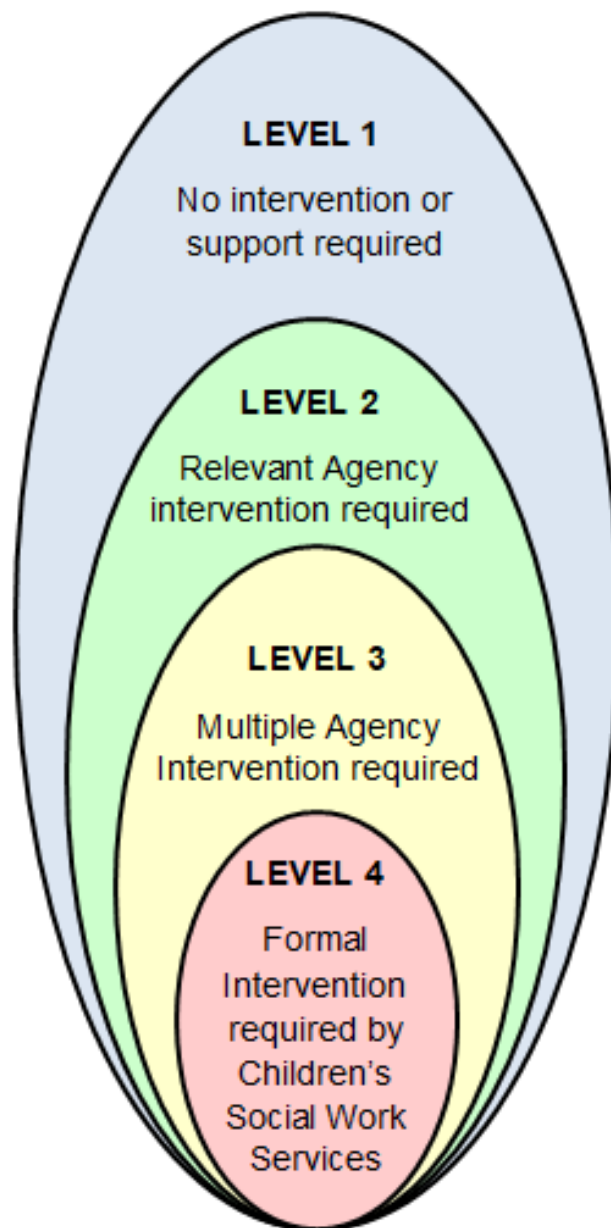




Solihull Local Safeguarding Children Partnership Threshold Guidance



INTRODUCTION

Working Together to Safeguard Children (2018) sets out the core functions of Solihull Safeguarding Children Partnership (LSCP). One of the functions is the development of a Threshold Guidance. This document is intended to assist professionals within Solihull to identify suitable responses to the needs they identify amongst the children, young people and families they are working with. It is not intended to be prescriptive or exhaustive, nor is it a definitive way to open or close a gateway to a particular service or range of services. Every child and family is unique. Their needs should be considered on a case by case basis, using professional judgement supported by this guidance.

A Shared Responsibility

Safeguarding and promoting the welfare of children, in particular protecting them from significant harm, depends upon effective joint working between practitioners with different roles and expertise. Individual children, especially some of the most vulnerable children and those at greatest risk of social exclusion, will need co-ordinated help from health, education, children's social care, and sometimes the voluntary sector and other agencies, including youth justice services. Adult services, such as mental health or substance misuse services should always include consideration of the needs of any children and young people involved and possible risks of harm to them when planning the adult's on-going treatment or discharging the adult from their care into the community.

Making professional judgement about levels of need

Professionals make judgements about children's needs every day as part of their core responsibilities and will help the child and family avail of in-house resources as a normal part of their everyday work. When they need to consider involving partners, they need to work out who can help the child and how best this can be achieved. In many cases, this involves engaging one other partner who will provide a service and there is no need for any further complexity. In some cases, more than one partner will be involved, but it is a straightforward and simple process and services can be delivered without the need for co-ordination or structure. When there are a number of partner agencies that need to be involved and the child's problem is emerging and becoming complex, then partners will need a more structured way of working together, engaging the family and keeping the child at the centre of their thinking. When the child is a Child in Need, including children in need of protection and as defined by the Children Act 1989, the Local Authority has a statutory duty to make enquiries. Similarly where a child has committed an offence the Youth Justice services have statutory responsibilities. If a child has an acute mental health need, urgent care from mental health providers is required. This document is an aid to help practitioners to make a judgment about these levels of need.

When making these decisions, the following areas to consider are generally found to help.

- How does the child describe the need and what help he/she needs?
- How do the parents describe the child's needs and what help he/she needs?
- Who, in terms of partners, can help?
- Is it likely the child will need several partner agencies to help him/her?
- Is this straightforward or does it need co-ordination?
- Is this likely to be multi-agency, involving several partners?
- Is the child a Child in Need as defined by the Children Act 1989? This includes children in need of protection.
- Is there a possibility of domestic violence?

Any professional who considers that a child needs multi-agency help should always consider discussing this with an experienced peer or a line manager/supervisor. Professionals may wish to discuss this with a professional from another agency also involved with the child or family to gain a better understanding of the child's situation before deciding on a course of action. This is justified under the LSCP information sharing protocol as it is necessary to consider the needs and welfare of the child.

If you believe a child is at risk of significant harm, the child must be referred to Children's Social Work Services without delay

<https://eservices.solihull.gov.uk/ChildrensSocialWorkServiceReferral/>

Information sharing

See the LSCP information sharing protocol:

https://solihullscb.proceduresonline.com/chapters/p_info_share.html

https://solihullscb.proceduresonline.com/chapters/p_info_share.html

With the introduction of the General Data Protection Regulations (GDPR) it is no longer necessary to seek consent to share information for the purposes of safeguarding and promoting the welfare of a child, whether that be for the purposes of providing early help, assessing need or child protection. It is however good practice to inform the parents / carers, and the child if they are mature enough, that you are sharing information so as to be open and transparent, work cooperatively with them, and retain their trust and support. They should also be told the purpose for which you are sharing, processing and storing that information. This should be done unless to do so would place a child or adult at risk of harm or prejudice the prevention or detection of a serious crime.

Domestic violence

Practitioners need to be mindful of the possibility that domestic abuse could be at the root of the family's problems and that this is an issue that victims and perpetrators will not want to talk about and the child may find it difficult to articulate. If domestic abuse is considered a possibility, then completing the Domestic Violence Risk Inventory Matrix (DVRIM), as well as referring to the thresholds guidance, will help practitioners to make judgments specifically about domestic violence.

DVRIM: http://solihullscb.proceduresonline.com/pdfs/dom_viol_risk_ident_matrix.pdf

Domestic Abuse Procedures: http://solihullscb.proceduresonline.com/chapters/p_dom_abu.html

Exploitation

Exploitation is the deliberate maltreatment, manipulation or abuse of power and control by a person or group over another person, irrespective of their age, gender, ethnicity, sexuality or background. It is taking advantage of them or their situation (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator therefore exploitation can still take place even if the activity appears consensual. Exploitation does not always involve physical contact; it can also occur through the use of technology.

We have for a number of years now been aware of the risks of Child Sexual Exploitation, however there is now a better understanding of how the exploitation of children and young people can take wider forms, for example through County Lines or gang activity. It is important therefore that those working with children and young people consider these as potential explanations for behaviours that they may see or be aware of, think about the wider context in which this may be happening, and consider whether that young person's criminal activity may be as a result of exploitation and/or coercion. Further information on wider exploitation is available via the following links;

<https://www.solihullscp.co.uk/practitioner-volunteers/exploitation-23.php>

https://solihullscb.proceduresonline.com/chapters/p_sg_ch_affect_gang.html

Contextual Safeguarding

Contextual Safeguarding is an approach to understanding, and responding to, individual experiences of significant harm beyond their families. It recognises that the different relationships that individual forms in their neighbourhoods, education provision and online can feature violence and abuse. Parents and carers have little influence over these contexts, and individual experiences of extra-familial abuse can undermine parent/carer relationships. Therefore social care practitioners need to engage with individuals and sectors who do have influence over/within extra-familial contexts, and recognise that assessment of, and intervention with, these spaces are a critical part of safeguarding practices

The levels of need a summary;

Children may have unmet needs at any age or stage of development and their circumstances and needs change.

Level 1 represents children with no identified additional needs. Their needs are met through the services they receive in early years, schools and health services such as the GP and the health visitor and some will be also receiving services from housing and the voluntary sector. The majority of children will have this level of need.

Level 2 represents children with additional needs that can be met by a single agency or practitioner or straightforward working with one or more partners. Services provided at level one may identify a need to engage a partner to provide support, such as the educational psychologist, mental health and substance misuse services, Primary mental health services as well as services to ensure attendance at school. Other services, such as those advising on domestic violence may also provide advice and support. Practitioners have the option at this stage to use the Solihull early help assessment and review tools should they believe these resources will help them to engage with the family and child, however this is a decision for the practitioner on a case by case basis. <https://solihullscp.co.uk/practitioner-volunteers/early-help-21.php>

Level 3 represents children with complex needs that can only be met by a co-ordinated multi-agency plan and this requires structure and leadership. Those working with the child and family will identify the need to engage specialist health services such as mental health, substance misuse, inclusions services and specialist advice, such as Women's Aid, or any other service or voluntary organisations as there is a need to ensure a co-ordinated multi-agency approach to help the child. It is at this level that it is expected that a lead professional will be identified and the Solihull early help assessment and review tools are completed by those agencies involved. <https://solihullscp.co.uk/practitioner-volunteers/early-help-21.php>

Level 4 represents children who need statutory and/or specialist interventions including;

- **children in need** including those **in need of protection**,
- Young people who have committed an offence,
- Children with acute mental health needs.

Level 4: Children in need

The definition of 'children in need' is defined by the Children Act 1989 s17 (10), which provides that a child is to be taken as 'in need' if:

(a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority . . . ; or

(b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or

(c) he is disabled.

At subsection (11) the definition of 'disabled' for the purposes of CA 1989 Part III is given as follows:

For the purposes of this Part (of the act), a child is disabled if he is blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed”.

Level 4: A child in need of protection is described in Section 47 of the Children Act 1989, Paragraph (1)

“Where a local authority has reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm, the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child’s welfare.”

This duty also applies to children who are in need of care, are unaccompanied asylum seekers, are in the care of the Local Authority, or are subject to an Emergency Protection Order, Interim Care Order or full Care Order. Alternatively, a child who is remanded by a court into local authority accommodation or Youth Detention Accommodation will also be deemed as a Looked After Child and the LA has duties towards them.

All partners working with these children will continue to deliver services and work in collaboration with the Local Authority children services social care who takes the lead in these cases and co-ordinate services.

Level 4: Young people who have committed an offence.

This refers to young people who get into trouble with the police or are arrested, are charged with a crime and go to court and/ or are convicted of a crime and given a sentence.

All partners working with these children will continue to deliver services and work in collaboration with the Youth Offending Service. If the crime committed is thought to be as a result of exploitation or the young person is being exploited in other ways then the sections mentioned above for exploitation/gang involvement and contextual safeguarding should also be considered

Level 4: Children with acute mental health needs

This refers to children who endanger their own lives through self-harm, suicide attempts, or have eating disorders requiring immediate action.

Partners will continue working with these children in collaboration with acute mental health services. If the endangerment of their own life is thought to be as a result of trauma because of

exploitation or abuse then the sections mentioned above for children in need of protection, exploitation/gang involvement and contextual safeguarding should also be considered.

Using this guidance

There are two tables in this guidance;

The first summarises the levels of need and the services that may be involved.

The second describes the continuum of need to help practitioners make a judgement about appropriate action.

For advice, call/email:

MASH: 0121 788 4300

Information on Training is provided here: <http://solihullscp.co.uk/training.php>

LEVELS OF NEED

LEVEL ONE

Support needed	Agencies who may provide support at this level	Example indicators; (see the reference table for more detail).	What to do	Reference
No additional support needed beyond that which is already available and provided by the school and health services.	Schools and nurseries Early Years Health visiting School Nursing Young people's services Voluntary and community sector	Children making good overall progress in all areas of development broadly receiving appropriate universal services such as health care and education.	Sustain agreed action by existing services. If situation changes/no improvement review.	

LEVEL TWO

Support needed	Agencies who may provide support at this level	Example indicators; (see the reference table for more detail).	What to do	Reference
Children and young people with emerging vulnerabilities whose needs require targeted support	Services above may engage Educational psychology, mental health services (e.g. Solar primary mental health service) and substance misuse services and or other services to help the child and family.	Children; <ul style="list-style-type: none"> • whose parents need advice about managing behaviour. • in families where there is poor hygiene (including dental hygiene). • identified by school as requiring additional educational support. • with additional health needs that require extra support. • starting to have unauthorised absences from school. • involved in experimental substance misuse. • of families seeking asylum. 	Sustain agreed action by existing agencies. This may be enough help for the child. Consider engaging with other agencies if current actions are not enough; consider if the early help assessment and plan would be of assistance	

LEVEL THREE: Threshold to initiate multi-agency help process

Support needed	Agency who may be involved at this level	Example indicators; not an exhaustive list.	What to do	Reference
<p>Children or young people with identified vulnerabilities and needs that require a multi-agency coordinated approach.</p>	<p>Services above may also engage SOLAR Specialist community mental health services, Domestic violence co-ordinator, adult mental health, substances misuse services and other appropriate specialist services.</p>	<p>Children;</p> <ul style="list-style-type: none"> • with a significant emotional and/or behavioural disorder. • who are Young Carers. • persistently absent from school. • beyond parental control. • in families without permanent accommodation. • with acute or chronic health conditions, (including morbid obesity). • involved in substance misuse. • involved in criminal activity <p>Children in households needing help and effectively engaging with partners because they need interventions as a consequence of:</p> <ul style="list-style-type: none"> • mental health issues • substance misuse • domestic abuse • learning difficulties • poverty and debt • physical disability/long term health conditions • prolific offending/in custody <p>and these interventions are proving to improve outcomes for the child.</p>	<p>Initiate engagement of the family and the child working with the other agencies. Create a plan for who does what and when, including the parents and the child.</p> <p>Agree a lead professional from one of the agencies involved and complete an early help assessment with the family, and child/young person where age appropriate. Regularly review progress against the agreed early help plan.</p>	

Level four: Criteria for statutory intervention

Support needed	Agency involvement	Example indicators; not an exhaustive list.	What to do	Reference
Children requiring formal statutory intervention under either section 17 of the Children Act 1989 (children in need); or section 47 of the Children Act, safeguarding children.	Formal statutory multi-agency intervention required under child protection or children in need procedures.	<p>Children;</p> <ul style="list-style-type: none"> • who disclose abuse or harm. • are suffering or likely to suffer significant harm. • whose parents are unable to provide care, for whatever reason. • where physical, sexual or emotional abuse or neglect is suspected. • may be suffering as a result of suspected fabricated illness. • are at risk of exploitation and trafficking. • are at risk of female genital mutilation (FGM). • are at risk of forced marriage and honour based violence. • where there are allegations of harm by a person in a position of trust. • who are in contact with persons who are considered to pose a risk to children, • who are unaccompanied Asylum Seekers. • whose behaviour is so extreme they are at risk of removal from home e.g. control issues, risk taking, dangerous behaviour. • as yet unborn and there is concern that a pregnant mother exhibits features that may adversely impact on them • with a disability. • who were in level 3 above, and other multi-agency interventions have been provided and are proving to fail and this failure gives rise to concerns that the child is suffering or likely to suffer significant harm. 	Follow child protection/child in need procedures. Use the online referral form.	<p>Solihull Child Protection Procedures http://solihullscb.proceduresonline.com/</p> <p>Online Referral Form: https://eservices.solihull.gov.uk/ChildrenSocialWorkServiceReferral/</p> <p>Solihull MASH: 0121 488 4333</p>
Young people who have committed an offence.	Youth Offending Services	Young people who get into trouble with the police or are arrested, are charged with a crime and go to court and/ or are convicted of a crime and given a sentence	Police/Court refer to YOS Exploitation will be considered	https://www.gov.uk/government/organizations/youth-justice-board-for-england-and-wales
Children with acute mental health needs.	Acute specialist mental health services.	Endangers own life through self-harm, suicide attempts, eating disorder requiring immediate action.	Refer to nearest Accident and Emergency.	

Level of need continuum

Childs developmental needs: Health

Level One	Level Two	Level Three	Level Four
No specific action	Straightforward ;(one or two partners,)	Complex, multi-agency co-ordination and planning required	Children in need/ Child Protection.
Meeting developmental milestones, including speech and language	Slow in reaching development milestones, short interventions make improvements.	There is a threat to optimal achievement of developmental milestones due to family or environmental factors.	There is a likelihood of significant harm to child's health and development
Physically and psychologically well.	Susceptible to minor health problems	Has some chronic/recurring health problems or terminal illness	Have severe chronic/recurring health problems, including severe obesity and dental decay unresolved by other interventions. Fabricated/induced illness Non-organic failure to thrive
Adequate diet/hygiene/clothing	Minor concerns re: diet/dental health, hygiene/clothing.	Concerns about diet/hygiene/clothing impacting on child's emotional well- being.	Concerns about diet/hygiene/clothing persistent and severe and not improving following other interventions.
No mental health problems	Minor emotional problems resolved with short term intervention. Low self esteem	Concerns around mental health, self-harm, depression, eating disorders, body image.	Concerns persistent and there are concerns about the parents ability to safeguard the child and promote their welfare. Endangers own life through self-harm, suicide attempts, eating disorder.
Accesses health services, including dental and optical care.	Missing health checks/immunisations	Missing routine and non-routine health appointments. Parents not responding appropriately to child's health needs.	Persistent non-compliance even though parents aware of short and long term implications, likely to cause significant harm.
Disabled but no need for support services	Disabled and requiring support services	Disabled and requiring multi-agency support services and sound planning.	Disabled and meets criteria for social care intervention.(see ref) And/or there are safeguarding concerns.
Sexual health not a concern. Participating in general healthy & safe relationships education appropriately	Starting to have sex (under 16). Previous pregnancy. Participating in general healthy & safe relationships work	Conception aged under 16 Inappropriate sexual behaviour. Identified as being at risk of being targeted for exploitation	Sexual activity under the age of 13 Sexual exploitation/abuse. being groomed or exploited

Childs developmental needs (2)

Education

Level One	Level Two	Level Three	Level Four
No specific action	Straightforward (one or two partners,)	Complex, multi-agency co-ordination and planning required	Children in need/Child protection
Attends school regularly Training. no barriers to learning	Occasional truanting or non-attendance, poor punctuality Not in education, employment or training (NEET)	Persistent truanting or poor school attendance. Previous fixed term exclusions At risk of permanent exclusion Managed move from another educational establishment Persistent NEET	Multi agency interventions are not working and the child is suffering or likely to suffer significant harm.
Achieving key stages	Not achieving educational potential.	Persistent low achievement requiring multi-agency support.	Significant development delay due to neglect/poor parenting.
Emotional and Behavioural Development (see Health and development for sexual behaviours)			
Good quality early relationships	Low level mental health or emotional issues. Unauthorised absences from home.	Difficulty coping with anger, frustration and upset. Starting to go missing from home.	Harms or abuses self or others. Frequently missing from home or care.
Growing competencies in practical and emotional skills	Involved in behaviour that is seen as anti- social	Offending or regular anti-social behaviour, at risk of being targeted for exploitation .	Young people who get into trouble with the police or are arrested, are charged with a crime and go to court and/ or are convicted of a crime and given a sentence. Young people who are being groomed or exploited
No substance misuse issues	Some concern about the child's substance misuse.	Problematic substance misuse. are risk of being targeted for exploitation	Endangers own life through substance misuse. Young people who are being groomed or exploited
Identity			
Positive sense of self and abilities	Some insecurities around identity.	Subject to discrimination. Extremist views.	Parents unable to protect from race hate. Persistently demonstrates extremist views
Demonstrates feelings of belonging and acceptance	May experience bullying/isolation around perceived difference, or bully others.	Hostile to other children . Hostile to adults. At risk of being targeted for exploitation	Unaccompanied asylum seeking Child. Socially isolated and lacking appropriate role models Alienates self from others/ involved in gangs being groomed or exploited

Childs Developmental Needs (3)			
Family and Social Relationships			
Level One	Level two	Level three	Level four
No specific action	Straightforward ;(one or two partners,)	Complex, multi-agency co-ordination and planning required	Child in need or child protection
Stable and affectionate relationships with care givers.	Undertaking some caring responsibilities occasionally.	Regularly needed to care for another family member.	Child is main carer for a family member. Child in care or care leaver.
	Loss of significant parent/carer, There is a significant attachment to another relative providing support.	Depression anxiety, eating disorders, substance misuse related to the loss. There is no individual significant attachment figure in the child's life.	Family breakdown. Deceased parents and no arrangements to care for the child.
	Child of a teenage parent in need of some practical advice and support.	Child of a teenage parent who is finding parenting challenging. There is little warmth and affection seen.	Teenage parent who is a subject of Child protection plan or is a child looked after.
	Low parental aspirations.	Unconcerned about child's potential	High criticism, low warmth.
Good relationships with siblings.	Child worried about sibling rivalries.	Unstable relationship with Siblings due to separation, bereavement and loss.	Hostility between siblings not managed by parents resulting in possible significant harm.
Positive relationships with peers.	Some difficulties with peers.	Disputes with Peers/bullying/withdrawn at risk of being targeted for exploitation	Frequent aggression and violence. Criminal activity. being groomed or exploited
Social presentation			
Appropriately dressed for different settings.	Inappropriately dressed-resolved with advice.	Persistently inappropriately dressed for the weather, shunned by other children.	Persistently inappropriately dressed despite multi-agency interventions and parents unable to take action.
Good level of personal hygiene.	Poor Personal hygiene resolved with advice and support.	Persistent poor hygiene resulting in social isolation from peers.	Poor hygiene persistent and chronic despite advice and support. Child neglects basic hygiene as distracted by other risk factors such as exploitation , missing and/or substance misuse problems.

Family and Environmental factors			
Family History and Functioning			
Level One	Level Two	Level Three	Level Four
No specific action	Straightforward ;Refer normally, (one or two partners,)	Complex; multi-agency co-ordination and planning required	Child in need / Child protection
Supportive family relationships, including when parents are separated. Extended family members provide support to the child.	Parents have relationship difficulties which may affect the child. Child has support from key extended family such as grandparents and aunties.	Persistent disputes and hostility between parents, possible domestic violence impacting on the child. No supportive attachments beyond immediate parents/care givers. Parents have suffered 4 or more adverse childhood experiences (ACES) themselves (ACES – sexual, physical, emotional abuse, neglect, divorce/separation, mental illness, alcohol misuse, drug misuse, imprisonment)	Significant parental discord, domestic violence/honour based violence/forced marriage. Continuous instability and violence in the home. Child privately fostered (cared for by non-relative). Destructive relationships in extended family. Abuse/neglect
Where domestic violence is suspected always complete a DVRIM (Link)(Domestic violence Risk Inventory Matrix			
Housing, Employment and Finance			
Housing has basic amenities and appropriate facilities.	Family affected by low income or unemployment Parents have limited formal education. Adequate/poor housing. Family seeking asylum or refugees.	Overcrowding, temporary accommodation, homelessness.	Physical accommodation places child in danger. No fixed abode or homeless. 16-17 year old homeless young people
Parents aspirational for their child.	Unemployment by key provider affecting aspirations.	Prolonged unemployment, inter-generational worklessness.	Parents ability to safeguard the child affected by debt and poor financial management.
Not living in poverty, sufficient income.	Financial difficulties, EG redundancy	Serious debts/poverty impacting on ability to care for the child. Vague reasons for not managing finances.(Suspect substance misuse)	Debt and poor financial management, for example due to need to purchase drugs or alcohol, is resulting in inadequate care, e.g. utilities supplies cut off, rent in /eviction and or no money for food.
Family's Social Integration/accessing community resources.			
Social and friendship networks, family will demand	Some social exclusion problems. Family may be new	Family socially excluded. Escalating victimisation.	Family chronically socially excluded likely to cause significant harm to the child. Children from families

services.	to area or new to Britain. Family not engaging in local Services.	Family finds it difficult to access.	experiencing a crisis likely to result in a breakdown of care arrangements.
Parenting capacity (1)			
Basic Care, Safety and Protection			
Level One	Level Two	Level Three	Level four
No specific action	Straightforward ;Refer normally, (one or two partners,)	Complex; multi-agency co-ordination and planning required	Child in need/Child protection
Carers able to provide for the child's physical needs and protect from danger & harm.	Parent requires advice on parenting issues.	Parent is struggling to provide adequate care and needing support from a number of agencies.	Parents unable to protect their child/ren and cannot prioritise the child's needs over their own. Severe or long term harm has been or is likely to be done to the child and/or the parents/carers are unwilling or unable to engage in work to improve care provided. (NSPCC GCP2) History of parents being unable to provide safe care for children. Child subject to public law proceedings in the family court.
	Some basic needs unmet but most of the time a good quality of care is provided.	Failure to provide good quality care across a number of the areas of the child's needs some of the time. Parental learning disability is impacting on ability to provide care.	Failure to provide good quality care across most of the child's needs most of the time.
	Professionals suspect possibility of substance misuse by adults within the home.	Parents have a substance misuse problem (including alcohol) impacting on parenting ability.	Parents' use of alcohol or other substances is impairing their ability to provide safe care for their child/ren.
	Teenage parent(s).	Teenage parents who themselves were subject to Child Protection Plan or Looked After Private fostering or young carer	Teenage parents who themselves are subject to Child Protection Plan or Looked After Private fostering or young carer.
	Consider the family nurse partnership voluntary programme for young first time mothers (and their partners), aged 19 years or under		

Parenting Capacity (2)			
Parents and carers Basic Care, Safety and Protection Cont'd			
Level One	Level Two	Level Three	Level Four
No specific action	Straightforward ;Refer normally, (one or two partners,)	Complex; multi-agency co-ordination and planning required	Child in need/Child protection
Carers provide warmth, praise and encouragement and a stable environment.	Sometimes inappropriate expectations of child/young person for age/ability Inconsistent parenting but parents respond well to advice and support.	Child is often scapegoated. Child receives inconsistent care/has multiple care givers. Child is rarely comforted when distressed Parents have no other positive relationships. Parents lack empathy for child.	Parents inconsistent, highly critical or apathetic towards child. Child is rejected or abandoned Parents are negative and abusive (verbally, emotionally and/or mentally) towards the child.
Carers support development through interaction and play.	Parents need help to understand the importance of activities and play in the child's development.		
Carers provide appropriate guidance and boundaries.	May have different carers Inconsistent boundaries offered. Can be anti-social. Spends much time alone. Child not exposed to new experiences.	Erratic or inadequate guidance provided Parent rarely manages disputes between siblings. Inconsistent parenting which impairs emotional or behavioural development	No effective boundaries set by parents Regularly behaves in an anti-social way in the neighbourhood Inconsistent and violent discipline