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www.merton.gov.uk/mwbm-identification

(DRAFT Version December 2016)

Merton Safeguarding Children Board

<table>
<thead>
<tr>
<th>CHILD</th>
<th>Preventative - Universal MWBM Tier 1 (Blue)</th>
<th>Preventative - Early Help MWBM Tier 2 (Green)</th>
<th>Complex chronic, including Statutory Child in Need MWBM Tier 3 (Amber)</th>
<th>Acute Statutory - Child Protection MWBM Tier 4 (Red)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phy. Learning Disability</td>
<td>- Poor, or no, pre-natal care</td>
<td>- Mild level of disability not adequately addressed by family</td>
<td>- Significant physical, learning disability requiring constant supervision – family unable to provide for needs</td>
<td>- Acute health conditions or impairments which chronically affect everyday life functioning.</td>
</tr>
<tr>
<td></td>
<td>- Baby in special care for 48+ hours after birth</td>
<td>- Onset of Enuresis (bed-wetting) / Encopresis (soiling)</td>
<td>- Severe health conditions or impairments which significantly affect everyday life functioning, including obesity</td>
<td>- Refusing medical care endangering life / development</td>
</tr>
<tr>
<td></td>
<td>- Low birth weight/ pre term</td>
<td>- Somatising (physical symptoms caused by psychological problems, with no underlying physical problem identified)</td>
<td>- Terminal illness</td>
<td>- Developmental milestones are significantly delayed or impaired, which require extra specialist services so as to reach optimum potential</td>
</tr>
<tr>
<td></td>
<td>- Baby cries constantly</td>
<td></td>
<td>- Chronic, recurring illness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Multiple births</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Short-term illness or hospitalisation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Development of the baby, child or young person.</td>
<td>- Slow in reaching some developmental milestones, which require focus by universal services</td>
<td>- Some developmental milestones are not being met or responded to which need extra support by universal svs.</td>
<td>- Some developmental milestones are not being met, which require support of targeted/specialist services</td>
<td>- At risk of female genital mutilation</td>
</tr>
<tr>
<td>This includes the child’s health, learning and education; emotional, social and behavioural development; and the child’s sense of identity and self image within context of family and social relationships including primary attachments, and as demonstrated in their self care skills and independence.</td>
<td></td>
<td></td>
<td>- Disclosure of abuse from child/yp</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Evidence of significant harm</td>
<td></td>
</tr>
<tr>
<td>Some of the indicators will depend on the child’s age.</td>
<td></td>
<td></td>
<td>- Lack of physical activity and poor diet adversely affecting health and causing significant harm e.g. thin/swollen tummy, poor skin tone/sores/rashes, prominent joints/bones</td>
<td></td>
</tr>
<tr>
<td>These guidelines aim to support practitioners in their decision-making, and are not intended as ‘tick box’ exercise; practitioners should use their professional judgement.</td>
<td></td>
<td></td>
<td>- Multiple A&amp;E attendances causing concern</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Injuries inconsistent with expl/ion</td>
<td></td>
</tr>
<tr>
<td>Phy. Learning Disability</td>
<td>- Limited diet – no breakfast or proper school lunch</td>
<td>- Dental decay</td>
<td>- Severe weight and height inconsistencies, including non-organic failure to thrive (&lt; 5s)</td>
<td>- Life threatening self harming: inpatient admission</td>
</tr>
<tr>
<td></td>
<td>- Defaulting on health appointments: e.g. immunisations, dentist</td>
<td>- Poor growth</td>
<td>- Anorexic or bulimic child</td>
<td>- Acute mental health problems – inpatient admission</td>
</tr>
<tr>
<td></td>
<td>- Not registered with GP</td>
<td>- Over/under weight needing further investigation; other dietary concerns</td>
<td>- Persistent missed routine and non routine reviews or immunisations</td>
<td>- Suicide attempts, psychotic episode, chronic depression</td>
</tr>
<tr>
<td></td>
<td>- Child or young person undertakes little regular physical activities</td>
<td>- Undertakes no physical activity</td>
<td>- Undertakes no physical activity and poor diet is seriously impacting on their health despite extensive support from Early Help</td>
<td>- Evidence of emerging MH problems in under &lt; 5s</td>
</tr>
<tr>
<td>Child’s Mental Health (MH)</td>
<td>- Vulnerable to mental health concerns e.g. undue anxiety, anger, defiance.</td>
<td>- Child appears regularly anxious, stressed or phobic</td>
<td>- Susceptible to minor health problems affecting education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Inability/unwillingness to understand or communicate feelings</td>
<td>- Some evidence of self harming</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Developmental Indicators</td>
<td>- Regularly self-harming; low self esteem</td>
<td>- Growing concerns re addressing MH needs</td>
<td>- Mental health conditions emerging requiring specialist intervention (conduct disorder, ADHD, autism, eating disorders)</td>
<td>- Evidence of emerging MH problems in under &lt; 5s</td>
</tr>
<tr>
<td></td>
<td>- Growing concerns re addressing MH needs</td>
<td>- Severe depression; threat of suicide</td>
<td>- Evidence of severe psychological difficulties or phobias</td>
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Child Development Indicators across MWBM spectrum of concerns
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---

<table>
<thead>
<tr>
<th>MWBM Tier (Blue) – Preventative U'al</th>
<th>MWBM Tier 2 (Green) – Preventative Early Help</th>
<th>MWBM Tier 3 (Amber) – Complex, incl Child in Need</th>
<th>MWBM Tier 4 (Red) – Child Protection</th>
</tr>
</thead>
</table>

**Child’s substances misuse**

<table>
<thead>
<tr>
<th>Occasional experimenting with drugs/substances (&gt; 12)</th>
<th>- Frequent experimentation with drugs/substances – low level targeted</th>
<th>- Experimenting with substances (&lt;14)</th>
<th>- Experiencing harm through use of substances</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Experimenting with tobacco or alcohol at young age</td>
<td>- Escalation of substance misuse potentially damaging to mental and physical health &amp; social wellbeing</td>
<td>- Young person injecting</td>
<td>- Young person injecting</td>
</tr>
<tr>
<td>- Some difficulties in coping and adjusting following emotional upheaval e.g. DV, bereavement, family breakdown</td>
<td>- At risk of being exploited due to substances dependency</td>
<td>- Uncontrolled use and/or physical /psychological dependency on substances</td>
<td>- Uncontrolled use and/or physical /psychological dependency on substances</td>
</tr>
<tr>
<td>- Significant difficulties in coping and adjusting following emotional upheaval e.g. DV, bereavement, family breakdown</td>
<td>- Substance misuse exacerbating existing complex needs</td>
<td>- Involvement in drug dealing / exploitation by drug dealers</td>
<td>- Involvement in drug dealing / exploitation by drug dealers</td>
</tr>
<tr>
<td>- Early sexual experience (&gt;15):</td>
<td>- Young Carer in substance abuse environment</td>
<td>- Persistent intravenous / heavy end substance misuse requiring intensive specialist interventions and/or child protection</td>
<td>- Persistent intravenous / heavy end substance misuse requiring intensive specialist interventions and/or child protection</td>
</tr>
<tr>
<td>- Knowledgeable about sex and relationships</td>
<td>- Behaviour demonstrates inability to cope following emotional upheaval e.g. DV, bereavement, family breakdown</td>
<td>- Children in households where parents/carer have all/some of the following problems: mental health, substance dependency and DV putting child at risk of significant harm</td>
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</tr>
<tr>
<td>- Consistent use of contraception / protection</td>
<td>- Instability - DV in the home (serious arguments and physical/emotional violence witnessed by child)</td>
<td>- Severe and persistent DV</td>
<td>- Severe and persistent DV</td>
</tr>
<tr>
<td>- Teenage pregnancy (16-18): (has supportive family)</td>
<td>- Frightened of DV abuser – emotional/psych abuse</td>
<td>- Single serious DV incident, involving weapons/ injury</td>
<td>- Single serious DV incident, involving weapons/ injury</td>
</tr>
<tr>
<td>- Expressing wish to become pregnant or be a parent at a young age</td>
<td>- DV around pre-birth / history DV</td>
<td>- Experienced harm through use of substances</td>
<td>- Experienced harm through use of substances</td>
</tr>
<tr>
<td>- Age inappropriate sexualised behaviour</td>
<td>- Children on home or care panel leading to Police involvement</td>
<td>- Sexual activity (under 12) leading to Police involvement</td>
<td>- Sexual activity (under 12) leading to Police involvement</td>
</tr>
<tr>
<td>- Sexually active 15-19 year olds with inconsistent use of contraception / not accessing contraceptive and sexual health advice, info and services</td>
<td>- Early teenage pregnancy (16 or over who has also had - or had caused - two or more previous pregnancies, or is already a teenage parent.)</td>
<td>- Under 16 and in relationship with 4 years or more age difference</td>
<td>- Under 16 and in relationship with 4 years or more age difference</td>
</tr>
<tr>
<td>- Teenage pregnancy (16-18): (has supportive family)</td>
<td>- Under 16 and has had (or caused) previous pregnancy ending in still birth, termination or miscarriage</td>
<td>- At risk of, or involved in, child sexual exploitation</td>
<td>- At risk of, or involved in, child sexual exploitation</td>
</tr>
<tr>
<td>- Sexually active teen (14-15)</td>
<td>- Evidence of STIs (under 16)</td>
<td>- § Gang related sexual abuse</td>
<td>- § Gang related sexual abuse</td>
</tr>
<tr>
<td>- Problems relating to sexual orientation</td>
<td>- Stalking</td>
<td>- § Sexual abuse through prostitution</td>
<td>- § Sexual abuse through prostitution</td>
</tr>
<tr>
<td>- Sexual activity (under 12)</td>
<td></td>
<td>- § Familial sexual abuse</td>
<td>- § Familial sexual abuse</td>
</tr>
<tr>
<td>- Sexual activity (under 14)</td>
<td></td>
<td>- § Exploitation of physical disability</td>
<td>- § Exploitation of physical disability</td>
</tr>
<tr>
<td>- Teenage parent under age of 16</td>
<td></td>
<td>- § Exploitation of learning disability</td>
<td>- § Exploitation of learning disability</td>
</tr>
<tr>
<td>- Early teenage pregnancy (16 or over who has also had - or had caused - two or more previous pregnancies, or is already a teenage parent.)</td>
<td></td>
<td>- Sexual or severe abuse of other children</td>
<td>- Sexual or severe abuse of other children</td>
</tr>
<tr>
<td>- Under 16 and has had (or caused) previous pregnancy ending in still birth, termination or miscarriage</td>
<td></td>
<td>- Young Sex Offenders - criminal abuse</td>
<td>- Young Sex Offenders - criminal abuse</td>
</tr>
</tbody>
</table>

**Emotional, Social & Behavioural Developmental Indicators (1/2)**

<table>
<thead>
<tr>
<th>Emotional episodes</th>
<th>Missing Episodes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-Agency Missing from Home or Care Panel</td>
<td>- The child or young person persistently runs away and/or goes missing, and does not recognise that they are putting themselves at risk</td>
</tr>
<tr>
<td>- The child or young person persistently runs away and/or goes missing, and does not recognise that they are putting themselves at risk</td>
<td></td>
</tr>
<tr>
<td>- Serious concerns that the child or young person is running away in order to spend time with friends or relatives with extreme views and that they are being actively influenced by them.</td>
<td></td>
</tr>
<tr>
<td>- Concern when missing that the cyp might have been staying with friends or relatives who have extreme, criminal or anti-social views/involvements</td>
<td></td>
</tr>
<tr>
<td>- Young person injecting</td>
<td></td>
</tr>
<tr>
<td>-</td>
<td>- There is concern of their being sexually exploited or being drawn into criminal behaviour.</td>
</tr>
<tr>
<td>-</td>
<td>- Whilst missing the cyp is spending time with people with extremist views whom they perceive as teaching the correct way to live and those who don’t hold these views as deluded or as a threat.</td>
</tr>
<tr>
<td>-</td>
<td>- There is concern of their being sexually exploited or being drawn into criminal behaviour.</td>
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<tr>
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<th>MWBM Tier 4 (Red) – Child Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Starting to show difficulties expressing empathy</td>
<td>Limited ability to understand how actions impact on others</td>
<td>Unable to demonstrate empathy</td>
<td>- Child or young person is completely isolated, and refusing to participate in any activities</td>
</tr>
<tr>
<td>Some difficulties with peer relationships and with adults – ‘clingy’, anxious,</td>
<td>Poor attachment to main carer</td>
<td>Unable to connect cause and effect of own actions</td>
<td>- Child or young person has little or no communication skills</td>
</tr>
<tr>
<td>Can be over-friendly or withdrawn with strangers</td>
<td>Readily attaches self to strangers</td>
<td>Severe attachment disorder/ separation anxiety</td>
<td>- Severely challenging out-of-control behaviour which parents unable to manage, resulting in serious risk to child or others, and high risk of family breakdown</td>
</tr>
<tr>
<td>Some difficulties with family relationships</td>
<td>Child has few friendships and limited social interaction with their peers; early help resources needed to prevent isolation</td>
<td>Child appears to have undifferentiated attachments</td>
<td>- Child experiencing such persistent or severe bullying, including sexual bullying – as victim or perpetrator – that welfare is at risk</td>
</tr>
<tr>
<td>Play or social interaction is impaired</td>
<td>Child has communication difficulties and poor interaction with others</td>
<td>Child or young person is isolated, and refuses to participate in social activities</td>
<td>- Prosecution for offences – resulting in court orders, custodial sentences, ASBOs, etc</td>
</tr>
<tr>
<td>Difficulty managing changes in routine</td>
<td>Significant difficulties with managing change</td>
<td>Child or young person has significant communication difficulties; interacts negatively with others; significant lack of respect towards others</td>
<td>- Serious or persistent offending behaviour, manipulative, involving weapons, likely to require additional services after YJS intervention or to lead to custody / remand</td>
</tr>
<tr>
<td>Instances of hostility or aggression, lack of self-control from time to time</td>
<td>Finds it difficult to cope with anger/frustration</td>
<td>- In secure unit/ prison</td>
<td></td>
</tr>
<tr>
<td>Suffers or perpetrates low level bullying, discrimination or harassment</td>
<td>Withdrawn, unwilling to engage, unresponsive</td>
<td>- Family breakdown related in some way to child’s behavioural difficulties</td>
<td></td>
</tr>
<tr>
<td>Changes in attitude or behaviour</td>
<td>Persistent or severe bullying impacting on child’s routine outcomes</td>
<td>Complete rejection by a parent and/or step parent due to child/young person’s challenging behaviour</td>
<td></td>
</tr>
<tr>
<td>Disruptive behaviour</td>
<td>Places self or others in danger</td>
<td>Subject to physical, emotional or sexual abuse or neglect</td>
<td></td>
</tr>
<tr>
<td>Emotional, Social &amp; Behavioural Developmental Indicators (2-12)</td>
<td>- Starting to show difficulties expressing empathy</td>
<td>- Fire-setting (age 13-18) As a result of psychosocial conflict and turmoil or intentional criminal behaviour – typically leads to school failure and behaviour problems; tends to be easily influenced by peers</td>
<td></td>
</tr>
<tr>
<td>Other Soc/Emot: Attachments - Relationships</td>
<td>- Limited ability to understand how actions impact on others</td>
<td>- Fire-setting (age 8-12) Motivated by curiosity or experimentation, a greater proportion of their fire-setting represents underlying psychosocial conflicts.</td>
<td></td>
</tr>
<tr>
<td>Other Behavioural concerns: bullying/ offending</td>
<td>- Poor attachment to main carer</td>
<td>- Cruelty to pets, animals</td>
<td>- Family breakdown related in some way to child’s behavioural difficulties</td>
</tr>
<tr>
<td>- Can be over-friendly or withdrawn with strangers</td>
<td>Readily attaches self to strangers</td>
<td>- Complete rejection by a parent and/or step parent due to child/young person’s challenging behaviour</td>
<td></td>
</tr>
<tr>
<td>- Some difficulties with family relationships</td>
<td>Child has few friendships and limited social interaction with their peers; early help resources needed to prevent isolation</td>
<td>Subject to physical, emotional or sexual abuse or neglect</td>
<td></td>
</tr>
</tbody>
</table>

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(Version November 2016)

Merton Safeguarding Children Board
## Risky Behaviours leading to Vulnerability

### Vulnerability to Internet / Social Media misuse
- The child or young person is at risk of becoming involved in negative internet use, lacks control and is unsupervised in gaming and social media applications.
- Evidence of ‘sexting’
- The child or young person has unsupervised access to the internet and have disclosed to adults or peers that they intend to research extremist ideologies although they haven’t done so yet. They express casual support for extremist views
- The child or young person is engaged in negative and harmful behaviours associated with internet and social media use, e.g. bullying, trolling, sexualised communications, transmission of inappropriate images. Or obsessively involved in gaming which interferes with social functioning
- The child or young person is initiating or joining extremist activities. They have strong links with, and is thought to be involved in the activities of, individuals or groups who are known to have extreme views and/or to have links to violent extremism

### Vulnerability to Extremism
- Young person expresses sympathy for ideologies closely linked to violent extremism but is open to other views or loses interest quickly
- The young person is expressing verbal support for extreme views some of which may be in contradiction to British law e.g. has espoused racist, sexist, homophobic or other prejudiced views and links these with a religion or ideology
- The child or young person is expressing strongly held and intolerant views towards people who do not share their religious or political views
- The young person is refusing to co-operate with activities at school that challenge their religious or political views. They are aggressive and intimidating to peers and/or adults who do not share their religious or political views
- Young person expresses beliefs that extreme violence should be used against people who disrespect their beliefs and values
- Young person engaging in related on-line searches
- Young person has connections to individuals or groups known to have extreme views
- Young person expresses strong support for extremist views and a generalised, non-specific intention to travel to a conflict zone in support of those views. The young person is refusing to co-operate with activities at school that challenge their religious or political views. They are aggressive and intimidating to peers and/or adults who do not share their religious or political views
- Young person has strong links with, and is thought to be involved in the activities of, individuals or groups who are known to have extreme views and/or to have links to violent extremism
- Young person and /or their parents support people travelling to conflict zones for extremist / violent purposes or with intent to join terrorist groups. They are making plans to travel to conflict zone, with evidence to suggest they are doing so to support or participate in extremist activities
- The young person has isolated themselves from peers and/or family because of their extreme and intolerant view. They glorify acts of terrorism and/or believe in conspiracy theories and perceive mainstream society as hostile to themselves
- The young person is initiating aggressive and intimidating verbal and sometimes physical conflict with people who do not share their religious or political views. Or expresses strongly held beliefs that people should be killed because they have a different view

### Vulnerability to CSE
- Evidence that a child or young person’s negative sense of self and abilities and low self-esteem is making them vulnerable to peers and adults who pay them attention and/or show them affection but do so in order to exploit them.
- Evidence that a child or young person’s negative sense of self and low self esteem has contributed to their involvement with peers / adults / thought to be encouraging them into behaviours likely to leave them vulnerable to grooming or child sexual exploitation Evidence such as ‘returning home after long intervals appearing well cared for; new clothes/make up/weight loss/gain; unexplained amounts money/mobilies; multiple mobiles; more test pings than usual; reports being taken to hotels, nightclubs, takeaways by unknown adults. Or sexual bullying /vulnerability through internet or social networking sits; newly involved in criminal offending activity
- Evidence that a child or young person’s vulnerability resulting from their negative sense of self and low esteem has been exploited by abusive adults who are causing them harm; and cyp is now at high risk of, or already involved in, sexual or other forms of exploitation by abusive adults or risky peer groups either as perpetrator or victim

### CSE resources
- Multi Agency Sexual Exploitation Panel (MASE)
- www.gov.uk/ukccis-guide

### Extremism resources
- www.merton.gov.uk/preventing_radicalisation_and_extremism
- www.merton.gov.uk/childexualexploitation-cse
- www.merton.gov.uk/mwbm-identification

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Versio November 2016
**Child Development Indicators across MWBM spectrum of concerns**

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**MWBM Tier 1 (Blue)**
- Some inconsistencies in relationships with family and friends
- Limited support from family and friends
- Lack of positive role models
- Lack of consistency in routine
- Demonstrates significantly low self-esteem in a range of situations
- Subject to persistent discrimination
- High risk of being, or is, victim of crime
- Provocative in appearance and behaviour (inappropriate clothes, make-up for age and understanding)
- Clothing regularly unwashed and ill fitting
- Hygiene problems
- Emerging eating disorder
- Some evidence of self-harming

**MWBM Tier 2 (Green) – Preventative Early Help**
- Lack of friends/social network
- Difficulties sustaining relationships
- Misses school or leisure activities
- Young Carer regularly to care for another family member, with responsibilities that may affect own development
- Child receives erratic or inconsistent care from adult carers
- Child/young person run away from home on couple occasions or not returned at normal time – concern about what happened to them while they were away
- Death of a parent/carer or significant other – distressed but receiving and responding to short term support from early help services
- Parents divorce
- Parent in prison
- Other significant loss or trauma
- Concerning episode due to child being over familiar with strangers
- Sustained conflict in relationship with peers/siblings
- Child is main carer for family member, the responsibility of which is adversely impacting on other aspects of their own development
- Privately Fostered
- Unaccompanied refugee/asylum seeker
- Missing from home on regular basis
- Inappropriate succession of carers
- Some issues arising from parents divorce or death of parent/carer e.g. appear depressed or withdrawn; or behaviour deteriorating; concern about self-harming
- Returned home to carer after period of accommodation (within last 6 months)
- In Care with stable placement: needs monitoring
- Sibling(s) in care
- Removed from Child Protection Plan (within last 12 months)

**MWBM Tier 3 (Amber) – Complex chronic, incl Child in Need**
- Inappropriate succession of carers
- Some issues arising from parents divorce or death of parent/carer e.g. appear depressed or withdrawn; or behaviour deteriorating; concern about self-harming
- Returned home to carer after period of accommodation (within last 6 months)
- In Care with stable placement: needs monitoring
- Sibling(s) in care
- Removed from Child Protection Plan (within last 12 months)
- Persistent serious self-harm, including eating disorders
- Distorted self image – negative sense of self and abilities where there is evidence or likelihood that this is causing significant harm.

**Child Protection**

- Child has internalised discrimination and behaviour reflects negative sense of self and abilities
- Irrational fear of persecution by others
- Evidence of risk/harm to emotional wellbeing
- Mental health problems becoming seriously manifest
- Suffers from eating disorder
- Regularly self harming
- Severe social impairment with little interest in interacting with others
- Socially isolated; lacks appropriate role models
- Child unable to discriminate and likely to put self at risk (may be disability related)
- Chronic lack of self confidence

- Offending / substance misuse / sexual activity prevent self-care; also impacts on vulnerability to exploitation
- Homeless young person (>16)
- Severe lack of age appropriate behaviour and independent living skills likely to result in significant harm e.g. bullying, isolation
- Young person leaving offending unit who is homeless

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**Identity, Self Esteem, Self Image Social Presentation**

- Some insecurities around identity expressed; low self-esteem.
- Presentation impacting on school relationships
- May experience or perpetuate bullying or discrimination around ‘difference’
- May not discriminate effectively with strangers

- Child has internalised discrimination and behaviour reflects negative sense of self and abilities
- Irrational fear of persecution by others
- Evidence of risk/harm to emotional wellbeing
- Mental health problems becoming seriously manifest
- Suffers from eating disorder
- Regularly self harming
- Severe social impairment with little interest in interacting with others
- Socially isolated; lacks appropriate role models
- Child unable to discriminate and likely to put self at risk (may be disability related)
- Chronic lack of self confidence

**Self Care Skills, Independence**

- Impaired self care skills e.g. poor hygiene
- Child slow to develop age-appropriate self-care skills
- Disability limits extent of self-care possible
- Additional resources needed to develop sense of self, self care skills and ability to express needs
- Lack of age appropriate behaviour and independent living skills that increase vulnerability to social exclusion.
- Disability prevents self-care for significant task range.
- Child precociously able to care for self (overly independent)
- Severe disability – child relies totally on other people to meet care needs.
- Young person living independently - not coping
- Refuses to live with parents/carers, living with friends temporarily/ moves around regularly.
- Young person not entitled to benefits with no means of support
- Child lacks sense of safety and often puts him/herself or others in danger
- Lack of age appropriate behaviour and independent living skills – likely to impair development

**Preventative Early Help**

- Preventative Early Help guides to assisting assessment. The context, combination, accumulation or intensity of observable indicators or risk factors, especially when occurring across more than one domain, can result in a much higher probability of negative outcomes without the provision of appropriate support or intervention.

**Version November 2016**
Child Development Indicators across MWBM spectrum of concerns

These tiers are NOT intended as absolute thresholds. The indicators are guides to assisting assessment. The context, combination, accumulation or intensity of observable indicators or risk factors, especially when occurring across more than one domain, can result in a much higher probability of negative outcomes without the provision of appropriate support or intervention.

www.merton.gov.uk/mwbm-identification

(MCWBM Tier 1 (Blue) – Preventative U’al
MWBM Tier 2 (Green) – Preventative Early Help
MWBM Tier 3 (Amber) – Complex, incl Child in Need
MWBM Tier 4 (Red) – Child Protection

| MWBM Tier 1(Blue) – Preventative U’al |
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**Learning and Education Developmental Indicators**

- **Engagement - Attachment**
  - Lack of stimulation and access to safe play e.g. poor access to books/toys/educational materials
  - Not always engaged with learning e.g. poor concentration, low motivation
  - Poor language stimulation environment (TV always on; soother dummy always in use)
  - Not thought to be reaching his/her educational potential
  - Home-school link not well established/poor
  - Limited, or inappropriate, progression planning

- **Multi Agency Children Missing Education Panel**
  - Irregular school attendance (>90%) / poor punctuality/collected late/first warning letter/a truanting episode
  - Difficulties for services maintaining links with children educated in the home.

- **Attendance**
  - Fixed term exclusion from secondary school
  - Risk of persistent absence
  - Persistent truanting
  - History of long term poor attendance at school (<90%)
  - Reluctance of parents and carers to address non-attendance
  - Child without school place; parents engaging
  - Out of school/very poor school attendance record/final warning letter
  - 3 or more school moves
  - Child in hospital

- **Special Education Needs**
  - SEN low level support level
  - Undertaking speech/language therapy
  - Some communication difficulties

- **Impact of transitions**
  - Nursery/Primary/Secondary/16+
  - No support in place for child not showing engagement in play or learning opportunities
  - History of sibling non-engagement/attendance. Concern from sibling's school
  - Not achieving key stage benchmarks e.g. ability to understand and organise information and solve problems is impaired; significant difficulties in understanding and using language for age and ability
  - No access to leisure facilities or to books/toys/educational materials
  - Limited participation in education, employment or training post-16
  - 16+ with few if any KS4 achievement without further education/training/apprenticeship plans (NEET but engaging)

- **Behaviour difficulties impacting on child’s ability to achieve - intervention measures not making any difference**
  - Despite learning support strategies, understanding and organising skills are significantly impaired; seriously under-achieving; no academic progress
  - Acrimonious home-school link
  - Impairment due to medical/physical difficulties affecting health as well as communication e.g. cleft palate
  - Home educated with a statement or EHCP
  - Where it’s been judged unsatisfactory once or where it appears that no education is occurring or parent is not engaging
  - Refusal to engage in progression planning.
  - NEETs (16-18 yrs) (Not in Education, Employment or Training) - not known or not engaging /increasingly socially isolated /concerns this results from, or impacting on, their mental health

- **History of transitions**
  - Attendance record/final warning letter
  - Out of school/very poor school attendance record/final warning letter
  - 3 or more school moves
  - Child in hospital

- **Attendance 50-85%: severe difficulties sustaining home-school relationships; penalty notice/ non-payment/court action/no progress. The younger the child the higher the concern.**
  - Fixed term exclusion from primary school
  - At risk of permanent exclusion, OR
  - Permanently excluded from school
  - Out of school, no appropriate specialist placement, but family engaged
  - Failed Education Supervision Order. Three prosecutions for non-attendance: family refusing to engage
  - Three fixed exclusions from secondary

- **SEN or EHCP**
  - Severely dysfluency (stutter) affecting child at school and in home environment.
  - Interim SEN Statement Review – breaking down; no longer meets need
  - Child/young person with statement of SEN or EHCP, out of any schooling

- **High risk behavioural exclusion(s) due to risk to others**
  - Second or subsequent permanent exclusion
  - Not on school roll, not registered for home education and non-engagement with services
  - Attendance < 50%; court action, no engagement. The younger the child the higher the concern.

- **Out of residential school**
  - Placement breakdown

- **The child’s inability to understand and organise information and solve problems is adversely impacting on all areas of his/her development creating risk of significant harm**

- **Regressing**
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**Additional section on Special Educational Needs and Disabilities being separately compiled for inclusion here**