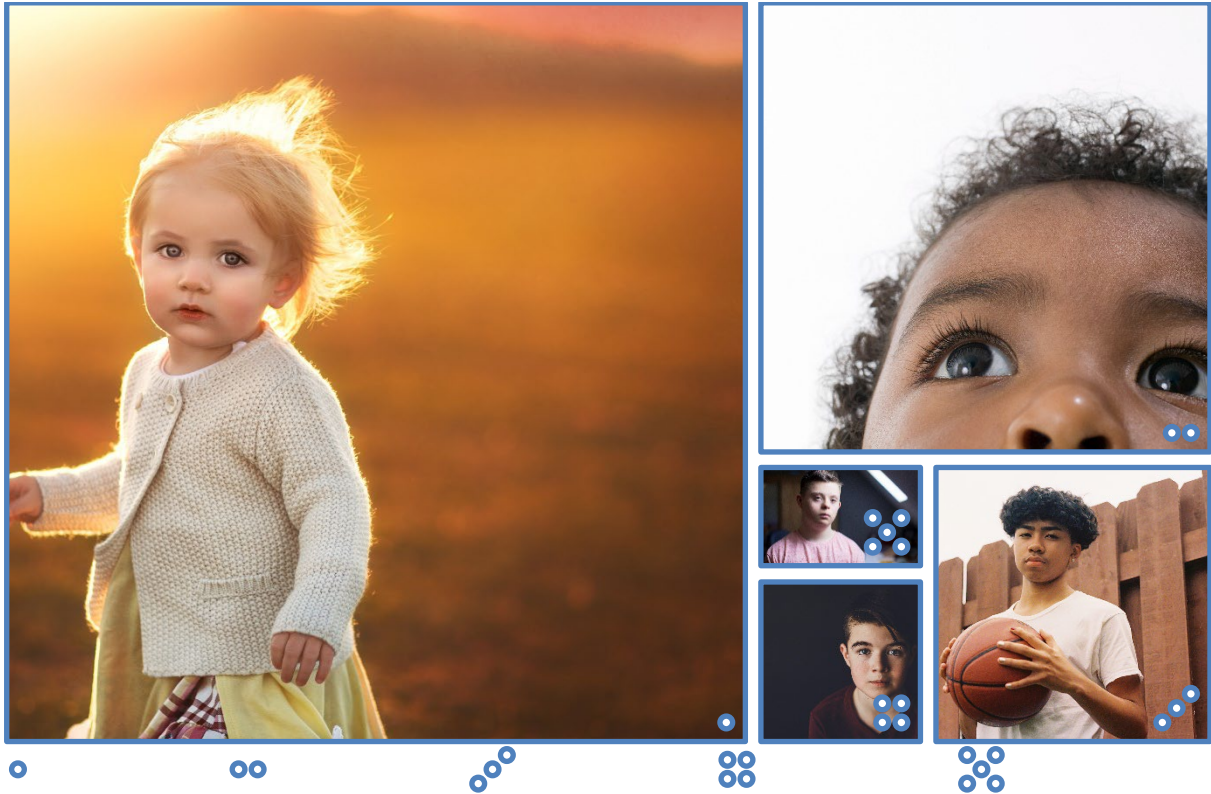




Bracknell Forest
SAFEGUARDING BOARD



Safeguarding Children Thresholds Guidance 2023 - 2026

This document is based on guidance previously published by London Safeguarding Children Board and amended for use in Bracknell Forest. This document should be used in conjunction with guidance set out within the Berkshire Child Protection Procedures:

<http://berks.proceduresonline.com/bracknell/>

If you are worried about the well-being of a child, you can phone the Multi-Agency Safeguarding Hub (MASH) on 01344 352005 (out-of-hours 01344 351999).

If your concern is more urgent call the police on 999.

For more information on how to report child abuse go to www.gov.uk/report-child-abuse

Introduction

Safeguarding and promoting the welfare of children can be defined as:

- Protecting children from maltreatment.
- Preventing impairment of children's health or development.
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best outcomes.

The statutory guidance set out in **Working Together to Safeguard Children (2018)** sets out a clear expectation that local agencies will collaborate to identify children with additional needs and work together to ensure support as soon as a problem emerges.

This guidance provides a framework for professionals who are working with children, young people and families, and aims to help identify circumstances when children may need additional support to achieve their full potential. It introduces a continuum of help and support, provides information on the levels of children's need, and gives examples of some of the factors that may indicate when a child or young person needs additional support or protection. This framework is designed to aid professional decision making but it is not intended to be an exhaustive list. Detailed multi-agency guidance is available from our [online Child protection procedures](#) to assist assessments, [together with guidance to support vulnerable adults](#).

Effective safeguarding work requires practitioners to be aware of inequalities, biases and assumptions that may impact on how they, their agency or the tools they use, perceive and assess the risk to a child. This includes assumptions and biases that relate to children's level of emotional maturity and identity (including ethnicity, religion, disability, gender and sexuality).

As a result, decision making requires staff to be aware of the changing contextual factors that must be considered within the assessment of children's needs and risks. This requires analytical skills that help collate and distil evidence and help recognise patterns of behaviour, identify missing information and triangulate that available from wider sources.

For professionals to make good decisions about safeguarding children, they need a full picture of what is happening in a child's life including all relevant information known about the child and wherever possible include their wishes and feelings. Identifying missing information can be equally important to understanding the overall pattern of the child's story.

To help understand a child's needs an Early Help Assessment (EHA) can be undertaken to support children who may need additional help. The EHA looks at ways in which children and their families can be best supported. An EHA is also a collaborative process that can involve different organisations working with families. Further details of this approach can be found [Early Help Assessment information for professionals | Bracknell Forest Council](#)

Telephone: 01344 352005

Email: mash@bracknell-forest.gov.uk

For further information and referral form go to:
www.bracknell-forest.gov.uk/MASH

This document should be used in conjunction with the [pan-Berkshire Safeguarding Children Procedures](#), which as well as [core procedures](#) has [guidance](#) in the following areas:

- Bruising / Suspicious Marks on Children Not Independently Mobile
- Bullying
- Child Sexual Abuse in the Family Environment
- Criminal and Sexual Exploitation of Children
- Children and Families Absent or Missing
- Children from Abroad, including Victims of Modern Slavery, Trafficking and Exploitation
- Children Living Away from Home
- Children of Parents with Learning Disabilities
- Children of Parents with Mental Health Problems
- Children of Parents who Misuse Substances
- Children Visiting Prisons
- Children Visiting Psychiatric Wards and Facilities
- Children with Disabilities
- Concealed Pregnancy
- Dogs and Safeguarding Children
- Domestic Abuse
- Fabricated or Induced Illness
- Faith Related Harmful Practice
- Female Genital Mutilation
- Forced Marriage
- Harmful Sexual Behaviour
- So-called 'Honour' Based Abuse
- Neglect
- Online Safety
- Pre-Birth
- Safeguarding Children and Young People Against Radicalisation and Violent Extremism
- Self-Harm and Suicidal Behaviour
- Underage Sexual Activity
- Working with Interpreters and others with Special Communication Skills
- Transitional Safeguarding

Indicators of Need

The indicators on the following pages are designed to provide practitioners with an overarching view on what tier of support and intervention a family might need.

This is not intended to be a 'tick box' exercise, but to give a quick-reference guide to support professionals in their decision-making, including conducting further assessments, referring to other services and understanding the likely thresholds for higher levels of intervention. When referring concerns, wherever possible, professionals should aim to clarify their concerns providing specific information as to the threats, risks, harm and vulnerability of the child.

Where children become involved in criminal activity because of abuse and exploitation, it is important professionals use language that reflects the presence of coercion, and the lack of control young people may have. Professionals must recognise the severe impact such abuse/exploitation has on children. Victim-blaming language can be damaging and risks reinforcing messages from perpetrators.

Remember that if there is a combination of indicators of need under Level Two, the case may be a Level Three case overall.

Also remember that need is not static; the needs of a child/young person/ family will change over time. Where a plan has been agreed, this should be reviewed regularly to analyse whether sufficient progress has been made to meet the child's needs and on the level of risk faced by the child. This will be important in cases of neglect where parents and carers can make small improvements, but an analysis will need to be undertaken on whether this leads to significant improvements for the child/young person.

If you have child protection concerns, you should also consult the Berkshire Child Protection Procedures <http://berks.proceduresonline.com/bracknell/index.html> and you must inform your safeguarding lead or line manager.

Level 1: No additional needs

These are children with no additional needs and therefore represent the majority of those living within Bracknell Forest. *Such children consistently receive child focused care from their parents or carers.* All their health and developmental needs can be met by their family with the support of others and universal services.

Level 2: Early help

These are children with additional needs. Some children may also be vulnerable and showing early signs of abuse and/or neglect; their needs may not be clear, not known or not being met. The parents of some children who require early help may not have prioritised their children's needs and /or have limited parenting capacity. This is the threshold for a [multi-agency early help assessment](#) to commence. These are children who require a lead professional for a co-ordinated approach to the provision of additional services such as family support services, parenting programmes and children's centres/Family hubs. These will be provided by universal or

targeted services working with other but does not include services provided by children's social care.

Level 3: Children with complex and multiple needs (Child in Need)

These children require specialist services to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled. They may require longer term help from specialist services or a brief period of intensive support when the young person or Child becomes at risk of needing to be placed into the care of the Local Authority. The *parents/carers* of some children with complex and multiple needs *may have limited capacity to Parent and/or fail to consider the risk of harm*. In such circumstances an 'Edge of care' provision may be coordinated by Children's Social Care that can coordinate additional support to that described in the Early help (Level 2) section above. This is the threshold for an [assessment led by Children's Social Care](#) under Section 17, Children Act 1989, although the assessments and services will require a collaborative approach involving other partner agencies.

Level 4: Children in acute need (including Child Protection/Children Looked After)

These are children who are suffering or are likely to suffer significant harm usually as a result of abuse, neglect and exploitation. This is the threshold for 'Child protection'. Significant harm can include situations where children have been exposed to chronic and cumulative harm as well as experiencing significant events or incidents. These children are likely to have already experienced significant adversity that has impacted on their development or is considered likely to. *In many cases parenting capacity is likely to have been significantly impaired*. They are children whose needs may require the protection of provisions set out in section 47 (the power to undertake child protection investigations), 20 (the accommodation of children), or 31 (the granting of a Care Order) of the Children Act 1989. This would also include those children remanded into custody and statutory youth offending service.

Some children may benefit from specialised services to address their [mental health needs and/or complex health problems](#). They are children whose needs may require the protection of provisions set out in section 47 (the power to undertake Child protection investigations), 20 (the accommodation of children), or 31 (the granting of a Care Order) of the Children Act 1989. This would also include those children remanded into custody and statutory youth offending service.

If you are worried about the safety and wellbeing of a Child right now, you should phone:

- 01344 352005 (8:30am to 5pm, Monday to Friday)
- 01344 351999 (5pm to 8:30am, Monday to Friday, 24 hours a day at weekends and bank holidays)
- Or [start a safeguarding referral](#)

In an emergency, or if you believe a child is at immediate risk of harm call the police on 999.

1. HEALTH				
	Level 1	Level 2	Level 3	Level 4
Complex Health Needs				
1.1	The child appears healthy, and parents/carers ensures the child has access to and uses appropriate health and health advice services	The child rarely accesses health and health advice services, there are concerns that parents/carers do not take up health services consistently for their children, for example missing immunisations.	Parents / carers have not accessed health and health advice services for the child who suffers chronic and recurrent health problems as a result. Child is diagnosed with a life-limiting illness.	The child has complex health needs that have not been appropriately assessed or treated because of non-engagement or omission by main care giver/s. Child has a perplexing presentation.
1.2	All child's health needs are met by parents/carers.	Additional help required to meet health demands of the child including disability or long-term serious illness requiring support services.	With additional support, parent/carer are not meeting needs of child's health. Parent/carer displays high levels of anxiety regarding child's health, creating impact upon the child, such as repeated and multiple unnecessary presentations to health professionals.	Parent/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.
Parental Additional Needs				
1.3	The parent/carer does not have any additional needs.	Needs of the parents / carers are affecting the care and development of the child.	Needs of the parents / carers / other Family members significantly affects the care of child.	The carer's own needs mean that they are unable to maintain the health and wellbeing of the child, even with support from other family members.
Pregnancy / Post-natal Risks				
1.4	Parent/s access antenatal and/or postnatal care.	Parent/s demonstrate ambivalence to antenatal and postnatal care with irregular attendance and missed appointments.	Parent/s are not accessing ante-natal and/ or post-natal care, significant concern about prospective parenting ability, resulting in the need for a pre-birth assessment.	Parent/s neglect to access ante-natal care and there are accumulative risk indicators. Concealed Pregnancy (20+weeks plus) or unassisted delivery Management of Concealed Pregnancy
1.5	Parent/s is coping well emotionally following the birth of their baby and accessing universal support services where required.	Parent/s is struggling to adjust to the role of parenthood, post-natal depression is affecting parenting ability.	Parent/s is suffering from post-natal depression which is impacting parenting capacity and there is a lack of Family support. Infant / child appears to have poor growth - Growth falling 2 centile ranges or more, without an apparent health problem.	The carer/s is suffering from severe post-natal depression which is causing serious risk to themselves or their Child/ children. Newborn affected by maternal/ paternal substance misuse.
1.6	Pregnancy with no apparent safeguarding concerns.	Pregnancy in a young person / vulnerable adult who is deemed in need of support.	A young person who is receiving services already from Children's Social Care, e.g., a Looked After Child or Care Leaver, is pregnant.	Pregnancy in a Child under 13. Expectant Parent/Carer with significant learning needs. Inexperienced parents with additional concerns that could place the unborn Child at risk of significant harm.

2. MENTAL / EMOTIONAL HEALTH				
	Level 1	Level 2	Level 3	Level 4
Emotional Support				
2.1	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.	Parenting often lacks emotional warmth and/or can be overly critical and/or inconsistent, occasional relationship difficulties impacting on the child's development. Struggles with setting age-appropriate boundaries, occasionally not meeting developmental milestones and occasionally prioritises their own needs before child's.	Parent/Carers inability to engage emotionally with Child leads to developmental milestones being delayed. 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. Allegations parents/carers making verbal threats to children. Child rarely comforted when distressed / under significant pressure to achieve / aspire.	Relationships between the Child and Parent/carer have broken down to the extent that the child is at risk of 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/carers.

Mental Health Support – Level 3 & 4 concerns in yellow should also be referred to mental health services BHFT (berkshirehealthcare.nhs.uk)				
2.2	Child has good mental health and psychological wellbeing.	Child has a mental health condition which affects their everyday functioning and can be supported in mainstream settings such as school and parents/carers are engaged with school /health services including accessing support services.	Child has a mental health condition which significantly affects their everyday functioning and requires specialist intervention in the community.	Child is experiencing serious mental ill health which poses an acute risk to themselves or others and requires urgent assessment by mental health services.
		History of mental health condition and have been assessed and discharged home with safety plan and follow up.	Child is refusing medical care/or is in hospital following episode of self-harm or suicide attempt or significant mental health issues.	Child is presenting with significant mental health symptoms (i.e., suicidal ideation with intend/ psychotic episode) and parent/carers not engaging with services.
		Child self- harms causing minor injury and Parent / carer responds appropriately and seeks support from services – for example the GP.	Parents/carers are not presenting Child for treatment increasing the risk of mental health deterioration problems as a result.	Parent/carer unable to manage Child's behaviours related to their emotional health and wellbeing increasing risk, with their responses to the Child contributing to significant risk of harm.
		Child experiences emotional dysregulation which affects their everyday functioning and can be supported in mainstream settings such as school and parents/carers are engaged with school /health services including accessing support services.	Child experience emotional dysregulation which significantly affects their everyday functioning. Parents/carers not engaging with other services, leading to child being at risk of harm, experiencing chaotic care or entering care.	Child is presenting with significant emotional dysregulation which places them or others at risk of significant harm and parent/carers not engaging with services.
2.3	The Child is supported to engage in age-appropriate activities and displays age-appropriate behaviours, contributing to a positive sense of self and abilities.	Child experiences critical parenting or care which has a negative impact on their sense of self and their abilities, suffering with low self-esteem and confidence and require forms of support	Child experiences critical and hostile parenting or care, with low warmth and empathy, chronic scapegoating, or systematic rejection. Parent / carer has their own needs which impacts on the quality of emotional care.	Child experiences cruel and emotionally abusive care placing a Child at risk of significant harm.
Parental Mental Ill-Health				
2.4	Mental ill-health of the Parent/carer does not affect / impact care of the child.	Sporadic mental ill-health of carer impacts care of child, however, protective factors in place.	Parent/carer mental health needs or subject to a section under Mental Health Act is impacting on the care of their child and there are limited supportive networks and extended Family to prevent harm.	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 and the child has experienced harm or been placed at risk.

3. EDUCATION				
	Level 1	Level 2	Level 3	Level 4
School Attendance				
3.1	Child is in education/ training with no barriers to learning. Planned progressions beyond school/college.	Child experiences frequent moves between schools or professional concerns including home education.	Child's school attendance is varied with missing absences and exclusions thought to be placing them at specific risks e.g., exploitation, home alone, neglect.	Child's achievement is seriously impacted by lack of education and known to be placing them at risk of other harms e.g., exploitation.
		Reports of bullying but responded to appropriately. Peer concerns managed by the school.	Regular breakdown of school placements. Lack of trust in education system (Young person or Parents/Carers). Education Welfare interventions have not been successful.	
		Behaviour issues are managed by the school.		
		Child's absence from school is frequent / persistent and requires referral to Education Welfare		
Developmental Milestones				
3.3	Child possesses age- appropriate ability to understand and organise information and solve problems and makes adequate academic progress.	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.	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.	Child's inability to understand and organise information and solve problems is adversely impacting on all areas of the child's development creating risk of significant harm.
3.4	Carer positively supports learning and aspirations and engages with school	Carer is not engaged in supporting learning aspirations and/or is not engaging with the school.	Carer actively resists suggestions of supportive interventions.	Carer actively discourages or prevents the child from learning or engaging with the school and concerns of carer neglect.

4. ABUSE AND NEGLECT				
	Level 1	Level 2	Level 3	Level 4
Physical Signs of Neglect				
4.1	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 indicate neglect.	Child shows physical signs of neglect which are attributable to the care provided by their parents/carers.
4.2	Child has injuries which are consistent with normal childish play and activities.	Child has less common injuries which are consistent with the parent/carers account of accidental injury. Parents/carers seek out or accept advice on how to avoid accidental injury.	Child has injuries which are accounted for but are more frequent than would be expected for a child of a similar age/needs. Parent/carer does not know how injuries occurred or explanation unclear.	Allegations of abuse or neglect or any injury suspected to be non-accidental injury to a child. Repeated allegations or reasonable suspicion of non-accidental injury. Any allegation of abuse/suspicious injury in a pre-mobile or non-mobile child. Child has injuries more frequently which are not accounted for, and the child makes disclosure and implicates parents/carers or older family members.
4.3	Parent/carer does not physically harm their child including physical chastisement.	Parent/carer uses chastisement (no injuries) as discipline but is willing to access professional support with their parenting.	Parent/carer uses physical assault (injuries) or other forms of harmful discipline but is willing to access professional support to help them manage the child's behaviour.	Parent/carer causes significant physical harm to a child.
Family / Parental Conflict				
4.4	No concerns re conflict / tensions within the family.	Concerns re ongoing conflict between family and child.	Family is experiencing a crisis likely to result in the breakdown of care arrangements - no longer want to care for child.	Child who needs an urgent referral to Children's Social Care because Family have rejected / abandoned / evicted child. Child has no available parent/carer, and the child is vulnerable to significant harm.
Independence and Self-sufficiency				
4.5	No concerns of inappropriate self-sufficiency.	Pattern emerging of self-sufficiency which is not proportionate to a child's age and stage of development.	High level of self-sufficiency is observed in a child that is not proportionate to a child's age and stage of development.	Inappropriate, high level of self-sufficiency for child's age and stage of development resulting in neglect.
Fabricated or Induced Illness				
4.6	No concerns of fabricated or induced illness.	Child has an increased level of illnesses with the causes unknown.	Perplexing presentation/suspicion child has suffered or is at risk of fabricated or induced illness.	Medical confirmation that a child has suffered significant harm due to suspected fabricated or induced illness.

5. SEXUAL ABUSE / ACTIVITY				
	Level 1	Level 2	Level 3	Level 4
Sexual Abuse				
5.1	Nothing to indicate child is being sexually abused.	Child has been safeguarded via Social Care and / or Police investigation after sexual abuse and they are protected from future harm. Child and family are in need of post-sexual abuse support to promote their recovery.	Allegation of non-recent sexual abuse but no longer in contact with perpetrator.	Disclosure of sexual abuse from a Child or admission of sexual abuse of a Child by an adult. An adult who may present a risk of sexual abuse to a child who lives with the Family or has other forms of access to the child. A registered sex offender or convicted violent offender subject to MAPPAs moves into the Child's home or has other forms of access to the child. Non-verbal or disabled children seen with suspicious injuries indicative of sexual abuse.
5.2	Good knowledge of healthy relationships and sexual health proportionate to age, stage and ability.	Children demonstrate isolated inappropriate sexual behaviours such as self-touching, kissing, looking at other's bodies, name calling, cat calling - which stop with correction by adults.	Problematic sexual behaviours by a Child which is developmentally inappropriate indicating potential safeguarding concerns.	Child has experienced serious sexual assault and abuse by other children. All children involved should receive a safeguarding response.

5.3	Good knowledge of healthy relationships and sexual health proportionate to age, stage and ability.	Child receiving unsolicited online contact with no offences taking place, Parents/carers can be supported to better understand online safety and settings.	Child vulnerable to online grooming where parenting capacity to protect is compromised or in need of support.	Child is coerced, groomed or blackmailed to meet online strangers offline. Child is coerced, groomed or blackmailed to send indecent images of themselves or other children. Indecent images of the child are in circulation and having a significant impact on the child's safety and wellbeing.
5.4	Good knowledge of healthy relationships and sexual health.	Age-appropriate attendance at sexual health clinic.	Sexually transmitted infections (STI's). Consent issues may be unclear. Historic referrals in regard concerning sexual behaviour.	Multiple / untreated sexually transmitted infections (STI's). Child exploited to recruit others into sexual activity. Repeated pregnancy, miscarriages and/or terminations. Increase in severity of concerning sexual behaviour. Pregnancy in child under the age of 13 years old.

6. POLICE ATTENTION				
	Level 1	Level 2	Level 3	Level 4
Criminal Activity				
6.1	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.	Family member has a criminal record relating to serious or violent crime, known gang involvement. Child is involved in anti-social behaviour and may be at risk of gang involvement, early support not having the desired impact. Starting to commit offences/re-offend or be a victim/at risk of child exploitation or gang behaviour.	Re-occurring / frequent attendances by the police to the Family home. Family member within household's criminal activity significantly impacting on the child. Child is currently involved in persistent or serious criminal activity and /or is known to be engaging in gang activities leading to injury caused by a weapon.
Interaction with Police				
6.2	Young person has been stopped and searched with no resulting safeguarding concerns or criminality.	Young person has been stopped and searched in circumstances that cause concern such as time of day and others present but no previous concerns.	Young person regularly stopped and searched indicating vulnerability, exploitation or criminality. Young person arrested because of a stop and search.	Young person consistently stopped and searched with risk factors suggested they are being exploited.
Exploitation / Grooming				
6.3	Young person has no involvement with crime or anti- social 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.	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.
Financial Exploitation				
6.4	Child lives in a household with financial security where there is access to appropriate and sufficient material wealth to meet all the child's needs.	Child lives in a household with occasional financial hardship, mostly there is access to appropriate and sufficient material wealth. Child reports being approached to put money in their bank account in exchange for a payment.	Child lives with constant financial insecurity; basic amenities are scarce including food. Child displays a sense of responsibility regarding Family finances and feels compelled to make money to provide for the family.	Child lives in constant financial insecurity; basic needs are not met but Child appears with expensive items or money with no account for how it was obtained. Child has no money immediately after allowances are given. Banks refuse to allow bank accounts.

7. HARMFUL PRACTICES				
	Level 1	Level 2	Level 3	Level 4
Harmful Traditional Practices				
7.1	There is no concern the child may be subject to harmful traditional practices.	Concern the child is living in a culture where harmful practices are known to have been performed in the wider Family however	Concern the child may be subject to harmful traditional practices.	Evidence the child may be/is subject to harmful traditional practices.

		parents/carers are opposed to the practices in respect of their children.		
'Honour' Based Abuse				
7.2	There are no concerns that the child is at risk of 'Honour' Based Abuse.	There are concerns that a child may be subjected to 'Honour' Based Abuse.	There is evidence to indicate the child is at risk of 'Honour' Based Abuse.	There is specific evidence to indicate a child has been subjected to 'Honour' Based Abuse or the child has reported they have been subjected to 'Honour' Based Abuse.
Female Genital Mutilation (FGM)				
7.3	There are no concerns that the Child is at risk of Female Genital Mutilation (FGM).	<p>History of FGM being practised within the Family including:</p> <ul style="list-style-type: none"> • woman who has experienced FGM giving birth to female Child • older sibling/cousin has experienced FGM. • strong levels of influence held by elders and/or elders are involved in bringing up female children. <p>and parent/carer evidence that they understand the practice is illegal and can keep the child safe from harmful practices.</p> <p>Female child talks about a long holiday / confirmed travel to her country of origin or another country where the practice is prevalent and/ or is missing from education for a period without school's approval.</p>	<p>Any female child born/unborn to a mother who has had FGM, is from a prevalent country, and family believe FGM is integral to cultural or religious identity.</p> <p>Female child or parent/carer 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.</p>	<p>Reports that female child has had FGM / child requests help as suspects she is at risk of FGM.</p> <p>Female child or parent/carer return from travel to country where FGM is known to be practiced and there are notable changes in the child's presentation raising concerns re FGM (e.g. dress code, excusing from PE, discomfort in walking, frequently visiting toilet facilities at any time, suggesting harmful practices</p>
Forced Marriage				
7.4	There are no concerns a Child is at risk of Forced Marriage.	There is evidence that there have been Forced Marriages in the Family, but the Parents/Carers have stated this will not happen to their Child	There are concerns that a Child may be subjected to Forced Marriage.	Evidence Child is subject to Forced Marriage or has been subjected to Forced Marriage.
Belief in 'Spirit Possession' and 'Witchcraft'				
7.5	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 may be exposed to issues of spirit possession or witchcraft.	Evidence Child is in contact with adults who believe the Child is to spirit possessed or involved in witchcraft.

8. EXTREMISM & RADICALISATION				
	Level 1	Level 2	Level 3	Level 4
Violent Extremism (concerns under Levels 3 & 4 should be referred to Prevent as well as CSC)				
8.1	Child and Family's activities are legal with no links to proscribed organisations.	Child makes reference to own and / or Family ideologies.	<p>Child expresses sympathy/ interest for ideologies closely linked to violent extremism but is open to other views or loses interest quickly.</p> <p>Child and family have indirect links to proscribed organisations.</p>	<p>Child expresses beliefs that extreme violence should be used against people who disrespect their beliefs and values.</p> <p>Child supports people travelling to conflict zones for extremist / violent purposes or with intent to join terrorist groups.</p> <p>Child expresses a generalised non-specific intent to go themselves.</p> <p>Child, family and friends have strong links / are members of proscribed organisations.</p>
8.2	Child does not express support for extreme views or is too young to express such views themselves.	Child makes reference to own and/ or Family extreme views.	Child is known to live with an adult or older Child who has extreme views. Child may inadvertently view extremist imagery.	<p>Child is sent extreme imagery / taken to demonstrations or marches where violent, extremist and/or age-inappropriate imagery or language is used.</p> <p>Child/carers/ close family members / friends are members of proscribed organisations, promoting the actions of violent extremists and/or saying that they will carry out violence in support of extremist views including child circulating violent extremist images.</p>
Online Radicalisation (concerns under Levels 3 & 4 should be referred to Prevent as well as CSC)				

8.3	Child engages in age-appropriate use of internet, including social media	Child is at risk of becoming involved in negative internet use that will expose them to extremist ideology, expressing casual support for extremist views.	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.	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.
Radicalisation and Extremist Views (concerns under Levels 3 & 4 should be referred to Prevent as well as CSC)				
8.4	Child engages in age-appropriate activities and displays age-appropriate behaviours and self-control.	Child is expressing strongly held and intolerant views towards people who do not share their religious or political views.	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.	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.
8.5	Child engages in age-appropriate activities and displays age-appropriate behaviours and self-control.	The Child is expressing verbal support for extreme views some of which may be in contradiction to British law.	Concerns Child has connections to individuals or groups known to have extreme views and they are being educated to hold intolerant, extremist views.	Child has strong links and is involved in activities and being educated by those with individuals or groups who are known to have extreme views / links to violent extremism.

9. DRUG / SUBSTANCE MISUSE				
	Level 1	Level 2	Level 3	Level 4
Children's Substance Misuse				
9.1	The child has no history of substance misuse or dependency.	Child is known to be using drugs and alcohol frequently with occasional impact on their social wellbeing.	Child's substance misuse dependency is affecting their mental and physical health and social wellbeing. Child presents at hospital due to substance / alcohol misuse. Carer indifferent to underage smoking / alcohol / drugs etc.	Child's substance misuse dependency is putting them at such risk that intensive specialist resources are required.
Drug Taking / Dealing within Household				
9.2	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 drug and/or alcohol use 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 care to child.
9.3	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.	Family home is used for drug taking / dealing / illegal activities which presents risk to children or with the children present.
Substance Misuse during Pregnancy				
9.4	No signs or suspicion of drug usage.	Concerns of drug usage during pregnancy.	Evidence of substance/drug misuse during pregnancy – pre 21 weeks gestation.	Evidence of substance/drug misuse during pregnancy – post 21 weeks gestation.

10. DISABILITY				
	Level 1	Level 2	Level 3	Level 4
Family Member with Disability				
10.1	Parent/carers / other family members have disabilities which do not affect the care of their child.	Parent/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.	Parent/carers / other family members have disabilities which are affecting the care of the child.	Parent/carers / other family members have disabilities which are severely affecting the care of the child and placing them at risk of significant harm.
Child with Disability				
10.2	Child has no apparent disabilities.	Additional help required to meet the child's needs due to their disabilities.	Parents/carers unable to fully meet the child's needs due to disability needs.	Child's disability needs are not being met and concerns of parent/carers neglect.

11. YOUNG CARER				
	Level 1	Level 2	Level 3	Level 4
11.1	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.	Child's outcomes are being adversely impacted by their unsupported caring responsibilities.

12. DOMESTIC ABUSE				
	Level 1	Level 2	Level 3	Level 4
Parent in Abusive Relationship				
12.1	Expectant Mother or Parent is not in an abusive relationship.	Expectant Mother or Parent is a victim of occasional domestic abuse such as financial control, verbal abuse (assessed as 'standard risk'). Resources for identifying the risk victims face Safelives	Expectant Mother or Parent is a victim of ongoing domestic abuse and is thought to be at current risk (assessed as 'standard/medium risk'). Physical assaults against a pregnant mother should trigger a CSC assessment.	Expectant Mother or Parent is a victim of chronic and serious domestic abuse where the victim is assessed as being at 'high risk' of harm and the Child (including unborn) is at risk of significant harm. (see DASH checklist).
12.2	Parent is in relationship with a person previously known to be perpetrator of domestic abuse but not believed to be living in house.	Information has become known that a person living in the house may be a previous perpetrator of domestic abuse. There is suspicion of abuse.	Confirmation that previous medium / high risk domestic abuse perpetrator has returned or regularly attending property. Parent/carer minimises presence of domestic abuse in the household contrary to signs of its existence.	Parent assessed as being at 'high risk' of harm with threat to life. The child (including unborn) is at risk of significant harm. (see DASH checklist) or has been injured or caught up in domestic abuse incident. Child traumatised or neglected due to a serious incident of domestic abuse or child is unborn.
Child Witness / Subjected to Domestic Abuse				
12.2	No history or incidents of violence, emotional abuse / economic control or controlling or coercive behaviour in the family.	There are 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 child reported not to be present when incidents have occurred.	Child 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.	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.

13. SOCIAL DEVELOPMENT				
	Level 1	Level 2	Level 3	Level 4
Child has Limited or Aggressive Social Interaction				
13.1	Parents/Carers provide the Child with good quality early attachments making them confident in social situations with strong friendships and positive social interaction with a range of peers, demonstrating positive behaviour and respect for others.	Child has few friendships and limited social interaction with their peers. Child has communication difficulties and poor interaction with others. Child exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community. Support is in place to manage this behaviour. Child is a victim of discrimination or bullying. Child is isolated and refuses to participate in social activities, interacting negatively with others including aggressive, bullying or destructive behaviours.	Parents/carers have refused early support, and there are risks that lack of parental control is placing the child or others at risk of harm.	Lack of parental control poses a risk of significant harm to the child and others.

Negative Family Network				
13.2	There is a positive family network and good friendships outside the family unit.	There is a significant lack of support from the extended Family network which is impacting on the parent/ carers capacity.	There is a weak or negative Family network. There is destructive or unhelpful involvement from the extended Family. Child has multiple carers; may have no significant or positive relationship with any of them/child has no other positive relationships.	Family network has broken down or is highly volatile and is causing serious adverse impact to the child.
Unsafe Internet Use				
13.3	Child engages in age-appropriate use of internet, gaming and social media.	Child is at risk of becoming involved in negative internet use. Child is showing signs of being secretive, deceptive and is actively concealing internet and social media activities.	Child is engaged in, or victim of, negative and harmful behaviours associated with internet and social media use. Evidence of sexual material being shared without consent. Multiple SIMs or phones.	Coerced to send / receive indecent images. Coerced to meet in person for sexual activity.
Social Exclusion				
13.4	Family feels integrated into the community.	Family is socially excluded and/ or there is an absence of supportive community networks.	Family is socially excluded and isolated to the extent that it has an adverse impact on the child.	Family is excluded, and the child is seriously affected, and the family actively resists all attempts to achieve inclusion and isolates the child from sources of support.
Neighbourhood Risks				
13.5	Child is safe in their neighbourhood and parents/ carers encourage good citizenship and knowledge about the effects of crime and anti-social behaviour.	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.	Risks in the neighbourhood or locality are 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.	Risks in the neighbourhood or locality are 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.
Family Legal Status				
13.6	Child and family is legally entitled to live in the country indefinitely and has full rights to employment and public funds.	Child and family's legal entitlement to stay in the country is temporary and/or restricts access to public funds and/or the right to work placing the child and family under stress.	Child and family's legal 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.	Child and family legal status leaves child at risk of serious harm.

14. HARM OUTSIDE OF FAMILY HOME				
Level 1	Level 2	Level 3	Level 4	
Places / Spaces				
14.1	Good services in area that have effective reach to all children. Parents/carers and communities in area ensure physical and psychological wellbeing of Child.	Child is spending time in areas known for antisocial behaviour or where more vulnerable.	Child is frequently spending time in locations, including online, where they can be at risk of experience harm / violence / exploitation with concerns that sources of harm may be targeting or in contact with the child.	Child is found in areas/properties known for exploitation / violence. Taken to hotel / B&B / property with intention of being harmed or harming others. Sources of harm in the area having profoundly negative effect on the child.
Peer Group / External Relationships				
14.2	Peer group has access to positive activities / clubs / communities. that are age appropriate and safe.	Some indications that unknown adults and/or other exploited children have contact with the child. Some indications of negatively influential peers.	Unknown adults and/or other exploited children/young people 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.	Child believed to be exploited. Person is coercing 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.
Professional Engagement				
14.3	Trusted Adult in professional network. Impactful engagement. Curious and flexible.	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 attempts, professionals have been unable to engage the young person 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 safe.

Missing				
14.4	Child comes home on time and does not run away from home. Their whereabouts are known to their parents/carers.	Child has run away from home, is absent from school or not returned home at the normal time.	Child persistently runs away and/or goes missing, serious concerns about their activity whilst away.	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.
		Concerns about what happened to them whilst they were away, whereabouts unknown.	Parent/carer does not report them missing. Unable to give explanations for whereabouts.	Pattern of sofa surfing, whereabouts unknown.
Private Fostering				
14.5	Child lives with parents or close family members who meet their needs.		Child is due to, or is currently, living in a private fostering arrangement.	