

Child's Needs – 0-4 years

Practitioners who are unsure when considering physical and emotional health thresholds in this young age range should seek specialist advice from a Health Practitioner e.g. Midwife, Health Visitor, GP, Paediatrician, Paediatric Therapist, Primary Mental Health Worker. If you have serious concerns telephone First Response.

Nursery, playgroup, education attendance is not statutory in this age range. However it is important to consider whether attendance in an educational setting is part of an arranged package of support to meet the specific needs of the individual child. All areas of learning and development are connected and of equal importance.

THESE MATRICIES ARE A GUIDE ONLY TO ASSIST PRACTITIONERS IN ASSESSING THRESHOLDS

Physical Health

| Category | Level 1 Universal | Level 1 Plus Additional | Level 2 Targeted | Level 3 Significant |
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| Height and weight (See NHS Choices for guidance) | Appropriate height and weight. | Weight or height not increasing at rate expected or unhealthily overweight. Parents are engaging with medical professionals and following advice. | Weight or height not increasing at rate expected or unhealthily overweight. Parents are not engaging consistently with medical professionals and are not following advice. | Serious clinical concern about Weight/height requiring medical support and monitoring. Parents are not engaging consistently with medical professionals and are not following advice. May be life threatening. |
| Medical Care | Immunisations up to date. Health Appointments kept (such as dentist and opticians). | Inconsistent in attending medical/routine appointments. Engagement from parents inconsistent. | Frequently missed medical/routine appointments. Frequent difficulty engaging parent. | Missing essential health appointments. Refusing/avoiding medical care, endangering life of development. Unable to engage parent. |

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| | Good engagement with parent. | | | |
| Accident, Injury and Safety | <p>Appropriate visits to Emergency Department/Doctor. No concerns re cause or frequency.</p> <p>Accommodation is safe and risks of injury are minimised through use of equipment such as stairgates and plug socket covers.</p> <p>Parents feel confident in undertaking care tasks.</p> <p>Immunisations up to date.</p> <p>Health Appointments kept (such as dentist and opticians).</p> <p>Child is fed safely and appropriately.</p> | <p>The child has occasional, less common injuries which are consistent with the parents' account of accidental injury. The parents seek out or accept advice on how to avoid accidental injury.</p> <p>Inappropriate safety arrangements such as cot sides, stair gate and plug sockets.</p> <p>Early concerns about potential special educational needs</p> <p>Child occasionally appears in inappropriate clothes or dirty.</p> <p>Parent/s require safety advice on the supervision of their child</p> | <p>Inconsistent minor accidents/injuries. Frequency/cause of visits to doctor/emergency department becoming a concern.</p> <p>Parent/s leave child unsupervised inappropriately by older siblings or in unsafe areas of the house.</p> <p>Injuries from siblings.</p> <p>Significant time left in the care of an older adolescent.</p> <p>Lack of mobility not related to disability.</p> <p>Child's environment is</p> | <p>Serious violence from another family member (including other children)</p> <p>If you have any suspicion that illness is being fabricated by the parent/child, the practitioner should make a referral to First Response</p> <p>Frequent accidents/injuries. Significant concerns re frequency/cause for visits to Emergency Department/Doctor</p> <p>Non-accidental injury or accidental injury indicating lack of supervision.</p> <p>Repeat Injuries from older siblings</p> <p>Injuries in non-mobile babies</p> <p>Child is left strapped in bouncers/high chairs for long periods of time.</p> <p>Child is regularly left alone without parent monitoring or interaction.</p> <p>Child is unsupervised in the community</p> |

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| | <p>Child has positive stimulation and play.</p> <p>Child is supervised appropriately for their age.</p> | | <p>not as stimulating as required.</p> <p>House is excessively untidy and lacks suitable equipment for a child.</p> | <p>at any time or left alone in the house.</p> <p>Child is not provided with appropriate food for their age and needs.</p> <p>Child's environment is dangerous including drugs and medications not in lockable storage, unsafe electrics, filthy surroundings, lack of stair gates and safety equipment etc.</p> |
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| Sexual Awareness | Sexual knowledge, understanding and activity are age appropriate | <p>Use the Brook Traffic Light tool to help identify and respond appropriately to sexual behaviours.</p> <p>The tool uses a traffic light system to categorise the sexual behaviours of young people</p> | | |
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Emotional Health and Wellbeing

| Category | Level 1 Universal | Level 1 Plus Additional | Level 2 Targeted | Level 3 Significant |
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| Emotions/Relationships | <p>Good emotional development/responses e.g. appropriate emotional expression, recognition, facial expression.</p> <p>Stable affectionate</p> | <p>Infrequent, inconsistent emotional problems/responses e.g. with expression, recognition, facial expression.</p> <p>Unduly anxious, angry, defiant</p> | <p>Frequent emotional problems/responses e.g. with expression, recognition, facial expression.</p> <p>Frequently anxious, angry, defiant or withdrawn.</p> | <p>Constant severe emotional problems/responses or disturbance e.g. with expression, recognition, facial expression.</p> <p>Head banging and smearing of faeces which do not stop after support is received.</p> |

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| | <p>relationships with caregivers.</p> <p>Positive relationships with peers/siblings. Demonstrates feeling of belonging. Through warmth to family members</p> <p>Usually complies with Age appropriate behavioural responses and actions e.g. impulse/temper. Accepts praise/sanctions/constructive criticism.</p> | <p>or withdrawn.</p> <p>Inconsistent development of relationships with caregivers. Inconsistent ability in sustaining peer/sibling relationships.</p> <p>Emotional vulnerability, difficulty with attachments arising from separation, divorce, step parenting, bereavement</p> <p>Occasional difficulty with impulse/temper control. Some difficulties accepting praise/sanctions/constructive criticism.</p> | <p>Head banging and smearing of faeces with limited other indicators of concern. Frequent obsessive/compulsive behaviours.</p> <p>Child experience's acute difficulty accepting praise/age appropriate sanctions .</p> <p>Frequent disruptive/challenging behaviour at nursery/playgroup/school, home or in locality.</p> <p>Clothing regularly unwashed and inappropriate.</p> | <p>Totally withdrawn.</p> <p>Constant persistent distress.</p> <p>Regular difficulty controlling impulse/temper</p> <p>Child's appearance reflects poor care, poor hygiene, dirty clothes, ill fitting shoes, lack of appropriate hair and skin care despite offer of support and advice.</p> |
| Relationships | <p>Stable affectionate relationships with caregivers.</p> <p>Positive relationships with peers/siblings.</p> <p>Demonstrates feeling of</p> | <p>Inconsistent development of relationships with caregivers. Inconsistent ability in sustaining peer/sibling relationships.</p> | <p>Frequent difficulties in relationships with parent. Frequently, consistently poor peer/sibling relationships.</p> | <p>Constant difficulties in relationships with parent eg. Low warmth, isolation.</p> <p>No peer/sibling relationships maintained eg. Bully/bullied.</p> <p>Totally withdrawn.</p> <p>Rejection by alienation from others.</p> |

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| | <p>belonging.</p> <p>Good attachment</p> | <p>Emotional vulnerability, difficulty with attachments arising from separation, divorce, step parenting, bereavement.</p> | <p>Withdrawn/unwilling to engage.</p> <p>Displaying frequent emotional problems/attachment difficulties e.g. arising from potential/actual divorce/separation, step parenting, bereavement. Relationships characterised by rejection. May have previously had periods of Local Authority accommodation.</p> | <p>Attachment issues related to ongoing abuse, neglect, conflict e.g. In acrimonious separation. Complete rejection/abandonment by parent. Threat of loss of main parent. Displaying constant emotional problems e.g. following divorce, bereavement.</p> |
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Young Carer Role Children in this young age range should not be taking responsibility for caring for siblings or parents.

Environmental Factors

| Category | Level 1 Universal | Level 1 Plus Additional | Level 2 Targeted | Level 3 Significant |
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| Community Integration/ Financial Income/ Accommodation/ Immigration Status | The family has a reasonable income over time and financial resources are used appropriately to meet the family's needs. | There are concerns that the parents are unable to budget effectively and as a result the child occasionally does not have adequate food, warmth, or essential clothing. | The family does not use its financial resources in the best interests of the child and the child regularly does not have | The child consistently does not have adequate food, warmth, or essential clothing. The parents are consistently unable to budget effectively and are resisting engagement. For example, expenditure on drug, alcohol, gambling |

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| | <p>The family are living on a low income but the parents use their limited resources in the best interests of their child/children. The parents maximise their income and resources.</p> <p>The parent / carer is able to manage their working or unemployment arrangements and do not perceive them as unduly stressful.</p> <p>The family's accommodation is stable, clean, warm, and tidy and there are no hazards which could impact the safety or wellbeing of the child. For example the parent/carer ensures access to balconies is restricted unless a young child is with an</p> | <p>However, the parents are working with support services to address these issues.</p> <p>The family's accommodation is stable however the home itself is not kept clean and tidy and is not always free of hazards which could impact on the safety and wellbeing of the child but the family are engaging with services.</p> <p>The child's legal entitlement to stay in the country is temporary and/or restricts access to public funds.</p> | <p>adequate food, warmth, or essential clothing.</p> <p>The family does not use its financial resources in the best interests of the child and the child regularly does not have adequate food, warmth, or essential clothing.</p> <p>The family's home is dirty and health and safety hazards are present and the family are showing signs of not engaging.</p> <p>The family has no stable home, and is moving from place to place or 'sofa surfing'.</p> <p>The child's legal status as, for example, an asylum-seeker or an illegal migrant who may have been trafficked puts them at</p> | <p>or other addictive behaviours means that there isn't enough money to meet the child's basic needs.</p> <p>The family's home is consistently dirty and constitutes health and safety hazards.</p> <p>The family have been sleeping rough.</p> <p>There is evidence that a child or their family have been exposed to or involved in criminal activity either as a result of being trafficked into the country or to support themselves (e.g. illegal employment, child labour, forced begging)</p> |
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| | <p>adult.</p> <p>The child is legally entitled to live in the country indefinitely and has full rights to education and public funds.</p> | | <p>risk of involuntary removal from the country. Their immigration status means they have limited financial resources/no recourse to public funds and increases their vulnerability to criminal activity (e.g. illegal employment, child labour, CSE)</p> | |
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| Parental Factors | | | | |
| Category | Level 1 Universal | Level 1 Plus Additional | Level 2 Targeted | Level 3 Significant |
| Parenting during Infancy | The parent/carer is coping well emotionally following the birth of their baby and accessing universal support services where required. | The parent/carer is struggling to adjust to the role of parenthood but engaging with services. | The parent/ carer is suffering from post-natal depression but engaging with services and the depression is being monitored and managed. | The parent/carer is suffering from severe post-natal depression which is causing serious risk to themselves and their child/ children. |
| Meeting the educational needs of a child | The child has an appropriate education and opportunities for social interaction with | There is concern that the education the child is receiving does not teach them about different cultures, faiths | The child is being educated to hold intolerant, extremist views. They are not | The child is being educated by adults who are members of or have links to prescribed organisations – see link below for list of terrorist groups or |

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| | peers. | and ideas or, if it does, is derogatory and dismissive of different faiths, cultures and ideas. | using public services, such as schools or youth clubs, and are only mixing with other children and adults who hold similar intolerant, extremist views. | organisations banned under UK law www.gov.uk/government/publications/proscribed-terror-groups-or-organisations--2 |
| Meeting the emotional needs of a child | The child is provided with an emotionally warm and stable family environment. The parenting generally demonstrates praise, emotional warmth and encouragement. | Parenting often lacks emotional warmth and/or can be overly critical and/or inconsistent. | The family environment is occasionally volatile and showing signs of being unstable. For example, parenting is intolerant, critical, inconsistent, harsh or rejecting and this is starting to have a negative effect on the child who, due to the emotional neglect they have suffered | The child has suffered long term neglect of their emotional needs |
| Fostering Arrangements | | | | The local authority has been notified as per the requirements of 'The Children (Private Arrangements For Fostering) Regulations 2005'. |
| Domestic Abuse | There are no incidents of violence in the family and no history or previous assaults by | There are isolated incidents of physical and/or emotional violence in the family. The harmful impact of such | One or more adult members of the family is physically and emotionally abusive to | One or more adult members of the family is a perpetrator of persistent and/or serious physical violence which may also be increasing in severity, |

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| | family members. | incidents is mitigated by other protective factors within the family such as supportive grandparents who are able to look after the child when there are arguments/disputes in the family home. | another adult member/s of the family. The perpetrator/s show limited or no commitment to changing their behaviour and little or no understanding of the impact their violence has on the child. The perpetrator is emotionally harming the child/ren that witness or are otherwise aware of the violence. | frequency or duration. The perpetrator is emotionally harming the child/ren that witness or are otherwise aware of the violence. The children may also be at risk of physical violence if, for example, they seek to protect the adult victim. |
| Drug and Alcohol Use | Parents do not use drugs or alcohol. OR Parental drug and alcohol use does not impact on parenting. There is no evidence of siblings or other household members misusing drugs or alcohol. | Drug and/or alcohol use is impacting on parenting but adequate provision is made to ensure the child's safety. The child is currently meeting their developmental milestones but there are concerns that this might not continue if parental drug and alcohol use continues or increases. | Drug/alcohol use is at a level where there is occasional impact on parenting and the ability to adequately ensure the child's safety is reduced. Parental drug and alcohol use has begun to impact on the child meeting their development | Parental drug and/or alcohol use is at a problematic level and the parent/ carer cannot carry out daily parenting or ensure the child's safety. This could include blackouts, confusion, severe mood swings, drug paraphernalia/opioid substitution medication not stored or disposed of, using drugs/ alcohol when their child is present, involving the child in procuring illegal substances, and dangers of overdose. Siblings' or other household members' drug or alcohol misuse is significantly |

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| | | Siblings' or other household members' drug or alcohol misuse on the child, they accept support. | <p>milestones.</p> <p>This may include drinking at harmful levels, drug paraphernalia in the home. The child feeling unable to invite friends to the home, the child worrying about their parent/carer. Siblings' or other household members' drug or alcohol misuse occasionally impacts on the child.</p> | adversely impacting on the child. |
| Parental Mental Health | The parent/carer's mental health does not impact the child adversely. | Adult mental health impacts on the care of the child. The carer presents with mental health issues which have sporadic or low level impact on the child however there are protective factors in place. | Adult mental health impacts on the care of the child. The carer presents with mental health issues which have sporadic or low level impact on the child and there is an absence of supportive networks and extended family to prevent harm. | Adult mental health is significantly impacting on the care of the child. Any carer for the child presents as acutely mentally unwell and /or attempts significant self-harm and/or the child is the subject of parental delusions. |
| Protection from harm: | The parent/carer does | There is a history of sexual | There are concerns | The parent/ carer sexually abuses their |

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| physical and sexual abuse | <p>not sexually abuse their child. There is no evidence of sexual abuse.</p> | <p>abuse within the family or network but the parents respond appropriately to the need to protect the child.</p> <p>There are concerns relating to inappropriate sexual behaviour in the wider family.</p> | <p>around possible inappropriate sexual language from the parent/carer toward their own or other children.</p> <p>The family home has in the past been used on occasion for drug taking /dealing or illegal activities.</p> | <p>child including through showing them explicit imagery or having sexual contact with another adult in front of the child.</p> <p>There are concerns that an adult had sexually abused or assaulted another child or adult outside the home and is now having contact with a child.</p> <p>The family home is used for drug taking and/or dealing, sexual exploitation and illegal activities. The child is being sexually abused/exploited.</p> <p>An offender who is a serious risk is in contact with the family.</p> <p>A person posing a risk to children (sex offender) who is a serious risk is in contact with the family.</p> |
| | <p>The parent/carer does not physically harm their child. The parent uses reasonable physical chastisement that is within legal limits – that is they do not leave the</p> | <p>The parent/carer physically chastises their child within legal limits but there is concern that this is having a negative impact on the child’s emotional wellbeing (for example, the child appears fearful of the parent).</p> | <p>The parent/carer physically chastises the child but does not cause significant physical injury. This may result from a loss of control. The parent is willing to access</p> | <p>The parent/ carer significantly physically harms child. Household members subject to multi agency public protection arrangements (MAPPA) or multi agency risk assessment conference (MARAC) meetings</p> |

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| | child with visible bruising, grazes, scratches, minor swellings or cuts. | There is concern that it may escalate in frequency and/or severity as the parent seems highly critical of their child and/or expresses the belief that only physical punishment will have the desired impact on the child's behaviour. However, The parent is willing to access professional support to help them manage their child's behaviour | professional support to help them manage their child's behaviour. | |
| Female Genital Mutilation | There is no concern that the child may be subject of Female Genital Mutilation. | Anyone working with children who recognise any risks associated to FGM has a Statutory Duty to report this information to First Response. While the mandatory Duty to report is for 'Regulated Professions' the ' STATUTORY DUTY ' to safeguarding children applies to everyone. | | There is concern that the child may be subject to FGM. There is evidence that the child may be subject to Female Genital Mutilation and parents/carer are opposed to resisting these practices. There is an identified risk of FGM using the checklist Concerns that the family have requested extended leave therefore further assessment /decision making is required.. Follow Guidance. |
| Honor Based Violence | There is no concern that the child may be subject to harmful traditional practices such Honour Based Violence and Forced Marriage. | There is concern that the child is in a culture where harmful practices are known to exist (in the community or by family or extended family) however parents are opposed | | There is concern that the child may be subject to harmful traditional practices There is evidence that the child may be subject to harmful traditional practices and parents/carer are opposed to resisting these practices. |

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| | | to the practices in respect of their children. | | |
| Belief in Spiritual Possession | There is no concern that the child may be subject to harmful practices due to parent / carer beliefs such as belief in spirit possession. | There is concern that the child is in a culture where harmful practices are known to have been performed (in the community or by family or extended family) however parents are opposed to the practices in respect of their children. | | There is concern or evidence that the child may be subject to harmful traditional practices and parents/carer are opposed to resisting these practices. |
| Criminal and Antisocial Behaviour Including online and gang behaviour. | There is no history of criminal offences within the family. The family members are not involved in gangs / organised crime | There is a history of criminal activity within the family. There is suspicion, or some evidence that the family are involved in gangs / organised crime | A criminal record relating to serious or violent crime is held by a member of the family which may impact on the children in the household. There is a known involvement in gang / organised crime activity. | A criminal record relating to serious or violent crime is held by a member of the family who continues to have contact with the child and whose offending is assessed by criminal justice professionals as likely to continue. There is a known involvement in gang / organised crime activity impacting significantly on the child and family. The family or child is at risk from other individuals within the community due to the family member's involvement. |