Safeguarding Children in Brent

Brent Safeguarding Children Partnership

Thresholds Guide

A guide for those working with children & families in Brent on making referrals to access the right level of support at the right time

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It is important to remember that guidance will never give all the answers. It will never take the place of talking to each other, exercising professional curiosity and making informed judgements.

Brent | NHS North West London Clinical Commissioning Group | Metropolitan Police

If a child is in immediate danger you should call 999

Children need good quality support and help at the earliest stages of life and when problems arise to prevent their situation becoming worse.

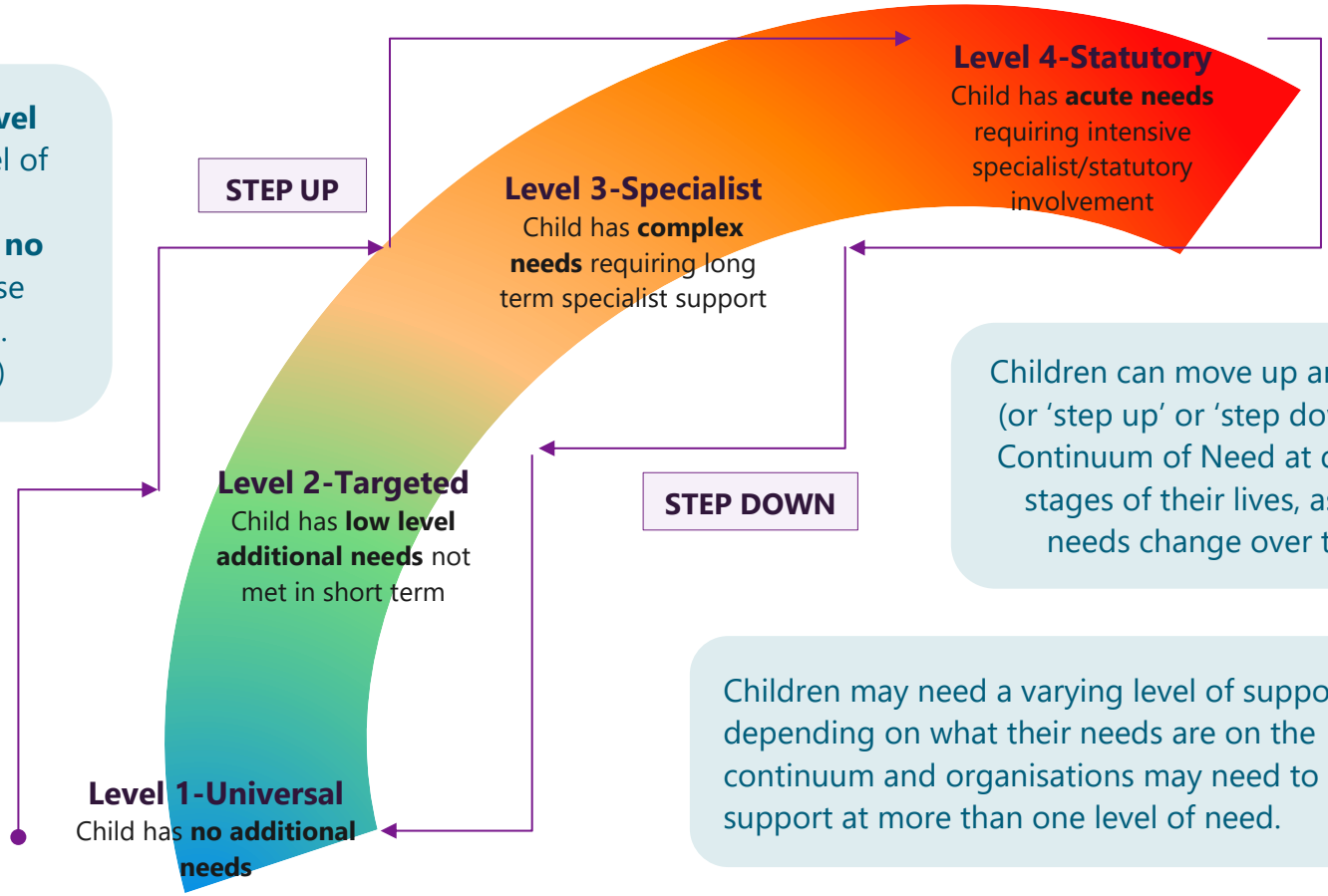
Most children grow up without needing more than the help of universal services. However, some children at different stages of their life journey may have additional needs which require tailored plans of support so that they can grow up successfully in secure and healthy home environments.

All practitioners working with families should know how to identify children who have additional needs and know how to make a referral for help.

Continuum of Need

A Continuum of Need is a **4 tier/level** model demonstrating children's level of need.
This ranges from children who have **no additional needs (Level 1)** to those whose **needs are acute (Level 4)**.
(See Appendix A for more details)

This continuum is delivered by agencies offering a graduated range of support from universal to specialist services.



Children can move up and down (or 'step up' or 'step down') the Continuum of Need at different stages of their lives, as their needs change over time.

Children may need a varying level of support depending on what their needs are on the continuum and organisations may need to offer support at more than one level of need.

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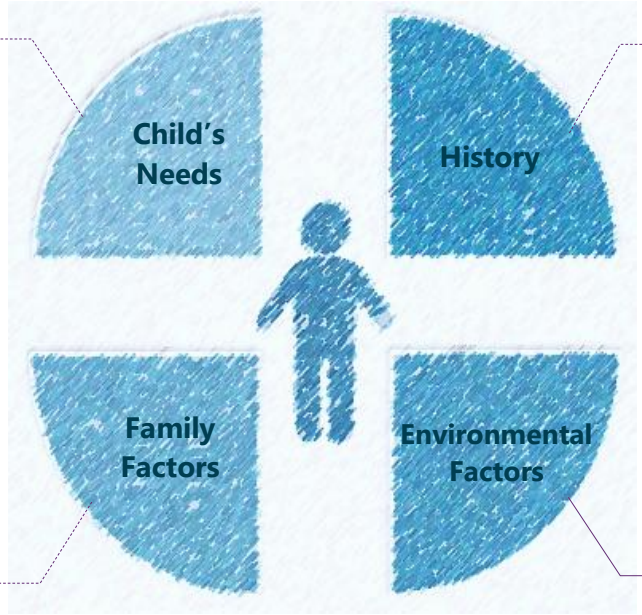
Identifying and assessing risk

To understand the right level of support that a child and/or their family needs, **it is essential to consider and identify key factors** relating to

- child's developmental needs
- care givers parenting capacity
- family and environmental factors

It is also important to consider **age and context** as well as **evidence from research** and **learning from national and local reviews**.

Each **child's individual unique needs** should be identified and understood in their own particular context.



Each child's **history and individual experiences** should be identified and understood **(including family history)**

The child's **family factors** should be identified and understood **(including wider family)**

Environmental factors that impact each child should be identified and understood **(including outside of the home)**

In order to intervene at the earliest point, and to target help and support in a way that makes a difference to the lives of families, **a good quality assessment and action plan** are required.

Every assessment should be child centred and focused on outcomes

A good assessment involves

- **Consideration of Risk**
- **Information Gathering**
- **Analysis**
- **Professional Judgement**
- **Recognition of specific needs** e.g disability, young carer

Children need to be seen, heard and helped

Professional contact is extremely important to understand the child's lived experiences and **professionals should spend time with the child** in their home and/or education environment, where possible, to **build supportive relationships**.

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Making a referral for Early Help or Safeguarding

In Brent, we want to make it as simple as possible for professionals to make referrals to children and young people's (CYP) services to help ensure that families get the right help, at the right time, as quickly as possible.

Where a practitioner has concerns about a child's welfare and/or doubts about the most appropriate pathway to meet a child's needs, they should consult initially with their own manager and agency safeguarding leads.

The Early Help Assessment (EHA) is a risk-based assessment process used across all CYP services to help families achieve positive outcomes. The EHA aims to help families get the ***right help, at the right time as quickly as possible***. A range of early help services is available in Brent. For more information on Early Help Assessment go to **Brent Council: Getting an Early Help Assessment**

Referrals for help and support for children and/or their families, should go to Brent Family Front Door (BFFD) which incorporates Brent's Multi-Agency Safeguarding Hub (MASH). The Brent Family Front Door is a multi-agency service that includes children's social care, police and health to provide quick information sharing and risk analysis to all referrals where there may be a risk to a child. This supports decision making about what services children and/or their families may receive.

The Brent Family Front Door (incorporating Brent's Multi-Agency Safeguarding Hub) may signpost, or refer families onto appropriate services. This may include a referral to Brent Children's Social Care for a Child & Family Assessment (CFA) or initiating Child Protection Enquiries (Section 47) where a child may be at significant risk of harm.

Brent Family Front Door

020 8937 4300

(9.00am to 5.00pm Monday to Friday)

Outside of these hours contact

Emergency Duty Team on: 020 8863 5250

A consultation line for professionals has been created by the Brent Family Front Door to help professionals make the most informed decisions should they require advice

Brent Family Front Door (BFFD) consultation line

020 8937 2228

(9am-12.30pm and 1.30pm-5pm Monday to Friday)

Sharing Information

National and local case reviews have highlighted that missing opportunities to record, share and understand the significance of information in a timely manner can have severe consequences for the safety and welfare of children.

Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children, which must always be the paramount concern.

Consent

In general, conversations about what is worrying you, should happen with the family first. This will allow you to confirm if they share your worries and give an opportunity to discuss what help they need. If parents understand that you are trying to help and are willing to work with you, they may be open to you making a referral for them to get additional support as required, which will need their explicit consent.

Consent, in this context, means that the family is informed about the services they are being referred to, agree with the referral being made and understand what information professionals are passing on and why.

Although it is usually good practice to seek consent for making a referral, there are some exceptions when it comes to safeguarding children:

If having a conversation with the family could place the child, or someone else at increased risk of harm, **you do not need to seek consent to make a referral.**

If seeking consent may impact upon an investigation of a crime or other legal proceeding, **you do not need to seek consent to make a referral.**
(e.g. you should not seek consent from a parent/carer against whom an allegation has been made by a child)

Where you believe there is reasonable cause to suspect that a child is suffering, or likely to suffer harm, **you have a duty to share this concern and you do not need to seek consent to make a referral.**

Recording

Involvement with children, young people and families **should be recorded** in a timely manner and in accordance with organisational procedures

Recording needs to
- **be clear**
- **be concise**
- **distinguish fact from opinion**
- **be respectful to those involved**
- **explain the evidence /analysis made**

Crucially, records should be
- **understandable to others** (including not using jargon/acronyms)
- **always capture the views/behaviour of the child or young person** (where possible)
- **include all known family/household members**
- **include any actions/decisions, people responsible and timescales**

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APPENDIX A: A Guide to the Levels/Thresholds Continuum of Need

The following table is a guide to help you identify when an assessment may be needed to have a full understanding of child and family's needs. This will enable them to get the right support at the right time and prevent problems escalating.

	Level 1-Universal Child has no additional needs	**Level 2-Targeted** Child has low level additional needs	**Level 3-Specialist** Child has complex needs	**Level 4-Statutory** Child has acute needs
Child	➢ All children use universal services. ➢ Child's developmental **needs are met** by universal services. ➢ Children expected to do well with minimum intervention from any additional service.	➢ Child with **low level additional needs not being met** but likely to be 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.	➢ 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 Early Help Assessment, Child & Family Assessment or intervention.	➢ Child who has **suffered, or at risk of suffering, significant harm** requiring intensive statutory / specialist support i.e. Children's Social Care or Youth Offending Service. ➢ May include meeting threshold for child protection / local authority care. ➢ Children's Social Care take lead in safeguarding & coordinating services
This includes…	➢ The child has **no additional needs** and whose developmental needs are met by universal services. ➢ The child achieving expected outcomes. ➢ No Early Help Assessment required.	➢ Parents/carers are under stress that possibly impacts on their parenting capacity. ➢ Child's **health & development may be adversely affected** without multi-agency intervention to prevent child's needs becoming more complex/acute. ➢ Early Help Assessment required. Lead practitioner allocated & 'Team Around Family' (TAF) initiated.	➢ Child unlikely to experience reasonable standard of development/health and is **at risk of longer term poor outcomes** without provision of coordinated targeted services. ➢ Early Help Assessment or Child & Family Assessment may be required. ➢ Lead practitioner allocated. ➢ Possible need to 'step up' to, or has 'stepped down,' from Children's Social Care. ➢ Without support family are likely to become in need of acute services. ➢ Allocated social worker will be the lead professional	➢ Child will have **suffered, or is at risk of suffering, significant harm**. ➢ There are **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 a Court Order.

A Guide to the Levels/Thresholds Continuum of Need continued

	Level 1-Universal Child has no additional needs	Level 2-Targeted Child has low level additional needs	Level 3-Specialist Child has complex needs	Level 4-Statutory Child has acute needs
Agencies involved may include…	➢ Education ➢ Family Wellbeing Centres ➢ Child Minders ➢ Nurseries ➢ Early Years ➢ GP ➢ Dentist ➢ Health Visitors ➢ School Nurses ➢ Midwives ➢ Housing ➢ Voluntary & Community Sector ➢ Faith Groups	➢ All agencies identified in Level 1 ➢ Education Psychology/Welfare ➢ Inclusion Support Team ➢ Youth crime prevention services ➢ Targeted drug and alcohol services ➢ Family Support Services ➢ Special Education Needs Assessment Service (SENAS)	➢ Agencies identified at Levels 1 & 2 ➢ Youth Offending Team ➢ CAMHS ➢ Child Psychology ➢ Education Welfare ➢ Early Help Service (including Accelerated Support Team) ➢ Police	➢ Agencies identified at levels 1, 2 & 3 ➢ Children's Social Care
Assessment Process…	➢ Child should access universal services in normal way using each services' referral process. ➢ No assessment required.	➢ Where multiple agencies are involved an Early Help Assessment may be required. ➢ Depending on the severity of need, a decision will be made about whether the Early Help Services or from Children's Social Care services are involved.	➢ Referrals made via Brent Family Front Door. ➢ An Early Help Assessment or Child & Family Assessment may be required, lead practitioner allocated and evidence of interventions or support already provided can assist decision making. ➢ Assessment may be used as evidence to gain specialist or targeted support by requesting agencies.	➢ The child will require a coordinated multi-agency response from both statutory and non-statutory services. ➢ 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.

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APPENDIX B: Possible Areas of Need

The table on the following pages has been designed to provide practitioners with a guide of possible indicators that help identify when an assessment may be needed to understand the child and family's needs.

This is not designed to be a 'tick box exercise', it is quick-reference guide to support professionals in:

- deciding when to undertake an assessment
- refer to other services
- understanding the likely thresholds for higher levels of intervention

The majority of the indicators are inclusive and relevant to **all children including unborn babies** although some indicators are specifically related to children with disabilities.

The guide below includes the following sections:

(Please be aware that safeguarding often involves multiple issues so please explore all the sections appropriate to your concern)

Behaviour

Child Development

Parent/Carer/Extended Family Development

Disability

Domestic Abuse

Emotional Wellbeing

Female Genital Mutilation (FGM)

Forced Marriage

Honour Based Violence

Health & Wellbeing

Mental Ill Health

Sexual Health

Housing

Neglect

Private Fostering

Radicalisation

Relationships and Social Context

School and Education

Self-Harm

Sexual Abuse

Substance/ Alcohol Misuse

Trafficking

Contextual Safeguarding Vulnerability in Adolescents – Gangs

Contextual Safeguarding Vulnerability in Adolescents - Child Sexual Exploitation (CSE)

Contextual Safeguarding Vulnerability in Adolescents - Missing

Young Carer

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	Level 1-Universal Child has no additional needs	Level 2-Targeted Child has low level additional needs	Level 3-Specialist Child has complex needs	Level 4-Statutory Child has acute needs
	This is not an exhaustive list - these indicators are aimed to give a quick-reference guide only			
Behaviour	➢ The child engages in age appropriate behaviours and self-control ➢ The child demonstrates appropriate responses in feelings and actions.	➢ The child from time to time displays a lack of self-control which would be unusual in other children of their age. ➢ The child displays some inappropriate responses/behaviour. ➢ The child has some difficulties with family/adult and peer relationships. ➢ The child struggles with managing change.	➢ The child regularly displays a lack of self-control which would be unusual in other children of their age. ➢ The child becomes involved in negative, disruptive/challenging behaviour/ activities. ➢ The child displays abuse/neglect towards vulnerable adults or animals. ➢ The child has poor family/adult and peer relationships. ➢ The child finds it difficult to cope with anger and frustration.	➢ The child displays little or no self-control which seriously impacts on relationships with those around them putting themselves/others at risk. ➢ The child's challenging behaviour results in serious risk to themselves/others. ➢ The parents/carers are not good role models & condones child's challenging behaviour. ➢ The child cannot maintain relationships.
Child Development	➢ The child is developing and growing well ➢ The child is healthy and does not have a physical or mental health condition or disability ➢ The child possesses age-appropriate ability to understand and organise information and solve problems ➢ The child makes adequate academic progress. ➢ The young person is in education, employment or training	➢ Some concerns on the growth and development of the child. ➢ The child has a mild physical or mental health condition or disability which affects their everyday functioning but can be managed in mainstream schools ➢ The child is under-achieving or is making limited academic progress.	➢ Significant concerns that developmental milestones are not being met for the child. ➢ The child has a physical or mental health condition, a chronic and recurrent health problem or a disability which significantly affects their everyday functioning and access to education ➢ The child is not making any academic progress despite learning support strategies in place over a period of time. ➢ The young person refuses to engage with educational or employment opportunities and are increasingly socially isolated. ➢ The young person is not in education, employment or training (NEET) and they are not likely to reach their potential.	➢ Developmental milestones are significantly delayed or impaired. ➢ The child has a complex physical or mental health condition or disability which is having an 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 the day to day lives of the child/children and their siblings and/or parents.

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Parent/Carer/ Extended Family Development	➢ 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. ➢ The parent/carer does not physically harm their child. ➢ The parent uses reasonable physical chastisement that is within legal limits – they do not leave the child with visible bruising, grazes, scratches, minor swellings or cuts. ➢ The parent/carer accesses ante-natal and/or post- natal care ➢ The parent/carer is coping well emotionally following the birth of their baby and accessing universal support services where required. ➢ The parent/carer is able to manage their child's sleeping feeding and crying and is appropriately responsive. ➢ The parent/carer understands and is appropriately responsive to the health demands of their child. ➢ All the child's needs (e.g. disability, behaviour, long-term conditions) are fully met by the parents.	➢ Affected by low income/ unemployment. ➢ There are concerns that the parents are unable to budget effectively and as a result the child occasionally does not have adequate food, warmth, or essential clothing ➢ Inconsistent parental engagement with services. ➢ The parent/carer physically chastises their child within legal limits but there is concern of a negative impact on the child's emotional wellbeing (for example, the child appears fearful of the parent). ➢ The parent labels their child as naughty/disobedient/defiant and seeks to punish them as they were punished as a child ➢ The parent is willing to access professional support to help them manage their child's behaviour. ➢ The parent/carer demonstrates ambivalence to ante-natal and post-natal care. ➢ Parent/s receives a diagnosis of disability of unborn baby. ➢ The parent/carer is struggling to adjust to the role of parenthood and has sustained difficulties managing their child's sleeping, feeding or crying but accepts support to resolve these difficulties. ➢ The parent/ carer displays some levels of anxiety regarding their child's health and their response is beginning to impact on the wellbeing of the child.	➢ Child's care impacted by extreme poverty/debt. ➢ Privately fostered by distant relative. ➢ Abuse allegation with no injury in non-mobile child. ➢ The parent/carer provides inconsistent parenting. ➢ The parent/carer physically chastises their child leaving the child with visible bruising, grazes, scratches, minor swellings or cuts. ➢ The parent/ carer is not accessing ante-natal and/ or post-natal care. ➢ The parent/ carer is suffering from post-natal depression and is either not engaging with services or unable to be a 'good enough' parent. ➢ The parent/ carer has sustained difficulties managing their child's sleeping, feeding or behaviour/ despite the intervention of support services or refuses to engage with support services. ➢ The parent/ carer displays high levels of anxiety regarding their child's health and their response is impacting on the wellbeing of the child. For example, they are unnecessarily removed from school or prevented from socialising or playing sport. ➢ There are some indications that the parent/carer's concerns for the health of the child are unrelated to any physical or mental symptoms of illness. ➢ One or more child's needs (e.g. disability, behaviour, long-term conditions) are not always met by the parents, with additional support required, and this is having an impact on the day to day lives of the child/children's siblings/parents. ➢ The family does not use its financial resources to meet the basic needs of the child and the child e.g. regularly does not have adequate food, warmth, or essential clothing.	➢ The parent/carer is unable to care for child without support. ➢ The parent/carer is unable to provide safe and adequate parenting ➢ Highly critical / apathetic towards child. ➢ The parent/carer significantly physically harms child. ➢ The parent neglects to access ante natal care and is using drugs and alcohol excessively whilst pregnant ➢ The parent neglects to access ante natal care where there are complicating obstetric factors that may pose a risk to the unborn child or new born child. ➢ The parent/carer is suffering from severe post-natal depression which is causing serious risk to themselves and their child/ children. ➢ The parent/carer is unable to manage their child's sleeping, behaviour/ or crying, and is unable or unwilling to engage with health professionals to address this, causing significant adverse impact on the child. ➢ The parent/carers' level of anxiety regarding their child's health is significantly harming the child's development. ➢ There are strong suspicions or evidence that the parent/carer is fabricating or inducing illness in their child. ➢ There is concern as the parent seems highly critical of their child and/or expresses the belief that only physical punishment will have the desired impact on the child's behaviour. ➢ There is a consistent concern that the child does not have adequate food, warmth, or essential clothing and the parents/carers are resisting engagement.

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Disability	**Child** ➢ The child has no disability. ➢ The child with disabilities is accessing universal services without support.	➢ The child with disabilities who is accessing services may need additional support and/or advice.	➢ The child has permanent & substantial disabilities who require targeted services and whose needs cannot be met by services without someone to support them.	➢ Severe disability is identified ante-natally ➢ The child has a complex physical or mental health condition or disability which is having an adverse impact on their physical, emotional or mental health and access to education.
	Parent/Carer/Extended Family ➢ Family members do not have disabilities/serious health conditions. ➢ The physical health/learning disabilities of the parent/carer does not affect the care of the child.	➢ The physical needs of the parent/carer impacts upon the care of the child. ➢ The parents/carers learning difficulties occasionally impedes their ability to provide consistent patterns of care but without putting the child at risk. ➢ Family members have disabilities/serious health conditions which require additional support.	➢ Physical needs of the parent/ carer significantly impacts upon the care of their child. ➢ The parents/ carers learning disabilities are affecting the care of their child. ➢ Siblings or other members of the family have a disability/serious health condition which impact on the child.	➢ Physical or mental health needs of the parent/carer significantly affect the care of their child placing them at risk of significant harm. ➢ The parents/carers learning disabilities are severely affecting the care of their child and placing them at risk of significant harm. ➢ Siblings or other members of the family have disabilities/health concerns that are seriously impacting on the child and putting them at risk of significant harm.
Domestic Abuse	➢ The expectant mother/ parent/carer is in a healthy relationship. ➢ There are no incidents of violence in the family or history of violence between by family members or new partners.	➢ There are historic incidents of physical and/or emotional violence in the wider family. ➢ The harmful impact of incidents is moderated by other protective factors within the family who are able to look after the child when there are arguments /disputes in the family home. ➢ Information has come to light that a person living in the house may be a previous perpetrator of domestic abuse, although no sign of abuse are apparent. ➢ Perpetrator shows insight and accepts support	➢ The expectant mother/parent/carer has previously been a victim of 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. ➢ The perpetrator/s show limited or no commitment to changing their behaviour and little understanding of the impact their violence has on the child. ➢ The perpetrator is emotionally harming the child/ren who witness or are otherwise aware of the violence. ➢ The child has or continues to witness an adult in their household being physically or emotionally abused by another member of the household. ➢ The child shows signs of being impacted by Domestic Abuse, such as aggression or passive behaviour. ➢ Confirmation of a previous perpetrator of domestic abuse resides at property.	➢ The expectant mother/parent/carer is a current victim of domestic abuse and is increasing in severity, frequency or duration. ➢ One or more adult members of the family is a perpetrator of persistent and/or serious physical and emotional violence which may also be increasing in severity, frequency or duration. ➢ The perpetrator/s show no commitment to changing their behaviour and no understanding of the impact their violence has on the child. ➢ The perpetrator is emotionally harming the child/ren who witness or are otherwise aware of the violence. ➢ The children may also be at risk of physical violence if, for example, they seek to protect the adult victim. ➢ The child is at high risk of, or is already either a perpetrator or a victim of serious abusive behaviour

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Emotional Wellbeing	➢ The child is provided with an emotionally warm and stable family environment. ➢ The child engages in age appropriate activities and displays age appropriate behaviours. ➢ The child has a positive sense of self and abilities. ➢ Able to demonstrate empathy	➢ The child's experiences parenting that shows a lack of emotional warmth and/ and/or inconsistent. ➢ The child is beginning to develop a negative sense of self and abilities. ➢ The child is at risk of becoming involved in negative behaviour/ activities - for example challenging behaviour [ASB] or substance misuse. ➢ The child has some difficulties with family/peer relationships ➢ The child displays inappropriate responses and actions ➢ Not always able to understand how own actions impact on others	➢ The child experiences a volatile and unstable family environment and this is having a negative effect on the child. ➢ The child has a negative sense of self and abilities to the extent that it impacts on their daily outcomes. ➢ The 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.	➢ The child has suffered long term neglect of the emotional needs. ➢ The child is at high risk of, or is already involved in sexual or other forms of exploitation either as a perpetrator or victim ➢ The child has such a negative sense of self and abilities that there is evidence or likelihood that this is causing harm. ➢ The child frequently exhibits negative behaviour or activities that place self or others at imminent risk including chronic non-school attendance. ➢ The child/young person is withdrawn/unwilling to engage.
Female Genital Mutilation (FGM)	➢ There are no concerns that the child may be subject to FGM	➢ There is concern that the family may have a history of practising FGM ➢ A female child is born to a woman who has undergone FGM ➢ A female child has an older sibling or cousin who has undergone FGM ➢ A female child's father comes from a community known to practise FGM ➢ The family indicate that there are strong levels of influence held by elders and/or elders are involved in bringing up female children ➢ A female child from a practising community is withdrawn from Personal, Social, Health and Economic (PSHE) education or its equivalent. ➢ Increased emotional and psychological needs, for example withdrawal or depression, or significant change in behaviour. ➢ A female child is missing from education for a period of time.	➢ A family believe FGM is integral to cultural or religious identity. ➢ A female child talks about a long holiday to her country of origin or another country where the practice is prevalent. ➢ A female child or parent state that they or a relative will go out of the country for a prolonged period.	➢ A 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 carried out on a female child. ➢ A female child requests help because she is aware or suspects that she is at immediate risk of FGM. ➢ A mother/family member discloses that a female child has had FGM.
Forced Marriage	➢ There are no concerns that the child may be subject to Forced Marriage.	➢ There is concern that the child may be subject to forced marriage.	➢ An allegation of forced marriage or intended forced marriage is raised	➢ There is evidence that the child may be subject to forced marriage.

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Honour Based Violence	➢ There are no concerns that the child may be subject to honour based violence.	➢ There is concern that the child may be subject to honour based violence.	➢ An allegation of honour based violence or intended honour based violence is raised	➢ There is evidence that the **child** may be subject to honour based violence.
Health (Wellbeing)	➢ Good physical health ➢ Adequate diet, hygiene, exercise. ➢ Regular dental & optical care.	➢ Health problems maintained in mainstream school. ➢ Child is not brought to appointments by parent/carer without an explanation ➢ Parental non engagement with childhood immunisations. ➢ Poor oral health. ➢ The child is overweight or is not gaining weight.	➢ Chronic/recurring health problems. ➢ Child has health condition/disability requiring regular treatment that is refused by child/parent and affects child's health. ➢ Parents repeatedly present the child to multiple health providers or different services for the same health problems.	➢ Serious physical & emotional health problems. ➢ Parents/carers fail to access or engage with health services causing the child harm. ➢ Medical referral for failure to thrive due to non-organic cause in child under 5 years ➢ Early teenage or vulnerable adolescent pregnancy
Health (Mental Ill Health)	**Child** ➢ Good state of mental health ➢ The child has not suffered a significant loss, e.g. close family member or friend	➢ Persistent minor mental health problems – perhaps resulting in less than 90% school attendance ➢ The 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.	➢ There is no evidence that the child has accessed mental health and advice services and suffers recurrent mental health problems as a result. ➢ The child has suffered bereavement or trauma recently or in the past and does not appear to be coping. ➢ The child appears depressed and/or withdrawn and there is concern that they might be/are self-harming or feeling suicidal.	➢ 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. ➢ The child has suffered bereavement or trauma and is self-harming and/or disclosing suicidal thoughts. ➢ The child appears to suffer with an eating disorder.
	Parent/Carer/Extended Family ➢ There are no concerns about parents/carers mental health.	➢ 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).	➢ Parental/carer with learning disability, mental ill health. ➢ Parent/carers experiencing chronic episodes of mental ill health (psychotic (including perinatal)/ bi-polar/suicide) and engaged with long term community mental health support to address.	➢ Child subject of parental delusions implying risk. ➢ Parent/carer has mental ill health but has no insight into this and is not engaged in support offered or the condition causes significant harm.
Health (Sexual Health)	➢ Sexual activity is appropriate for age	➢ Sexual activity aged 13-15 where there are also concerns of Fraser competence, grooming, power imbalances, possible Child Sexual Exploitation (CSE). ➢ The child under 16 is accessing sexual health and contraceptive services.	➢ Unsafe sexual activity ➢ Sharing of sexual images ➢ Not accessing sexual health / contraceptive services ➢ History of Sexual Transmitted Diseases (STDs)	➢ 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

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Housing	➢ The family's accommodation is appropriate, stable, clean, warm, and tidy and there are no hazards which could impact the safety or wellbeing of the child. ➢ The neighbourhood is a safe and positive environment. ➢ The family is legally entitled to live in the country and has full rights to employment and public funds.	➢ The family's accommodation is stable however the home itself is not kept clean and tidy and is not always free of hazards. ➢ The family home would benefit from improvements to support the needs of the child or parent/carer with a disability. ➢ The family home is overcrowded and does not meet the needs of the family ➢ The child is affected by low level challenging behaviour in the locality. ➢ The neighbourhood is known to have groups of children and/or adults who are engaged in threatening and intimidating behaviour and the child is intimidated and feels threatened in the area. ➢ The parent/carer's is in low level rent arrears/accessing debt support services for housing arrears ➢ The family's legal entitlement to stay in the country restricts access to public funds and/or the right to work placing the family under stress.	➢ The family's home is consistently poor and constitutes health and safety hazards including hoarding ➢ The accommodation is not appropriate for a child or parent/carer with a disability ➢ The neighbourhood or locality is having a negative impact on the child – for example, the child is a victim of challenging behaviour or crime, [including sexual or other forms of harassment and is at risk of being further victimized ➢ The family's legal status puts them at risk of involuntary removal from the country ➢ The family have limited financial resources/no recourse to public funds. ➢ The family are at risk of eviction for rent arrears	➢ The family's home is consistently dirty and constitutes health and safety hazards including hoarding. The 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 the family. ➢ The accommodation is not appropriate for a child or parent /carer with a disability. ➢ Multiple complex needs e.g. substance misuse, domestic abuse, mental health and finance history of numerous house moves, unstable accommodation. ➢ Risk of homelessness and eviction. ➢ The neighbourhood is having a profoundly negative effect on the 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. ➢ Family members are being detained and at risk of deportation or the child is an unaccompanied asylum- seeker. ➢ There is evidence that a child has been exposed to or involved in criminal activity to generate income for the family.
Neglect	➢ The child is appropriately dressed. ➢ The child's nutritional and health needs are met ➢ The child has injuries which are consistent with normal play and activities. ➢ The child is provided with an emotionally warm and stable family environment.	➢ The child shows physical symptoms which could indicate neglect such as a poor hygiene or tooth decay. ➢ The child or their siblings sometimes come to nursery/ school in dirty clothing or they are unkempt or soiled. ➢ The child has less common injuries which are consistent with the parent/carer's account of accidental injury. ➢ The parents seek out or accept advice on how to avoid accidental injury. ➢ On occasion the parent appears to prioritise their own needs before the child.	➢ The child or their siblings consistently come to school in dirty clothing which is inappropriate for the weather and/or they are unkempt/soiled ➢ The parents/carers are reluctant or unable to address concerns and put their own needs before the child. ➢ The child has injuries for example bruising, scalds, burns and scratches, which are accounted for but are more frequent than would be expected. ➢ The child experiences a volatile and unstable family environment which is having a negative effect on the child. ➢ The child displays behaviour which is consistent with neglect (non-adherence to boundaries, challenging behaviour, crime, use of drugs, passive, vulnerable, bullied)	➢ The child shows severe physical signs of neglect such as a thin/swollen tummy, poor skin tone/sores/rashes, prominent bones, poor hygiene or tooth decay which are attributable to the care provided by their parents/carers. ➢ The child consistently wears dirty or inappropriate clothing and are suffering significant harm as a result e.g. they are unable to fully participate at school, are being bullied and/or are physically unwell ➢ The child has injuries, for example bruising, scalds, burns and scratches, which are not accounted for. The child makes disclosure and implicates parents or extended family members. ➢ The 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 ➢ The parent/carer do not consider the child's needs.

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Private Fostering	➢ The child is not privately fostered. ➢ The child is privately fostered by adults who can provide for their needs and the Local Authority has been notified.	➢ There is some concern about the private fostering arrangements in place for the child. ➢ The local authority has not been notified of the private fostering arrangement.	➢ There is some concern about the private fostering arrangements in place for the child, and that there may be issues around the carers' treatment of the child. ➢ The local authority has not been notified of the private fostering arrangement.	➢ There is concern that the child is a victim of CSE, domestic slavery, or being physically abused in their private foster placement.
Radicalisation	➢ The child and their family have no links to **proscribed terrorist organisations** ➢ Open & accepting of differences. ➢ Accesses social media in an age appropriate manner.	➢ The child and/or their parents/carers have indirect links to prescribed organisations, for example, they attend religious or social activities which are, or have been in the recent past, attended by members of proscribed organisations. ➢ Expresses intolerant and prejudiced views linked to an extreme violent ideology ➢ The child is at risk of accessing extremist websites ➢ The 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. ➢ The child is expressing sympathy for inappropriate ideologies, the child has expressed racist, sexist, homophobic or other prejudiced views and violent extremism.	➢ Family members, family friends or friends of the child have strong links with prescribed organisations. ➢ Aggressive & intimidating towards their peers not sharing/or sharing their political or religious views. ➢ Open to extremist grooming, through internet or links with extremist groups. ➢ Child has connections to known extremist individuals / groups ➢ The child expresses intolerant views towards peers and this leads to them being socially isolated. ➢ The child is engaged in negative and harmful behaviours associated with internet and social media use, (such as viewing extremist websites). ➢ The 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. ➢ The child and/or their parents/carers express strong support for extremist views.	➢ The child or other close family members or friends are members of proscribed organisations. ➢ Confirmed/strong suspicions child linked to/involved with individuals or groups who are known to have extreme views and to have links to violent extremism. ➢ The child expresses strongly held beliefs that people should be killed because they have a different view. ➢ The individual is initiating verbal and sometimes physical conflict with people who do not share their religious or political views. ➢ There are significant concerns that the child is being groomed for involvement in extremist activities. ➢ The child conceals internet and social media activities and either refuse to discuss their views or make clear their support for extremist views. ➢ A child is circulating violent extremist images and promoting the actions of violent extremists and/or saying that they will carry out violence in support of extremist views. ➢ Parents/carers either do not challenge this activity or appear to endorse it. ➢ The child or family members are making plans to travel to areas of conflict with evidence to suggest that they are doing so to support or participate in extremist activities.

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Relationships and Social Context	➢ The child maintains good relationships and positive interaction with family and a range of peers. ➢ The child demonstrates accepted behaviour and tolerance towards their peers and others. ➢ The child is confident in social situations ➢ The child engages in age appropriate use of internet, gaming and social media. ➢ The family is integrated in the community	➢ Parents/carers' relationship difficulties may affect child. ➢ Parents under stress impacting on parenting capacity. ➢ Child has few friendships and limited social interaction with their peers ➢ The child is a victim of discrimination or bullying. ➢ The family is experiencing social exclusion and/or there is an absence of supportive community networks. ➢ The child is at risk of becoming involved in negative internet use, lacks control and is unsupervised in gaming and social media applications.	➢ The child or young person is becoming isolated ➢ The child is unable to sustain friendships and moved between different social groups in school ➢ The child declines to participate in social activities. ➢ The child has experienced persistent or severe bullying which has impacted on his/her daily outcomes. ➢ The family is chronically socially excluded and isolated to the extent that it has an adverse impact on the child. ➢ The family have a limited support network. ➢ The 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.	➢ The child or young person is completely isolated ➢ The 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. ➢ The child exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community, and which is impacting on their wellbeing or safety. ➢ The child has experienced such persistent or severe bullying that his/her wellbeing is at risk. ➢ The family is excluded and the child is seriously affected but the family actively resists all attempts to achieve inclusion and isolates the child from sources of support. ➢ The family are experiencing chronic social exclusion. ➢ No support network. ➢ The child is showing signs of being secretive, deceptive and is actively concealing internet and social media activities or is showing signs of addiction (gaming, pornography).
School and Education	➢ Achieving key stages ➢ Good attendance at school, college or training	➢ Occasional truanting or non-school attendance (less than 90%) ➢ Poor punctuality, poor links between home and school and child is not supported to reach educational potential. ➢ Developmental delay ➢ Few or no qualifications or NEET (not in education, employment or training) ➢ Fewer than 3 exclusions ➢ Mild learning or behavioural difficulties emerging, poor concentration, lack of interest in education and other school activities. ➢ The child's achievement is impacted by poor attendance.	➢ 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	➢ Chronic non-school attendance, truanting ➢ No parental support for education ➢ Permanently excluded, frequent exclusions or no education provision ➢ Severe and complex learning difficulties requiring residential educational provision ➢ Child may be permanently excluded or not in education which can put them at high risk of Child Sexual Exploitation (CSE). ➢ Child's achievement is seriously impacted by lack of education

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Self-Harm	➢ The child or young person has shown no indication to experiment with self-harm.	➢ The child or young person has experimented with self-harm and has no intention to self-harm again. ➢ The child is accessing social media sites related to self-harm	➢ The child or young person is continuing to self-harm and there are underlying issues causing distress. ➢ The child is influenced through accessing self-harm social media sites	➢ The child or young person needs immediate protection to avoid serious harm (e.g. self-harm is increasing, persistent suicidal thoughts, plans or means to suicide, suspected abuse or neglect). ➢ The child appears to suffer with an eating disorder.
Sexual Abuse	➢ There is no evidence of sexual abuse. ➢ Sexual activity appropriate for age.	➢ There is a history of sexual abuse within the family or network but the parents respond appropriately to the need to protect the child. ➢ There are concerns relating to inappropriate sexual behaviour in the wider family.	➢ The family home has in the past been used on occasion for drug taking/dealing, prostitution or illegal activities. ➢ Unsafe sexual activity (including engaging in age inappropriate relationships, no contraception).	➢ There are concerns around possible inappropriate sexual behaviour from the parent/carer. ➢ The parent/ carer/family member/visitor to the home sexually abuses the child. ➢ There is a risk the parent/carer may sexually abuse their child and he/she does not accept therapeutic interventions. ➢ The family home is used for drug taking and/or dealing, prostitution and illegal activities. ➢ The child is being sexually abused /exploited. ➢ An offender who has risk to children status is in contact with the family.
Substance/ Alcohol Misuse	➢ The 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 impact on parenting.	➢ The child is known to be using drugs and/or alcohol. ➢ Drug and/or alcohol use is impacting on parenting but adequate provision is made to ensure the child's safety. The 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 impacts on the child.	➢ 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, the child feeling unable to invite friends to the home, the child worrying about their parent/carer. ➢ Siblings' or other household members' drug or alcohol misuse is increasingly impacting on the child.	➢ The child's substance misuse dependency is putting the child at such risk that intensive specialist resources are required. ➢ Parental drug and/or alcohol use is at a problematic level and the parent/carer 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 the child in procuring illegal substances, and dangers of overdose. ➢ The substance misuse of siblings or other household members is significantly adversely impacting on the child.
Trafficking	➢ The child/family are legally entitled to live in the country indefinitely and have full rights to education and public funds.	➢ The child/family's legal entitlement to stay in the country is temporary and/or restricts access to public funds placing the child and family under stress.	➢ The 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 the children to criminal activity (e.g. illegal employment, benefit fraud, begging, slavery/servitude, CSE).	➢ Family members/carers are being detained and at risk of deportation or the child is an unaccompanied asylum-seeker. ➢ There is evidence that a child has been exposed to or involved in criminal activity either as a result of being trafficked into the country or to support themselves or generate income for the family/carers (e.g. illegal employment, benefit fraud, begging, slavery/servitude, CSE).

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Contextual Safeguarding Vulnerability in Adolescents - Gangs	➢ The child's activities are legal. ➢ There is no history of criminal offences within the family. ➢ The family members are not involved in gangs/organised crime	➢ The child has from time to time been involved in challenging behaviour. ➢ There is a history of criminal activity within the family. ➢ There is suspicion, or some evidence that the family are involved in gangs/organised crime.	➢ The child is involved in challenging behaviour and may be at risk of gang involvement. ➢ A criminal record relating to serious or violent crime is held by a family member which may impact on the children. ➢ There is a known family involvement in gang/organised crime activity.	➢ The child is currently involved in persistent or serious criminal activity ➢ A criminal record relating to serious or violent crime is held by a family member which is impacting on the children. ➢ There is a known involvement in gang/organised crime activity impacting significantly on the child and family. ➢ The child is currently involved in persistent or serious criminal activity.
Contextual Safeguarding Vulnerability in Adolescents - Child Sexual Exploitation (CSE)	➢ No concerns of Child Sexual Exploitation ➢ The 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.	➢ The child has a negative sense of self and abilities and suffers with low self-esteem which makes them vulnerable to peers and adults who pay them attention and/or show them affection but do so in order to exploit them.	➢ The child's negative sense of self and low self-esteem has contributed to their involvement with peers and/or adults who are thought to be treating them badly and/or encouraging them to get involved in self-harm and/or criminal behaviour. ➢ The child regularly goes missing and family do not know where the child is.	➢ The child's vulnerability resulting from their negative sense of self and low esteem has been exploited by others who are causing them harm. ➢ The child frequently goes missing and fails to account for their locations or discloses situations indicating risk of CSE ➢ Multi-agency panel assesses high risk of CSE. ➢ Child trafficked to UK for sexual exploitation.
Contextual Safeguarding Vulnerability in Adolescents - Missing	➢ Child does not run away or is absent from home/care/school. ➢ The child's whereabouts are always known to their parents or carers.	➢ Child has run away from school, home/care on occasions or not returned at normal time. ➢ There is concern about what happened to the child whilst they were away.	➢ Regularly missing from home/care/education ➢ Child missing but whereabouts known and there is a concern about what happened to the child whilst missing ➢ Child is suspected of engaging in risk taking behaviour whilst missing	➢ Child persistently missing from home/care/education ➢ Child is engaging in risky behaviours whilst they are away ➢ There is concern they might be being sexually exploited or being drawn into criminal behaviour.
Young Carer	➢ Child does not have any caring responsibilities	➢ The child occasionally has caring responsibilities for members of their family and this impacts on their opportunities ➢ The family are accessing support through either Brent Carers or other organisation	➢ The child's outcomes are being adversely impacted on by their caring responsibilities. ➢ The family refuse to access support services.	➢ The 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