Basic care, safety and protection</b>			
<ul style="list-style-type: none"> <li>~ Parents/carers able to provide appropriate care for child's needs e.g. food, drink, clothing, medical and dental care.</li> <li>~ Protect from danger elements or significant harm in the home/ elsewhere.</li> <li>~ Restrict/ monitors internet access appropriately.</li> <li>~ Carer does not have any additional needs which would impact parenting capacity.</li> </ul>	<ul style="list-style-type: none"> <li>~ Inappropriate or inconsistent childcare arrangements impacting the child.</li> <li>~ Problematic concerns about parental alcohol or substance use.</li> <li>~ First time parents requiring additional support.</li> <li>~ Exposure to dangerous situation in or outside the family home including online violent and/or extremist websites or influences.</li> <li>~ Parental decision/ stressors have some impact on the child's safety.</li> <li>~ Needs of carers are affecting the parents ability to offer some aspects of the child's day to day needs.</li> <li>~ Requires advice on complex parenting issues.</li> <li>~ Child is left at home alone for a short period and this has not compromised their safety (consider age and vulnerability).</li> <li>~ Young Carers are undertaking parenting tasks as part of their caring role where parents have poor mental health/physical health/post-natal depression etc.</li> </ul>	<ul style="list-style-type: none"> <li>~ Patterns are emerging that the child is left at home alone, but this does not seriously place them at significant risk (consider age and vulnerability).</li> <li>~ Previously child/ren in care, concerns that additional support might be required to meet child/ren's needs.</li> <li>~ Parent is a Care Leaver and may require additional support to meet child/ren's needs.</li> <li>~ Inappropriate childcare arrangements which are impacting on the child's safety and welfare.</li> <li>~ Health and safety hazards in the home that are placing the child at risk of harm.</li> <li>~ Parent not actively preventing the child's exposure to potentially unsafe situations.</li> <li>~ Parents physical or mental health or disability negatively impacts on ability to meet the needs of the child.</li> <li>~ Parent /carer is not presenting the child to health professionals, when they are presenting mentally unwell, therefor increasing the risk of mental health deterioration.</li> <li>~ Professionals are concerned about parental mental health, learning difficulties, drug and alcohol misuse that may impact on ability to care if no coordinated response.</li> </ul>	<ul style="list-style-type: none"> <li>~ Parents mental health or substance misuse seriously compromises the health, welfare and safety of the child, including unborn child.</li> <li>~ Parent has a history of being unable to care for previous children.</li> <li>~ Previous child/ren in care, support will be required to meet child/ren's needs.</li> <li>~ Parent is a Care Leaver and support will be required to meet child/ren's needs.</li> <li>~ Parent has a severe physical or learning difficulty that seriously compromises their ability to meet their child's basic needs.</li> <li>~ Parental disclosure of serious harm to the child.</li> <li>~ Parent is unable to assess and manage serious risk to the child from others within their family and social network.</li> <li>~ There is a persistent expectation for a child/young person to undertake inappropriate or overwhelming levels of care.</li> <li>~ Carers level of anxiety regarding their child's health is significantly harming the child's development.</li> </ul>

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<b>Parents and Carers - emotional warmth and stability</b>			
<ul style="list-style-type: none"> <li>~ Consistent parenting offering positive praise and encouragement.</li> <li>~ Parents/carers are aspirational for their children.</li> <li>~ Positive attachments with primary carers and significant others.</li> </ul>	<ul style="list-style-type: none"> <li>~ Inconsistent parenting, but development not significantly impaired.</li> <li>~ Parent struggling to adjust to their role as a parent impacted by external factors such as mental health, social financial factors.</li> <li>~ Inconsistent responses to child.</li> <li>~ Failure to pick up on the child's emotional cues.</li> <li>~ Parents ability to cope with needs of disabled child - requesting support.</li> <li>~ Key relationships with family not always maintained.</li> <li>~ Unstable family environment.</li> <li>~ Child under significant pressure to achieve/aspire.</li> </ul>	<ul style="list-style-type: none"> <li>~ Inconsistent/ erratic parenting impacting emotional or behavioural development.</li> <li>~ Parents inability to engage emotionally with child leads to developmental milestones not being met.</li> <li>~ Family environment is volatile and unstable resulting in a negative impact on the child, leading to possible vulnerabilities and exploitative relationships.</li> <li>~ Parent or carer unable to judge dangerous situations, set appropriate boundaries.</li> <li>~ Multiple carers that are impacting negatively on the child's experience.</li> <li>~ Parent ignores child or is consistently inappropriate in responding to child. Allegations of verbal threats to the child.</li> <li>~ Child rarely comforted when distressed.</li> </ul>	<ul style="list-style-type: none"> <li>~ Inconsistent, highly critical and apathetic parenting significantly impairing emotional or behavioural development of the child.</li> <li>~ Family breakdown and parent/ carer not able to care for the child/ young person any longer – requesting the child/ young person to be accommodated by the Local Authority.</li> <li>~ Parents ability to cope with needs of disabled child.</li> <li>~ Evidence of child being groomed.</li> <li>~ Parents no longer able to ensure the safety and welfare of their child/children without support.</li> </ul>
<b>Parents and Carers - guidance, boundaries and stimulation</b>			
<ul style="list-style-type: none"> <li>~ Age appropriate and consistent guidance, boundaries and stimulation offered.</li> </ul>	<ul style="list-style-type: none"> <li>~ Lack of routine and inconsistent boundaries.</li> <li>~ Poor supervision within the home.</li> <li>~ Anti-social behaviour in community.</li> <li>~ Parents failing to challenge any inappropriate viewpoint.</li> <li>~ Physical chastisement that does not cause physical injury.</li> <li>~ Inappropriate behaviour management strategies that are likely to cause harm to the child, ie stress positions.</li> <li>~ Threatening and frightening behaviour towards the child by an adult.</li> </ul>	<ul style="list-style-type: none"> <li>~ Parent provides inconsistent boundaries or responses that are impacting on the child's welfare.</li> <li>~ Parents enforcing unrealistic boundaries and guidance that is impacting on the child's welfare.</li> <li>~ Child not receiving positive stimulation with lack of new experiences or activities that are impacting severely on a child's development.</li> <li>~ Parents look to child/young person to meet their emotional needs which is impacting on the child's emotional wellbeing.</li> </ul>	<ul style="list-style-type: none"> <li>~ Consistent lack of effective boundaries set by the parent leading to risk of serious harm to the child.</li> <li>~ Child/ parent persistently behaves in an anti-social way in the community that are impacting on the wellbeing of the child.</li> </ul>