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[www.merton.gov.uk/mwbm-identification](http://www.merton.gov.uk/mwbm-identification)

Merton Safeguarding Children Board

CHILD	<b>Universal - Preventative</b> <b>MWBM 2013 Level 1</b>	<b>Enhanced - Preventative</b> <b>MWBM 2013 Level 2</b>	<b>Specialist or Statutory - Complex/Acute</b> <b>MWBM 2013 Level 3</b>
<b>Health</b>	<ul style="list-style-type: none"> <li>- Poor, or no, pre-natal care</li> <li>- Baby in special care for 48+ hours after birth</li> <li>- Low birth weight/pre term</li> <li>- Baby cries constantly</li> <li>- Multiple births</li> <li>- Short-term illness or hospitalisation</li> <li>- Mild level of disability not adequately addressed by family</li> <li>- Onset of Enuresis (bed-wetting) / Encopresis (soiling)</li> </ul>	<ul style="list-style-type: none"> <li>- Chronic, recurring illness</li> <li>- Somatising (physical symptoms caused by psychological problems, with no underlying physical problem identified)</li> <li>- Significant physical disabilities</li> <li>- Terminal illness</li> </ul>	<ul style="list-style-type: none"> <li>- Physical, learning disability requiring constant supervision – family unable to provide for needs</li> <li>- Health conditions or impairments which significantly affect everyday life functioning, whether chronic or acute, including obesity</li> <li>- Severe/chronic health problems</li> <li>- Refusing medical care endangering life/development</li> </ul>
	<ul style="list-style-type: none"> <li>- Slow in reaching developmental milestones</li> </ul>	<ul style="list-style-type: none"> <li>- Significant developmental delay</li> </ul>	<ul style="list-style-type: none"> <li>- Significant development issues needing extra specialist services so as to reach optimum potential</li> </ul>
	<ul style="list-style-type: none"> <li>- Limited diet – no breakfast or proper school lunch</li> <li>- Defaulting on health appointments: immunisations, dentist</li> <li>- Not registered with GP</li> <li>- Dental decay</li> <li>- Poor growth</li> <li>- Other diet concerns</li> <li>- Over/under weight needing further investigation</li> </ul>	<ul style="list-style-type: none"> <li>- Frequent illnesses</li> <li>- Frequent accidents</li> <li>- Continuing to miss routine /non-routine health appts</li> <li>- Susceptible to minor health problems affecting learning / school attendance (&lt; 87%)</li> <li>- Anorexic or bulimic child</li> </ul>	<ul style="list-style-type: none"> <li>- Severe weight and height inconsistencies, including non-organic failure to thrive (&lt; 5s)</li> <li>- Suspicious non-accidental injury, especially for non-mobile child/ young person</li> <li>§ Multiple A&amp;E attendances causing concern</li> <li>§ Injuries not consistent with explanation</li> <li>§ Disclosure of abuse from child/young person</li> <li>§ Evidence of significant harm or neglect</li> <li>§ At risk of female genital mutilation</li> <li>§ At risk sexual exploitation/prostitution</li> <li>§ Involved in prostitution or trafficking</li> </ul>
	<p><b>Mental Health</b></p> <ul style="list-style-type: none"> <li>- Vulnerable to mental health concerns e.g. undue anxiety, anger, defiance.</li> <li>- Inability/unwillingness to understand or communicate feelings</li> <li>- Child appears regularly anxious, stressed or phobic</li> </ul>	<ul style="list-style-type: none"> <li>- Some evidence of / regularly self harming</li> <li>- Growing concerns re mental health needs not being addressed</li> <li>- Mental health conditions emerging requiring specialist intervention (conduct disorder, ADHD, autism, eating disorders)</li> </ul>	<ul style="list-style-type: none"> <li>- Acute mental health problems – threat of suicide, suicide attempts, psychotic episode, severe depression</li> <li>- Evidence of phobias or severe psychological difficulties</li> <li>- Life threatening self harming: inpatient admission</li> </ul>

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### Emotional, Social & Behavioural Development (1/2)

<ul style="list-style-type: none"> <li>- Some difficulties with peer relationships and with adults – ‘clingy’, anxious,</li> <li>- Can be over-friendly or withdrawn with strangers</li>   <li>- Starting to show difficulties expressing empathy</li>   <li>- Some difficulties in coping and adjusting following emotional upheaval e.g. DV, bereavement, family breakdown</li> <li>- Difficulty managing changes in routine</li> <li>- Some difficulties with family relationships</li> <li>- Play or social interaction is impaired</li>   <li>- Additional resources needed to prevent isolation</li>   <li>- Young Carer regularly needed to care for another family member, with responsibilities that may affect own development</li>   <li>- Cruelty to pets, animals</li> </ul>	<ul style="list-style-type: none"> <li>- Significant difficulties with managing change</li> <li>- Finds it difficult to cope with anger/frustration</li> <li>- Withdrawn, unwilling to engage, unresponsive</li> <li>Limited ability to understand how actions impact on others</li> <li>- Cannot maintain peer relationships – is bullied, bully, aggressive, etc</li> <li>- Behaviour alienates or provokes rejection.</li>   <li>- Unable to demonstrate empathy</li> <li>- Poor attachment to main carer</li> <li>- Readily attaches self to strangers</li>   <li>- Behaviour demonstrates inability to cope following emotional upheaval e.g. DV, bereavement, family breakdown</li> <li>- Instability - DV in the home (serious arguments and physical/emotional violence witnessed by child)</li> <li>- Frightened of DV abuser – emotional/psych abuse</li> <li>- DV around pre-birth / history DV</li>   <li>- Returned home to carer after period of accommodation (within last 6 months)</li> <li>- Sibling(s) in care</li> <li>- Removed from Child Protection Plan (within last 12 months)</li>   <li>- Young Carer in substance abuse environment</li>   <li>- Fire-setting (age 8-12) motivated by curiosity or experimentation, a greater proportion of their fire-setting represents underlying psychosocial conflicts.</li> <li>- 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; tend to be easily influenced by peers</li> </ul>	<ul style="list-style-type: none"> <li>- Severely challenging behaviour which parents unable to manage, resulting in serious risk to child or others, and high risk of family breakdown</li> <li>- Missing from home on regular basis</li> <li>- Unable to connect cause and effect of own actions</li> <li>- Places self or others in danger</li>   <li>- Severe attachment disorder/ separation anxiety</li>   <li>§ Children in households where parents/carers have all of the following problems: mental health, substance dependency and DV</li> <li>§ Severe and persistent DV</li> <li>§ Single serious incident, involving weapons/injury</li>   <li>§ Severe professional concerns – but difficulty accessing child/ young person</li> <li>§ In Care with stable placement: needs monitoring</li> <li>§ Unaccompanied refugee/asylum seeker</li> <li>§ Privately Fostered</li>   <li>§ Children who disappear, or are missing from home for long periods, who are high risk</li> <li>§ In Care with acute placement breakdown</li> <li>§ In Care out of school</li> </ul>
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<b>Emotional, Social &amp; Behavioural Development (2/2)</b>	<ul style="list-style-type: none"> <li>- Changes in attitude or behaviour</li> <li>- Disruptive behaviour</li> <li>- Suffers or perpetrates bullying, discrimination or harassment</li> <li>- At risk of offending</li> <li>- Hostile, aggressive</li> </ul>	<ul style="list-style-type: none"> <li>- Disruptive or victimized behaviour continues or worsens at school and/or at home</li> <li>- Victim or witness of offence</li> <li>- Peer group predominantly anti-social and known to law enforcement agencies</li> <li>- Warned for offending behaviour (petty crime)</li> <li>- Experiences persistent discrimination</li> <li>- Behaviour becoming increasingly challenging</li> <li>- Known to associate with young people involved in gang or group offending</li> <li>- Starting to offend – criminal offence</li> <li>- Coming to notice of police or Safer Neighbourhood Teams on regular basis but matters not being progressed.</li> <li>- Reprimand , Fixed Penalty Notice (FPN), Final Warning or Triage of Diversionary Intervention</li> </ul>	<ul style="list-style-type: none"> <li>- Severe and persistent anti-social, reckless and challenging behaviour</li> <li>- Behaviour puts peers at risk</li> <li>- Offence involving sexualised bullying</li> <li>- Re-offending</li> <li>- Regularly involved in criminal activities</li> <li>- Known to be part of a gang or a post code derived collective, and has strong territorial allegiances</li> <li>§ Prosecution for offences – resulting in court orders, custodial sentences, ASBOs, etc</li> <li>§ Sexual or severe abuse of other children</li> <li>- Young Sex Offenders - criminal abuse</li> <li>- Serious or persistent offending behaviour , manipulative, involving weapons, likely to require additional services after YJS intervention or to lead to custody / remand</li> <li>- In secure unit/ prison</li> </ul>
	<ul style="list-style-type: none"> <li>- Early sexual experience (&gt;15): <ul style="list-style-type: none"> <li>o knowledgeable about sex and relationships</li> <li>o consistent use of contraception / protection</li> </ul> </li> <li>- Teenage pregnancy (16-18): (family support certain)</li> <li>- Expressing wish to become pregnant or be a parent at a young age</li> </ul>	<ul style="list-style-type: none"> <li>- Age inappropriate sexualised behaviour</li> <li>- Sexually active 15 -19 year olds with inconsistent use of contraception / not accessing contraceptive and sexual health advice, info and services.</li> <li>- Sexually active teen (&gt; 14)</li> <li>- Early teenage pregnancy (16 or over and has had (or has caused) two or more previous pregnancies, or is already a teenage parent.)</li> <li>- Under 16 and has had previous pregnancy ending in still birth, abortion or miscarriage.</li> </ul>	<ul style="list-style-type: none"> <li>- Sexually active (under 14)</li> <li>- Teenage parent under age of 16</li> <li>§ In some form of sexually exploitative relationship</li> <li>§ - Gang related sexual abuse</li> <li>§ - Sexual abuse through prostitution</li> <li>§ - Familial sexual abuse</li> <li>§ - Exploitation of physical disability</li> <li>§ - Exploitation of learning disability</li> <li>§ - Under 16 and in relationship with 4 years or more age difference</li> <li>- Sexual activity (under 12) leading to Police involvement</li> <li>- Under 16 and has caused previous pregnancy ending in still birth, abortion or miscarriage.</li> </ul>
	<ul style="list-style-type: none"> <li>- Occasional experimenting with drugs/substances (&gt; 12)</li> <li>- Experimenting with tobacco or alcohol at young age</li> </ul>	<ul style="list-style-type: none"> <li>- Frequent experimentation with drugs/substances – low level targeted</li> <li>- Experimenting with substances (&lt;14)</li> <li>- Escalation of substance misuse potentially damaging to health &amp; development</li> <li>- At risk of being exploited due to substances dependency</li> </ul>	<ul style="list-style-type: none"> <li>- Experiencing harm through use of substances</li> <li>- Young person injecting</li> <li>- Sub misuse exacerbating existing complex needs</li> <li>- Uncontrolled use and/or physical /psychological dependency on substances</li> <li>- Involvement in drug dealing / exploitation by drug dealers</li> <li>- Persistent intravenous / heavy end substance misuse requiring interventions and/or child protection</li> </ul>

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<b>Identity, Self Esteem, Self Image, Social Presentation</b>	<ul style="list-style-type: none"> <li>- Some insecurities around identity expressed; low self-esteem.</li> <li>- Presentation impacting on school relationships</li> <li>- Can be over friendly or withdrawn with strangers</li> <li>- May experience or perpetuate bullying or discrimination around 'difference'</li> <li>- May not discriminate effectively with strangers</li> </ul>	<ul style="list-style-type: none"> <li>- Demonstrates significantly low self-esteem in a range of situations</li> <li>- Subject to persistent discrimination</li> <li>- High risk of being, or actual victim of crime</li> <li>- Provocative in appearance and behaviour (inappropriate clothes, make-up for age and understanding)</li> <li>- Some evidence of / regularly self harming</li> <li>- Severe social impairment with little interest in interacting with others</li> <li>- Socially isolated and lacks appropriate role models</li> <li>- Child unable to discriminate and likely to put self at risk (may be disability related)</li> <li>- Chronic lack of self confidence</li> <li>- Emerging eating disorder</li> <li>- Clothing regularly unwashed and ill fitting</li> <li>- Hygiene problems</li> </ul>	<ul style="list-style-type: none"> <li>- Child has internalised discrimination and behaviour reflects poor self-image</li> <li>- Irrational fear of persecution by others</li> <li>- Mental health problems becoming seriously manifest</li> <li>- Suffers from eating disorder</li> <li>- Persistent serious self-harm, including eating disorders</li> </ul>
<b>Family &amp; Social Relationships</b>	<ul style="list-style-type: none"> <li>- Some inconsistencies in relationships with family and friends</li> <li>- Limited support from family and friends</li> <li>- Lack of positive role models</li> <li>- Lack of consistency in routine</li> <li>- Parents divorce</li> <li>- Death of a parent/carer or significant other</li> <li>- Other significant loss or trauma</li> <li>- Lack of friends/social network</li> <li>- Difficulties sustaining relationships</li> <li>- Misses school or leisure activities</li> </ul>	<ul style="list-style-type: none"> <li>- Child receives erratic or inconsistent care from adult carers</li> <li>- Some issues arising from parents divorce or death of parent/carer</li> <li>- Inappropriate succession of carers</li> <li>- Child can be over familiar with strangers</li> <li>- Conflict in relationship with peers/siblings</li> <li>- Child is main carer for family member</li> </ul>	<ul style="list-style-type: none"> <li>- Relationships with family all experienced as critical and/or negative – low warmth, high criticism</li> <li>§ Family breakdown related in some way to child's behavioural difficulties</li> <li>§ Complete rejection by a parent and/or step parent</li> <li>§ Subject to physical, emotional or sexual abuse or neglect</li> <li>- At risk from harmful cultural practices (forced marriage of a child; female genital mutilation)</li> <li>- Abandoned child</li> </ul>
<b>Self Care Skills &amp; Independence</b>	<ul style="list-style-type: none"> <li>- Impaired self care skills e.g. poor hygiene</li> <li>- Child slow to develop age-appropriate self-care skills</li> <li>- Disability limits extent of self-care possible</li> </ul>	<ul style="list-style-type: none"> <li>- Additional resources needed to develop sense of self, self care skills and ability to express needs.</li> <li>- Disability prevents self-care for significant task range.</li> <li>- Child precociously able to care for self (overly independent)</li> <li>- Young person living independently and not coping</li> <li>- YP not entitled to benefits with no means of support</li> <li>- Child lacks sense of safety and often puts him/herself or others in danger</li> </ul>	<ul style="list-style-type: none"> <li>- Severe disability – child relies totally on other people to meet care needs.</li> <li>- Offending / substance misuse / sexual activity prevent self-care; also impacts on vulnerability to exploitation.</li> <li>- Homeless young person (&gt;16)</li> <li>- Young person leaving offending unit who is homeless</li> </ul>

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Learning and Education	<ul style="list-style-type: none"> <li>- Lack of stimulation and access to safe play</li> <li>- Not always engaged with learning e.g. poor concentration, low motivation</li> <li>- Poor language stimulation environment (TV always on; soother-dummy always in use)</li> <li>- Not thought to be reaching his/her educational potential</li> <li>- Home-school link not well established /poor</li> <li>- Limited evidence of, or inappropriate, progression planning</li> <li>- Few if any achievements at KS4 and 16+</li> <li>- No support in place for child not showing engagement in play or learning opportunities</li> <li>- Not achieving key stage benchmarks</li> <li>- No access to leisure facilities</li> <li>- Limited participation in education, employment or training post-16</li> </ul>	<ul style="list-style-type: none"> <li>- Significant difficulties in understanding and using language for age and ability</li> <li>- Intervention measures not making any difference; no progress or change taking place.</li> <li>- Severe dysfluency (stutter) affecting child at school and in home environment.</li> <li>- Acrimonious home-school link</li> <li>- Impairment due to medical/ physical difficulties affecting health as well as communication e.g. cleft palate</li> <li>- Refusal to engage in progression planning.</li> <li>- NEETs (16-18 yrs) (Not in Education, Employment or Training)</li> </ul>	<ul style="list-style-type: none"> <li>- Regressing</li> </ul>
	<ul style="list-style-type: none"> <li>- Irregular school attendance (&gt;87%) / poor punctuality/ collected late / first warning letter</li> <li>- Difficulties for services maintaining links with children educated in the home.</li> <li>- Fixed term exclusion from secondary school</li> <li>- Risk of persistent absence</li> </ul>	<ul style="list-style-type: none"> <li>- History of long term poor attendance at school</li> <li>- Reluctance of parents and carers to address non-attendance</li> <li>- Child without school place</li> <li>- Fixed term exclusion from primary school</li> <li>- Out of school/ very poor school attendance record / final warning letter</li> <li>- Severe difficulties sustaining home/ school relationships</li> <li>- At risk of permanent exclusion</li> </ul>	<ul style="list-style-type: none"> <li>- Out of school, family not engaged</li> <li>- Out of school, no appropriate specialist placement, family engaged</li> <li>- Failed Educ Supervision Order – 3 prosecutions for non-attendance: family refusing to engage</li> <li>- Permanently excluded from school or without school place</li> <li>- Second permanent exclusion from school or imminent second exclusion</li> <li>- High risk first or second exclusion due to risk to others</li> </ul>
	<ul style="list-style-type: none"> <li>- Special educational needs at School Action or Early Years Action</li> <li>- Undertaking speech/ language therapy</li> <li>- Special educational needs at School Action Plus or Early Years Action Plus</li> <li>- Under achieving due to learning difficulties</li> </ul>	<ul style="list-style-type: none"> <li>- Statutory assessment of SEN is being undertaken</li> <li>- Profound and Multiple Learning Difficulties [PMLD]</li> <li>- Child with statement in stable provision</li> <li>- In residential school or educated otherwise than in school</li> </ul>	<ul style="list-style-type: none"> <li>- Interim SEN Statement Review – breaking down; no longer meets need</li> <li>- Child/young person with statement of SEN, out of school</li> <li>- Out of residential school</li> </ul>

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For further information on **Early Years Foundation Stages of Development 0-5**, visit [www.education.gov.uk/publications/eOrderingDownload/Development-Matters.pdf](http://www.education.gov.uk/publications/eOrderingDownload/Development-Matters.pdf)

Playing and Exploring, Active Learning, and Creating and Thinking Critically support children's learning across all areas

### Personal, Social and Emotional Development: Making relationships

	A Unique Child: observing what a child is learning	Positive Relationships: what adults could do	Enabling Environments: what adults could provide
 Birth - 11 months	<ul style="list-style-type: none"> <li>Enjoys the company of others and seeks contact with others from birth.</li> <li>Gazes at faces and copies facial movements, e.g. sticking out tongue, opening mouth and widening eyes.</li> <li>Responds when talked to, for example, moves mouth and changes facial expression, moves body and makes movements.</li> <li>Recognises and is most responsive to main carer. Visually brightens, activity increases when familiar carer is close.</li> <li>Responds to what carer is paying attention to, e.g. follows their gaze.</li> <li>Likes cuddles and being held: calms, snuggles and gazes at carer's face or strokes carer's skin.</li> </ul>	<ul style="list-style-type: none"> <li>Make sure babies have their own special person in the setting, who knows them really well and understands their wants and needs.</li> <li>Tune in sensitively to babies, and provide warm, loving responses.</li> <li>Hold and handle babies, since sensitive touch helps to build trust.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure staff are aware of the importance of attachment in relationships.</li> <li>Ensure the key person is paired with a 'buddy' who knows the baby and family as well, and can step in when the key person is unavailable.</li> <li>At times of transition (such as shift changes) make sure</li> </ul>
 8-20 months	<ul style="list-style-type: none"> <li>Seeks to gain attention in a variety of ways, drawing into social interaction.</li> <li>Builds relationships with special people.</li> <li>Is wary of unfamiliar people.</li> <li>Interacts with others and explores new situations when supported by familiar person.</li> <li>Shows interest in the activities of others and responds differently to children and adults, e.g. may be more interested in watching children than adults or may pay more attention when children talk to them.</li> </ul>		
 16-26 months	<ul style="list-style-type: none"> <li>Plays alongside others.</li> <li>Uses a familiar adult as a secure base from which to explore independently in new environments, e.g. ventures away to play and interact with others, but returns for a check of reassurance if becomes anxious.</li> <li>Plays cooperatively with a familiar adult, e.g. rolls a ball and forth.</li> </ul>		

Children develop at their own rates, and in their own ways. They should not be used as checklists. The age/stage labels are only a guide.



**Early Education**  
The British Association for Early Childhood Education  
[www.early-education.org.uk](http://www.early-education.org.uk)

## Development Matters in the Early Years Foundation Stage (EYFS)

**This non-statutory guidance material supports practitioners in implementing the statutory requirements of the EYFS.**

Children develop quickly in the early years, and early years practitioners aim to do all they can to help children have the best possible start in life. Children have a right, spelled out in the United Nations Convention on the Rights of the Child, to provision which enables them to develop their personalities, talents and abilities irrespective of ethnicity, culture or religion, home language, family background, learning difficulties, disabilities or gender. This guidance helps adults to understand and support each individual child's development pathway. Other guidance is provided at [www.foundationyears.org.uk](http://www.foundationyears.org.uk). The EYFS statutory framework is available on the Foundation Years website as well as the Department for Education website: [www.education.gov.uk/publications](http://www.education.gov.uk/publications)

