

SAFEGUARDING CHILDREN THRESHOLDS DOCUMENT

Guidance for all practitioners in working together so that families in Portsmouth have access to the right support at the right time



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Preface

Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children¹ sets out the legal requirements that health professionals, social workers, police, education professionals and others working with children must follow.

This guide to effective support in Portsmouth explains the criteria for providing help to children, young people, families and carers. It should be considered as the local 'threshold document' required by Working Together and should be read in parallel to the guidance.

Introduction

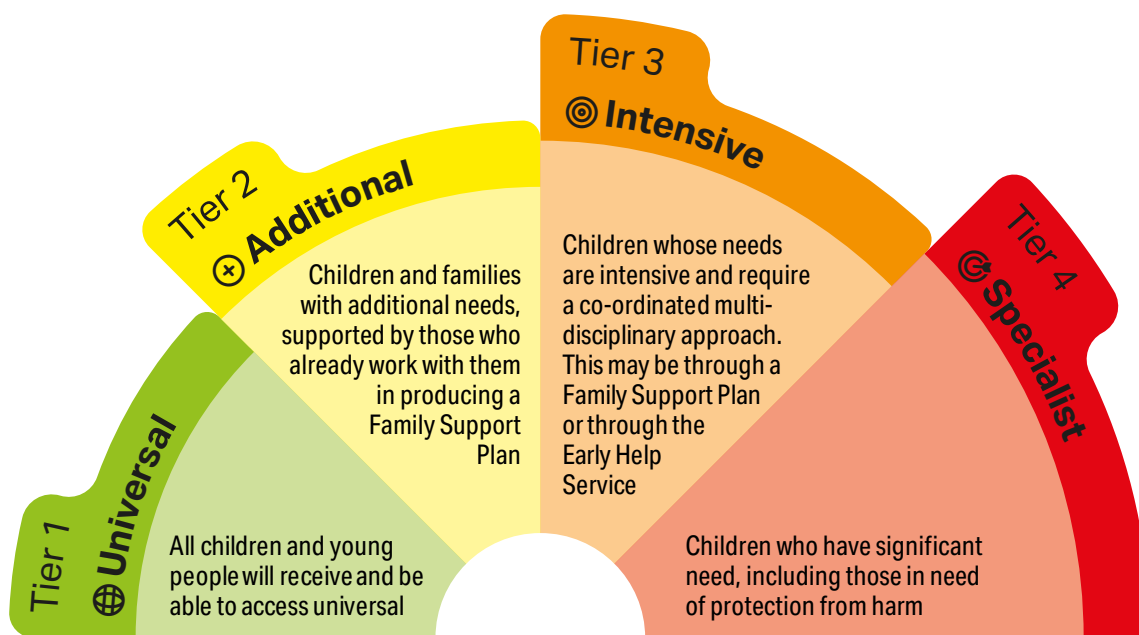
This guidance is for everyone who works with children, young people, their families and carers in Portsmouth. It is about the way we all work together, share information and make sure that children and families are always our main focus and that we are providing effective support to them.

The aim is to set out a framework by which we can work with families to support them in identifying practical and achievable solutions to their child's needs and additional challenges the family may be experiencing. So that we use our resources more effectively and bring about positive changes for children, young people, their families and carers.

To do this we need to work collaboratively and honestly with children and families to identify their unmet needs and what is difficult about family life. By then building on their strengths and abilities to find the right solutions before these become more complex and overwhelming. The indicators of need table sets out what these needs and challenges may look like as they are emerging, through to when they are causing significant harm so that you can identify the right level of support at the right time.

The four levels of need and help (also known as 'Tiers of Need') are expressed in Portsmouth as:

¹ assets.publishing.service.gov.uk/media/65cb4349a7ded0000c79e4e1/Working_together_to_safeguard_children_2023_-_statutory_guidance.pdf



<p>🌐 Universal</p>	<p>Tier 1</p>
<p>All children and young people will receive and be able to access universal services, such as maternity services at birth; health visiting in their early years; school and youth services for older children. Universal services seek to work together with parents, carers and families to support them in meeting the needs of their children and young people, so that they are happy, healthy, able to learn and develop securely.</p>	
<p>⊕ Additional</p>	<p>Tier 2</p>
<p>Children and families with additional needs are best supported by those who already work with them, producing a coordinated plan through the use of a Family Support Plan.</p>	
<p>🎯 Intensive</p>	<p>Tier 3</p>
<p>For children whose needs are intensive, a coordinated multi-disciplinary approach is usually best. This may be through universal services involving other partner agencies to support meeting the family's needs within the Family Support Plan. Or it may involve an Early Help Worker more intensive and targeted support for a defined period of time.</p>	
<p>🔗 Specialist</p>	<p>Tier 4</p>
<p>These services are necessary when the needs of the child are complex and the previous support offered has not managed to reduce the unmet needs or the harm the child or young person experiences. Or intervention from statutory services may be required when a child is experiencing (or at risk of experiencing) significant harm in order to keep them as safe as possible and to protect them from further harm.</p>	

When considering the evidence you have you should also use statutory guidance e.g. [Keep Children Safe in Education](https://www.gov.uk/government/publications/keeping-children-safe-in-education--2),² [Working Together to Safeguard Children](https://www.gov.uk/government/publications/working-together-to-safeguard-children--2)³ the [Hampshire, Isle of Wight, Portsmouth and Southampton \(HIPS\) safeguarding child procedures manual](https://hipsprocedures.org.uk).⁴ These procedures are more detailed and provide practice guidance about expectations for early help and safeguarding practice in Portsmouth and across HIPS.

The **'Indicators of Need'** from page 18 onwards details the escalating risk throughout the levels described above. These indicators should support professionals with critical thinking and their professional judgement when considering the presented evidence. The indicators are not a tick box but a way of understanding what has happened within the context of the child's life. Other factors to be considered are:

The age of the child and parent	Signs of the child being exploited by adults and/or other children
Disability – specific additional needs	
Special educational needs	Parental factors
Young carer	Returned home from care
Signs of anti-social or criminal behaviour	Poverty & financial exclusion
	Family motivation to change

Understanding and communicating the context of what has happened is vitally important to ensuring the next steps for help and support are accurate.

2 <https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

3 <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

4 hipsprocedures.org.uk

An open, honest and respectful approach to supporting children, young people, their families and carers

Parents and carers are usually the best people to understand their child's needs, however parenting can be challenging. Parents themselves deserve support when they request it. Asking for help should be seen as a sign of responsibility and a strength rather than a parenting failure.

In the majority of cases it should be the decision of the parents when to ask for help or advice, but there are occasions when practitioners may need to engage them actively to help them and to prevent their difficulties from becoming more serious.

All practitioners need to work honestly and openly with families, discuss any concerns with them and ensure that they are involved in decision making (whenever safe to do so) about next steps. It is good practice for practitioners to share concerns they have with parents or carers and inform them that they will be contacting Portsmouth MASH, unless to do so would put the child at further risk.

It is important that all practitioners acknowledge and respect the contribution of parents and other family members at all times, listening carefully to what they say and making sure they are clear about and understand what is happening. We must be sure that parents and children have copies of correspondence, assessments and plans that relates to them, and that they are supported to understand this information where necessary.

Understanding the level of need

The levels of need are a means of developing a shared understanding about working locally with families. They also explain the approach we take in Portsmouth across all our services and partnerships, to enable us to provide the most consistent and effective help. They should be read and understood by all practitioners and managers and should form part of the induction process for new staff in any local agency working with or associated with children, young people, families and carers. The levels of need illustrate how we will respond to the requirements of children and families across **Universal, Additional, Intensive** and **Specialist** services.

As with all guidance and criteria relating to access for help and support for vulnerable people, the most important and complex task is the making of a professional judgement about next steps. This will always be informed by any known evidence, the views of children and their families and the impact that any risk and uncertainty is likely to have on their safety and wellbeing.

The four tiers of need identified in the windscreen diagram have been developed into the 'Indicators of Need', from page 18. The Indicators describe the circumstances in which additional support should be considered, when coordinated multi-agency provision might be more appropriate and when a contact to the Multi-Agency Safeguarding Hub (MASH) may be necessary.

It cannot be over emphasised that the list of individual indicators of potential needs or risks from harm to a child contained in this document is not an exhaustive one. In assessing whether the tier of need and/or risk may require additional intervention or support from specialist services, multiple and interacting factors are likely to be present. Decisions as to whether the criteria are met requires the application of professional judgement and conversation with colleagues as well families. It is important to remember that often the signs that a child, young person or family has particular needs are not found in a single piece of evidence, but in a combination of factors or indicators presenting to several agencies.

The criteria in this document are neither exhaustive nor weighted. They should be used to guide professional discussions and not to support fixed and inflexible positions.

Their core purpose is to help practitioners and managers make a next steps decision about whether and how a family and its associated network are able to protect and promote the welfare of a child or children.

Family support

It is important that any unmet needs and/or challenges are identified early so that the child and their family receive appropriate support to strengthen their care and protection of their children. In Portsmouth we use the [Family Support Plan](#) (FSP) as our early help assessment to identify, at the earliest opportunity, (both early in the life of the issues and early in terms of the age of the child) a child, young person's or family's additional needs, which are not being fully met.

The aim is to work with the family to identify the things they want to change and the support they need. The most effective support is tailored to the family's needs and provided at the minimum level necessary to ensure the desirable outcomes are achieved, with as little disruption to family life as possible.

The Family Support Plan:

- is a conversation and process to help everyone within the family, including the child and those working with the family understand information about their needs and strengths.
- uses a standard format to help record and where appropriate, share with others the information given during the conversation.
- this can only be achieved through transparent relationship and therefore consent to engage with help (which is entirely different to consent to share information) and honest conversations with parents are essential.

If the Family Support Plan identifies that coordinated multi-agency support is required to meet the needs of the child and, then a team of practitioners become the Team Around the Child/ Family. Please note that where a child has an Education, Health and Care Plan (EHCP) , then a member of the Council's Special Educational Needs (SEN) Team must be included in this.

The parent/carer and Team Around the Family (TAF) will agree who is best placed to become the FSP Coordinator who will lead the TAF in developing a plan of action to support the child in context of their family network. Being an FSP Coordinator is about ensuring that the plans made for the child are carried out and to help resolve any difficulties which may arise.

In Portsmouth a coordinated multi-agency approach will include the option to provide a Team around the Worker, so that the family experience only the FSP Coordinator working with them rather than the whole professional group. This model wraps multi-agency support around the FSP Coordinator so that they are equipped with the right knowledge and right skills to support the child and their family.

A multi-disciplinary/agency approach also ensures that children and families' needs and experiences are understood by everyone. Partners and professionals who work with children and their families should consult one another, share information and work together to ensure that the child and their family get the most appropriate and effective support.

Stepping across through the tiers

Where a family has been receiving a service from a single agency or where a Family Support Plan has been in place, but over time it becomes apparent that the family's needs have not been met, it may be appropriate to consider a service at a different Tier. A child for example, who was receiving a service at Tier 2, may need to receive a more coordinated response within Tier 3. Similarly, a child in Tier 3 whose circumstances and situation do not improve sufficiently may need to receive the specialist assessment and support provided at Tier 4. These situations highlight a conversation opportunity with the family and with the MASH.

Not all children will move through the Tiers of support in a sequential manner. Concerns may arise, which will require an immediate Tier 4 response, such as the child being at immediate risk of significant harm. In these instances an inter-agency contact form must be submitted to MASH to ensure the matter is fully investigated. It may be that as a result of assessment further support to the child will be provided under the child in need framework in Children's Social Care or stepped across to other agencies that are more appropriate to support the family based on the identified level of risk or need.

How to make a referral for early help or safeguarding

When a professional identifies a child or young person who needs to be safeguarded, or whose needs have not been met by the FSP put in place by universal services; then they must complete an [Inter-Agency Contact Form](#).⁵ This is an online form and will be submitted directly to the Multi-Agency Safeguarding Hub (MASH).

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

More information on [how to report a concern](#)⁶ can be found on the PSCP website.

5 portsmouthscp.org.uk/2-worried-about-a-child/2-reporting-a-concern-information-for-professionals

6 portsmouthscp.org.uk/2-worried-about-a-child/2-reporting-a-concern-information-for-professionals

Informing Parents and Carers about information sharing

Portsmouth has developed and implemented a model of family practice founded on the principles of restorative and relational practice. This approach should be used by all agencies when working with children and families. Being honest and open with families benefits children and is supportive in leading to sustained change and effective multi-agency working.

In circumstances where there is evidence of a safeguarding concern (PSCP Threshold Document) you are required to share this with MASH.

Practitioners should aim to be as transparent as possible by informing families what information they are sharing and with whom, if it is safe to do so.

Therefore, it is good practice for practitioners to share concerns they have with parents or carers and inform them that they will be contacting Portsmouth MASH, unless to do so would put the child at further risk.

Confidentiality and information sharing

Good information sharing is vital in supporting multi-agency working and improving outcomes for children. It is a crucial component of risk assessment as no single agency can ever know for sure what is happening in a child's life. It is only when information is shared that the full picture can be seen.

Portsmouth City Council and partners have an established information sharing framework which outlines responsibilities associated with information gathering, recording and sharing.

Practitioners should be proactive in sharing information as early as possible to help identify, assess, and respond to risks or concerns about the safety and welfare of children. (Working Together to Safeguard Children, 2023)

Information sharing is also essential for the identification of patterns of behaviour when a child has gone missing, when multiple children appear associated to the same context or locations of risk, or in relation to children in the secure estate where there may be multiple local authorities involved in a child's care.

The Data Protection Act 2018 and GDPR does not prohibit the collection and sharing of personal information but rather provide a framework to ensure that personal information is shared appropriately. In particular, the Data Protection Act 2018 balances the rights of the information subject (the individual whom the information is about) and the possible need to share information about them.

[Information sharing advice for safeguarding practitioners](#)⁷ is national guidance for people who provide safeguarding services to children, young people, parents and carers that you may find helpful to refer to.

This [10 step guide to sharing information to safeguard children](#)⁸ produced by the Information Commissioner's Office sets out the data protection considerations when sharing personal information for child safeguarding purposes. It aims to help you feel confident about sharing information when you need to safeguard a child or young person at risk of harm.

7 [gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice](https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice)

8 ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/data-sharing/a-10-step-guide-to-sharing-information-to-safeguard-children

Definition of significant harm

Significant harm is defined as the threshold at which children's social care has a duty to intervene in family life in order to protect a child. Harm is further defined as ill treatment or impairment of health and development in a child and can be due to physical, sexual or emotional harm and abuse or neglect or the impact on the child's health and development of witnessing the ill treatment of others, for example as a result of domestic abuse.

When making decisions on whether the threshold has been reached, social workers will consider the severity, frequency and duration of the harm and the extent to which it is pre-meditated as this will be positively linked to the level of adversity the child is likely to suffer as a consequence.

What happens when you contact the Multi-Agency Safeguarding Hub (MASH) about a child?

Where a contact is potentially a child in need referral or a child protection referral (i.e. it indicates the child is in need of intensive support and help), the MASH will gather further information that day, having a duty to respond to the referrer within 24 hours to explain what is going to happen next.

All contacts will be seen by a manager or senior practitioner within one working day to decide a course of action. Next steps can include:

- Advice and information given to the referrer on next steps to take.
- Signposting to universal services and/or recommending that the referrer completes a Family Support Plan with the family.
- Referring to Targeted Early Help Service for further support from an Early Help Worker.
- Passed to the allocated social worker where the child is already known to Children's Social Care.
- Held in the MASH to gather more information before making a decision on next steps

When a referral to Children's Social Care is accepted, it will usually be allocated to a social worker in the Family Support and Safeguarding Service. In most cases a children and families assessment will be undertaken. This will include seeing the child alone (where age appropriate), within three working days of the original referral (or as soon as is necessary in accordance with the presenting risk and uncertainty), meeting parents and carers, discussing concerns and gathering current and historical information from all relevant professionals to make a judgment about needs and risks in order to develop a plan or agree further actions to support the child.

Statutory guidance gives up to 45 working days for the completion of an assessment which allows for detailed information from other agencies and family members to be sought, detailed exploration into the family background to be carried out, and the needs of the children to be fully understood.

Whenever there are child protection concerns a section 47 (Children Act 1989) enquiry is undertaken. This involves liaison with the police and other agencies and will ALWAYS be started following a strategy discussion, often through a multi-disciplinary meeting, to decide and plan next steps.

An assessment of the child's circumstances including risks and needs is undertaken following the strategy meeting. This may lead to a decision that there are no concerns, to a voluntary child in need plan, or to some form of statutory intervention often through an initial child protection conference

Resolving professional differences

This guidance aims to provide the framework for ensuring children and families receive the right support at the right time based on clear indicators of need. In the event of any disagreements arising between partner agencies on the application of thresholds or the outcome of referrals, professionals should refer to the PSCP guidance on Re-think and escalation available on the PSCP website page - [resolving professional differences](#)⁹

The process sets out what steps should be taken by agencies in order to find solutions to any professional differences of opinion.

Children in special circumstances

Children with disabilities, complex health needs and/or special educational needs

Children with a disability, complex health needs and/or special educational needs (SEND) should not be classified according to this, but assessed according to the impact it has on their quality of life and that of their family and identification of any unmet needs. The majority of children in Portsmouth who require services will receive them through universal provision within their local community, and the same should be true for children with disabilities, complex health needs and/or special educational needs.

Only when it has been identified, via the Family Support Plan, that the impact of the child's disability or health issue on their life is too great to be addressed by universal provision, should a referral for a social work assessment be made to Portsmouth Multi-Agency Safeguarding Hub (MASH).

If any person has concerns about the safety and/or welfare of a child with disabilities, complex health needs and/or special educational needs, then they should contact the MASH and follow the same path as set out in this guide. They will discuss those concerns with the person making the referral. If the child already has an allocated social worker, then the information will be immediately shared with that worker and the service manager.

All early years settings and schools have a special educational needs coordinator (SENCO) or inclusion manager. It is their responsibility to coordinate support for children in their setting and to liaise with other professionals to ensure children's

⁹ portsmouthscp.org.uk/7-information-for-professionals-and-volunteers/7-21-resolving-professional-differences-re-think-and-escalation

needs are met and set out in a plan (if that is required). Colleges and other higher education settings have the same responsibility towards any young people up to the age of 25 with a special educational need or disability and who attends their provision.

A statutory assessment of education, health and care is a coordinated multi-disciplinary assessment carried out for children and young people aged 0-25 with severe and complex special educational needs. The assessment is conducted in accordance with the Children and Families Act 2014.

An EHCP is a legal document setting out the education, health and care needs of the child, the outcomes expected, and the education, health and care provision required to achieve those outcomes. They replace statements of special educational need (SEN) and learning difficulty assessments. For more information about special educational needs and disability support in Portsmouth please visit [Portsmouth Local Offer website](#)¹⁰

Unborn children pre-birth assessments

Specialist pre-birth assessments will be carried out in cases where:

- there are concerns about the welfare of an unborn child because the mother's lifestyle during pregnancy or because there are concerns about whether parents will be able to care for the child adequately once born and:
- there are no other children living with the parent.

Assessment will begin once the pregnancy has been confirmed at 13 weeks but may begin sooner if there has been historical involvement with the family. More guidance is available in the [HIPS Unborn Baby Safeguarding Protocol](#).¹¹

Young carers

Young carers are children who have daily care responsibilities for a family member with a disability (physical or mental), long-term illness or who misuse drugs and/or alcohol. This could also include children in a larger family group who are relied upon routinely as care givers to for their siblings. These children are particularly vulnerable often because the extent of their caring responsibilities is not known. In addition, some families are frightened of the consequences of professional intervention, fearing that children may be removed or families separated. Many children will not even tell a teacher or a friend. Being a young carer can have a profound effect on the life of a child. Their health might be affected due to lack of sleep, the volume of household chores and intensity of physical care they have to provide. Young carers

¹⁰ portsmouthlocaloffer.org

¹¹ hipsprocedures.org.uk/qkyyoh/children-in-specific-circumstances/unborn-baby-safeguarding-protocol

can also face challenges in respect of their education and social and emotional wellbeing. Their lives outside of school may be quite different to their peers and they may feel lonely and isolated and, in some cases, suffer verbal taunts and abuse at school.

Anyone who is working with a child who is a young carer should consider the impact of their caring responsibilities as part of any assessment that is completed. In addition to this a referral to Portsmouth Young Carers service will register the young person to receive advice and support, including an assessment of need if required. If there are immediate concerns about the safety and/or wellbeing of a young carer, professionals should make a referral to the MASH who will give advice and progress the referral appropriately.

Private fostering

A private fostering arrangement is one that is made privately by parents (that is to say without the involvement of a local authority) for the care of a child under the age of 16 (under 18, if the child is disabled) and by someone other than a parent or close relative with the intention that it should last for 28 days or more.

Private foster carers may be members of the child's extended family, such as a cousin or great aunt, or a friend of the family. A person who is recognised as a close relative under the Children Act 1989 i.e. a grandparent, brother, sister, uncle or aunt (whether of full or half blood or by marriage) or stepparent is not considered to be a private foster carer.

The period for which the child is cared for and accommodated by the private foster carer should be continuous (although an occasional short break would not constitute a break in continuity). Private foster carers and those with parental responsibility are required to notify the local authority of their intention to privately foster or to have a child privately fostered or where a child has been privately fostered in an emergency.

Professionals who work with children often come across private fostering arrangements as part of their day-to-day work. If any professional in Portsmouth identifies a private fostering arrangement, they should contact the MASH directly.

Indicators of Need

Getting a good education

Tier	Description
Tier 1 Universal	<ul style="list-style-type: none">◦ Child is engaged in learning and is meeting their education potential.◦ The child has good attendance and punctuality.◦ There are healthy, purposeful and meaningful relationships between the family and school.◦ There is planned progression beyond statutory education for the child.
Tier 2 Additional	<ul style="list-style-type: none">◦ The child is not always engaged in learning, poor concentration, low motivation, easily distracted.◦ The child's emotional dysregulation is impacting on the engagement in education.◦ The child is persistently absent from school (missing 10% or more of possible sessions) and/or has poor punctuality.◦ The child has received fixed term suspensions.◦ There are some barriers which impact the relationship between the family and school.◦ There is limited evidence of progression planning beyond statutory education, and the child is at risk of becoming NEET.◦ The child has an assessed special educational need or EHCP.^A
Tier 3 Intensive	<ul style="list-style-type: none">◦ The child's achievement is significantly below their education potential and professionals have not been successful in engaging parents / carers meaningfully to support their child.◦ The child's emotional dysregulation and violent behaviours are having a significant impact on learning and development.◦ The child is severely absent from school (missing 50% or more possible sessions), significant impact on learning and development and/or emotional wellbeing.◦ The attendance legal process has been implemented without any positive change.◦ The child has been permanently excluded from school or has several fixed term suspensions.◦ Relationships have broken down between the family and school which is significantly impacting the child's learning.◦ No progression planning evident for the child prior to the spring term of Year 11, and they are at very high risk of becoming NEET.◦ The child has an EHCP, and their needs are not being met by one or more of the key agencies involved.
Tier 4 Specialist	<ul style="list-style-type: none">◦ The child is not accessing education or is severely absent from school and additional risk factors (exploitation, offending behaviour, severe mental health, substance use) puts the child at significant risk of harm.◦ Professionals have not been successful in engaging parents meaningfully to support their child into school.

Good physical and mental health – physical health

Tier	Description
Tier 1 Universal	<ul style="list-style-type: none"> ◦ The child is physically healthy, all developmental checks and immunisations are up to date ◦ Regular health appointments for the child are attended. ◦ The child's height and weight are appropriate (or BMI in normal range of between 2nd to 91st centile when measured by a health professional).
Tier 2 Additional	<ul style="list-style-type: none"> ◦ Persistent health problems that adversely impact upon the child. The parent/carers are working with professionals and are following advice and support offered. ◦ There are barriers impacting upon health care being accessed and the child is not taken to all appointments.^B ◦ Child appears overweight or obese, or there are risk factors The child is heavy for their age (or BMI centile is >91st when measured by a health professional) OR there are identified risk factors for obesity^C as defined in the Portsmouth City Child Obesity Pathway. There is evidence of the family working with professionals to meet their child's needs. ◦ Professionals notice the child appears underweight and there is concern about lack of nutrition and potential adverse health consequences.^D
Tier 3 Intensive	<ul style="list-style-type: none"> ◦ Child is significantly affected by health problems in ways which could be avoidable. ◦ There are significant barriers impacting on the family accessing health care leading to risks of poor health/developmental outcomes. child not being taken to multiple appointments. ◦ Child is overweight or obese (i.e BMI centile is > 98th centile for BMI when measured by a health professional) AND their weight continues to increase despite intervention at tier 2 for 6 months. ◦ Child is underweight and there is significant concern about lack of nutrition and potential adverse health consequences. ◦ Concerns raised by health professionals regarding the child's perplexing presentations and there is no perceived risk of immediate significant harm to the child's physical health or life. The term Perplexing Presentations covers the situation when there are alerting signs of possible FII (not yet amounting to likely or actual significant harm).
Tier 4 Specialist	<ul style="list-style-type: none"> ◦ The child and/or their parent/carers are refusing medical care and this is endangering the child's life/posting a serious risk to quality of life or development. ◦ Child is at risk of risk of significant harm in the near future due to health care not being accessed and/or health advice not being followed. ◦ Child is obese (or BMI centile is above 98th centile when measured by a health professional) and there is imminent severe health risk due to obesity (this includes medical conditions known to be associated with obesity as well as psychosocial consequences) OR no progress has been made at tier 3 and professionals have not been successful in engaging parents meaningfully to support their child to lose weight. ◦ Child is significantly underweight and imminent severe health risk due to this OR no progress has been made at tier 3 and professionals have not been successful in engaging parents meaningfully to support their child to gain weight. ◦ Fabrication or induction of illness (likely to cause significant harm) to a child by a parent or carer.

Good physical and mental health – emotional/mental health

Tier	Description
Tier 1 Universal	<ul style="list-style-type: none"> ◦ The child is emotionally healthy, their feelings and actions demonstrate appropriate responses ◦ The child has age-appropriate social skills and behaviour. ◦ The child has a sense of belonging and acceptance. They can identify safe adults to speak to when they are needing extra support with how they feel about who they are. ◦ Parents/ carers can seek appropriate information and advice to help them meet the needs of the child.
Tier 2 Additional	<ul style="list-style-type: none"> ◦ The child is displaying behaviours that indicates there has been an impact on their emotional wellbeing. This behaviour is starting to impact on the child's relationships with others and their learning. ◦ The child's emotional responses and actions are outside of age and stage developmental expectations. ◦ The child is experiencing some discrimination and bullying because of 'who they are'. This is having an impact on their emotional wellbeing. Their relationships and education are starting to be affected because of this. ◦ Parents/ carers may need some help to understand what approaches and resources may be useful for their child.
Tier 3 Intensive	<ul style="list-style-type: none"> ◦ The child's mental wellbeing is significantly deteriorating. This may be affecting their ability to maintain relationships that are positive or attend an education provision. ◦ The child appears regularly anxious, angry, or phobic and demonstrates a mental health condition. ◦ Significant concerns relating to child's social skills and behaviour. ◦ The child's mental wellbeing is significantly deteriorating, and they may be experiencing persistent discrimination and bullying linked to 'who they are'. ◦ Current support is not reducing this, and it is affecting their ability to maintain relationships that are positive or attend an education provision. ◦ Mental health issues requiring specialist intervention in the community.
Tier 4 Specialist	<ul style="list-style-type: none"> ◦ Emerging acute mental health problems – significant risk of suicide, self-harm requiring acute medical treatment, psychotic episodes, severe depression – requiring a specialist/ statutory response.^F ◦ Parent/carer(s) and or child persistently fails or refuses to address chronic behaviour issues (such as conduct disorder, ADHD, autism, anxiety) that puts the child or others at risk. ◦ The child does not have any safe supporting parents / carers that are attempting to support them regarding who they are. Attempts to work towards improving this situation have not been achieved, and this places the child at risk of significant harm.

Good physical and mental health – mental health (parent or carer)

Tier	Description
Tier 1 Universal	◦ Parents/carer(s) mental health issues, learning difficulties, health needs &/or disability and it has no impact on the care of the child.
Tier 2 Additional	◦ Parents/carer(s) mental health issues, learning difficulties, health needs &/or disability may impact on the care of the child. ^F
Tier 3 Intensive	◦ Parents/carer(s) mental health issues, learning difficulties, health needs and/or disability have a direct impact on their care of the child.
Tier 4 Specialist	◦ Parents/carer(s) mental health issues, learning difficulties, health needs and/or disability presents a significant risk of harm to the child.

Reducing the impact of substance misuse – child

Tier	Description
Tier 1 Universal	◦ There is no use of substances and/or of alcohol by the child.
Tier 2 Additional	◦ The child is experimenting with substances and/or alcohol.
Tier 3 Intensive	◦ The child is regularly using substances and/or alcohol use/misuse and the child's substance misuse dependency is affecting their mental and physical health and social wellbeing - Child presents at hospital due to substance / alcohol misuse.
Tier 4 Specialist	◦ Persistent and/or high-risk substance and/or alcohol use/misuse and the child's substance misuse dependency is putting the child at such risk that intensive specialist resources are required.

Reducing the impact of substance misuse – parent/carer

Tier	Description
Tier 1 Universal	◦ The use of alcohol and/or substances does not impact on the family.
Tier 2 Additional	◦ Parents/carer(s) alcohol and substance misuse may impact on the care of the child - considering age and stage of development.
Tier 3 Intensive	◦ Parents/carer(s) alcohol and substance misuse has a direct impact on their care of the child – considering age and stage of development.
Tier 4 Specialist	◦ Parents/carer(s) substance and/or alcohol misuse presents a significant risk of harm to the child.

Good family relationships

Tier	Description
Tier 1 Universal	<ul style="list-style-type: none"> ◦ There are healthy relationships within family, including when parents are separated.
Tier 2 Additional	<ul style="list-style-type: none"> ◦ There are some difficulties with family relationships, which requires some support. ◦ Child is taking on a caring role in relation to their parent/carer(s) or is looking after younger siblings but is appropriately supported so that this is not having an impact on their ability to thrive or enjoy their childhood.
Tier 3 Intensive	<ul style="list-style-type: none"> ◦ Conflict between family members (including both adults & children) is having a direct negative impact on the child. ◦ Child is taking on a caring role in relation to their parent/carer(s) or is looking after younger siblings, and this is impacting on their ability to thrive or enjoy their childhood.⁶
Tier 4 Specialist	<ul style="list-style-type: none"> ◦ The child and parent/carers relationship has significantly broken down resulting in alternative care arrangements being needed. ◦ Child cared for under private fostering arrangements.^H

Keeping children safe from harm – accidents and injuries

Tier	Description
Tier 1 Universal	<ul style="list-style-type: none"> ◦ There is no evidence of the child experiencing non-accidental injuries. ◦ There is no history of any family member having experienced Female Genital Mutilation (FGM).
Tier 2 Additional	<ul style="list-style-type: none"> ◦ Accidental injuries to the child suggesting lack of age-appropriate supervision and/or age-inappropriate activities.^I ◦ The child comes from a family where FGM is known to have been practiced but their parent/carers are clear they do not wish their child to experience it.^J
Tier 3 Intensive	<ul style="list-style-type: none"> ◦ Frequent accidental injuries to the child suggesting lack of age-appropriate supervision and attention to safety issues. ◦ The child discloses or there is an allegation of physical assault with no visible or only minor injury (other than to a pre- or non-mobile child, see Tier 4). Professionals should remain aware of hidden injuries as not all injuries will have visible marks e.g. if the injury was not very recent, if the baby was shaken etc
Tier 4 Specialist	<ul style="list-style-type: none"> ◦ Any actual or suspected bruising or other injury in infants who are not independently mobile. ◦ Presentation at hospital, walk in, GP with injuries not consistent with explanation, thought to have been inflicted in the community. ◦ Injury results from physical abuse or physical chastisement continues despite advice from services. ◦ Child or sibling has experienced Female Genital Mutilation or there are concerns that this is planned. ◦ The child comes from a family where FGM is known to have been practiced and the parent/carers see it as part of their cultural heritage that includes their children.

Keeping children safe from harm – basic care

Tier	Description
Tier 1 Universal	<ul style="list-style-type: none"> ◦ Basic every day care and help is always provided to the child in an age-appropriate way. ◦ The child has an adequate and nutritious diet. ◦ Parent/carer(s) has supported the child's development of age appropriate self-care skills of feeding, hygiene, and dressing, looking after themselves. ◦ Parent/carer(s) can seek appropriate information and advice to help them meet the needs of the child. ◦ The parent/carer(s) responds to the child in a consistent way. ◦ The child is always well supervised, and attention given to safety. ◦ The child has a consistent main carer(s).
Tier 2 Additional	<ul style="list-style-type: none"> ◦ Basic every day care and help is not provided consistently, however the parent/carers are willing to work with professionals to understand identified needs and make changes required.^k ◦ The child's diet is nutritionally poor or limited. ◦ Parent/carer(s) only partially support the development of age-appropriate self-care skills, resulting in these not always being adequate in all areas. ◦ Parents/carers have experienced some difficulties in parenting/caring for children previously. ◦ Parental responses towards their child are not always consistent this may include discipline, routines, boundaries praise etc. ◦ There are concerns about whether the child is receiving age-appropriate supervision.
Tier 3 Intensive	<ul style="list-style-type: none"> ◦ Parent/carer is often not able to provide adequate and consistent basic care levels - food, warmth, and environment. ◦ The child's diet is nutritionally poor or limited, and there is significant concern about potential adverse health consequences, and/or professionals have not been successful in engaging the parents meaningfully. ◦ Ability of the child or parent/carer has delayed or prevented the development of self-care skills in a significant range of areas. There are regular concerns about the child's presentation e.g. clothing is regularly unwashed and frequently ill fitting, poor hygiene, untreated head lice. ◦ Parent/carer(s) unable to care for previous children and no immediate safeguarding concerns exist for the current child. ◦ Parents/carer(s) provides inconsistent boundaries which seriously impacts on a child's development and/or safety. ◦ Child sometimes left without age-appropriate adult supervision which may place them at risk of harm. ◦ The child has had a succession of main carer(s) or has multiple carers and has no significant relationship with any of them.

Tier	Description
Tier 4 Specialist	<ul style="list-style-type: none"> ◦ Child's basic care needs are not being met, and there are concerns that the child's presentation is having a significant impact on their safety and wellbeing. ◦ The child's health & wellbeing is significantly impacted by their diet Recent (within the last 2 years) legal proceedings or child protection involvement in relation to a previous child, or the previous risk factors still evident; or where additional children add complexity and demands upon parenting capacity despite prior assessments re. subsequent children being positive. ◦ Professionals have not been successful in engaging parent/ carers meaningfully to access services and support opportunities where risk of or significant harm exists. ◦ Parents/carer(s) provides no consistent boundaries, routine and structure for the child which has or is likely to result in significant harm for the child. ◦ Age-appropriate adult supervision of the child is unsafe (which may include the child being left at home alone) that presents a risk of or has resulted in significant harm. ◦ The child has been left in the care of unknown adults or those suspected to be at risk to children. ◦ Parents unable to restrict access to the home by adults who present a risk of significant harm to the child. ◦ The child has no one holding or exercising parental responsibility for them. ◦ The child is seeking asylum.

Keeping children safe from harm – sex

Tier	Description
Tier 1 Universal	<ul style="list-style-type: none"> ◦ Safe and healthy sexual development displayed between children of a similar age and/or developmental ability.
Tier 2 Additional	<ul style="list-style-type: none"> ◦ The child (over the age of 13yrs) has a sexually transmitted infection and reports consensual sex with a peer. No concerns about CSE or CSA. ◦ The child is displaying behaviours which have the potential to be outside of safe and healthy sexual behaviour. The concern may be due to age or developmental differences, activity type, frequency, duration or context in which they occur.^L ◦ Professionals have been successful in engaging parents/carers with meaningful support, and they appear to be in agreement regarding the concerns.
Tier 3 Intensive	<ul style="list-style-type: none"> ◦ The child is persistently displaying behaviours which have the potential to be outside of safe and healthy sexual behaviour. ◦ Professionals have only been somewhat successful in engaging parents/carers with meaningful support, and there is some unwillingness to acknowledge and/or recognise the concerns. ◦ Sexual activity and/or behaviours has increased the child's vulnerability within their peer group/environment/family. ◦ Pregnancy in a child over the age of 13 and under the age of 16 and reports consensual sex with a peer. No concerns about CSE or CSA. ◦ Child is displaying potential indicators of sexual abuse.^M

Tier	Description
Tier 4 Specialist	<ul style="list-style-type: none"> ◦ Sexual activity, STI or pregnancy under age of 13 and there are clear physical signs of sexual abuse identified. ◦ Child is being investigated for a sexual offence. ◦ The child is persistently displaying behaviours which are outside of safe and healthy behaviour, appropriate for their age and stage of behaviour. ◦ Professionals have not been successful in engaging parent/carers in meaningful support and/or they are unwilling to recognise or acknowledge professionals concerns. ◦ Child makes a disclosure of sexual abuse, direct or indirect (including non-recent abuse).

Keeping children safe from harm – sexual and criminal exploitation

Tier	Description
Tier 1 Universal	<ul style="list-style-type: none"> ◦ There are no concerns around risk of child sexual or criminal exploitation, or trafficking. ◦ The child has age-appropriate knowledge of risks relating to absconding or missing, and skills to keep themselves safe.
Tier 2 Additional	<ul style="list-style-type: none"> ◦ There are emerging concerns of vulnerability to sexual and/or criminal exploitation, or trafficking^N as identified using the HIPS CERAF. ◦ The child has been absent from home, school, or care but not at known or perceived risk.^O ◦ Parents are able to keep their child safe from extra-familial harm and are working with services.
Tier 3 Intensive	<ul style="list-style-type: none"> ◦ There are medium risks of the child's vulnerability to sexual and/or criminal exploitation, or trafficking as identified using the HIPS CERAF. ◦ The child is regularly going missing from home, school or care and there are concerns they are at risk of harm whilst missing. ◦ There are concerns that there is a risk of harm between children who may be being exploited. ◦ Parents are concerned about being able to keep their child safe from extra-familial harm / there are barriers which prevent parents being able to recognise the impact of exploitation on their child.
Tier 4 Specialist	<ul style="list-style-type: none"> ◦ The child is a victim of/or at high risk of criminal and/or sexual exploitation as identified using the HIPS CERAF. ◦ The child is suspected to have been groomed/exploited in to engaging in sexual behaviours that are degrading, threatening or involve significant power differences. ◦ Child is a victim of, or at high risk of becoming a victim of forced marriage, honour-based violence, or trafficking. ◦ The child is repeatedly missing from home, school, or care and is placed at risk of significant harm as a result. ◦ Child at risk of radicalisation (PREVENT).^P ◦ Parents are unable to keep their child safe from extra-familial harm. ◦ Child coerced, groomed or asked to share child sexual abuse material.

Keeping children safe from harm – online safety

Tier	Description
Tier 1 Universal	<ul style="list-style-type: none"> ◦ The child uses the internet appropriately and is supported to discuss what sites they visit and who they are talking to online. ◦ The child uses age appropriate social media and gaming platforms with support from parents / carers. ◦ The child and parent/carers understand how and who to report online concerns to.
Tier 2 Additional	<ul style="list-style-type: none"> ◦ There are some concerns about the online sites, social media and/or gaming platforms that the child is accessing and/or the child's online activity; but they are supported by parent/ carers and/or school/college to address this.
Tier 3 Intensive	<ul style="list-style-type: none"> ◦ The child views harmful or extremist material online and there is a risk of harm to them or others due to this. ◦ The child has/or is being groomed online by unknown adults who pose a risk to children. Parents / carers are working with professionals to safeguard the child. ◦ A child is planning to meet with an unknown adult who they have met online.
Tier 4 Specialist	<ul style="list-style-type: none"> ◦ The child views harmful, extremist or illegal material online and harm has happened. ◦ The child distributes harmful, extremist or illegal material online. ◦ The child has been a victim of technology assisted child sexual abuse. ◦ The child has met with adults and/or other children in the 'real world' who they have met online and harm has happened.

Keeping children safe from crime

Tier	Description
Tier 1 Universal	<ul style="list-style-type: none"> ◦ There are no concerns around criminality within the family. ◦ The child is able to talk to parent/carers or an appropriate adult if they are worried about criminal activity.
Tier 2 Additional	<ul style="list-style-type: none"> ◦ Child is impacted by contextual safeguarding concerns and parent/carers are working alongside professionals. ◦ The child is not always able to understand how own actions impact on others, they find accepting responsibility for own actions difficult. ◦ The child responds inappropriately to boundaries and/or constructive guidance.
Tier 3 Intensive	<ul style="list-style-type: none"> ◦ The child is engaged in anti-social behaviour in the community. ◦ The child is known to be engaged in criminal activities. ◦ Concerns that parents have been convicted for violent and or sexual offences.
Tier 4 Specialist	<ul style="list-style-type: none"> ◦ Child is regularly engaged in anti-social behaviour, criminal activities and/or gang related harm. ◦ Child has been prosecuted for offences and remanded into custody. ◦ Parents (or significant adults in a child life) have been convicted for violent and or sexual offences, which pose a significant risk of harm to the child.

Healthy relationships

Tier	Description
Tier 1 Universal	<ul style="list-style-type: none"> ◦ The parent/carer's relationship is positive and there are no difficulties which impact on the child.
Tier 2 Additional	<ul style="list-style-type: none"> ◦ Conflict or emotional disharmony between the parent/carer(s) (including in pregnancy) or family relationship difficulties is having an impact on the child. ◦ History of domestic abuse in the home. ◦ There are isolated incidents of minor physical and/or emotional violence in the family. This does not impact on the parent being able to meet the child's needs.
Tier 3 Intensive	<ul style="list-style-type: none"> ◦ Incident(s) of serious and/or persistent physical violence in family (including child and adolescent to parent, violence, and abuse, CAPVA). ◦ Emerging concerns about the impact of domestic abuse on children's emotional welfare, and the capacity of the parents to consistently meet the needs of the children. However, parents willing and able to engage with services and to act protectively. ◦ There is concern that parental conflict or parental alienation is having a significant impact of the child.
Tier 4 Specialist	<ul style="list-style-type: none"> ◦ Incident(s) of serious and/or persistent physical violence in the family that poses a risk of significant harm to the child. ◦ Significant repeated abusive behaviour from child to parent, which may include physical violence, emotional, economic, or sexual abuse and coercive control. Risk of immediate family breakdown and/or siblings at risk of harm due to the abuse.

Secure and suitable housing

Tier	Description
Tier 1 Universal	<ul style="list-style-type: none"> ◦ Child/family has stable accommodation and/or is able to access support from statutory services to address any identified housing need.
Tier 2 Additional	<ul style="list-style-type: none"> ◦ Child/family has accommodation available, and parent/carer may be receiving additional support to maintain their housing, including home conditions, financial commitments, and tenancy obligations.
Tier 3 Intensive	<ul style="list-style-type: none"> ◦ The accommodation available to the child/family may not be stable, available in the longer term or suitable. The parent/carer may need significant additional support to maintain their housing or to access more alternative suitable accommodation. The family may benefit from placement into residential supported accommodation setting.
Tier 4 Specialist	<ul style="list-style-type: none"> ◦ Parent/carer is unable to maintain accommodation appropriately despite significant additional support having been offered/provided. ◦ Child/family are homeless, or threatened with homelessness imminently, and are not able to receive ongoing rehousing support.

Financial stability

Tier	Description
Tier 1 Universal	<ul style="list-style-type: none"> Family is financially stable.
Tier 2 Additional	<ul style="list-style-type: none"> Poverty and financial hardship are affecting the child's wellbeing. Their parent/carers are working alongside professionals
Tier 3 Intensive	<ul style="list-style-type: none"> Extreme poverty and financial hardship are significantly affecting child's health, development and wellbeing
Tier 4 Specialist	<ul style="list-style-type: none"> The child consistently does not have adequate food, warmth, or essential clothing. The parents are consistently unable to budget effectively and are resisting engagement. The family have no recourse to public funds.

Pregnancy and early years

Tier	Description
Tier 1 Universal	<ul style="list-style-type: none"> Pre-natal health needs are being met. All developmental checks and immunisations are up to date (or an informed decision has been made not to). There are no concerns around the child's development.
Tier 2 Additional	<ul style="list-style-type: none"> Delayed booking of pregnancy.⁹ The child has a delay in their development, but and parents/carers are engaging in the support given.
Tier 3 Intensive	<ul style="list-style-type: none"> Not seeking help with pregnancy until midway through 3rd trimester or until in established labour. Significant delay in the child's developmental progress and parent/carer(s) are engaging with advice and support given.
Tier 4 Specialist	<ul style="list-style-type: none"> Attempting to conceal the birth. The child or unborn baby has faltering growth impacted by parental actions and parent/carers are persistently not following the medical advice given. Significant delay in the child's development and the child is at risk of significant harm due to health care not being accessed and/or health advice not being followed.

Children with disabilities and/or complex health issues

Tier	Description
Tier 1 Universal	<ul style="list-style-type: none"> ◦ The family are able to fully meet the child's care needs (this may be with some support from the wider family network and/or universal support services). ◦ All reasonable adjustments have been made (or none are required) to support the child's needs. ◦ The child is fully supported to access education as appropriate to their age and ability ◦ Child's care & support needs do not significantly impact on family relationships and/or siblings' opportunities. ◦ Child is appropriately supported to access health appointments and healthcare advice is being followed. ◦ The child's preferred language and/or method of communication is understood by parents.
Tier 2 Additional	<ul style="list-style-type: none"> ◦ The family requires some additional support from services (or to access services) in order to meet their child's care needs. ◦ Some reasonable adjustments still to be made and the family need some additional support to achieve these to support the child's needs. ◦ Some support from services is required in order to enable the child to access education as appropriate to their age and ability. ◦ Some additional support is required from services and/or wider family network in order to minimise the impact of the child's needs upon family relationships and/or siblings' opportunities. ◦ The family need additional support to enable them to meet their child's healthcare needs and/or to attend all relevant health appointments. ◦ The child's method of communication (if affected by their disability) impacts on their ability to communicate with others, but the parent/carers are able to understand.
Tier 3 Intensive	<ul style="list-style-type: none"> ◦ The family requires a coordinated plan of support in order to meet their child's care needs. This may include (a lower level of) overnight respite care in the home. ◦ Reasonable adjustments that are required to support the child's needs have not been made, are not available or are not possible. ◦ Substantial support from services is required in order to enable the child to access education as appropriate to their age and ability. ◦ Family relationships and/or siblings' opportunities will be significantly impacted without a coordinated offer of support from services. ◦ The child is not being brought to many of their health appointments and/or the family are not following medical advice which is impacting on the child's health. ◦ The child's method of communication is not well understood by the parent/carers which is impacting their ability to meet the child's needs. The family is engaging with the support offered.

Tier	Description
Tier 4 Specialist	<ul style="list-style-type: none"> ◦ The required level of parental care cannot be provided without the provision of substantial additional specialist services that may include overnight short-term breaks. ◦ Children who require night time supervision and/or care such as intubation, medication etc. ◦ There are significant barriers that prevent parents/carers from keeping child safe. ◦ There are significant barriers to the child being able to access education as appropriate to their age and ability (e.g. appropriate placement not available; medical needs cannot be met in school setting etc.) – this is ongoing with no resolution likely in the shorter/ medium term. ◦ Child is at risk of significant harm in the near future due to their health needs not being met ◦ Child has severe/chronic health problems and/or disability and appropriate services are not being accessed. ◦ The child has significant issues communicating with others, which is significantly impacting upon their needs being met. Professionals have not been successful in engaging parents meaningfully in the support offered.

Table references

A	Portssmouth SEND Local Offer portsmouthlocaloffer.org	J	Multi-agency statutory guidance on female genital mutilation gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation
B	Missed Appointments/Was Not Brought hipsprocedures.org.uk/qkyyhzh/children-in-specific-circumstances/children-who-are-neglected#s3883	K	Portssmouth Neglect Guidance portsmouthscp.org.uk/wp-content/uploads/2023/04/Neglect-Practice-Guidance-2023-FINAL.pdf
C	Portssmouth Child Obesity Pathway portsmouthscp.org.uk/wp-content/uploads/2022/03/Portssmouth-child-obesity-pathway-Nov2020.pdf	L	Harmful sexual behaviour hipsprocedures.org.uk/qkyylx/children-in-specific-circumstances/harmful-sexual-behaviour
D	SEMH pathways to support: eating disorders portsmouth.gov.uk/wp-content/uploads/2022/01/42.157-CYP-Mental-health-quick-guides-A3-ED-accessible.pdf	M	HIPS CSA toolkit hampshirescp.org.uk/professionals/toolkits/child-sexual-abuse/what-is-csa
E	HIPS self-harm pathway hipsprocedures.org.uk/qkyylq/children-in-specific-circumstances/self-harm-and-suicidal-behaviour	N	Child Exploitation Risk Assessment Framework (CERAF) portsmouthscp.org.uk/7-information-for-professionals-and-volunteers/7-6-missing-exploitation-trafficking-contextual-safeguarding
F	HIPS Family Approach Protocol and Toolkit hipsprocedures.org.uk/pkyyp/safeguarding-practice-guidelines/family-approach-protocol-and-toolkit	O	Children that go Missing hipsprocedures.org.uk/qkyylp/children-in-specific-circumstances/children-and-families-that-go-missing
G	Young carers referral and assessment form my.portsmouth.gov.uk/en/AchieveForms/?form_uri=sandbox-publish://AF-Process-5c64aefa-f328-4865-82e8-d46da9c9fb5e/AF-Stage-057e9a74-6ede-4bd8-b1a3-d223bb879cd0/definition.json	P	Prevent Channel process portsmouthscp.org.uk/wp-content/uploads/2023/01/Prevent.Channel-Final-22.pdf
H	Private fostering portsmouthscp.org.uk/7-information-for-professionals-and-volunteers/7-12-private-fostering-2	Q	Unborn Baby Safeguarding Protocol hipsprocedures.org.uk/qkyyoh/children-in-specific-circumstances/unborn-baby-safeguarding-protocol
I	Injuries in Non-Mobile Infants hipsprocedures.org.uk/qkyyo/children-in-specific-circumstances/injuries-in-non-mobile-infants		





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