



Haringey Safeguarding Children's Partnership (HSCCP) Thresholds Guide

Report Author	Haringey MASH Operational Group
Date First Published	October 2019
Date of Last UPDATE	October 2021
Date current version approved	23rd March 2022
Date current version published	31st March 2022

You can contact the Haringey MASH (Multi-Agency Safeguarding Hub) on

0208 489 4470

(8.45am to 5.00pm Monday to Thursday

8.45am to 4.45pm Fridays)

Outside of normal office, hours contact Emergency Duty Team Tel: 0208 489 0000

Email: mashreferral@haringey.gov.uk

This guide is aimed at all practitioners, and volunteers, supporting, or working with, children and / or their families within statutory, voluntary, private or independent organisations in Haringey. It aims to help professionals when wanting to access services or making a referral for services to ensure children and families get the right level of support at the right time. It should be read alongside the [London Child Protection Procedures](#) and the [London Threshold: Continuum of Help and Support](#).

When making contact or a referral...It is important when considering making a contact or referral to MASH that you follow the information provided below to help make the right decisions for the child at the right time.

Depending on the identified level of risk, the MASH may determine that a Strategy Meeting is required to decide the most appropriate support or services to support a child who is suspected of being at risk of significant harm, and their family. This will involve all agencies working together to consider all available information.

Remember ...

- If you are uncertain about making a referral you can contact the MASH for advice before doing so on
- If you are not in agreement with decisions made you can use the LSCB escalation process available on the HSCB site

Contacts

You can contact the MASH for advice and support when you feel a child, or their family may require Early Help or support before things escalate by contacting: **0208 489 4470**. If a more targeted or specialist support is needed a MASH professional will ask you to complete a referral to ensure that all the relevant information is available to get the child to the right service.

Professionals are also able to utilise the dedicated MASH child protection advice line on **0208 489 4533** between 09:00-16:45 Mon-Fri. The advice line is aimed at professionals seeking expert advice on suspected safeguarding concerns for children where consultation is needed to help better understand the level of risk and next steps to take. The advice line is also aimed at flagging up urgent referrals that require an immediate response.

Referrals for help and support

All referrals for help and support related to children and / or their families should go via Haringey's MASH for the referred concerns to be screened in order to determine the most appropriate next steps in line with the identified need according to this threshold guide. This multi-agency service includes children's social care, police and health and provides quick information-sharing where necessary in order to inform decision making where there may be a risk to a child. Good referral information is therefore a vital part of identifying risk early on, so that good quality referrals can be more quickly processed and the right service provided at the right time.

What Makes a Good Referral?

A good referral should be clear and concise but with enough detail to ensure that MASH professionals get a good understanding of the referrer's concerns and a good picture of what life is like for the child(ren). A good quality referral will identify why the child(ren) are at risk and what outcome is sought. The following is a list of information required to compile a good referral:

- As much basic information as possible including up to date address and phone number information, accurate DOB and ethnicity details, who the child(ren) live with, and whether the family needs an interpreter. Please include all relevant parties including estranged parents who might not reside at the same address.
- As much information as possible about the referring agency including phone numbers, e-mail addresses and your relationship with the family. It is also essential that we get details of any other professionals who you know are working with the family.
- Historical information is valuable in assessing referrals - are you aware of the family having social work involvement in the past? Has your agency ever had any previous concerns? What has led up to you making a referral? Have there been recent changes in the child or children or within their family? What is your relationship with the family? What support have you already put in place? Who is in the family's wider network that is offering or can offer support?
- It is vital that there is a clear distinction between fact and opinion – opinions are important, and we should not dismiss the niggling feelings that we get that tell us that something is not right for a child, but it is important to ensure that you highlight where your concerns come from and evidence them.
- Referrals should be thoughtful – before making a referral have you considered what it is that the child & their family needs or might be in their best interest? Utilising the Signs of Safety (SoS) model can help here by considering:
 - What are you worried about?
 - What is working well?
 - What do you think needs to happen next to address your worries?

- Is a statutory social work service the best option to support the family, or are their needs better met through an Early Help service, depending on the level of need identified?
- Are the difficulties something that your own agency could support the family with at this time?
- Is there anything that has already been done by yourselves or any other agency to address the current concerns?
- It is important that you share your concerns with the child / family unless doing so would place anybody at risk of harm. Discussing the referral with the family and letting them know why you think it might be important can help ease their anxiety. Early Help or Social Worker involvement can be unnerving for families and it helps to make sure that they are kept up to date and informed throughout the whole process.
- Whilst consent is not required to make a safeguarding referral, you will need to gain agreement (this can be verbal) from the parent/carer with parental responsibility or young person if you are seeking to make a referral to Haringey's Early Help Service. In either case, you should discuss the referral with and seek the views of the parent / carer before making the referral unless you think doing so might make it worse for the child(ren) or put them at undue risk of harm.
- If there is a need to rely on agreement from the young person when seeking to make a referral to Haringey's Early Help Service, please consider Gillick competency and the young person's maturity to make decisions about issues that affect them.
(please visit <https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines> for further guidance on Gillick competence)
- If you think that the child is in immediate danger, then you must call the Police prior to contacting our department.
- In the event of a child being at risk of harm outside office hours, please call one of our duty social workers before making a written referral on 020 8489 0000.

Haringey's Early Help Offer & the Family Wellbeing Assessment

Where appropriate, Haringey's Early help Offer, enables families to access support at the right time, voluntarily, before issues escalate into crises. Agencies such as those offering targeted support, schools or health services can work together to form a Team Around the Family (TAF). Where there are multiple issues and / or a number of agencies involved, and targeted support such as parenting support or targeted youth support is required, a referral can be made to the MASH to consider input to be provided from the multi-agency Early Help Panel or the local authority's Early Help Service to be offered to the family.

Depending on the needs of the child and family, a Family Wellbeing Assessment may then be completed to explore the support needs in more detail. This assessment enables practitioners to identify the right support from agencies for families that do not meet the threshold for escalation to statutory Children's Social Care services. This may also include families who have closed to statutory services but still require ongoing targeted support.

Within the local authority Early Help service, Family Support Workers, Youth Workers and Children Centre Practitioners complete the Family Wellbeing Assessments.

For more information on the Haringey's Early Help offer, visit the HSCP website, at <https://haringeyscp.org.uk/p/guidance-and-legislation/early-help>

Once a request for support via the Local Authority's Early Help Service is received by the MASH via the MASH referral form, the MASH will review this and refer on to the local Authority's Early Help Service provided no safeguarding concerns are identified that requires further consideration. Referrers seeking Early Help support should ensure they have gained verbal agreement from families before a referral to MASH is made and state this on the MASH referral form. As part of the well-being assessment process, written agreement will then be gained.

Assessments

Over time children and their families can experience many changes and life events. Organisations may need to offer support in different ways and at higher or lower levels to meet identified needs. To understand the right level of support that a child, and / or their family require it is essential to identify the following during an assessment. Assessments consider the key factors relating to a child's developmental needs, carer / parents' ability to care for the child as well as other key family or environmental factor. A good assessment will consider the following:

- Child's Needs
- History
- Family Factors
- Environmental Factors.

This will require professionals to

1. Gather available information about the child and their circumstances
2. Use their professional judgement and professional curiosity
3. Provide an analysis of the information (including understanding the child's lived experience)
4. Consider risks and how to manage them.

A good assessment will also enable professionals to understand whether a child has needs relating to their care or disability. The specific needs of disabled children and young carers should be recognised and prioritised within the assessment process.

Finally

Various screening tools are available on the London Councils and Haringey HSCP website to help identify levels if need for specific issues such as child sexual exploitation, domestic abuse and forced marriage and neglect.

APPENDIX 1

A Guide to the Thresholds (Levels) of Need

This is a guide to help identify when a contact or referral maybe needed ensuring the child or their family get the right help at the right time before problems escalate

	Level 1 Universal Child with no additional needs / all children	Level 2 Early Help (Targeted) Child low risk to vulnerable	Level 3 Complex Needs Child requires specialist support Child in Need	Level 4 Acute Needs Child requires statutory intensive support
Who...	<ul style="list-style-type: none"> ▪ Child's developmental needs met by universal services. ▪ Children expected to do well with minimum intervention from any additional service. 	<ul style="list-style-type: none"> ▪ Child has low-level additional needs not being met in short term. ▪ Child's needs are not clear, not known or not being met. ▪ Child / family need additional help to prevent problems becoming more difficult to resolve. <p style="text-align: center;">Verbal agreement required for assessment and intervention. <i>(see guidance on Gillick competence on page 4)</i></p>	<ul style="list-style-type: none"> ▪ Child has complex needs likely to require longer term interventions from targeted, statutory and/or specialist services. ▪ Child has high level of unmet needs that may require a targeted integrated response including specialist or statutory services. ▪ Child may meet threshold for a Child & Family Assessment or Wellbeing Assessment and/or other intervention as part of a closure to and step down from statutory services. <p style="text-align: center;">Whilst professionals do not require consent to make a safeguarding referral, a discussion should be held with the parent/carer prior to submitting referral unless doing so is deemed to increase the risk to the child. Members of the public do not require consent or discussion with the parent</p>	<ul style="list-style-type: none"> ▪ Child who has suffered, or at risk of suffering, significant harm requiring intensive statutory / specialist support i.e. Children's Social Care or Youth Justice Service. ▪ May include meeting threshold for child protection / local authority care. ▪ Children's Social Care take lead in safeguarding & coordinating services
This includes...	No Wellbeing Assessment required.	<ul style="list-style-type: none"> ▪ Parents / carers are under stress possibly affecting their parenting capacity and resilience. ▪ Child's health & development maybe adversely affected without multi-agency intervention to prevent them becoming more complex. 	<ul style="list-style-type: none"> ▪ Child unlikely to enjoy reasonable standard of development / health and at risk of longer-term poor outcomes without provision of coordinated targeted services. ▪ Lead practitioner allocated. ▪ May "step up" to, or has 'stepped down,' from Children's Social Care. 	<ul style="list-style-type: none"> ▪ Child has suffered, or is at risk of, significant harm. ▪ Serious concerns about child's health & development, or child assessed to be suffering neglect / abuse. ▪ Child may need to be looked after by the local authority either on a voluntary basis or through Court Order.

	Level 1 Universal Child with no additional needs / all children	Level 2 Early Help (Targeted) Child low risk to vulnerable	Level 3 Complex Needs Child requires specialist support Child in Need	Level 4 Acute Needs Child requires statutory intensive support
			<ul style="list-style-type: none"> Without support family likely to become in need of acute services. 	
Agencies involved may include...	<ul style="list-style-type: none"> Education Children’s Centres Child minders, nurseries Early Years GP, Midwives, Health visiting School nurses Play services Integrated Youth Support Schools Housing Voluntary, Community and Faith sector groups 	<ul style="list-style-type: none"> All agencies identified in Level 1 Education Psychology/Welfare Inclusion Support Team Youth crime prevention services Targeted drug and alcohol services, advice & education. Health Education. Specialist Play Services Targeted Youth and Family Support Services Youth Justice Service CAMHS Other community Early Help agencies 	<ul style="list-style-type: none"> All agencies identified at Levels 1 & 2 Children’s Social Care Youth Justice Service CAMHS Child Psychology Family Solutions Targeted Youth and Family Support Services 	<ul style="list-style-type: none"> All agencies identified at levels 1 2 & 3 Children’s Social Care
Assessment Process...	<ul style="list-style-type: none"> Child should access universal services in normal way using each services’ referral process Contact made for advice through MASH. No assessment required. 	<ul style="list-style-type: none"> Where multiple agencies are involved a Family Well Being Assessment is required. Depending on the severity of need, a decision will be made about whether Early Help Services or Children’s Social Care services are involved. Contacts for advice or referrals made for services through MASH. <p style="text-align: center;"> Family wellbeing assessment may be completed including allocation of lead practitioner and a multi-agency TAF (Team Around Family) coordinated </p> <p style="text-align: center;">OR</p>	<ul style="list-style-type: none"> Evidence of interventions or support already provided can assist decision-making. Assessment provides supporting evidence to gain specialist or targeted support by requesting agencies. Referrals made through MASH <p style="text-align: center;"> Depending on the level of risk and complexity, either a statutory Child & Family Assessment may be required, the lead professional being the social worker </p> <p style="text-align: center;">OR</p> <p style="text-align: center;"> A family wellbeing assessment may be completed including allocation of lead </p>	<ul style="list-style-type: none"> Child will require a coordinated multi-agency response from both statutory and non-statutory services. Referrals made through MASH. <p style="text-align: center;"> The lead professional will be the statutory social worker who will be responsible for co-ordinating the core group (child protection) or a child in need plan. </p>

	Level 1 Universal Child with no additional needs / all children	Level 2 Early Help (Targeted) Child low risk to vulnerable	Level 3 Complex Needs Child requires specialist support Child in Need	Level 4 Acute Needs Child requires statutory intensive support
		<p>The Local Authority Early Help service presents the case through the Early Help Panel.</p>	<p>practitioner and a multi-agency TAF (Team Around Family) coordinated.</p>	

APPENDIX 2

This table sets out the possible indicators/features to be aware of to identify the Child’s level of need and the potential services they may need to help meet their needs.

This is not a definitive list but does show core areas that will help identify when to make a referral or undertake an assessment.

Concern	Level 1-Universal Child with no additional needs	Level 2-Targeted Child at low risk to vulnerable. Low-level additional needs not met in short term.	Level 3-Specialist Child has complex needs requiring long team specialist support	Level 4-Statutory Child has acute needs requiring intensive specialist / statutory involvement
<i>This list is only a quick reference guide. Remember there maybe multiple concerns.</i>				
Behaviour	<ul style="list-style-type: none"> ▪ Child engages in age appropriate behaviours and self-control. ▪ Child demonstrates appropriate response in feelings and actions 	<ul style="list-style-type: none"> ▪ Child can display lack of self-control unusual in children of their age. ▪ Child has some difficulties with family /adult and peer relationships. ▪ Child displays some inappropriate responses / behaviour. ▪ Child becoming involved in negative disruptive / challenging behaviours/ activities. ▪ Child/ young person receiving a ‘Community Resolution’ 	<ul style="list-style-type: none"> ▪ Child regularly displays lack of self-control unusual for child of their age. ▪ Child displays abuse / neglect towards vulnerable adults or animals ▪ Child has poor family / adult and peer relationships. ▪ Child finds it difficult to cope with anger and frustration. ▪ Child/Young person receiving a Community Resolution/ Out of Court Disposal 	<ul style="list-style-type: none"> ▪ Child displays little or no self-control which seriously impacts on relationships with those around them putting child / others at risk ▪ Child’s challenging behaviour results in serious risk to child and / or others. ▪ Parents / carers not good role model & condones child’s challenging behaviour. ▪ Child cannot maintain relationships
Child Criminal Exploitation (CCE) & Gangs	<ul style="list-style-type: none"> ▪ Child’s activities are legal. ▪ There is no history of criminal offences within Family. ▪ Family members are not involved in gangs / organised crime 	<ul style="list-style-type: none"> ▪ Child has from time to time been involved in challenging behaviour. ▪ There is a history of criminal activity within Family. ▪ There is suspicion, or some evidence that Family are involved in gangs / organised crime. ▪ Child is vulnerable and at potential risk of being targeted and/or groomed for criminal exploitation although the risk is not significant or imminent. Child may appear on the periphery of being drawn into gangs or other criminal groups and/or associations. 	<ul style="list-style-type: none"> ▪ Child is involved in challenging behaviour and may be at risk of gang involvement. ▪ Criminal record relating to serious or violent crime is held by a family member, which may affect children. ▪ There is a known family involvement in gangs / organised crime activity. ▪ A family member that is affecting children holds criminal record relating to serious or violent crime. ▪ Child appears to be actively targeted with the intention of exploiting the child for criminal gain. The child is at high risk of being actively coerced into gang criminality, drug dealing and trafficking or participation in other criminal activities. The likelihood of coercion and control of the child is 	<ul style="list-style-type: none"> ▪ Child is currently involved in persistent or serious criminal activity ▪ Evidence child exposed to, or involved in, criminal activity to generate income for family. ▪ There is a known involvement in gang / organised crime activity affecting significantly on child and family. ▪ Child is currently involved in persistent or serious criminal activity. ▪ The child appears to be habitually entrenched in or is currently in the process of being actively criminally exploited and likely trafficked as a result. This may be through avenues such as gang criminality, drug dealing and trafficking or participation in other criminal activities.

Concern	Level 1-Universal Child with no additional needs	Level 2-Targeted Child at low risk to vulnerable. Low-level additional needs not met in short term.	Level 3-Specialist Child has complex needs requiring long team specialist support	Level 4-Statutory Child has acute needs requiring intensive specialist / statutory involvement
<i>This list is only a quick reference guide. Remember there maybe multiple concerns.</i>				
			significant, although there may not be an imminent risk of significant harm.	<ul style="list-style-type: none"> ▪ There is a risk of imminent significant harm to the child as a result 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. Coercion and control is implicit.
Child Sexual Exploitation (CSE)	<ul style="list-style-type: none"> ▪ No concerns of CSE ▪ Child’s positive sense of self and abilities reduces the risk that they will be targeted by peers or adults who wish to exploit them. 	<ul style="list-style-type: none"> ▪ Child has a negative sense of self and abilities and suffers with low self-esteem making them vulnerable to peers and adults who pay them attention and/or show them affection but do so in order to exploit them. ▪ Child has some low-risk vulnerabilities and at potential risk of being targeted and/or groomed for the purposes of sexual exploitation. 	<ul style="list-style-type: none"> ▪ Child’s negative sense of self/low self-esteem contributes to their involvement with peers and/or adults thought to be treating them badly and/or encouraging their involvement in self-harm and/or criminal behaviour. ▪ Child regularly goes missing and family do not know where Child is. ▪ Child at higher risk of, or is suspected of being actively targeted for the intention of opportunistic abuse through the exchange of sex for drugs, accommodation, goods, attention and/or other implied gains. The likelihood of coercion and control of the child is significant. 	<ul style="list-style-type: none"> ▪ Child’s vulnerability results from their negative sense of self/low esteem, that is exploited by others causing them harm. ▪ Child frequently goes missing and fails to account for their locations or discloses situations indicating risk of CSE ▪ MASE assesses high risk of CSE. ▪ Child trafficked to UK for sexual exploitation. ▪ Child habitually entrenched in, or is currently in the process of being sexually exploited. They do not recognise their exploitation is taking place and are in denial about the nature of their abuse. Coercion and control is implicit.
Development	<ul style="list-style-type: none"> ▪ Child has a mild physical or mental health condition, learning difficulties or disability which affects their everyday functioning but can be managed in mainstream schools. ▪ Child is developing and growing well ▪ Child is healthy and does not have a physical or mental health condition or disability 	<ul style="list-style-type: none"> ▪ Some concerns on the growth and development of Child. ▪ Child has a mild physical or mental health condition, learning difficulties or disability which affects their everyday functioning and requires additional support to ensure overall needs are met. ▪ Child under-achieving or is making limited academic progress. 	<ul style="list-style-type: none"> ▪ Significant concerns that child’s developmental milestones not met. ▪ Child has physical/mental health condition, chronic and recurrent health problem or disability significantly affecting their everyday functioning and access to education ▪ Child not making academic progress despite learning support strategies in place over a period of time. 	<ul style="list-style-type: none"> ▪ Developmental milestones significantly delayed or impaired. ▪ Child has complex physical/mental health condition or disability, which has adverse impact on their physical, emotional or mental health and access to education. ▪ One or more children’s needs (e.g. disability, behaviour, long-term conditions) have a significant impact on

Concern	Level 1-Universal Child with no additional needs	Level 2-Targeted Child at low risk to vulnerable. Low-level additional needs not met in short term.	Level 3-Specialist Child has complex needs requiring long team specialist support	Level 4-Statutory Child has acute needs requiring intensive specialist / statutory involvement
<i>This list is only a quick reference guide. Remember there maybe multiple concerns.</i>				
	<ul style="list-style-type: none"> ▪ Child possesses age appropriate ability to understand and organise information and solve problems ▪ Child makes adequate academic progress. ▪ Young person is in education, employment or training 		<ul style="list-style-type: none"> ▪ Young person refuses to engage in educational or employment and are increasingly socially isolated. ▪ Young person not in education, employment or training (NEET) and is not likely to reach their potential. 	the day-to-day lives of Child/children and their siblings and/or parents.
Disability	<p style="text-align: center;">Child</p> <ul style="list-style-type: none"> ▪ Child has no disability. ▪ Child with disabilities is accessing universal services without support. 	<ul style="list-style-type: none"> ▪ Child with disabilities who may need additional targeted support and/or advice. ▪ Child receiving short breaks support ▪ Wider family issues impacting the welfare of Child with disabilities, requiring additional support. ▪ The needs of Child with disabilities is having some impact on Parent/carer’s capacity to meet the needs of Child’s sibling(s). 	<ul style="list-style-type: none"> ▪ Child has profound & enduring disabilities requiring targeted services to ensure universal needs are met. Child’s needs will not be adequately met without someone to support them ▪ The needs of Child with disabilities is directly impacting their Parent/carer’s capacity to adequately meet the needs of Child’s sibling(s). 	<ul style="list-style-type: none"> ▪ Severe disability is identified antenatally ▪ Child’s complex physical/mental health condition, or disability, has adverse impact on their physical, emotional or mental health and access to education.
	<p style="text-align: center;">Parent/Carer/ Extended Family</p> <ul style="list-style-type: none"> ▪ Family members do not have disabilities/serious health conditions. ▪ Physical health/learning disabilities of the parent/carer does not affect the care of Child. 	<ul style="list-style-type: none"> ▪ Physical needs of the parent/carer impacts upon the care of Child. ▪ Parents/carers learning difficulties occasionally impedes their ability to provide consistent patterns of care but without putting Child at risk. ▪ Family members have disabilities /serious health conditions that require additional support and impact on children’s welfare (eg young carers) 	<ul style="list-style-type: none"> ▪ Physical needs of the parent/ carer significantly affect their care of Child. ▪ Parents/carers learning disabilities are affecting the care of their child. ▪ Siblings or other members of Family have a disability/serious health condition that impacts on the care of Child. 	<ul style="list-style-type: none"> ▪ Parent/carers physical/mental health needs significantly affect care of child placing them at risk of significant harm. ▪ Parents/carers learning disabilities severely affecting care of child placing them at risk of significant harm. ▪ Siblings/other members of Family have disabilities/health concerns that are seriously affecting child and putting them at risk of significant harm.

Concern	Level 1-Universal Child with no additional needs	Level 2-Targeted Child at low risk to vulnerable. Low-level additional needs not met in short term.	Level 3-Specialist Child has complex needs requiring long team specialist support	Level 4-Statutory Child has acute needs requiring intensive specialist / statutory involvement
<i>This list is only a quick reference guide. Remember there maybe multiple concerns.</i>				
Honour Based Violence	<ul style="list-style-type: none"> ▪ No concerns Child may be subject to honour-based violence. 	<ul style="list-style-type: none"> ▪ There is concern that Child may be subject to honour-based violence. 	<ul style="list-style-type: none"> ▪ Allegation of honour-based violence or intended honour-based violence is raised 	<ul style="list-style-type: none"> ▪ Evidence that Child may be subject to honour-based violence.
Domestic Abuse	<ul style="list-style-type: none"> ▪ Expectant mother/ parent/carer is in a healthy relationship. ▪ There are no incidents of violence in Family or history of violence between by family members or new partners. 	<ul style="list-style-type: none"> ▪ Historic incidents of physical and/or emotional violence in Family. ▪ Harmful impact of incidents is moderated by other protective factors within Family who are able to look after Child when there are arguments /disputes in Family home. ▪ 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. ▪ Perpetrator shows insight and accepts support 	<ul style="list-style-type: none"> ▪ Expectant mother/parent/carer is victim of previous domestic abuse and is a victim of increasing or more serious incidents of domestic abuse. ▪ One or more adult family members is physically and emotionally abusive to another adult family member/s ▪ Perpetrator/s show limited or no commitment to changing their behaviour and little understanding of the impact their violence has on Child. ▪ Perpetrator is emotionally harming Child/ren who witness or are otherwise aware of the violence. ▪ Child has/or continues to witness adult in household physical or emotional abuse to another household member. ▪ Child shows signs of the impact of Domestic Abuse exposure, i.e. aggression, passive behaviour, or poor mental health. ▪ Confirmation previous domestic abuse perpetrator residing at property. ▪ Parent / carer minimises presence of domestic abuse in the household contrary to evidence of its existence. 	<ul style="list-style-type: none"> ▪ Expectant mother/parent/carer is current victim of domestic abuse, which is increasing in severity, frequency or duration. ▪ One or more adult members of family is perpetrator of persistent and/or serious physical and emotional violence, which may also be increasing in severity, frequency or duration. ▪ Perpetrator/s show no commitment to changing their behaviour and no understanding of the impact their violence has on Child. ▪ Perpetrator is emotionally harming Child/ren who witness or are otherwise aware of the violence. ▪ Children may also be at risk of physical violence if, for example, they seek to protect the adult victim. ▪ Child is at high risk of, or is already either a perpetrator or a victim of serious abusive behaviour ▪ Child under 1 or unborn baby is exposed to domestic abuse.

Concern	Level 1-Universal Child with no additional needs	Level 2-Targeted Child at low risk to vulnerable. Low-level additional needs not met in short term.	Level 3-Specialist Child has complex needs requiring long team specialist support	Level 4-Statutory Child has acute needs requiring intensive specialist / statutory involvement
<i>This list is only a quick reference guide. Remember there maybe multiple concerns.</i>				
Emotional Well Being / Abuse	<ul style="list-style-type: none"> ▪ Child is provided with an emotionally warm and stable family environment. ▪ Child engages in age appropriate activities and displays age appropriate behaviours. ▪ Child has a positive sense of self and abilities. ▪ Able to demonstrate empathy 	<ul style="list-style-type: none"> ▪ Child’s experiences parenting that shows a lack of emotional warmth or it is inconsistent. ▪ Child beginning to develop a negative sense of self and abilities. ▪ Child at risk of becoming involved in negative behaviour/ activities – i.e. challenging behaviour, substance misuse. ▪ Child has some difficulties with family/peer relationships ▪ Child displays inappropriate responses and actions ▪ Child does not always understand impact of own actions on others 	<ul style="list-style-type: none"> ▪ Child experiences a volatile and unstable family environment and this is having a negative effect on Child. ▪ Child has negative sense of self and abilities to the extent it is affecting their daily outcomes. ▪ Child is becoming involved in negative behaviour/ activities, for example, non-school attendance and as a result may be excluded short term from school. This increases their risk of being involved in ASB, crime, substance misuse and puts them at risk of grooming and exploitative relationships with peers or adults. 	<ul style="list-style-type: none"> ▪ Child suffered long- term neglect of the emotional needs. ▪ Child at high risk of, or already involved in sexual or other exploitation either as a perpetrator or victim ▪ Child has such a negative sense of self and abilities that there is evidence or likelihood that this is causing significant harm. ▪ Child frequently exhibits negative behaviour or activities that place self or others at imminent risk including chronic non-school attendance. ▪ Child is withdrawn /unwilling to engage. ▪ There is evidence to suggest Child is directly subjected to verbal abuse, derogatory titles, threatening and/or coercive adult behaviours.
Female Genital Mutilation (FGM)	<ul style="list-style-type: none"> ▪ No concerns that Child may be subject to FGM 	<ul style="list-style-type: none"> ▪ Concern that Family may have a history of practising FGM ▪ Female child is born to a woman who has undergone FGM ▪ Female child has an older sibling or cousin who has undergone FGM ▪ Female child’s father comes from a community known to practise FGM ▪ Family indicate that there are strong levels of influence held by elders and/or elders are involved in bringing up female children 	<ul style="list-style-type: none"> ▪ Family believe FGM is integral to cultural or religious identity. ▪ Female child talks about a long holiday to her country of origin or another country where the practice is prevalent. ▪ Female child or parent from household where FGM is known or suspected to have previously been a factor state that they or a relative will go out of the country for a prolonged period with female child. 	<ul style="list-style-type: none"> ▪ Female child or sibling confides that they will be having a ‘special procedure’ or attending a special occasion to ‘become a woman’. ▪ A parent or family member expresses concern that FGM may be, or has already been carried out on female child. ▪ Female child requests help because she is aware or suspects that she is at immediate risk of FGM. ▪ A mother/family member, or associate reports that Female child has had FGM.

Concern	Level 1-Universal Child with no additional needs	Level 2-Targeted Child at low risk to vulnerable. Low-level additional needs not met in short term.	Level 3-Specialist Child has complex needs requiring long team specialist support	Level 4-Statutory Child has acute needs requiring intensive specialist / statutory involvement
<i>This list is only a quick reference guide. Remember there maybe multiple concerns.</i>				
		<ul style="list-style-type: none"> ▪ Female child from practising community is withdrawn from Personal, Social, Health and Economic (PSHE) education or its equivalent. ▪ Increased emotional/psychological needs, i.e. Withdrawal or depression, or significant change in behaviour. ▪ Female child from an ethnic background where FGM is known to be practiced is missing from education for a period without school's approval or clear justifiable evidence. 		
Forced Marriage	<ul style="list-style-type: none"> ▪ No concerns that child may be subject to Forced Marriage. 	<ul style="list-style-type: none"> ▪ Concern that child may be subject to forced marriage. 	<ul style="list-style-type: none"> ▪ Allegation of forced marriage or intended forced marriage is raised 	<ul style="list-style-type: none"> ▪ There is evidence that Child may be subject to forced marriage.
Health (Physical)	<ul style="list-style-type: none"> ▪ Good physical health ▪ Adequate diet, hygiene, exercise. ▪ Regular dental & optical care. 	<ul style="list-style-type: none"> ▪ Health problems maintained in mainstream school. ▪ Child/parent do not attend health / medical appointments. ▪ Defaulting on immunisations check and/or dental care. ▪ Child is overweight/underweight 	<ul style="list-style-type: none"> ▪ Chronic / recurring health problems. ▪ Child has health condition/disability requiring regular treatment that child / parent refuses and affects child's health. 	<ul style="list-style-type: none"> ▪ Serious physical & emotional health problems. ▪ Parents/Carers fail to access health services causing Child harm ▪ Medical referral for non-organic failure to thrive in child under 5 years ▪ Early teenage pregnancy
Housing	<ul style="list-style-type: none"> ▪ Family accommodation is appropriate, stable, clean, warm, and tidy and there are no hazards that could affect the safety or wellbeing of Child. ▪ Neighbourhood is a safe and positive environment. 	<ul style="list-style-type: none"> ▪ Family's accommodation is stable but home itself is not kept clean, tidy, and not always free of hazards. ▪ Family home would benefit from improvements to support the needs of Child or parent/carer with a disability. ▪ Family home is overcrowded and does not meet the needs of Family 	<ul style="list-style-type: none"> ▪ Family's home is consistently poor and constitutes health and safety hazards including hoarding ▪ Accommodation is not appropriate for a child or parent/carer with a disability ▪ Neighbourhood or locality is having a negative impact on child – i.e. child is victim of challenging behaviour or 	<ul style="list-style-type: none"> ▪ Family's home is consistently dirty and constitutes health and safety hazards including hoarding. Family has no stable home and is moving from place to place or 'sofa surfing'. ▪ Accommodation is overcrowded or does not meet the needs of Family. ▪ Accommodation is not appropriate for a child or parent /carer with a disability.

Concern	Level 1-Universal Child with no additional needs	Level 2-Targeted Child at low risk to vulnerable. Low-level additional needs not met in short term.	Level 3-Specialist Child has complex needs requiring long team specialist support	Level 4-Statutory Child has acute needs requiring intensive specialist / statutory involvement
<i>This list is only a quick reference guide. Remember there maybe multiple concerns.</i>				
	<ul style="list-style-type: none"> ▪ Family is legally entitled to live in the country and has full rights to employment and public funds. 	<ul style="list-style-type: none"> ▪ Child affected by low level challenging behaviour in the locality. ▪ Neighbourhood is known to have groups of children and/or adults who are engaged in threatening and intimidating behaviour and child is intimidated/feels threatened in area. ▪ The parent/carer's is in low level rent arrears/accessing debt support services for housing arrears ▪ Family's legal entitlement to stay in the country restricts access to public funds and/or the right to work placing Family under stress. 	crime, (including sexual or other forms of harassment) and is at risk of being further victimized <ul style="list-style-type: none"> ▪ Family's legal status puts them at risk of involuntary removal from country ▪ Family have limited financial resources/no recourse to public funds. ▪ Family at risk of homelessness or eviction due rent arrears or other factors. ▪ Family members detained and at risk of deportation leading to unexpected stressors in parents' / carers' ability to independently meet needs of Child. 	<ul style="list-style-type: none"> ▪ Multiple complex needs e.g. substance misuse, domestic abuse, mental health and finance history of numerous house moves, unstable accommodation. ▪ Neighbourhood is having a profoundly negative effect on Child who has been a repeated victim of anti- social behaviour and/or crime and is now at high risk of sexual and other forms of exploitation. ▪ Child's primary care giver detained and at risk of deportation ▪ Child is unaccompanied asylum-seeker.
Mental Health & Self-Harm (CHILD)	<ul style="list-style-type: none"> ▪ No concerns about child's mental health. ▪ Child or young person has shown no indication to experiment with self- harm. ▪ Child has not suffered a significant loss, e.g. close family member or friend 	<ul style="list-style-type: none"> ▪ Persistent minor mental health problems – perhaps resulting in less than 90% school attendance ▪ Child or young person has experimented with self-harm but has stated they have no intention to self-harm again. ▪ Child is accessing social media sites related to self-harm ▪ Child has suffered a bereavement or trauma recently or in the past and is distressed but receives support from family and friends and appears to be coping reasonably well. 	<ul style="list-style-type: none"> ▪ There is no evidence that Child has accessed mental health and advice services and suffers recurrent mental health problems as a result. ▪ Child has suffered bereavement or had a traumatic experience recently or in the past and does not appear to be coping. This may include witnessing the abuse of others such as through domestic abuse. ▪ Child appears depressed and/or withdrawn and there is concern that they might be/are self-harming or feeling suicidal. ▪ Child self-harms causing minor injury and parent responds appropriately. ▪ Child's mental ill health and associated behaviour is causing parents / carers great concern. 	<ul style="list-style-type: none"> ▪ Refuses medical care endangering life and suffers chronic mental health problems as a result. ▪ Emerging acute mental health problems including threat of suicide, psychotic episode or severe depression. ▪ Child has suffered bereavement or trauma and is self- harming and/or disclosing suicidal thoughts. ▪ Serious mental health issues. ▪ Child repeatedly self-harms / harm is life threatening and /or parent responds inappropriately. ▪ Parent / carer does not feel able to manage behaviours related to child's mental ill health, increasing the risk of the child suffering significant harm. ▪ Child or young person needs immediate protection to avoid serious

Concern	Level 1-Universal Child with no additional needs	Level 2-Targeted Child at low risk to vulnerable. Low-level additional needs not met in short term.	Level 3-Specialist Child has complex needs requiring long team specialist support	Level 4-Statutory Child has acute needs requiring intensive specialist / statutory involvement
<i>This list is only a quick reference guide. Remember there maybe multiple concerns.</i>				
			<ul style="list-style-type: none"> ▪ Child’s mental ill health affects ability to engage in everyday activity. ▪ Child or young person is continuing to self-harm and there are underlying issues causing distress. ▪ Child is influenced through accessing self-harm social media sites. ▪ Child appears to suffer with an eating disorder. 	harm (e.g. self-harm is increasing, persistent suicidal thoughts, plans or means to suicide, suspected abuse or neglect).
Mental Health (PARENTAL)	<ul style="list-style-type: none"> ▪ No concerns about parental / carers mental health impacting on Child negatively. 	<ul style="list-style-type: none"> ▪ Mother with young baby and post-natal depression. ▪ Parent / carer experiencing bouts of anxiety and depression and have sought support around this (e.g. GP). 	<ul style="list-style-type: none"> ▪ Mother with young baby and post-natal psychosis. ▪ Parental / carer with learning disability, mental ill health. ▪ Parent / carer experiencing chronic episodes of mental ill health (psychotic (including perinatal)/ bi-polar / suicide) and engaged with long-term community mental health support to address. ▪ Parent / carer has had and acute mental health admission or requires intervention from crisis resolution home treatment team’ 	<ul style="list-style-type: none"> ▪ Child subject of parental delusions implying risk. ▪ Parent / carer has mental ill health but no insight into this and is not engaged in support offered.
Missing	<ul style="list-style-type: none"> ▪ Child does not run away or is absent from home/care/school. ▪ Their parents or carers always know Child’s whereabouts. 	<ul style="list-style-type: none"> ▪ Child has run away from school, home/care on occasions or not returned at normal time. ▪ There is concern about what happened to Child whilst they were away. 	<ul style="list-style-type: none"> ▪ Regularly missing from home /care /education ▪ Child missing but whereabouts known and there is a concern about what happened to child whilst missing ▪ Child is suspected of engaging in risk taking behaviour whilst missing ▪ Child has had 3 or more missing episodes in the past 6 months 	<ul style="list-style-type: none"> ▪ Child persistently missing from home / care/education ▪ Child is engaging in risky behaviours whilst they are away ▪ Concern child might be being sexually exploited or being drawn into criminal behaviour. ▪ Child has been missing for 5 days or more.

Concern	Level 1-Universal Child with no additional needs	Level 2-Targeted Child at low risk to vulnerable. Low-level additional needs not met in short term.	Level 3-Specialist Child has complex needs requiring long team specialist support	Level 4-Statutory Child has acute needs requiring intensive specialist / statutory involvement
<i>This list is only a quick reference guide. Remember there maybe multiple concerns.</i>				
Neglect	<i>Remember, children experiencing neglect may present with other areas of concern that may distract from neglect as underlying issue</i>			
	<ul style="list-style-type: none"> ▪ Child is appropriately dressed. ▪ Child’s nutritional and health needs are met. ▪ Child has injuries consistent with normal play and activities ▪ Child is provided with emotionally warm and stable family environment 	<ul style="list-style-type: none"> ▪ Child shows physical symptoms that may indicate neglect i.e. poor hygiene, tooth decay ▪ Child, or their siblings, consistently come to nursery / school in dirty clothing or they are unkempt/soiled ▪ Child has less common injuries consistent with parent/carer’s account. ▪ Parents seek out or accept advice on how to avoid accidental injury. ▪ Parent occasionally appears to prioritise own needs before child’s. 	<ul style="list-style-type: none"> ▪ Child or siblings show some consistent physical signs of neglect, which may include coming to school in dirty clothing that is inappropriate for weather and/or they are unkempt/soiled, or may show some signs of weight loss, poor personal hygiene and/or dental decay without improvement. ▪ Parent/carers are reluctant or unable, to address concerns and may put own needs before child. ▪ Child has injuries i.e. bruising, scalds, burns and scratches, which are accounted for but more frequently than expected, and may be attributed to poor supervision received from parent / carer. ▪ Child experiences a volatile / unstable family environment which has negative effect on child ▪ Child displays behaviour consistent with neglect i.e. non-adherence to boundaries, challenging behaviour, crime, use of drugs, passive, vulnerable, bullied. 	<ul style="list-style-type: none"> ▪ Child shows severe physical signs of neglect i.e. weight loss, thin / swollen tummy, poor skin tone, rashes, sores, prominent bones , poor hygiene, infestation and/or severe tooth decay which are directly attributable to care received. ▪ Child has injuries, i.e. bruising, scalds, burns and scratches, which are not accounted for and attributed to poor supervision received from parent / carer. ▪ Child consistently wears dirty or inappropriate clothing and are suffering significant harm as result i.e. unable to fully participate at school, are being bullied, are physically unwell. ▪ Child has suffered long term neglect of the emotional needs and, as a result, is now at high risk of, or is already involved in sexual or other forms of exploitation either as a perpetrator or victim ▪ Parent/carer does not consider child’s needs.
Offending	<ul style="list-style-type: none"> ▪ No offending or ASB 	<ul style="list-style-type: none"> ▪ Child from time to time engages in anti-social behaviour 	<ul style="list-style-type: none"> ▪ Child at risk of re-offending ▪ Youth Offending Service involved. ▪ Child involved in criminal activity or youth violence. 	<ul style="list-style-type: none"> ▪ Child involved in serious youth violence or criminal activities that poses a risk of significant harm to their safety and wellbeing or that of others.

Concern	Level 1-Universal Child with no additional needs	Level 2-Targeted Child at low risk to vulnerable. Low-level additional needs not met in short term.	Level 3-Specialist Child has complex needs requiring long team specialist support	Level 4-Statutory Child has acute needs requiring intensive specialist / statutory involvement
<i>This list is only a quick reference guide. Remember there maybe multiple concerns.</i>				
Parenting	<ul style="list-style-type: none"> ▪ Parents provide for all child's physical needs. ▪ Child protected from danger / significant harm in / out of home. ▪ Child shown warmth, praise & encouragement. ▪ Parent provides appropriate guidance & boundaries. 	<ul style="list-style-type: none"> ▪ Affected by low income / unemployment. ▪ Poor parental engagement with services. ▪ Parent requires advice on parenting. ▪ Concerns re diet, hygiene, clothing. ▪ Emerging concerns. ▪ Parent/carer offers inconsistent boundaries or parenting strategies. 	<ul style="list-style-type: none"> ▪ Child's care impacted by extreme poverty / debt. ▪ Child appears to be privately fostered. ▪ Abuse allegation with no injury in non-mobile child. ▪ No consistent good enough parenting 	<ul style="list-style-type: none"> ▪ Parents unable to care for child without support. ▪ Unable to provide safe and adequate parenting ▪ Highly critical / apathetic towards child.
Physical Abuse	<ul style="list-style-type: none"> ▪ Child has injuries i.e. bruising consistent with child their age ▪ Parental/carers' explanation consistent with injury 	<ul style="list-style-type: none"> ▪ Child has occasional less common injuries which are consistent with parent/carers' account ▪ Parent/carer seeks out or accepts advice on how to avoid accidental injuries 	<ul style="list-style-type: none"> ▪ Child has injuries i.e. bruising, scalds, burns, scratches that are accounted for but more frequent than expected for child of a similar age ▪ Parent/Carer does not know how injuries occurred or explanation unclear ▪ Parent utilises behaviour management strategies that pose a risk of physical harm to Child. 	<ul style="list-style-type: none"> ▪ Child has alleged being assaulted by parent or family member. This may include the presence of an injury or use of implement ▪ Child has injuries, i.e. bruising, scalds, burns and scratches, which are not accounted for. Child's account may implicate parent or family member ▪ Inconsistent explanation, or hospital admission, re: non-accidental injury ▪ Child suspected as being subjected to significant harm due to fabricated / induced illness
Radicalisation	<ul style="list-style-type: none"> ▪ Child and family have no links to proscribed terrorist groups ▪ Open & accepting of difference, ▪ Accesses social media in age appropriate manner 	<ul style="list-style-type: none"> ▪ Child and/or their parents/carers have indirect links to proscribed organisations, for example, they attend religious or social activities that are, or have been in the recent past, attended by members of proscribed organisations. ▪ Expresses intolerant prejudiced views linked to extreme violent ideology ▪ Child at risk of accessing extremist websites 	<ul style="list-style-type: none"> ▪ Family members, family friends or friends of Child have strong links with proscribed organisations. ▪ Aggressive & intimidating towards their peers not sharing / or sharing their political or religious views. ▪ Open to extremist grooming, through internet /links with extremist groups. ▪ Child has connections to known extremist individuals / groups ▪ Child expresses intolerant views towards peers and this leads to them being socially isolated. 	<ul style="list-style-type: none"> ▪ Child or other close family members or friends are members of proscribed organisations. ▪ Confirmed/strong suspicions child linked to/involved with individuals or groups known to have extreme views and to have links to violent extremism. ▪ 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.

Concern	Level 1-Universal Child with no additional needs	Level 2-Targeted Child at low risk to vulnerable. Low-level additional needs not met in short term.	Level 3-Specialist Child has complex needs requiring long team specialist support	Level 4-Statutory Child has acute needs requiring intensive specialist / statutory involvement
<i>This list is only a quick reference guide. Remember there maybe multiple concerns.</i>				
		<ul style="list-style-type: none"> ▪ Child and/or their parents/carers express strong support for a particular extremist organisation or movement but do not express any intention to be actively involved. ▪ Child is expressing sympathy for inappropriate ideologies. ▪ Child has expressed racist, sexist, homophobic or other prejudiced views and violent extremism. 	<ul style="list-style-type: none"> ▪ Child is engaged in negative and harmful behaviours associated with internet and social media use, (such as viewing extremist websites). ▪ Child often interacts negatively or has limited interaction with those they perceive as holding different views from themselves. ▪ A child is being sent violent extremist imagery by family members / family friends or is being helped to access it. ▪ Child and/or their parents/carers express strong support for extremist views. 	<ul style="list-style-type: none"> ▪ Significant concerns that child is being groomed for involvement in extremist activities. ▪ Child conceals internet/social media activities and either refuses to discuss their views or make clear their support for extremist views. ▪ Child circulating violent extremist images and promoting the actions of violent extremists and/or saying they will carry out violence in support of extremist views. ▪ Parents/carers either do not challenge this activity or appear to endorse it. ▪ Child/family members making plans to travel to a conflict with evidence to suggest they are doing so to support or participate in extremist activities.
Relationships (Social Context)	<ul style="list-style-type: none"> ▪ Child maintains good relationships and positive interaction with family and a range of peers. ▪ Child demonstrates accepted behaviour and tolerance towards their peers and others. ▪ Child is confident in social situations ▪ Child engages in age appropriate use of internet, gaming and social media. ▪ Family is integrated in the community 	<ul style="list-style-type: none"> ▪ Parents / carers' relationship difficulties may affect child. ▪ Parents under stress, which affects their parenting capacity. ▪ Child has few friendships and limited social interaction with their peers ▪ Child is a victim of discrimination or bullying. ▪ Family is experiencing social exclusion and/ or there is an absence of supportive community networks. ▪ Child is at risk of becoming involved in negative internet use, lacks 	<ul style="list-style-type: none"> ▪ Child is becoming isolated ▪ Child unable to sustain friendships and moves between different social groups in school ▪ Child declines to participate in social activities. ▪ Child has experienced persistent or severe bullying which has affected his/her daily outcomes. ▪ Family is chronically socially excluded and isolated to the extent that it has an adverse impact on Child. ▪ Family have a limited support network. 	<ul style="list-style-type: none"> ▪ Child is completely isolated ▪ Child has poor social skills (little or no communication skills may be related to an expressive language disorder) ▪ Positive interaction with others is severely limited. ▪ Child exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community, and which impacts on their wellbeing or safety. ▪ Child experienced such persistent or severe bullying that his/her wellbeing is at risk.

Concern	Level 1-Universal Child with no additional needs	Level 2-Targeted Child at low risk to vulnerable. Low-level additional needs not met in short term.	Level 3-Specialist Child has complex needs requiring long team specialist support	Level 4-Statutory Child has acute needs requiring intensive specialist / statutory involvement
<i>This list is only a quick reference guide. Remember there maybe multiple concerns.</i>				
		<p>control and is unsupervised in gaming and social media applications.</p>	<ul style="list-style-type: none"> ▪ Child is engaged in or victim of negative and harmful behaviours associated with internet and social media use, e.g. bullying, trolling, transmission of inappropriate images or is obsessively involved in gaming, which interferes with social functioning. 	<ul style="list-style-type: none"> ▪ Family is excluded, and child is seriously affected but family actively resists all attempts to achieve inclusion and isolates child from sources of support. ▪ Family experiencing chronic social exclusion. ▪ No support network. ▪ Child showing signs of being secretive, deceptive and is actively concealing internet/social media activities or showing signs of addiction (gaming, pornography).
School	<ul style="list-style-type: none"> ▪ Achieving key stages ▪ Good attendance at school, college or training 	<ul style="list-style-type: none"> ▪ Occasional truanting or non-school attendance (less than 90%) ▪ Poor punctuality/links between home and school. Child not supported to reach educational potential. ▪ Developmental delay ▪ Few/no qualifications or NEET (not in education, employment or training) ▪ Fewer than 3 exclusions ▪ Mild learning/behavioural difficulties emerging, poor concentration, lack of interest in education and other school activities. ▪ Child's achievement is impacted by poor attendance. ▪ Child is home educated 	<ul style="list-style-type: none"> ▪ Chronic/poor nursery or school attendance / punctuality ▪ Poor home and nursery/school link. No parental support for education. ▪ More than 3 fixed term exclusions / at risk of permanent exclusion, persistent truanting or no education provision. ▪ Statement of Special Education Needs or ongoing difficulty with learning and development. ▪ No access to books, toys or education materials ▪ Child is home educated and recurring issues are being raised about the child's experiences at home. 	<ul style="list-style-type: none"> ▪ Chronic non-school attendance, truanting ▪ No parental support for education ▪ Permanently excluded, frequent exclusions or no education provision ▪ Severe/complex learning difficulties require residential educational provision ▪ Child maybe permanently excluded/not in education putting them at high risk of criminal and/or sexual exploitation. ▪ Child's achievement is seriously impacted by lack of education
Sexual Abuse	<ul style="list-style-type: none"> ▪ No evidence of sexual abuse. ▪ Sexual activity appropriate for age. 	<ul style="list-style-type: none"> ▪ History of sexual abuse within family or network but parents respond appropriately to protect child. ▪ Concerns relating to inappropriate sexual behaviour in the wider family. 	<ul style="list-style-type: none"> ▪ Family home has in the past been used on occasion for drug taking /dealing, prostitution or illegal activities. 	<ul style="list-style-type: none"> ▪ Concerns around suspected inappropriate sexual behaviour from the parent/carer. ▪ Parent/ carer/family member/ visitor to the home sexually abuses Child.

Concern	Level 1-Universal Child with no additional needs	Level 2-Targeted Child at low risk to vulnerable. Low-level additional needs not met in short term.	Level 3-Specialist Child has complex needs requiring long team specialist support	Level 4-Statutory Child has acute needs requiring intensive specialist / statutory involvement
<i>This list is only a quick reference guide. Remember there maybe multiple concerns.</i>				
			<ul style="list-style-type: none"> ▪ Unsafe sexual activity (including engaging in age inappropriate relationships, no contraception). ▪ Allegation of historical sexual abuse but no longer in contact with perpetrator. 	<ul style="list-style-type: none"> ▪ Risk the parent/carer may sexually abuse their child and he/she does not accept therapeutic interventions. ▪ Family home used for drug taking and/or dealing, prostitution, illegal activities. ▪ Child is being sexually abused/exploited. ▪ Child has been sexually abused historically and is still in contact with alleged perpetrator or parent / carer engages in behaviours that risks child being sexually again. ▪ Offender who has risk to children status is in contact with Family.
Sexual Health	<ul style="list-style-type: none"> ▪ Sexual activity is appropriate for age 	<ul style="list-style-type: none"> ▪ Sexual activity aged 13-15 where there are also concerns of Fraser competence, grooming, power imbalances, possible Child Sexual Exploitation (CSE). ▪ Child under 16 is accessing sexual health and contraceptive services. 	<ul style="list-style-type: none"> ▪ Unsafe sexual activity ▪ Sharing of sexual images ▪ Not accessing sexual health / contraceptive services ▪ History of Sexual Transmitted Diseases (STDs) 	<ul style="list-style-type: none"> ▪ Sexual activity under the age of 13 (involving genital contact) ▪ Risk taking sexual activity ▪ Early teenage pregnancy ▪ Sexual partner known to the Police/ in position of trust/family member
Substance Misuse	<ul style="list-style-type: none"> ▪ Child has no history of substance misuse or dependency. ▪ There is no evidence of parents, siblings or other household members misusing drugs or alcohol. ▪ Parental drug and alcohol use does not affect parenting. 	<ul style="list-style-type: none"> ▪ Child is known to be using drugs and/or alcohol ▪ Drug and/or alcohol use is affecting parenting, but adequate provision is made to ensure Child's safety. Child is currently meeting their developmental milestones but there are concerns that this might not continue if parental drug and alcohol use continues or increases ▪ The substance/alcohol misuse of siblings or other household members occasionally affects Child. 	<ul style="list-style-type: none"> ▪ Drug/alcohol use has escalated. ▪ The frequency of the known child's substance misuse is affecting their mental health, physical health and social wellbeing. ▪ Drug paraphernalia in their home, Child feeling unable to invite friends to the home, Child worrying about their parent/carer. ▪ Siblings' or other household members' drug or alcohol misuse is increasingly affecting Child. 	<ul style="list-style-type: none"> ▪ Child's substance misuse dependency puts them at such risk that intensive specialist resources are required. ▪ Parental drug and/or alcohol use is at a problematic level that they cannot carry out daily parenting. This could include blackouts, confusion, severe mood swings; drug paraphernalia not stored or disposed of, using drugs/ alcohol when their child is present, involving child in procuring illegal substances, and dangers of overdose.

Concern	Level 1-Universal Child with no additional needs	Level 2-Targeted Child at low risk to vulnerable. Low-level additional needs not met in short term.	Level 3-Specialist Child has complex needs requiring long team specialist support	Level 4-Statutory Child has acute needs requiring intensive specialist / statutory involvement
<i>This list is only a quick reference guide. Remember there maybe multiple concerns.</i>				
				<ul style="list-style-type: none"> ▪ Substance misuse of siblings or other household members is significantly adversely affecting child.
Trafficking	<ul style="list-style-type: none"> ▪ Child/family are legally entitled to live in the country indefinitely and have full rights to education and public funds. 	<ul style="list-style-type: none"> ▪ Child/family's legal entitlement to stay in the country is temporary and/or restricts access to public funds placing Child and family under stress. 	<ul style="list-style-type: none"> ▪ Child/family's legal status puts them at risk of involuntary removal from the country (for example, asylum seeking families or illegal migrant/worker who may have been trafficked) ▪ The immigration status means they have limited financial resources/no recourse to public funds, which increases the vulnerability of Children to criminal activity (e.g. illegal employment, CSE). 	<ul style="list-style-type: none"> ▪ Family members are detained and at risk of deportation or Child is an unaccompanied asylum-seeker. ▪ Evidence that child has been exposed to, or involved, in criminal activity because of being trafficked into the country or to support themselves or generate income for family (e.g. illegal employment, CSE).
Young Carer	<ul style="list-style-type: none"> ▪ Child does not have any caring responsibilities 	<ul style="list-style-type: none"> ▪ Child occasionally has caring responsibilities for members of their family and this impacts on their opportunities ▪ Family are accessing support through either Haringey Carers or other organisation 	<ul style="list-style-type: none"> ▪ Child's outcomes are adversely impacted on by their caring responsibilities. ▪ Family refuse to access support services. 	<ul style="list-style-type: none"> ▪ Child's outcomes are being adversely impacted on by their unsupported caring responsibilities which have been on-going for a lengthy period and are unlikely to end in the foreseeable future