

Continuum of Support

Children have their health, mental and emotional needs met Physical Health

Universal or Community Support - Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services – Getting risk support
<p>The child appears healthy and has access to and makes use of appropriate health and health advice services.</p>	<p>The child rarely accesses appropriate health and health advice services, missing immunisations.</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. 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>Children and families with multiple needs, whose health needs are more complex, persistent and that it has not been possible to resolve at the previous levels.</p>	<p>The child has complex health problems which are attributable to the lack of access to health services. Carer denying professional staff access to the child.</p>
<p>All child's health needs are met by parents.</p>	<p>Additional help required to meet health demands of the child including disability or long-term serious illness requiring support services.</p>	<p>A child is disabled resulting in complex needs.</p>	<p>Non-attendance at essential medical appointments.</p> <p>Severe child obesity or malnourishment</p>	<p>Carers' level of anxiety regarding their child's health is significantly harming the child's development. Strong suspicions / evidence of fabricating or inducing illness in their child.</p>

Universal or Community Support - Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services – Getting risk support
<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 significantly affect 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>Parent accesses ante-natal and/or post-natal care.</p>	<p>The parent demonstrates ambivalence to ante-natal and post-natal care with irregular attendance and missed appointments.</p> <p>Expectant or new parent/carers who require additional or specialist support (e.g., young parents, parents who have been in care, parents with learning needs)</p>	<p>The parent is not routinely accessing ante-natal and/ or post-natal care, concerns about prospective parenting ability, resulting in the need for a pre-birth assessment to be considered.</p>		<p>The carer neglects to access ante-natal care and there are accumulative risk indicators.</p>

Universal or Community Support - Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services – Getting risk support
The parent is coping well emotionally following the birth of their baby and accessing universal support services where required.	The parent is struggling to adjust to the role of parenthood, postnatal depression is affecting parenting ability.	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.		The parent is suffering from severe post-natal depression which is causing serious risk to themselves and their child/children.
Pregnancy with no apparent safeguarding concerns.	Pregnancy in a child / vulnerable adult who is deemed in need of support.	Teenage pregnancy under 19 eligible for Family Nurse Partnership	Where either or both parents are a Care Leaver a risk assessment using the level of needs document should be made to decide if the baby is at risk of harm and a referral to children’s services made as appropriate. The risk assessment should consider either parent being a first-time parent and/or still open to the Care Leaver service. If risk factors have not been identified, then a referral to children’s services may not be warranted. Referral to support services should be discussed in partnership with the parents.	Pregnancy in a child under 13 or parent with significant learning needs. Young inexperienced parents with additional concerns that could place the unborn child at likelihood of significant harm.

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 – Getting risk support
<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>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.</p>	<p>Parent/carers inability to engage emotionally with child leads to developmental milestones not met.</p> <p>Allegations parents making verbal threats to children. Child rarely comforted when distressed / under significant pressure to achieve / aspire.</p>	<p>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.</p>

Universal or Community Support – Thriving	Emerging Needs - Getting advice and signposting	Targeted Support - Getting help	Intensive Support – Getting more help	Statutory Services – Getting risk support
<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. 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>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 risk of mental health deterioration problems as a result. Child self-harms causing minor injury and parent responds appropriately.</p> <p>Child is under the care of hospital engaging with mental health services.</p>	<p>Mental Health/severe bouts of depression/self-harm/threats of suicide</p> <p>No evidence child has accessed mental health advice services and suffers recurrent mental health 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 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.</p> <p>Carer unable to manage child's behaviours related to their mental health increasing the risk of the child suffering significant harm.</p> <p>Child or child has ongoing suicidal ideation following attempt or is in hospital following episode of self-harm or suicide attempt.</p>

Universal or Community Support – Thriving	Emerging Needs - Getting advice and signposting	Targeted Support - Getting help	Intensive Support – Getting more help	Statutory Services – Getting risk support
<p>The child engages in age-appropriate activities and displays age-appropriate behaviours, having a positive sense of self and abilities reducing the risk of those wanting to exploit them.</p>	<p>Child has a negative sense of self and abilities, suffering with low self-esteem and confidence making them vulnerable to those who wish to exploit them resulting in becoming involved in negative behaviour/activities.</p>	<p>Child has a negative sense of self and abilities, suffering with low self-esteem and confidence which results in child becoming involved in negative behaviour / activities by those exploiting / grooming them.</p>	<p>Thrive getting more help. 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 on a daily basis.</p>	<p>Evidence of exploitation linked to child’s vulnerability. Child frequently exhibits negative behaviour / activities that place self or others at imminent risk.</p>
<p>Mental health of the parent/carer does not affect / impact care of the child.</p>	<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>	<p>Parent/carer has expressed suicidal ideation with no known plan of intent.</p>	<p>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.</p>	<p>Mental health needs of the parent/carer significantly impacting the care of their child placing them at risk of significant harm. Parent/carer has ongoing suicidal ideation following attempt or is in hospital following episode of self-harm or suicide attempt.</p>
<p>Child has not suffered the loss of a close family member or friend</p>	<p>Child has suffered a bereavement recently or in the past and is distressed but receives support from family and friends and appears to be coping reasonably well – would benefit from short term additional support from early help services.</p>	<p>Child has suffered bereavement recently or in the past and recent there has been a deterioration in their behaviour. Low level support has not assisted, long term intervention required.</p>	<p>Child has suffered bereavement and is missing, self-harming, disclosing suicidal thoughts, risk of exploitation, involvement in gang/criminal activity.</p>	

Universal or Community Support – Thriving	Emerging Needs - Getting advice and signposting	Targeted Support - Getting help	Intensive Support – Getting more help	Statutory Services – Getting risk support
LA notified the child is privately fostered by adults who are able to provide for his/her needs and there are no safeguarding concerns.		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.		There is concern that the child is a victim of exploitation, domestic slavery, or being physically abused in their private foster placement.

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 – Getting risk support
Child does not have caring responsibilities.	Child occasionally has caring responsibilities for members of their family, and this sometimes impacts on their opportunities.	Child is regularly caring for another family member resulting in their development and opportunities being adversely impacted by their caring responsibilities.	Unsupported young carer or caring circumstances changed requiring additional support.	Child's outcomes are being adversely impacted by their unsupported caring responsibilities.

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 – Getting risk support
<p>Carers have disabilities which do not affect the care of their child. They may be having their needs met in a range of ways to support the care of their child/children.</p>	<p>Carers/other family members have disabilities 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/other family members have their own needs or disabilities which are affecting the care of the child.</p> <p>Parents/carers need specific support to enable them to meet their child's complex needs. This may include specific parenting programmes, for example.</p>	<p>Parents/carers have significant Learning Disability which may be impacting on their parenting.</p> <p>Parent/carers need intensive support and help to meet their child's needs which are emerging as complex.</p>	<p>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 require specialist support to ensure that the safety and well-being of their child is maintained.</p>

Universal or Community Support – Thriving	Emerging Needs - Getting advice and signposting	Targeted Support – Getting help	Intensive Support - Getting more help	Statutory Services – Getting risk support
<p>Child has a disability, but their needs are being met through universal provision.</p>	<p>A child has a disability, but it is not permanent and substantial additional help required to meet needs of the child's disabilities.</p>	<p>Parent/carers unable to fully meet the child's needs and these may be met through early support provision, all details are available on the local offer.</p> <p>A child has social, emotional and or behavioural difficulties due to social or environmental factors, i.e. the behaviour is not attributable to a disability.</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>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/ Intensive Support Service. This will depend on whether they meet the criteria for the Children with Disabilities service - see link to eligibility criteria.</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>

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 – Getting risk support
<p>Child is in education/training with no barriers to learning. Planned progressions beyond school/college. Behaviour issues are managed by the school.</p>	<p>Child experiences frequent moves between schools or professional concerns re home education.</p> <p>Reports of bullying but responded to appropriately. Peer concerns managed by the school.</p>	<p>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.</p> <p>Child is unable to cope with everyday life (including employment).</p> <p>Not able to participate and engage with education – motivation, emotional regulation and behaviour difficulties, risk of, or subject to, exclusions, concerns around suitability of Elective Home Education, child is off-roll and not receiving an education otherwise, at risk of or NEET</p>	<p>Repeated permanent school exclusion. School exclusion with other risk factors. Will require specialist educational provision/resources within mainstream/special school.</p> <p>Child who is persistent or severely absent</p>	<p>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.</p>

Universal or Community Support – Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services – Getting risk support
<p>Child's (0-5 yrs) developmental milestones met.</p>	<p>Some of child's (0-5 yrs) 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 IEP.</p>	<p>Some of child's (0-5 yrs) developmental milestones are not being met which will require support of targeted services.</p>	<p>Significant impact of not engaging with speech and language support.</p>	<p>Developmental milestones are significantly delayed or impaired causing concerns regarding ongoing neglect. (not in the case of those with a disability).</p>
<p>The child possesses age-appropriate ability to understand and organise information and solve problems and makes adequate academic progress.</p>	<p>The child's ability to understand and organise information and solve problems is impaired and the child is under-achieving or is making no academic progress.</p>	<p>The child's ability to understand and organise information and solve problems is very significantly impaired and the child is seriously under-achieving or is making no academic progress despite learning support strategies over a period of time.</p>		<p>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, concerns of carer neglect.</p>
<p>The parent/carer positively supports learning and aspirations and engages with school.</p>	<p>The parent/carer is not engaged in supporting learning aspirations and/or is not engaging with the school.</p>	<p>The parent/carer does not engage with the school and actively resists suggestions of supportive interventions.</p>		<p>The parent/carer actively discourages or prevents the child from learning or engaging with the school.</p>

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 – Getting risk support
<p>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.</p>	<p>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.</p>	<p>Child is isolated and refuses to participate in social activities, interacting negatively with others including aggressive, bullying, or destructive behaviours. Child has experienced persistent or severe bullying which has impacted on his/her daily outcomes. Child has significant communication difficulties.</p>	<p>Child is isolated and refuses to participate in social activities, interacting negatively with others including aggressive, bullying, or destructive behaviours, early support has been refused, or been inadequate to manage this behaviour.</p>	<p>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.</p>
<p>There is a positive family network and good friendships outside the family unit.</p>	<p>There is a significant lack of support from the extended family network which is impacting on the parent's capacity.</p>	<p>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>	<p>The family network has broken down or is highly volatile and is causing serious adverse impact to the child.</p>

Universal or Community Support - Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services – Getting risk support
<p>Child engages in age-appropriate use of internet, gaming and social media.</p>	<p>Child is at risk of becoming involved in negative internet use, lacks control and is unsupervised in gaming and social media applications.</p>	<p>Child is engaged in, or victim of negative and harmful behaviours associated with internet and social media use or is obsessively involved in gaming which interferes with social functioning. Evidence of sexual material being shared without consent. Multiple SIMs or phones.</p>		<p>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 all times.</p>
<p>The family feels integrated into the community.</p>	<p>The family is chronically socially excluded and/ or there is an absence of supportive community networks.</p>	<p>The family is socially excluded and isolated to the extent that it has an adverse impact on the child.</p>		<p>The family is excluded, and the child is seriously affected but the family actively resists all attempts to achieve inclusion and isolates the child from sources of support.</p>

Universal or Community Support - Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services – Getting risk support
<p>The neighbourhood is a safe and positive environment encouraging good citizenship and knowledgeable about the effects of crime and anti-social behaviour.</p>	<p>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.</p>	<p>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.</p>		<p>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.</p>
<p>Child and family is legally entitled to live in the country indefinitely and has full rights to employment and public funds.</p>	<p>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.</p>	<p>Child and family's legal status puts them at risk of involuntary removal from the country / having limited financial resources/no recourse to public funds increases the vulnerability of the children to criminal activity.</p>		<p>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.</p>

Universal or Community Support - Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services – Getting risk support
<p>Child is positively engaging with services. Has awareness of the risks and grooming processes. Motivated and positive outlook.</p>	<p>Perceived inability or reluctance to access more mainstream support. Reduced access due to their ethnicity / cultural background / being in care / Identifying as LGBTQ / Educational Needs (SEN).</p>	<p>Isolated and refuses to participate in activities. Experiencing bullying or social isolation that may be exacerbated by personal, cultural, sexual identity or education needs. Targeted by groups or individuals due to their vulnerability or perceived reputation.</p>		<p>Negative sense of self and abilities that risk of causing harm. Completely isolated, refusing activities. High levels of social isolation that may be exacerbated by personal, cultural, sexual identity or education needs.</p>
<p>Accommodation has basic amenities and appropriate facilities, and can meet family needs</p>	<p>Poor state of repair, temporary or overcrowded, or unsafe housing. Intentionally homeless Families who are in local authority temporary accommodation and are at risk of losing this</p>	<p>Families not in suitable, sustainable housing and/or threatened with eviction /at risk of homelessness</p>	<p>Adolescents aged 16/17 at risk of being excluded from the family home.</p>	<p>Homeless – or imminent if not accepted by housing department. Housing dangerous or seriously threatening to health. Physical accommodation places child in danger.</p>
<p>Managing budget to meet individual needs</p>	<p>Periods of unemployment of parent / carer. Low income/Financial / debt problems 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>	<p>Extreme poverty / debt impacting on ability to care for child.</p>

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 – Getting risk support
Parent/carer protects their family from danger/ significant harm.	Parent/carer on occasion does not protect their family which if unaddressed could lead to risk or danger.	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.	Basic care needs are rarely being met. Serious lack of stability and routine appropriate stimulation, boundaries and guidance.	Parent/carer is unable to protect their child from harm, placing their child at significant risk. Allegations of harm by a person in a position of trust.
Child shows no physical symptoms which could be attributed to neglect.	Child occasionally shows physical symptoms which could indicate neglect.	Child consistently shows physical symptoms which clearly indicate neglect.		Child shows physical signs of neglect which are attributable to the care provided by their parent/carers.

Universal or Community Support – Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services – Getting risk support
<p>Child has injuries which are consistent with normal childish play and activities.</p>	<p>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.</p>	<p>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.</p>		<p>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 makes disclosure and implicates parents or older family members.</p>
<p>Parent/carer does not physically harm their child including physical chastisement.</p>	<p>Parent/carer uses physical assault (no injuries) as discipline but is willing to access professional support to help them manage the child's behaviour.</p>	<p>Parent struggle, refuse to set effective boundaries e.g., too loose/tight/physical chastisement.</p>		<p>Parent/carer uses an implement causing significant physical harm to a child.</p>
<p>No concerns re conflict / tensions within the family.</p>	<p>Concerns re ongoing conflict between family and child.</p>		<p>Family is experiencing a crisis likely to result in the breakdown of care arrangements - no longer want to care for child.</p>	<p>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.</p>

Universal or Community Support – Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services – Getting risk support
No concerns 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.	Inadequate supervision/ inappropriate care arrangements	Inappropriate, high level of self-sufficiency for child/child's age and stage of development resulting in neglect.
No concerns of fabricated or induced illness.	Child has an increased level of illnesses with the causes unknown.	Suspicion child has suffered or is at risk of fabricated or induced illness.		Medical confirmation that a child has suffered significant harm due to fabricated or induced illness.

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 – Getting risk support
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.		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.	Suspicious of peer-on-peer sexual activity in a child over 13 years old. Child under 16 is accessing sexual health and contraceptive services.	Risky sexual activity (child/child) Suspicious of sexual abuse / sexually activity of a child. Intensive support, depending on circumstances.	Suspicious of sexual abuse / sexually activity of a child. Direct allegation of sexual abuse/assault by child and belief that child is in imminent danger and in need of immediate protection.

Universal or Community Support – Thriving	Emerging Need – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services – Getting risk support
	Single instance of sexually inappropriate behaviour.	Send/receive inappropriate sexual material produced by themselves or other children via digital or social media, considered as peer-on-peer abuse. Evidence of concerning sexual behaviour – accessing violent / exploitative pornography.	Child is exhibiting harmful, sexual behaviour. Early teen pregnancy. Risk taking sexual activity.	Sexual activity under 13 years old. Involved in sexual exploitation.
	Age-appropriate attendance at sexual health clinic.	Sexually transmitted infections (STI's). Consent issues may be unclear. Verbal or non-contact sexualised behaviour. Historic referrals in regard concerning sexual behaviour.		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.

Family Functioning and Wellbeing

Children are Protected from Domestic Abuse and Parental Conflict

Universal or Community Support – Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services – Getting risk support
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 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 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.	Children suffering emotional harm when witnessing physical / emotional abuse / economic control / coercive and controlling behaviour within the family. 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.	Family affected by domestic abuse or child to parent violence and abuse – recent or current.	Evidence suggesting child is directly subjected to verbal abuse, derogatory titles, threatening and/or coercive adult behaviours. 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.

	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.	Confirmation previous domestic abuse perpetrator residing at property. Carer minimises presence of domestic abuse in the household contrary to evidence of its existence.		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.
No interparental conflict Parents can control their emotions when in conflict for the wellbeing of their children.	Parenting mostly respectful, equal, co-operative but experiencing 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 to abuse. 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 / child violent or abusive in the home (to parents/carers or siblings)	

Children are Safe from Crime, and ASB

Police Attention

Universal or Community Support – Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services – Getting risk support
There is no history of criminal offences within the family.	History of criminal activity within the family including gang involvement, child has from time to time been involved in anti-social behaviour.	Re-occurring / frequent attendances by the police to the family home.	At risk of eviction due to frequent anti-social behaviour including hoarding	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 leading to injury caused by a weapon.
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 risk 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.

Universal or Community Support – Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services – Getting risk support
<p>Child is not involved with crime or antisocial behaviour.</p>		<p>Child (u18) at risk of crime – including gangs, serious violence and weapons carrying, or involved in harmful risk-taking behaviour.</p> <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>Arrested for possession of offensive weapon, drugs, multiple thefts / going equipped / motoring offences. Non-compliance of conditions.</p>	<p>Charged or convicted of Aggravated Robbery/Use of offensive weapon/ possession of large quantities of Class A drugs. Intentional harm of others / animals.</p>
<p>Child has been stopped but not searched. Child has been stopped and searched with no obvious safeguarding concerns or criminality.</p>	<p>Child has been stopped and searched in circumstances that cause concern such as time of day and others present but no previous concerns</p>	<p>Child regularly stopped and searched indicating vulnerability, exploitation, or criminality. Child arrested as a result of a stop and search.</p>	<p>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 – Getting risk support
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.	Evidence the child may be subject to emotionally harmful traditional practices where family members have resisted attempts to change behaviour.	Evidence the child may be subject to harmful traditional practices.
There are no concerns that the child is at risk of Honour Based Violence.		There are concerns that a child may be subjected to Honour Based Violence.	There is evidence to indicate the child is at risk of Honour Based Violence	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 are no concerns that the child is at risk of Female Genital Mutilation.	Parental disclosure of Female Genital Mutilation (FGM) but no risk 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.	Indicators and concerns of Female Genital Mutilation (FGM) that require further assessment and parental/sibling disclosure of FGM within the family.	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.

Universal or Community Support - Thriving	Emerging Needs - Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services – Getting risk support
There are no concerns a child is at risk of Forced Marriage.		There are concerns that a child may be subjected to Forced Marriage.		Evidence child may be subject to forced marriage or has been subjected to Forced Marriage.
There are no concerns that the child is at risk of witchcraft.	Suspicion child is exposed to issues of spirit possession or witchcraft.	Evidence child is exposed to issues of spirit possession or witchcraft.		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 – Getting risk support
<p>Child and family's activities are legal with no links to proscribed organisations.</p>	<p>Child refers to own and family ideologies</p>	<p>The child expresses sympathy for ideologies closely linked to violent extremism but is open to other views or loses interest quickly.</p>	<p>Child subject to frequent harassment/hostility. Identified as being at higher risk of being affected by radicalisation.</p> <p>Child and family have links to proscribed organisations.</p>	<p>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.</p>

Universal or Community Support – Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services – Getting risk support
<p>Child doesn't express support for extreme views or is too young to express such views themselves.</p>	<p>Child refers to own and family extreme views.</p>	<p>A child is known to live with an adult or older child who has extreme views. Child may inadvertently view extremist imagery.</p>		<p>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 prescribed 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.</p>
<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>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.</p>

Universal or Community Support – Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services – Getting risk support
<p>Child engages in age-appropriate activities and displays age-appropriate behaviours and self-control.</p>	<p>Child is expressing strongly held and intolerant views towards people who do not share their religious or political views.</p>	<p>Child is refusing to co-operate with activities at school that challenge their religious or political views, they are aggressive and intimidating to others who do not share their religious or political views.</p>		<p>Child expresses strongly held beliefs that people should be killed because they have a different view. Child is initiating verbal and sometimes physical conflict with people who do not share their religious or political views.</p>
<p>Child engages in age-appropriate activities and displays age-appropriate behaviours and self-control.</p>	<p>The child is expressing verbal support for extreme views some of which may be in contradiction to British law.</p>	<p>Concerns child has connections to individuals or groups known to have extreme views and they are being educated to hold intolerant, extremist views.</p>		<p>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>

Childs Engagement

Universal or Community Support – Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services – Getting risk support
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 risk or work with adolescents. Multiple workers confused or disagreeing on risk.	Services previously involved and closed; new referral received for similar concerns.	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 risk. 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 - Getting risk support
The child has no history of substance misuse or dependency.	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	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.

Universal or Community Support – Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services - Getting risk support
Parent/carers/other family members do not use drugs or alcohol, or the use does not 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.	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.
No signs or suspicion of drug usage.	Concerns of drug usage during pregnancy.	Evidence of substance/drug misuse during pregnancy – pre 21 weeks' gestation.	Parent or child who is vulnerable to cuckooing	Evidence of substance/drug misuse during pregnancy – post 21 weeks' gestation.

Children are Protected from Extra-Familial Harm/Contextual Safeguarding

Universal or Community Support – Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services – Getting risk support
<p>Good services in area and children are aware / engaging positively. Guardians in area ensure physical and psychological wellbeing of children.</p>	<p>Spending time in areas known for antisocial behaviour or where more vulnerable. Child identifies and informs professionals of unsafe locations and reason for this.</p>	<p>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.</p>	<p>Family member 18+ 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, early 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)</p>	<p>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.</p>

Universal or Community Support – Thriving	Emerging Needs – Getting advice and signposting	Targeted Support – Getting help	Intensive Support – Getting more help	Statutory Services – Getting risk support
Peer group engage in positive activities / clubs / communities. The group understands risk and harm. Age appropriate and safe. Peers that have 'turned around' in their journey.	Some indications that unknown adults and/or other exploited children have contact with the child/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 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/ for a long period Child persistently runs away and/or goes missing, serious concerns about their activity whilst away. Parent does not report them missing. Unable to give explanations for whereabouts.	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.

