

Suffolk Threshold Matrix 2022

The indicators in this document are intended as a guide to risk and need to support practitioners in their decision-making. They are not intended to be a 'tick box' exercise and are neither exhaustive nor weighted. The matrix gives an indication of the type of support that may be required at each level. Professional judgement will always be informed by any known evidence, the views of children and families and the impact that any risk and uncertainty is likely to have on their safety and wellbeing.

If you have a concern or are worried about a child, don't hesitate to make a referral to Customer First www.suffolksp.org.uk - [Worried About Someone](#)

Level 1: Children with Universal Needs

Children at this level are achieving expected outcomes. There are no unmet needs or need is low level and can be met by the universal services or with some limited advice or guidance. Children, parents, and carers can access services directly.

Child's Developmental Needs

Health

Children undertakes regular physical activity
Child has a healthy diet
Registered with a GP
Appropriate weight and height/meeting developmental milestones – including speech and language
Physically/psychologically healthy
Pre-natal health needs are being met
Up to date immunisations and developmental checks
Regular dental checks
Accessing optical care
No misuse of substances or dependency on them
Sexual activity/behaviour appropriate to age [Brook Traffic Light Tool](#)
Good mental health awareness

May have some minor mental health concerns but is managing these well
The child has injuries or bruising which are consistent with normal childish play and where the injury is consistent with the injury [Non-mobile Children Supplementary Guidance](#)

Education and Learning

Achieving key stages and full potential
Good attendance at nursery/school/college/training
Accessing funded early education at two, three and four years before starting school
Demonstrates a range of skills/interests
No barriers to learning
Access to play/books
Enjoys participating in educational activities/schools
Child is in education/employment or training
Parent/carer positively supports learning and aspirations and engages with school
Sound home/school link
Planned progression beyond statutory education
Parents provide suitable opportunities for learning and development in the home environment
The child doesn't run away from home
Child engages in age-appropriate use of internet and social media

Social, Emotional and Behavioural Development

Good quality early attachments
Growing levels of competencies in practical and emotional skills
Confident in social situations – has age-appropriate knowledge of the difference
Able to adapt to change
Able to demonstrate empathy and respect for others
Good mental health and psychological well-being
Demonstrates self-control appropriate with their age and development
The child has strong friendships and positive social interaction with peers

	<p><u>Identity and Self-Esteem</u> Demonstrates feelings of belonging and acceptance Positive sense of self and abilities Has an ability to express needs verbally and non-verbally Child has healthy self-image</p> <p><u>Family and Social Relationships</u> Stable and affectionate relationships with caregivers Child is emotionally supported by his/her parents/carers to meet their developmental milestones Age-appropriate play and appropriate supervision of play activities Appropriate relationships with siblings Positive relationship with peers The child's whereabouts are always known to their parent or carer</p> <p><u>Social Presentation</u> Appropriate dress for different settings Good levels of self-care/personal hygiene</p> <p><u>Self-Care Skills</u> Age-appropriate self-care skills e.g., self-feeding, hygiene and toileting, dressing Child has growing level of competencies in practical and independent living skills</p>
<p>Parents and Carers</p>	<p><u>Basic Care, safety and Protection</u> Child's physical needs are met (food, drink, clothing, medical and dental) Carers able to protect children from danger or harm</p> <p><u>Emotional Warmth</u> The child is shown warm regard, praise, and encouragement Home is emotionally warm and stable Child's developmental and emotional needs are met</p>

	<p>The child has secure relationship which provides consistency of warmth over time There may be low level post-natal depression</p> <p><u>Guidance, Boundaries & Stimulation</u> Guidance and boundaries are given that develops appropriate model of value, behaviour, and conscience Carers support development through interaction and play to facilitate cognitive development Parents ensure UK cultural values are followed e.g., democracy, rule of law, individual liberty and those protected by the Human Rights Act 1998 under Article 9, the right to freedom of religion and belief</p>
<p>Family and Environmental and Community and Contextual Factors</p>	<p><u>Family History and Functioning</u> Good supportive relationship within family (including with separated parents and in times of crisis) Good family network No incidents of violence and/or domestic abuse in the family</p> <p><u>Housing, Employment & Finance</u> Accommodation has basic amenities/appropriate facilities Appropriate levels of hygiene/cleanliness are maintained Families not affected by low income or unemployment</p> <p><u>Family's Social Integration</u> The family have social and friendship networks</p> <p><u>Community Resources</u> Appropriate access to universal and community resources Community is generally supportive Positive Activities are available Family feels integrated into the community Neighbourhood is a safe and positive environment</p>

Level 2: Low Risk to Vulnerable – Early Help or Targeted Support Services
If there is a combination of anti-social behaviour, offending behaviour and or behaviours which are harmful to others, consider a referral to Suffolk Youth Justice Diversion Referral [Diversion - Suffolk Youth Justice Service](#)
Note: Use of the Graded Care Profile if neglect is suspected or observed

Children whose needs are met through additional support that may involve support from one or more agencies and are low risk to vulnerable.
 *Possible referral to YJS Diversion

Child's Developmental Needs	<p>Health</p> <p>Delay/Slow to reach developmental milestones</p> <p>Additional health needs which are chronic or acute and which require regular and routine monitoring e.g., asthma/diabetes</p> <p>Not registered with a GP</p> <p>Missing health checks/routine appointments/immunisations – child not brought/patterns of frequently missed appointments</p> <p>Persistent minor health problems</p> <p>Babies with low birth weight in proportion to the mother</p> <p>Pre-natal health needs</p> <p>Issues of poor bonding/attachment</p> <p>Minor concerns re healthy weight/diet/dental health / hygiene/clothing</p> <p>Disability requiring support services</p> <p>Concerns about developmental status i.e., speech and language problems</p> <p>Signs of deteriorating mental health and episodes e.g., depression, PTSD, eating disorder, self-harm but has access to appropriate support systems and is able to maintain daily activities</p> <p>Children who are sexually active under the age of 16, appropriate to age and legislation Brook Traffic Light Tool</p> <p>Occasional drug and alcohol misuse/experimentation which is not escalating</p> <p>Inadequate, limited, or restricted diet, e.g., no breakfast, no lunch money; being under or overweight</p> <p>Child not undertaking any physical activity</p> <p>Emerging Perplexing Presentations – inappropriate requests from adults to consider/investigate/treat undiagnosed conditions</p> <p>Perplexing Presentations Guidance</p> <p>Child is a young carer with limited support</p> <p>Child is withdrawn, unable to engage, angry</p> <p>Deteriorating mental health e.g., anxiety</p>
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Education and Learning

Removal from early education/resistance to attending early education

*Is regularly unpunctual for school/occasional truanting or significant non-attendance/parents condone absences

Child is being home educated.

*Escalating behaviour such as increased aggression leading to a risk of exclusion

Experiences frequent moves between schools

Not reaching educational potential or reaching expected levels of attainment

Needs some additional support in school

Identified language and communication difficulties

Few opportunities for play/socialisation

*No participation in education, employment, or training post 16 years

*Child is not in education, employment, or training (NEET)

Social, Emotional and Behavioural Development

Low level mental health or emotional issues requiring intervention

Is withdrawn/others are struggling to engage them including any sudden change in behaviour or presentation (possible referral to YJS Diversion)

Child doesn't have many friendships and limited social interaction

Development is compromised by parenting

Some concern about low level substance misuse (could be both current and/or historical)

Involved in behaviour that is seen as anti-social

Child is spending considerable time online and unclear as to what or who they are accessing

Poor self-esteem

Peer on peer abuse – the child has been/may have been sexually abused

Young/teenage parent

*Evidence of some offending and anti-social behaviour

Identity and Self-Esteem

Some insecurities around identity/low self-esteem

Lack of positive role models

May experience bullying around perceived difference/bully others

Disability limits self-care

	<p>A victim of crime CSE Toolkit</p> <p><u>Family and Social Relationships</u> Some support from family and friends Age-appropriate play and appropriate supervision of play activities Some difficulties sustaining relationships Undertaking some caring responsibilities Child of a teenage parent Low parental aspirations</p> <p><u>Social Presentation</u> Can be over friendly or withdrawn with strangers Personal hygiene is becoming problematic</p> <p><u>Self-care skills</u> Not always adequate self-care/poor hygiene Slow to develop age-appropriate self-care skills Over protected / unable to develop independence</p>
<p>Parents and Carers</p>	<p><u>Basic Care, safety and Protection</u> Basic care not consistently provided e.g., non-treatment of minor health problems Parents struggle without support or adequate resources e.g., as a result of mental/learning difficulties Professionals beginning to have some concerns about substance misuse (alcohol and drugs) by adults within the home Parent or carer may be experiencing parenting difficulties due to mental or physical health difficulties/post-natal depression/child's behaviour Some exposure to dangerous situations in home/community including Domestic Abuse Low levels of parental conflict/infrequent incidents of domestic dispute *Early indication of coercive behaviour Teenage parents/young, inexperienced parents Inappropriate expectations of child for age/ability *Early signs of child exhibiting extremism</p>

	<p>*At risk of criminal exploitation CSE Toolkit</p> <p>*Child at risk of modern slavery and/or human trafficking but parents are accessing support and services</p> <p><u>Emotional Warmth</u> Inconsistent parenting but development not significantly impaired Post-natal depression affecting parenting ability Child perceived to be a problem by parents or carers/experiencing criticism and a lack of warmth</p> <p><u>Guidance, Boundaries & Stimulation</u> May have a number of different carers Parent/carer unable to set boundaries or sets inconsistent boundaries e.g., not providing good guidance about inappropriate relationships formed, such as via the internet/unsupervised internet use/online chat/apps/inappropriate gaming Can behave in an anti-social way Child spends a lot of time alone Inconsistent responses to child by parent Parents struggle to have their own emotional needs met Lack of stimulation impacting on development</p>
<p>Family and Environmental and Community and Contextual Factors</p>	<p><u>Family History and Functioning</u> Child's relationship with family members not always stable Parents have relationship difficulties which affect the child/acrimonious separation or divorce that impacts on child *Parental offending behaviour/custodial sentences Experienced loss of a significant adult/child Caring responsibilities for siblings or parent Parents have mental/physical health difficulties Children affected by difficult family relationships or bullying Reduced access to books, toys, or educational material in the family home Poor home routine Parents not addressing own health needs, particularly when pregnant Child not often exposed to new experiences</p>

There are isolated incidents of physical and emotional violence and exposure to domestic abuse
Teenage parent who has previously been in care/is care experienced

Housing, Employment & Finance

Inadequate/poor housing
Requiring guidance and help
At risk of homelessness
Child from asylum seeking or refugee family and has identified additional needs
Children subject to kinship care arrangements made by their own family
Family affected by low income or unemployment
Parents find it difficult to find employment due to basic skills or long-term difficulties

Family's Social Integration

Family is socially isolated, limited extended family support
Victimisation by others impacts on child

Community Resources

Adequate universal resources but family may have difficulty gaining access to them
Community is characterised by negativity towards a child
Family is marginalised or part of a marginalised community
Family is socially/geographically and culturally isolated

Level 3: Medium Risk/High or Complex Level of Additional Needs Ranging from Targeted Early Help to Child in Need
If there is a combination of anti-social behaviour, offending behaviour and or behaviours which are harmful to others, consider a referral to Suffolk Youth Justice Diversion Referral [Diversion - Suffolk Youth Justice Service](#)
Note: Use of the Graded Care Profile if neglect is suspected or observed

Children at this level have diverse and complex needs and targeted multi-agency support services are required and are supported by a clear co-ordinated action plan with the need for statutory social work intervention
 *Possible referral to YJS Diversion

Child's Developmental Needs

Health

Child has some chronic/recurring physical and mental health problems; not treated, or badly managed, not following professional's advice, impact of parents smoking/lifestyles on health conditions e.g., smoking and asthma, pets, and allergies
 Regularly misses appointments for medical condition including antenatal appointments/treatments and investigations for potential medical condition e.g., blood tests, scans
 Developmental milestones are not being met due to parental care
 Regular substance misuse
 Eating disorders including obesity [SSP Obesity Guidance](#)
 'Unsafe' sexual activity [Brook Traffic Light Tool](#)
 Self-harming behaviours
 A disability resulting in complex needs
 Physical disability that impacts/has severe impact on everyday functioning
 Moderate/persistent mental health issues emerging e.g., conduct disorder, ADHD, anxiety, depression, eating disorder, self-harming, threats of suicide, admission for specialist intervention
 Child demonstrates thoughts/behaviours, distress and/or there is impact on functioning
 Disability requiring a specialist support to be maintained in a mainstream setting and which impacts on optimum life chances
 Inadequate/poor diet/lack of food or food being withheld leading to increasing obesity/weight loss and lack of exercise, both of which could impair a child's health
 Antenatal risk factors/post-natal care
 FII/Perplexing Presentations
 Child appears regularly anxious/worried/withdrawn/angry/struggling to engage
 Deteriorating mental health e.g., anxiety
 Poverty is impacting on child's health

Education and Learning

No previous early education even though has been offered to the family

Consistently poor nursery/school attendance and punctuality

Young child with few, if any, achievements

*Not in education (under 16)

Child is being home educated

Child is out of school due to parental neglect

Poverty is impacting on child's ability to learn and socialise with other children

Statement of special educational needs/Education, Health and Care Plan

Non-engagement of parents/carers in child's education/resistance from parent/carer to support education.

*Regular short-term exclusions/at risk of permanent exclusion/persistent truanting

Social, Emotional and Behavioural Development

*Sexualised behaviour

Child is spending very long periods of time online and unclear what and who the child is accessing

Child appears regularly anxious, angry, or phobic and demonstrates a mental health condition

Young carer affecting development of self

Poverty is impacting on child's emotional development

Child appears regularly anxious/worried

Identity and Self-Esteem

Self-esteem is being impacted by other issues

*Likely to be exposed to the risk of sexual and/or criminal exploitation and involvement in gangs [CSE Toolkit](#)

Behavioural Development

*Persistent disruptive/challenging behaviour at school, home or in the neighbourhood [CSE Toolkit](#)

*Starting to commit offences/re-offend

Additional needs met by Emotional Wellbeing and Mental Health Services

*Prosecution of offences resulting in court orders, custodial sentences or Anti-Social Behaviour Orders or Youth Offending early intervention

*Incidents of missing from home (more than 3 incidents in 90 days)

*Evidence of regular/frequent drug use which may be combined with other risk factors

	<p>*Changing attitudes and more risk-taking behaviour</p> <p><u>Family and Social Relationships</u> Relationships with family experienced as negative (low warmth, high criticism) Evidence of rejection by a parent/carer Family breakdown related to child's behavioural difficulties Child has been subject to periods of physical, emotional, or sexual abuse or neglect Younger child is main carer for family member Children are caring for siblings</p>
<p>Parents and Carers</p>	<p><u>Basic Care, safety and Protection</u> Parent/carer is unable/struggling to provide consistently adequate care, no evidence that previous interventions are being maintained and sustained Parents have found it difficult to care for previous child Visual picture of what is seen in the home doesn't match the parents reports of improvements, poor compliance, no evidence of impact of interventions/advice Domestic abuse, coercion, or control in the home Parent's mental health problems or substance misuse affect care of child Non-compliance of parents/carers with services Child has no positive relationships Child has multiple carers; may have no significant relationship to any of them Child at risk of Female Genital Mutilation and other harmful traditional/cultural practices, Forced Marriage or Honour Based Abuse where a protective parent is engaging with targeted services to seek protection *Child at risk of Modern Slavery and/or Human Trafficking but parents are accessing support and services Risk of relationship breakdown between parent/carer and child that leads to child needing support and care Child is a young carer or is privately fostered or has had a period of being a Child in Care</p> <p><u>Emotional Warmth</u> Child receives little stimulation/negligible interaction Child is scapegoated Child is rarely comforted when distressed / lack of empathy</p>

	<p>Child is under significant pressure to achieve / aspire / experiencing high criticism</p> <p><u>Guidance, Boundaries & Stimulation</u> Parent's struggle/refuse to set effective boundaries e.g., too loose/tight/physical chastisement *Child behaves in anti-social way in the neighbourhood</p>
<p>Family and Environmental and Community and Contextual Factors</p>	<p><u>Family History and Functioning</u> Family has serious physical and mental health difficulties impacting on their child. Emerging exploitation *Child displays physical violence towards parents *History of parent (s) being in prison Inappropriate use/lack of boundaries on Internet use and social media leading to child being at risk Child is regularly exposed to domestic abuse in the home Child person is on the edge of going into care</p> <p><u>Housing, Employment & Finance</u> Family home is lacking in appropriate resources to support the child's physical, developmental and emotional needs Requiring in-depth guidance and help Homeless or imminent if not accepted by housing department Housing is dangerous or seriously threatening to health Physical accommodation places child in danger Poverty/debt impacting on ability to care for child</p> <p><u>Family's Social Integration</u> Community is hostile to family/socially excluded/lack of community support</p> <p><u>Community Resources</u> Parents/carers don't have access or poor access to local facilities and targeted services Lack of community support/tolerance or hostility towards the child/young person or family</p>

Level 4: High Risk/Complex or Acute Level of Additional Needs Requiring Specialist or Statutory Integrated Response
If this is anti-social behaviour, offending behaviour and or behaviours which are harmful to others, consider a referral to Suffolk Youth Justice
Diversion Referral [Diversion - Suffolk Youth Justice Service](#)
Note: Use of the Graded Care Profile if neglect is suspected or observed

Children at this level who are experiencing significant harm that requires specialist or statutory intervention such as child protection or legal intervention and children with complex or acute levels of additional need.
 *Possible referral to YJS Diversion

**Child's
Developmental
Needs**

Health

- Child has severe/chronic/complex health problems
- Severe disability
- Failure to thrive/faltering growth with no identified medical cause
- Refusing medical care endangering life/development
- Seriously obese/seriously underweight with no identified medical cause and no evidence that previous advice has been followed
- Serious dental decay requiring removal of multiple teeth through persistent lack of dental care
- Persistent and high-risk substance misuse
- The child has /may have been sexually abused and/or early teenage pregnancy [Brook Traffic Light Tool](#)
- Sexual abuse
- Evidence of significant harm or neglect
- Non-accidental injury
- *Unexplained significant injuries
- Acute mental health problems and behaviours e.g., psychosis, severe depression, suicide risk, suicide attempts, violent aggression, self-harm, psychotic episode, deterioration of mental health leading to risk to self and/or others, risk of admission to psychiatric hospital
- Physical/learning disability requiring constant supervision
- Complex health needs including profound/severe and/or multiple disabilities
- Disclosure of abuse from child
- Disclosure of abuse/physical injury caused by a professional
- High risk of exploitation or actual abuse known to be happening
- Serious antenatal risk/child at risk due to poor post-natal care

Acutely evident mental health problems such as psychotic episodes, suicide threat, suicide attempts, severe depression, self-harming, persistent distress, withdrawn

Poverty is leading to serious health concerns for the child

Education and Learning

No previous participation in early education and active resistance (especially when a CP plan is in place)

Exclusion from an early education place

Child unable to access education due to persistent parental neglect

Child is being educated from home

No access to educational materials/books/toys

No parental support for education

Poverty is preventing child from learning

*Chronic non-attendance/persistent truanting

*Permanently excluded/frequent exclusions/no education provision

Social, Emotional and Behavioural Development

*Child is in situations which could reduce their or others safety e.g., missing from home, inappropriate relationships [CSE Toolkit](#)

*Severe emotional/behavioural challenges

*Displaying self-destructive or aggressive/violent behaviour

Poverty has become a serious concern for the child's emotional development

*Persistent disruptive/challenging at school, home or in the neighbourhood resulting in repeated school placement breakdown and/or family breakdown

*Regular and persistent offending and reoffending behaviour for series offences resulting in custodial sentences or high-risk protection concerns

Mental health needs resulting in high-risk self-harming behaviours, suicidal ideation, and in-patient admissions

Continuous patterns of domestic abuse

*Parents/carers involved in violent or serious crime, or crime against children

Parents/carers own needs mean they are unable to keep child safe

Severe disability – child relies totally on other people to meet care needs

Chronic and serious domestic abuse involving child

Disclosure from parent of abuse to child

Suspected/evidence of fabricated or induced illness
Child at risk of Female Genital Mutilation and other harmful traditional / cultural practices, Forced Marriage or Honour Based Abuse with family who lacks willingness to protect
*Parents/carers unable to protect child from sexual exploitation, criminal exploitation
Coercive behaviour
Child is spending very long periods of time online and unclear what and who the child is accessing
*Child experiencing modern slavery and / or human trafficking without parental support
Lack of independent living skills likely to impair development and result in significant harm e.g., bullying/isolation

Identity and Self-Esteem

Failed Education Supervision Order – three prosecutions for non-attendance: family refusing to engage
Evident mental health needs
Significant low self-esteem/distorted self-image
Child exhibiting extremist views, threats, suggestions, or behaviour which meets PREVENT criteria
*Child criminally exploited by a gang or county line [CSE Toolkit](#)

Family and Social Relationships

Relationships with family experienced as negative (low warmth, high criticism)
Rejection by a parent/carer; family no longer want to care for or have abandoned child
Periods accommodated by local authority
Family breakdown related to child's behavioural difficulties
Subject to physical, emotional, or sexual abuse or neglect
Younger child main carer for family member

Social Presentation

Poor/inappropriate self-presentation/hygiene related health issues

Self-care Skills

Absence/neglect of self-care skills due to other priorities such as substance misuse
Takes inappropriate risks in self-care
Severe lack of age-appropriate behaviour and independent living skills likely to result in harm

	<p><u>Other indicators</u> Professional concerns – but difficulty accessing child/young person Unaccompanied refuge/asylum seeker Abusing other children *Child displaying sexually harmful behaviour *Serious or persistent offending behaviour likely to lead to custody/remand in secure unit/prison *Trafficked child with no family support or protection *Exploitation - forced criminality, forced labour CSE Toolkit</p>
<p>Parents and Carers</p>	<p><u>Basic Care, safety and Protection</u> Parent/carers mental health or substance misuse significantly affect care of child Parents/carers unable to care for previous children Parent/carers learning disability impacts on ability to care for or meet the needs of their child Child is a young carer or privately fostered or has had a period of being a Child in Care</p> <p><u>Emotional Warmth</u> Parent’s own emotional experiences impacting on their ability to meet child/young person’s needs Child has no-one to care for him/her Requesting young child be accommodated by local authority</p> <p><u>Guidance, Boundaries and Stimulation</u> No effective boundaries set by parents/carers Multiple carers Child beyond parental control Persistent and regular incidents of missing from home (three or more incidents in 90 days) Struggling to address serious re offending behaviour</p>

Family and Environmental and Community and Contextual Factors

Family History and Functioning

Significant parental/carer discord and persistent domestic violence and discord between family members
Child in need where there are Child Protection concerns
Individual posing a risk to children in, or know to, household
Family home used for drug taking, prostitution, illegal activities
Child is at high risk of, or is already a victim of serious abusive behaviour, including sexual exploitation

Housing, Employment & Finance

Homeless or imminent if not accepted by housing department

Housing is dangerous or seriously threatening to health
Physical accommodation places child in danger
Extreme poverty/debt impacting on ability to care for child

Family's Social Integration

Family is chronically excluded
Victimisation by others places the child at risk of significant harm

Community Resources

Substantial multiple problems preventing family/young person from engaging with services/non-engagement with services
*Community is hostile and dangerous