

Continuum of Support

Physical Health

Universal or Community Support - Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help.	Intensive Support – Getting more help	Statutory Services
<p>The child appears healthy and has access to and makes use of appropriate health and health advice services. All child's health needs are met by parents.</p>	<p>Missing/poor attendance at medical appointments and not registered with a GP.</p>	<p>Additional help required to meet health demands of the child including disability or long-term serious illness requiring support services. Child Diagnosed with a life-limiting illness.</p> <p>Child's (0-5 yrs.) physical health needs not met (e.g., immunisations not up to date, concerning accidental injuries, dental hygiene)</p> <p>Non-attendance at essential medical appointments.</p>	<p>Despite targeted intervention with the parent's, health needs not being met. Family has multiple interconnected needs.</p> <p>Child obesity, malnourishment concerns or eating disorder.</p>	<p>There is no evidence that the child has accessed health and health advice services and suffers chronic and recurrent health problems as a result. Children and families with multiple needs, whose health needs are more complex, persistent and that it has not been possible to resolve.</p> <p>Severe child obesity or malnourishment Parent/ Carer denying professional staff access to the child.</p>
<p>Parent/carer does not have any additional needs.</p>	<p>Needs of the parent/carers are affecting the care and development of the child.</p> <p>Parent/carer require support with physical health needs that affect the family (e.g., long-standing health conditions requiring management, physical disabilities requiring adaptations)</p>	<p>Needs of the parent/carer / other family members are impacting the care of child.</p>	<p>With additional support, parent/carer not meeting needs of child's health. Carer displays high levels of anxiety regarding child's health.</p>	<p>Carers' level of anxiety regarding their child's health is significantly harming the child's development.</p> <p>Medical confirmation that a child has suffered significant harm due to fabricated or induced illness. Suspicion child has suffered or is a likelihood of fabricated or induced illness.</p>

Universal or Community Support - Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help.	Intensive Support – Getting more help	Statutory Services
				Strong suspicions / evidence of fabricating or inducing illness in their child.
<p>Parent accesses ante-natal and/or post-natal care.</p> <p>Pregnancy with no apparent safeguarding concerns.</p>	<p>Missing some at anti-natal and or post-natal appointments.</p>	<p>The parent demonstrates ambivalence to ante-natal and post-natal care with irregular attendance and missed appointments. and not registered with a GP.</p> <p>Pregnancy in a child / vulnerable adult who is deemed in need of support.</p>	<p>Expectant or new parent/carers who require additional or specialist support (e.g., young parents under 19, parents who have been in care, parents with learning needs)) to access ante-natal and post-natal care.</p> <p>Teenage pregnancy under 19 eligible for Family Nurse Partnership</p>	<p>The carer neglects to access ante-natal care and there are accumulative risk indicators. Concerns about prospective parenting ability, resulting in the need for a pre-birth assessment to be considered.</p>
<p>The parent is coping well emotionally following the birth of their baby and accessing universal support services where required.</p>	<p>Parent requires additional support from services to adjust to the role of parenthood.</p>	<p>The parent is struggling to adjust to the role of parenthood, post-natal depression is affecting parenting ability.</p>	<p>Despite targeted intervention the parents post-natal depression is resulting in basic care needs not being met. Family has multiple interconnected needs.</p>	<p>The parent is suffering from severe post-natal depression which is causing serious harm to themselves and their child/ children. The parent is suffering from post-natal depression. Infant / child appears to have poor growth – Growth falling 2 centile ranges or more, without an apparent health problem. Newborn affected by maternal substance misuse.</p>

Universal or Community Support - Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help.	Intensive Support – Getting more help	Statutory Services
<p>Pregnancy with no apparent safeguarding concerns. Parent carer is pregnant and/or is coping with parenting responsibilities and can access universal service.</p>	<p>Pregnancy in a vulnerable adult who is deemed in need of support.</p>	<p>Expectant or new parent/carers who may require additional or targeted support (e.g., young parents, parents who have been in care, parents with learning needs) and/or there is an absence of support network.</p>	<p>Expectant or new parent/carers who may require additional or intensive support due to their being part of a family that has multiple interconnected needs.</p>	<p>Pregnancy in a child or parent with significant learning needs. Young inexperienced parents with additional concerns that could place the unborn child at likelihood of significant harm/ and/or there is inconsistent support network.</p>

Mental and Emotional Health

Universal or Community Support – Thriving	Emerging Needs - Getting advice and signposting	Targeted Support - Getting help	Intensive Support – Getting more help	Statutory Services
<p>The child is provided with an emotionally warm, supportive relationship and stable family environment providing consistent boundaries and guidance, meeting developmental milestones to the best of their abilities.</p>	<p>Parents struggle with consistently setting age-appropriate boundaries, which may impact on child not meeting developmental milestones.</p>	<p>Parenting often lacks emotional warmth and/or can be overly critical and/or inconsistent, occasional relationship difficulties impacting on the child's development. Struggles with setting age-appropriate boundaries, occasionally not meeting developmental milestones and occasionally prioritises their own needs before child's. Parent/carers inability to engage emotionally with child leads to milestones not met.</p>	<p>Parenting lacks emotional warmth leads to developmental milestones not met. Family environment is volatile and unstable resulting in a negative impact on the child, leading to possible vulnerabilities and exploitative relationships, parent/ carer unable to judge dangerous situations / set appropriate boundaries.</p>	<p>Relationships between the child and carer have broken down to the extent that the child is likely to suffer significant harm / frequently exposed to dangerous situations and development significantly impaired. Child has suffered long term neglect due to lack of emotional support from parents. Allegations parents making verbal threats to children. Child rarely comforted when distressed / under significant pressure to achieve / aspire.</p>
<p>Child has good mental health and psychological wellbeing.</p>	<p>The child has a mild a mental health condition which affects their everyday functioning but can be managed in mainstream schools and parents are engaged with school /health services including accessing remote support services to address this.</p>	<p>The child has a mental health condition which affects some of their everyday functioning and requires additional support in the community.</p> <p>Child self-harms causing minor injury and parent responds appropriately.</p>	<p>Child has expressed suicidal ideation with no known plan of intent. No evidence child has accessed mental health advice services and suffers recurrent mental health problems as a result. Parent is not presenting child for treatment</p>	<p>The child has a mental health condition which significantly affects their everyday functioning and requires specialist intervention in the community. Parent is not presenting child for treatment increasing likelihood of mental health deterioration problems as a result.</p>

Universal or Community Support – Thriving	Emerging Needs - Getting advice and signposting	Targeted Support - Getting help	Intensive Support – Getting more help	Statutory Services
		<p>Child is accessing social media sites related to self-harm, has expressed thoughts of self-harm but no evidence of self-harm incidences. History of mental health condition but have been assessed and discharged home with safety plan and follow up.</p>	<p>increasing likelihood of mental health deterioration problems as a result. Child is known to be accessing harmful social media sites to facilitate self-harming.</p> <p>Child has expressed suicidal ideation with no known plan of intent.</p> <p>Child is under the care of hospital engaging with mental health services.</p>	<p>Child expressed suicidal ideation with intent or psychotic episode or other significant mental health symptoms.</p> <p>Refuses medical care or is in hospital following episode of self-harm or suicide attempt or significant mental health issues. Child has ongoing suicidal ideation following attempt or is in hospital following episode of self-harm or suicide attempt.</p> <p>Carer unable to manage child's behaviours related to their mental health increasing the likelihood of the child suffering significant harm.</p>
<p>The child engages in age-appropriate activities and displays age-appropriate behaviours, having a positive sense of self and abilities.</p>	<p>The child engages in some non- age-appropriate activities and displays some non-age-appropriate behaviours, parents are seeking support and strategies to reduce the likelihood of this having a negative impact on self-esteem.</p>	<p>Child has a negative sense of self and abilities, suffering with low self-esteem and confidence making them vulnerable becoming involved in negative behaviour or activities.</p>	<p>Intensive support due to their being part of a family that has multiple interconnected needs.</p>	<p>Child or child is completely unable to participate age appropriately in daily activities in at least one context (e.g. school, home, with peers). They need constant supervision (due to their level of difficulties they are no longer managing self-care) and experience distress daily. Evidence of exploitation linked to child's vulnerability. Child frequently exhibits negative behaviour / activities that place self or others at imminent harm.</p>

Universal or Community Support – Thriving	Emerging Needs - Getting advice and signposting	Targeted Support - Getting help	Intensive Support – Getting more help	Statutory Services
Mental health of the parent/carer does not affect / impact care of the child.	<p>Sporadic / low level mental health of parent/carer impacts care of child, however, protective factors in place.</p> <p>Adult needs support with their mental health</p>	Parent/carer has expressed suicidal ideation with no known plan of intent. There are supportive networks and extended family to prevent harm.	Mental health needs of the parent/carer (subject to a section under MHA) is impacting on the care of their child. There is an absence of supportive network to mitigate against harm.	Mental health needs of the parent/carer significantly impacting the care of their child placing them at likelihood of significant harm. Parent/carer has ongoing suicidal ideation following attempt or is in hospital following episode of self-harm or suicide attempt. Mental health needs of the parent/carer (subject to a section under MHA) is impacting on the care of their child and there are no supportive networks and extended family to prevent harm.
Child lives with carers who are not considered as private foster carers and their needs are being met through universal services.	LA notified the child is privately fostered by adults who are able to provide for his/her needs and there are no safeguarding concerns.	LA notified the child is privately fostered by adults who are able to provide for his/her needs and there are no safeguarding concerns, but the family need Early Help in order to consistently meet the needs of the child after a private fostering assessment has taken place.	Intensive support due to their being part of a family that has multiple interconnected needs.	<p>There is concern that the child is a victim of exploitation, domestic slavery, or being physically abused in their private foster placement.</p> <p>Some concern about the private fostering arrangements in place for the child, there may be issues around the carers' treatment of the child. The local authority hasn't been notified of the private fostering arrangement.</p> <p>Children/families who are eligible for private fostering assessments.</p>

Parent /Carers of children with disabilities have their needs met

Universal or Community Support – Thriving	Emerging Needs - Getting advice and signposting	Targeted Support – Getting help	Intensive Support - Getting more help	Statutory Services
<p>Carers /Parent Carers have caring responsibilities which do not affect the care of their child or significantly impact on their wellbeing as carers. They may be having their needs met in a range of ways to support the care of their child/children.</p>	<p>Carers/ Parent Carers other family members have caring responsibilities which occasionally impedes their ability to provide consistent patterns of care but without putting the child at risk, additional support required.</p> <p>Children and their families are adjusting to a diagnosis of a disability and parent carers need support from their community network. The network can organise additional support with local partners.</p>	<p>Carers/Parents carers, other family members have caring responsibilities which are impacting on their well-being and affecting the care of the child.</p> <p>Parent/carers unable to fully meet the child’s needs and these.</p> <p>Children may be receiving a service in the family support reviewing team, having been assessed via the Children with Disability service or the Family Safeguarding service.</p> <p>All children held in targeted support within CWD will have had an initial child and family assessment.</p>	<p>Carers /parent carers could be considered for the Intensive family support services if they do not meet eligibility of CWD but have a child with a disability and the caring responsibilities are impacting on their wellbeing.</p>	<p>Carers/ Parent carers other family members have disabilities which are severely affecting the care of the child and placing them at risk of significant harm.</p> <p>Parent/carers need intensive support and help to meet their child’s needs which are emerging as complex.</p> <p>Parents/carers have significant Learning Disability which may be impacting on their parenting.</p> <p>Parent/carers require specialist support to ensure that the safety and well-being of their child is maintained.</p> <p>Parent/ Carer requests Carers Assessment</p>

Children with disabilities have their needs met

Universal or Community Support – Thriving	Emerging Needs - Getting advice and signposting	Targeted Support – Getting help	Intensive Support - Getting more help	Statutory Services
<p>Child has a disability, but their needs are being met through universal provision.</p>	<p>A child has a disability and some needs are emerging for the child and family that require some additional support.</p>	<p>A child has a significant disability which requires support to enable the child to live at home. Children may be receiving a service in the family support reviewing team, having been assessed via the Children with Disability service or the Family Safeguarding service.</p> <p>All children held in targeted support within CWD will have had an initial child and family assessment.</p>	<p>Children with disabilities can be considered for intensive family support if they have significant needs that would lead to a risk of family breakdown and their disability does not meet the criteria of the CWD service.</p>	<p>A child has a severe and profound, permanent disability. The child’s needs associated with their disability require support from the Children with Disabilities service or the Family Safeguarding Service. This will depend on whether they meet the criteria for Children with Disabilities service.</p> <p>A social care assessment will determine the appropriate care package to meet the needs identified. There may be occasions where there are concerns that relate to parenting capacity.</p>

Young Carers have their needs met

Universal or Community Support Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services
Child does not have caring responsibilities.	N/A	N/A	N/A	Child has caring responsibilities

Children are accessing their full entitlement to education

Universal or Community Support – Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services
Child is in education/training with no barriers to learning. Planned progressions beyond school/college. Behaviour issues are managed by the school.	Child experiences frequent moves between schools or professional concerns re home education. Reports of bullying but responded to appropriately. Peer concerns managed by the school.	Child's attendance is varied with missing absences and exclusions. Recurring issues raised about child's home education. Inappropriate behaviour from carer/school has not been managed. Child inconsistently able to participate and engage with education – motivation, emotional regulation and behaviour difficulties, likelihood of, or subject to, exclusions	Repeated school exclusion. with other interconnected needs. Will require specialist educational provision/ resources within mainstream/special school. Child who is persistent or severely absent. Not able to participate and engage with education – motivation, emotional regulation and behaviour difficulties, likelihood of, or subject to, exclusions, concerns around suitability of Elective Home	Child's achievement is seriously impacted by lack of education. Regular breakdown of school placements. Lack of trust in education system (child or parents/carers). Repeated concerns about school's management of behaviour. Child is unable to cope with everyday life (including employment).

Universal or Community Support – Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services
			Education, child is off-roll and not receiving an education otherwise, at likelihood of becoming/or NEET	
Child's developmental milestones met. The child possesses age-appropriate ability to understand and organise information and solve problems and makes adequate academic progress.	Some of child's developmental milestones are not being met e.g. communication skills/speech and language, problem-solving, school readiness, personal social and emotional development. Can be met through an Individual Education Plan.	Child's developmental milestones are not being met which will require support of targeted services to work with parents.	Child's developmental milestones are not being met. A range of support is required to enable parents who are not engaging with services including speech and language support.	Developmental milestones are significantly delayed or impaired causing concerns regarding ongoing neglect. (not in the case of those with a disability).
The parent/carer positively supports learning and aspirations and engages with school.	Parents require support to engage with school to support their children's learning and aspirations. Managed by support from the school.	Parents require support to engage with school to support their children's learning and aspirations. Requires additional support to engage with the school.	The parent/carer is not engaged in supporting learning aspirations and/or is not engaging with the school.	The parent/carer does not engage with the school and actively resists suggestions of supportive interventions.

Children's social needs are met

Universal or Community Support - Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services
Child has good quality early attachments, confident in social situations with strong friendships and positive social interaction with a range of peers, demonstrating positive behaviour and respect for others.	Child has few friendships and limited social interaction with their peers.	Child has communication difficulties and poor interaction with others. Child exhibits aggressive, bullying, or destructive behaviours which impacts on their peers, family and/or local community. Support is in place to manage this behaviour. Child is a victim of discrimination or bullying.	Child is isolated and refuses to participate in social activities, interacting negatively with others including aggressive, bullying, or destructive behaviours, targeted support/previous interventions has been inadequate to manage this behaviour.	Child is completely isolated, refusing to participate in any activities, positive interaction with others is severely limited due to displays of aggressive, bullying, or destructive behaviours impacting on their wellbeing or safety. Child has experienced such persistent or severe bullying that his/her wellbeing is at risk. Child has little or no communication skills.
There is a positive family network and good friendships outside the family unit.	There is inconsistent support from the extended family network which is impacting on the parent's capacity.	There is a significant lack of support from the extended family network which is impacting on the parent's capacity.	The family network is likely to break down without intensive support.	<p>The family network has broken down or is highly volatile and is causing serious adverse impact to the child. There is a weak or negative family network. There is destructive or unhelpful involvement from the extended family.</p> <p>Child has multiple carers; may have no significant or positive relationship with any of them/child has no other positive relationships.</p>

Universal or Community Support - Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services
Child engages in age-appropriate use of internet, gaming and social media.	Child is engaging in non age appropriate use of social media and gaming parental oversight is inconsistent or parents are asking for support.	Child is vulnerable to becoming involved in negative internet use, lacks control and is unsupervised in gaming and social media applications.	Child is engaged in, or victim of negative and harmful behaviours associated with internet and social media use or is obsessively involved in ming which interferes with social functioning.	Evidence of sexual material being shared without consent. Multiple SIMs or phones. Child is showing signs of being secretive, deceptive and is actively concealing internet and social media activities. Regularly coerced to send / receive indecent images. Coerced to meet in person for sexual activity. Devices need to be removed and access restricted at times.
The family feels integrated into the community	Child is affected and possibly becoming involved in low level anti-social behaviour in the locality due to others engaging in threatening and intimidating behaviour.	The neighbourhood or locality is having a negative impact on the child resulting in the child coming to notice of the police on an occasional basis.	The neighbourhood or locality is having a negative impact on the child resulting in the child coming to notice of the police on a regular basis both as a suspect and a victim, concerns by others re exploitation.	The neighbourhood or locality is having a profoundly negative impact on the child resulting in the child coming to notice of the police on a regular basis both as a suspect and a victim, concerns by others re high risk of exploitation, being groomed and any other criminal activity.
Child and family is legally entitled to live in the country indefinitely and has full rights to employment and public funds.	Child and family is legally entitled to live in the country indefinitely and has full rights to employment and public funds. Needs support to access both of these.	Child and family's legal entitlement to stay in the country is temporary and/or restricts access to public funds and/or the right to work placing the child and family under stress.	Child and family's legal entitlement to stay in the country is temporary and/or restricts access to public funds and/or the right to work placing the child and family under stress. Interconnected family issues require an intensive support offer.	Evidence a child has been exposed or involved in criminal activity to generate income for the family / family members are being detained and at risk of deportation or the child is an unaccompanied asylum-seeker. Child and family's legal status puts them at risk of involuntary removal from the country / having limited financial resources/no recourse to

Universal or Community Support - Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services
				public funds increases the vulnerability of the children to criminal activity.
Accommodation has basic amenities and appropriate facilities and can meet family needs.	<p>Poor state of repair, temporary or overcrowded, or unsafe housing.</p> <p>Physical accommodation dangerous, seriously threatening to health and/or places child in danger (if standalone = statutory housing function, if other support factors identified = other).</p> <p>Families not in suitable, sustainable housing and/or threatened with eviction /at risk of homelessness.</p>	At risk of eviction due to frequent anti-social behaviour, hoarding, mental capacity, or other factors.	<p>Adolescents (age 10-17) at risk of relationship breakdown and coming into care.</p> <p>Families who are in local authority temporary accommodation and are at risk of losing this.</p> <p>At risk of eviction due to mental capacity or other factors.</p>	<p>Homeless – or imminent if not accepted by housing department.</p> <p>Intentionally homeless (as determined by the Local Housing Authority).</p> <p>Young people aged 16/17 at risk of being excluded from home/ presenting as homeless/ or precariously housed.</p>
Managing budget to meet individual needs	Low income/Financial / debt problems	<p>Periods of unemployment of parent / carer.</p> <p>Serious debts / poverty impact on ability to have basic needs met.</p>	<p>Chronic unemployment that has severely affected parents' own identities.</p> <p>Family unable to gain employment due to significant lack of basic skills or long-term substance misuse.</p>	Extreme poverty / debt impacting on ability to care for child.

Children are protected from abuse and neglect

Universal or Community Support – Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services
Parent/carer protects their family from danger/ significant harm.	Parent and carer seeking advice and guidance to protect their family from potential situations that could cause harm.	Parent/carer on occasion does not fully protect their family which if unaddressed could lead to child being harmed.	Despite targeted intervention, there remains serious lack of stability and routine appropriate stimulation, boundaries, and guidance. Prior interventions have not been effective and needs span across a number of domains.	Parent/carer is unable to protect their child from harm, placing their child at significant harm. Allegations of harm by a person in a position of trust. Basic care needs are rarely being met. Parent/carer frequently neglects/is unable to protect their family from danger/significant harm. Parents or carers persistently avoid contact / do not engage with childcare professionals.
Child shows no signs which could be attributed to neglect.	Child occasionally shows signs which could indicate neglect. Consideration for use of the neglect screening tool.	Child is showing some sign of neglect, parents are willing to engage and work with professionals to improve the care of their children. Consideration for the use of the GCP2 toolkit.	Prior interventions have not been effective. Parents require intensive support to address issues that contribute to the neglect.	Child shows physical signs of neglect which are attributable to the care provided by their parent/carers.
Child has injuries which are consistent with normal childish play and activities.	Child has occasional, less common injuries which are consistent with the parents' account of accidental injury - carers seek out or accept advice on how to avoid accidental injury.	Child has injuries which are accounted for but are more frequent than would be expected for a child of a similar age/needs. Carer does not know how injuries occurred or explanation unclear.	Prior interventions have not been effective and needs span across a number of domains.	Any allegations of abuse or neglect or any injury suspected to be non-accidental injury to a child. Repeated allegations or reasonable suspicion of nonaccidental injury. Any allegation of abuse/suspicious injury in a pre-mobile or non-mobile child. Child has injuries more frequently which are not accounted, and the child

Universal or Community Support – Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services
				makes disclosure and implicates parents or older family members.
Parent/carer does not physically harm their child including physical chastisement.	Parent struggles to set effective boundaries and is seeking parenting support.	Parent/carer uses physical assault (no injuries) as discipline but is willing to access professional support to help them manage the child's behaviour.	Parent/carer uses physical assault (no injuries) as discipline. Prior interventions have not been effective and needs span across a number of domains.	Parent/carer uses physical assault (with injuries) as discipline or uses an implement causing significant physical harm to a child. Parent/carer is struggling, refuse to set effective boundaries e.g., too loose/tight/physical chastisement which could lead to physical harm or compromise child's safety.
No concerns re conflict / tensions within the family.	Parenting mostly respectful, equal, co-operative but beginning to experience some difficulties. Children beginning to be affected by conflict between their parents.	Day to day unresolved parental conflict. Parents struggle to see the situation improve and behaviours may begin to escalate. Children adversely affected. Mental health / behaviour may be affected	Harmful levels of parental conflict i.e., when it is frequent, intense or poorly resolved. Child violent or abusive in the home (to parents/carers or siblings)	Family have rejected / abandoned / evicted child. Child has no available parent, and the child is vulnerable to significant harm. Child not living with a family member. Family is experiencing a crisis likely to result in the breakdown of care arrangements - no longer want to care for child.
No concerns of inappropriate self-sufficiency.	Concerns arising of inappropriate self-sufficiency.	Pattern emerging of self-sufficiency which is not proportionate to a child/child's age and stage of development.	High level of self-sufficiency is observed in a child/child that is not proportionate to a child/child's age and stage of development.	Inappropriate, high level of self-sufficiency for child/child's age and stage of development resulting in neglect. Inadequate supervision/ inappropriate care arrangements

Children are protected from sexual abuse/activity

Universal or Community Support – Thriving	Emerging Need – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services
Nothing to indicate child is being sexually abused by their carer.	Concerns relating to inappropriate sexual behaviour / abuse within the family / network but does not amount to a criminal offence.	Allegation of non-recent sexual abuse but no longer in contact with perpetrator.	Prior interventions have not been effective and needs span across a number of domains.	Concerns regarding possible inappropriate sexual behaviour from carer / carer sexually abuses their child. Offender who has risk to children status is in contact with Family. Child who lives in a household into which a registered sex offender or convicted violent offender subject to Multi Agency Public Protection Arrangements.
Good knowledge of healthy relationships and sexual health.	Emerging concerns of possible sexual activity of a child. Age-appropriate attendance at sexual health clinic.	Send/receive inappropriate sexual material produced by themselves or other children via digital or social media, considered as peer-on-peer abuse. Sexually transmitted infections (STI's). Consent issues may be unclear.	Suspicious of sexual abuse / sexually activity of a child. Intensive support, depending on circumstances. Suspicious of peer-on-peer sexual activity in a child over 13 years old.	Multiple / untreated sexually transmitted infections (STI's). Concerning sexual activity (behaviour that is upsetting to others). Allegations of non-penetrative abuse. Harmful sexual behaviour. Child exploited to recruit others into sexual activity. Repeated pregnancy, miscarriages and/or terminations. Increase in severity of concerning sexual behaviour.

Children are protected from domestic abuse

Universal or Community Support – Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services
Expectant mother or parent is not in an abusive relationship.	Expectant mother or parent is a victim of occasional or low-level non-physical abuse.	Expectant mother or parent has previously been a victim of domestic abuse and is a victim of occasional or low-level non-physical abuse.	Expectant mother or parent has previously been a victim of domestic abuse and is a victim of occasional or low-level non-physical abuse. Vulnerable adult.	Expectant mother or parent is a victim of domestic abuse which has taken place on several occasions.
No history or incidents of violence, emotional abuse / economic control or controlling or coercive behaviour in the family.	There has been an incident of physical / emotional abuse / economic control or controlling or coercive behaviour in the family, however mitigating protective factors within the family are in place. Children not present.	There are isolated incidents of physical / emotional abuse / economic control or controlling or coercive behaviour in the family, however mitigating protective factors within the family are in place. Even if children reported not to be present when incidents have occurred.	Family affected by domestic abuse or child to parent violence and abuse – recent or current.	<p>Evidence suggesting child is directly subjected to verbal abuse, derogatory titles, threatening and/or coercive adult behaviours.</p> <p>Child suffering emotional harm and possibly physical harm when witnessing / involved with physical / emotional abuse / economic control / coercive and controlling behaviour within the family especially if they are trying to protect the adult victim. Frequency of incidents increasing in severity / duration.</p> <p>Perpetrator/s show limited or no commitment to changing their behaviour and little or no understanding of the impact their behaviour has on the child.</p>

<p>The child resides in a safe and nurturing home with parent/carers and there is no domestic abuse.</p>	<p>Information has become known that a person living in the house may be a previous perpetrator of domestic abuse, although no sign of current or recent abuse is apparent.</p>	<p>Information has become known that a person living in the house may be a previous perpetrator of domestic abuse, although no sign of current or recent abuse is apparent. There are additional family needs that require a coordinated response and targeted intervention.</p>	<p>Prior interventions have not been effective and needs span across a number of domains.</p>	<p>Serious threat to parent's life or to child by violent partner. Child injured in domestic abuse incident. Child traumatised or neglected due to a serious incident of Domestic V or child is unborn.</p> <p>Confirmation previous domestic abuse perpetrator residing at property. Carer minimises presence of domestic abuse in the household contrary to evidence of its existence.</p>
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Children are safe from crime

Universal or Community Support – Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services
There is no history of criminal offences within the family.	There is no history of criminal offences within the family. Child has from time to time been involved in anti-social behaviour.	History of criminal activity within the family including gang involvement, child has from been involved in anti-social behaviour.	Family member has a criminal record relating to serious or violent crime, known gang involvement. Child is involved in anti-social behaviour and may be at risk of gang involvement, earlier support has not had the desired impact. Child is starting to commit offences/re-offend or be a victim of crime.	At risk of eviction due to frequent anti-social behaviour including hoarding. Re-occurring / frequent attendances by the police to the family home. Family member within household's criminal activity significantly impacting on the child, child is currently involved in persistent or serious criminal activity and /or is known to be engaging in gang activities.
Child is not involved with crime or antisocial behaviour.	Child is vulnerable and at potential risk of being targeted and/or groomed for criminal exploitation, gang activity or other criminal groups/associations.	Child appears to be actively targeted/coerced with the intention of exploiting the child for criminal gain. Challenging/disruptive behaviour putting others or self in danger. Regularly involved in anti-social behaviour	Challenging/disruptive behaviour putting others or self in danger. Regularly involved in criminal/anti-social behaviour.	Child habitually entrenched / actively criminally exploited. There is a likelihood of imminent significant harm to the child because of their criminal associations and activities. They may not recognise they are being exploited and/or are in denial about the nature of their abuse.
Child is not involved with crime or antisocial behaviour.	Child has been stopped but not searched. Young person has been stopped and searched with no obvious safeguarding concerns or criminality.	Child (u18) at risk of crime – including gangs, serious violence and weapons carrying, or involved in harmful risk-taking behaviour.	Child identified as at low or medium risk of, or experiencing, criminal/sexual exploitation (e.g., county lines)	Child identified as at high risk of experiencing, criminal/sexual exploitation (e.g., county lines) Charged or convicted of Aggravated Robbery/Use of

Universal or Community Support – Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services
		<p>Attention of ASB team or police. Talks about carrying a weapon. Reports from others that involved in named gang. Glamorises criminal or violent behaviour.</p>	<p>Reports from others that involved in named and known gang.</p> <p>Child regularly stopped and searched indicating vulnerability, exploitation, or criminality. Child arrested as a result of a stop and search due to criminality.</p>	<p>offensive weapon/ possession of large quantities of Class A drugs. Intentional harm of others / animals. Child consistently stopped and searched with risk factors suggested they are being exploited</p>

Children are protected from harmful practices

Universal or Community Support - Thriving	Emerging Needs - Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services
There is no concern the child may be subject to harmful traditional practices.	Concern the child is in a culture where harmful practices are known to have been performed however parents are opposed to the practices in respect of their children.	Concern the child may be subject to harmful traditional practices.	Intensive support due to child being part of a family that has multiple interconnected needs.	Evidence the child may be subject to emotionally harmful traditional practices where family members have resisted attempts to change behaviour. Evidence or self-disclosure from child/family member that the child may be subjected to Forced Marriage.
There are no concerns that the child likely to be subject to Honour Based Violence.	Concern the child is in a culture where Honour Based Violence is known to have been performed however parents are opposed to the practices in respect of their children.	There are concerns that a child may be subjected to Honour Based Violence.	Intensive support due to child being part of a family that has multiple interconnected needs.	There is specific evidence to indicate a child has been subjected to Honour Based Violence or the child has reported they have been subjected to Honour Based Violence. There is evidence to indicate the child is likely to suffer harm from Honour Based Violence
There are no concerns that the child is at harm of Female Genital Mutilation.	Parental disclosure of Female Genital Mutilation (FGM) but no likelihood of harm to the child.	Parental/sibling/self-disclosure of FGM within the community. Family indicates that there are strong levels of influence held by elders and/or elders are involved in bringing up female children.	Intensive support due to child being part of a family that has multiple interconnected needs.	Evidence that Female Genital Mutilation (FGM) has taken place or of intent the child will undergo FGM. Reports that female child has had Female Genital Mutilation/ child requests help as suspects she is at risk of Female Genital Mutilation. Upon return from country where practice is prevalent, noticeable changes in child – dress code,

Universal or Community Support - Thriving	Emerging Needs - Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services
				excusing from PE, discomfort in walking, frequenting toilet facilities. Female child where Female Genital Mutilation is known to be practiced is missing from education for a period without school's approval.
There are no concerns that the child is at harm of witchcraft.	Suspicion child is exposed to issues of spirit possession or witchcraft.	Evidence child is exposed to issues of spirit possession or witchcraft.	Intensive support due to child being part of a family that has multiple interconnected needs.	Disclosure from child about spirit possession or witchcraft, parental view that child is believed to be possessed.

Children are protected from extremism and radicalisation

Universal or Community Support – Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services
Child and family's activities are legal with no links to proscribed organisations.	Child refers to own and family ideologies	The child expresses sympathy for ideologies closely linked to violent extremism but is open to other views or loses interest quickly.	Child subject to frequent harassment/hostility. Identified as being at higher risk of being affected by radicalisation.	The child expresses beliefs that extreme violence should be used against people who disrespect their beliefs and values. The child supports people travelling to conflict zones for extremist/ violent purposes or with intent to join terrorist groups The child expresses a generalised non-specific intent to go themselves. Child, family, and friends have strong links / are members of proscribed organisations.
Child doesn't express support for extreme views or is too young to express such views themselves.	Child refers to own and family extreme views.	A child is known to live with an adult or older child who has extreme views. Child may inadvertently view extremist imagery.	Intensive support due to child being part of a family that has multiple interconnected needs.	A child is sent extreme imagery / taken to demonstrations or marches where violent, extremist and/or age-inappropriate imagery or language is used. The child/carers/ close family members friends are members of proscribed organisations, promoting the actions of violent extremists and/or saying that they will carry out violence in support of extremist views including child circulating violent extremist images.

Universal or Community Support – Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services
<p>Child engages in age-appropriate use of internet, including social media.</p>	<p>Child is at risk of becoming involved in negative internet use that will expose them to extremist ideology, expressing casual support for extremist views.</p>	<p>Child is known to have viewed extremist websites and has said s/he shares some of those views but is open about this and can discuss the pros and cons or different viewpoints.</p>	<p>Intensive support due to child being part of a family that has multiple interconnected needs.</p>	<p>Child is known to have viewed extremist websites and is actively concealing internet and social media activities. They either refuse to discuss their views or make clear their support for extremist views. Significant concerns that the child is being groomed for involvement in extremist activities. Child has strong links and involved in activities and being educated by those with individuals or groups who are known to have extreme views / links to violent extremism.</p>

Professional Engagement

Universal or Community Support – Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services
Child has a trusted adult in the family and/or community network. Impactful engagement.	Limited referral history with services. Lack of confidence in worker / service to manage needs or work with adolescents.	Services previously involved and closed; new referral received for similar concerns. Multiple workers confused or disagreeing on needs.	Despite numerous attempts, professionals have been unable to engage the child to date. Several services involved but little change.	History of multiple services / referrals with little change or escalation in needs. Services report unable to keep child / child safe

Drug / Substance Misuse

Universal or Community Support – Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services
The child has no history of substance misuse or dependency.	The child is thought to be using drugs and alcohol occasionally, concerns about impact on their social wellbeing.	The child is known to be using drugs and alcohol frequently with occasional impact on their social wellbeing.	Escalating experimentation with substances/drugs and alcohol. Intensive support due to child being part of a family that has multiple interconnected needs.	Substance misuse which has health implications for the child and is detrimental to their development. The child's substance misuse dependency is putting the child at such risk that intensive specialist resources are required. The child's substance misuse dependency / experimentation is affecting their mental and physical health and social wellbeing - Child presents at hospital due to substance / alcohol misuse. Carer indifferent to underage smoking / alcohol / drugs etc.
Parent/carers/other family members do not use drugs or alcohol, or the use does not impact on parenting.	Parent/carers/other family members use of drugs or alcohol, is beginning to impact on parenting.	Drug and/or alcohol use is impacting on parenting, but adequate provision is made to ensure the child's safety, concerns this may increase if continues.	Drug/alcohol use has escalated to the point where the child is worrying about their carer/family member.	Carer/other family members drug and/or alcohol use is at a problematic level and are unable to provide appropriate care to child.
No signs or suspicion of drug usage.	Child or household member found in possession of Class C drugs.	Child or household member found in possession of Class C drugs. support due to child being part of a family that has interconnected needs.	Previous concerns of drug involvement / drug supply and child or household member found in possession of Class A or Class B drugs / drug paraphernalia found in home.	Suspicion that family home is used for drug dealing. Family home is used for drug taking / dealing / illegal activities.

Universal or Community Support – Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services
No signs or suspicion of drug usage.	Concerns of drug usage during pregnancy.	Parent or child who is vulnerable to cuckooing	Intensive support due to unborn child being part of a family that has multiple interconnected needs.	Section 17 pre-birth assessment may be needed dependent on info- Evidence of substance/drug misuse during pregnancy – pre 21 weeks' gestation however is accessing support. Evidence of Class A and/or other excessive substance misuse/ alcohol misuse during pregnancy and/or parent is refusing support.

Children are protected from extra-familial harm

Universal or Community Support – Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services
Good services in area and children are aware / engaging positively. Guardians in area ensure physical and psychological wellbeing of children.	Spending time in areas known for antisocial behaviour or where more vulnerable. Child identifies and informs professionals of unsafe locations and reason for this.	The neighbourhood or locality is having a negative impact on the child. Frequently spending time in locations, including online, where they can be anonymous or at risk of experience harm / violence / exploitation.	Earlier support not having the desired impact. Starting to commit offences/re-offend or be a victim of crime. Child identified as at risk of, or experiencing, criminal, or pre-criminal, exploitation (e.g., county lines)	Found in areas/properties known for exploitation / violence. Taken to hotel / B&B / property with intention of being harmed or harming others. Area having profoundly negative effect on the child.
Peer group engage in positive activities / clubs / communities. The group understands risk and harm. Age appropriate and safe.	Some indications that unknown adults and/or other exploited children have contact with the child. Some indications of negatively influential peers.	Child experiencing harm outside of the family (e.g., peer to peer abuse, bullying, online harassment, sexual harassment/offences)	Unknown adults and/or other exploited children associating with the child. Escalation in behaviour of peer group. Accompanied by an adult who is not a legal guardian. Arrested with individuals who at risk of exploitation / violence.	Staying with someone believed to be exploiting them. Person with significant relationship is coercing child / child to meet and child is sexually or physically abused. Found with adults / high risk individuals out of borough. Is being exploited to 'recruit' others.
Child comes homes on time and does not run away from home. Their whereabouts are always known to their carers and they answer their phone.	Child gone missing from home on one or two occasions or not returned at the normal time. No concerns about what happened to them whilst they were away, whereabouts explained.	Child has run away from home on one or two occasions or not returned at the normal time. Concerns about what happened to them whilst they were away, whereabouts unknown.	Children who disappear or are missing from home regularly. Intensive support due to child being part of a family that has multiple interconnected needs.	Child persistently runs away and/or goes missing and does not recognise that he/she is putting him/herself at risk of exploitation, criminal behaviour etc. Pattern of sofa surfing, whereabouts unknown. Child persistently runs away and/or goes missing, serious concerns about their activity whilst away. Parent/carer does not report them missing. Unable

Universal or Community Support – Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services
				to give explanations for whereabouts.