Royal Borough of Windsor and Maidenhead

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Royal Borough of Windsor & Maidenhead

Multi-agency Threshold Guidance

Right support
Right time
Right service

achieving for children

Contents

If you have immediate safeguarding concerns about the safety of a child or young person please call 999

If your concerns are for the welfare of a child please call Achieving for Children Single Point of Access Team (SPA) on 01628 683150 Emergency Duty Team (out of hours service) 01344 351999

Introduction

The multi-agency threshold document aims to provide professionals and agencies an overview of the different levels of need which may arise within a family at any given time. This document supports professionals and agencies who are worried about a child or young person to identify and assess the most appropriate action to take to ensure that families receive the right support at the right time, in the most effective way.

As part of recognising when a family requires support, there may be concerns around a child's safety and welfare and the multi-agency threshold document sets out the safeguarding thresholds to provide a common understanding of what support is available and the appropriate referral routes.

This document should be used in conjunction with the pan-Berkshire child protection procedures as well as your individual agency's policies and procedures around safeguarding children and information sharing.

Our principles and values

Our aim is to help children to live safe, happy and successful lives. By working together and adopting Signs of Safety as our core approach, we can improve outcomes for children, young people and families.

The Signs of Safety model takes a whole system approach to its implementation, which enhances how the service engages and works with partners in meeting the needs of children and families. The approach originated in child protection work, but can be adapted to early help work including with partner agencies, and permanency work with our children looked after and care leavers. The approach brings a range of practice tools that support social workers and practitioners in their direct work with children across all ages and stages of child development.

Signs of Safety is a strengths-based, solution-focused approach. It places an emphasis on professionals building relationships, both with families and with other professionals. It values simplicity of language and values 'what works' in any given situation. This approach is combined with a risk assessment and planning framework. All work undertaken with the family, and their naturally connected network of support, is to create a practical and realistic plan which will protect the child.

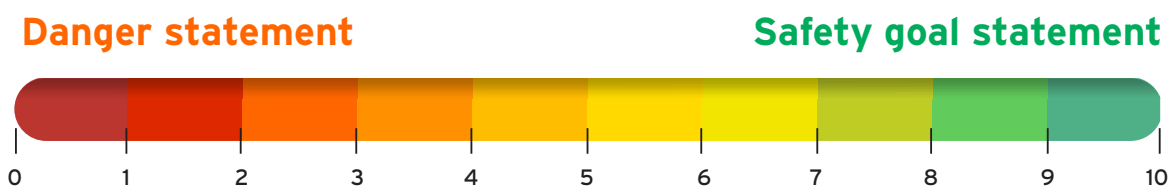
Four domains for inquiry

1. What are we worried about? (past harm, future danger, and complicating factors)

2. What is working well? (existing strength and safety)

3. What needs to happen? (future safety)

4. Where are we on a scale of 0 to 10? Ten means there is enough safety to close the case and 0 means it is certain the child will be abused.



Working together to safeguard children and young people

Safeguarding children and young people is everybody's responsibility. All professionals from all agencies who work with children, young people and their families have a shared responsibility to keep children safe and to provide efficient and co-ordinated services to support their health and wellbeing.

Safeguarding can be defined as:

- protecting children from maltreatment
- preventing impairment of children's mental and physical 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

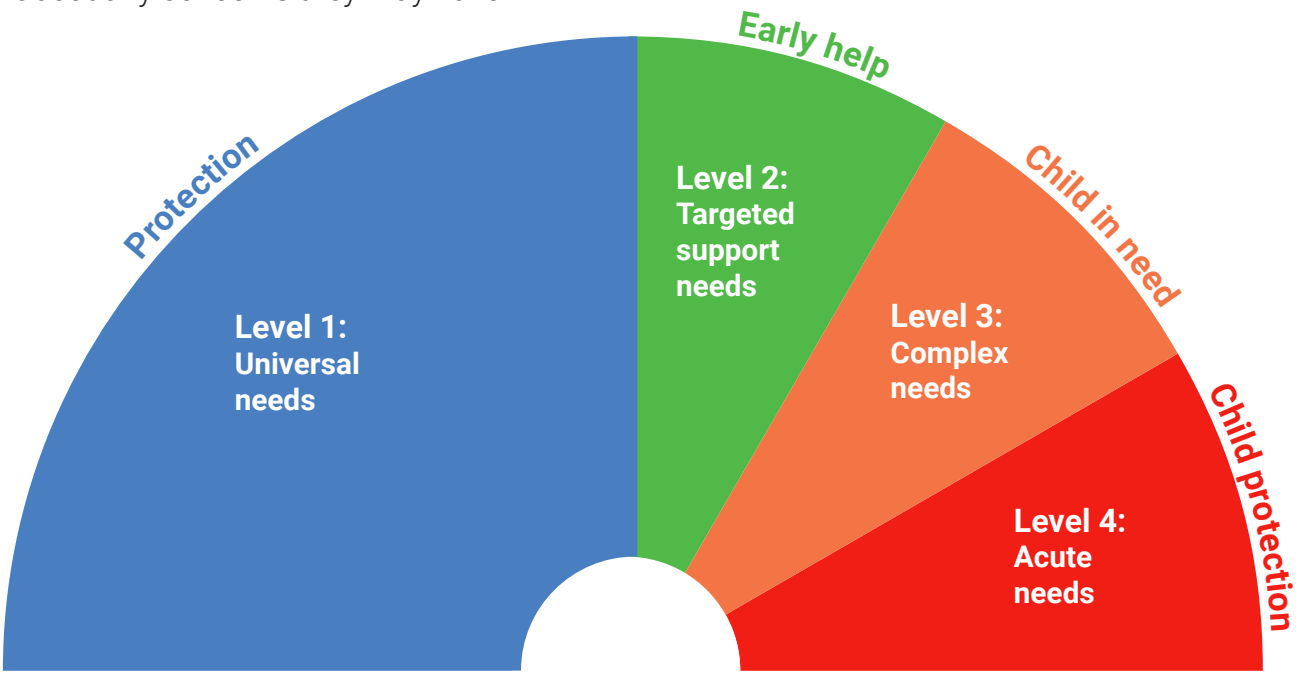
A safeguarding concern is when an individual believes that without support and intervention the child or young person may be at risk of harm and in need of support to meet their full potential. Remember that any safeguarding concern should be referred through to Achieving for Children's (AfC's) Single Point of Access Team (see section: **Making a referral)**.

Abuse can occur in many forms, some of which are described in **Appendix 1: Types of abuse, how to spot the signs** including additional resources.

Levels of need

If a child's needs are not being met, the child should be referred using the right pathway. It is essential that during delivery of services to children, young people and their families, any additional needs are identified as early as possible and intervention is put in place with a focus on providing early help and preventing the need for specialist services.

It is vital that the journey of the child is considered while reflecting on the variety of services available. The levels of need and thresholds are colour coded and divided into four categories to enable a person to use it as a quick-reference guide when thinking about any concerns they may have.



When making a decision about a family's level of need it is important to remember:

- the child's safety and wellbeing is paramount
- safeguarding and early help is everyone's responsibility. Put yourself in the child's place and ask 'what is their lived experience'?
- do not fail to act. Your piece of the jigsaw could make the difference
- a child is aged 0 to 18. However, if they have a disability this extends to age 25

Most children in the Royal Borough of Windsor and Maidenhead (RBWM) will have their needs met through support from their own family or carers and by accessing universal services.

Further information is available for professionals under **Appendix 2: Threshold indicators and descriptors**. The table provides examples of signs and behaviours across the four thresholds that may occur within a family. This is to help agencies and practitioners identify what help and support a family may need.

Level 1: Universal services
Prevention and building individual family

When a child's need is relatively low level, individual services and universal services can take swift action. Universal services are sometimes referred to as public services or mainstream services and are available to all children, young people and their families. Such services are designed to meet needs that all children have but can also provide advice, guidance and low level support to families when they need it.

Threshold:
These are children who make good overall progress through appropriate universal services. No additional, unmet needs or there is a single need identified which can be or has been met by a universal service.

Universal services include:

- private voluntary and independent nurseries
- GPs and midwives
- school nurses and health visitors
- immunisation programmes
- leisure centres
- libraries
- schools and colleges
- support available on-line
- voluntary and community sector provision
- Welfare Support Service
- youth centres and clubs

All universal service providers should focus their efforts to promote and build resilience in children, young people and their families and create an approach aimed at reducing risk factors, addressing early indicators and preventing problems from occurring.

Please note that Universal Services are available to families at any stage of a child's journey and that successful partnership working is facilitated by effective information sharing and transparent communication.

Level 2: Early help
Targeted, preventative support

Early Help aims to identify needs early, so the right services can work together with families, at the right time, to provide targeted support before problems become more complex. Children and families may need support from a wide range of local organisations and agencies. Where a child and family would benefit from co-ordinated support from more than one organisation or agency (eg, education, health, housing, police) there will be an inter-agency assessment, known as an 'early help assessment'.

In addition to high quality support in universal services, specific local early help services will typically include family and parenting programmes, assistance with health issues including mental health, responses to emerging thematic concerns in extra-familial contexts, and help for emerging problems relating to domestic abuse, drug or alcohol misuse by an adult or a child. Services may also focus on improving family functioning and building the family's own capability to solve problems.

Threshold:
Children whose needs cannot be met through universal services alone and who require additional support. This includes children whose needs are currently unclear. An early help assessment is needed and a lead professional to coordinate support.

Level 3: Statutory safeguarding
Children in need and those with complex needs

A child in need is defined under the Children Act 1989 as:

- a child who is unlikely to achieve or maintain a reasonable level of health or development
- whose health and development is likely to be significantly or further impaired, without the provision of services
- a child who is disabled

Threshold:
Increasing level of complex and multiple unmet needs where statutory support is required to prevent concerns escalating. A multi-agency team with an allocated social worker and a robust child in need (CIN) plan is required to prevent further escalation of concerns

Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Local authorities and partners have a duty to ascertain the child's wishes and feelings and take account of them when planning the provision of services

A child in need plan will be developed in a child in need planning meeting. These meetings should be attended by the child (depending on age and understanding) along with parents, carers and agencies whose contribution is recommended by initial assessment.

The aim of the child in need plan is to support families to increase resilience to better cope in everyday life, be more resourceful and build support networks by giving them the tools, education, skills and information they need to make positive changes to their lives and prevent or reduce the need for intervention from services like children's social care.

We expect professionals to talk to the family first (when safe to do so) about making a referral for a child with complex needs. It is important to recognise that when there is a statutory duty to assess the local authority does not require consent to do so, however, consent is required from any person with parental responsibility to gather information from partner agencies unless there is a safeguarding risk.

Level 4: Child protection
Addressing the safety of children

Some children may be suffering, or be at risk of suffering, significant harm and need protection and care because of neglect, sexual, physical or emotional abuse, or risk outside the home such as contextual safeguarding.

There are other areas of concern that could leave a child in acute need such as female genital mutilation (FGM), honour based violence, radicalisation, domestic abuse, modern slavery, gang involvement, criminal and sexual exploitation and county lines. Many of these children will require specialist or statutory integrated support through Social Care, Youth Offending, CAMHS and other specialist services.

Threshold:
These are children who have experienced significant harm, who are at risk of significant harm (Section 47) and includes children where there are significant welfare concerns. A combined assessment and more immediate response, coordinated by a social worker, is required to determine the level of support or intervention.

Safeguarding concerns may arise in many different settings, including outside the home and community setting (see Appendix 1: Types of Abuse). For example, residential, day patient or outpatient settings which specialise in health services for children and adolescents with severe and complex health problems. Children who are suffering or at risk of harm will be assessed by Children's Social Care and may require statutory child protection planning to prevent further escalation of risk and be supported by other statutory services.

The primary aim of Children's Social Care is to prevent family breakdown and keep families together in their communities. On occasions this is not possible and some children are taken into care either on a voluntary basis or by way of a court order to protect them from harm.

Children with acute needs require multi-agency involvement, levels of need are changeable along with circumstances, so consistent review is essential. In cases where the level of response has been agreed, agencies will be required to participate in regular reviews to evaluate progress and continuously monitor the needs and level of risk faced by the child.

If you have immediate safeguarding concerns about the safety of a child or young person please call 999

Level	At this level the child or family...	What needs to happen next?	Referral process
Level 1: Universal Services	...is thriving without requirement for additional support and all needs are being met by universal services, for example health visitor, school nurse, dentist or school.	The first step is to have a conversation with the family and offer support or signpost to an agency that can. All your inhouse resources should be tried before considering involving another agency. Please check RBWM AfC Info site for other services in your local area.	Signpost families to local support - AfC Info (Windsor and Maidenhead)
Level 2: Early Help or Prevention	...may require or would benefit from additional input or support from an agency.	The first step is to have a conversation with the family and agree what help is needed. More information about early help and the services available here. Be resourceful and research online for other interventions, use the RBWM AfC Info site to identify local resources. If the family is unable to make sufficient progress through accessing universal services alone and you feel intensive early help is likely to be the most appropriate support for the family, with consent from the family you could use the early help referral form.	Complete an early help referral form This process should result in an agreed family plan that should be coordinated by your agency with an identified lead practitioner.
Level 3: Statutory Safeguarding (Children in Need)	...is unlikely to achieve or maintain a reasonable standard of health or development without the provision of services. The child's health or development is likely to be significantly impaired, or further impaired, without the provision of additional services, or the child is disabled.	If you are unsure if your concern meets Level 3, discuss your concerns with your agency designated safeguarding lead (DSL) in the first instance. Further advice can be sought from Achieving for Children's Single Point of Access Team As the child's and family's issues continue to escalate, or if interventions are not working, and it is felt that the needs cannot be met without the intervention of social care, there should be a sound record of interventions and support offered previously by services to highlight why social intervention is required. This should be included on the referral form.	Complete a safeguarding referral.
Level 4: Child Protection	...is at risk of or suffering significant harm and is in need of help and protection (Section 47). Has a high level of unmet and complex needs requiring statutory interventions.	If you have a safeguarding concern about the safety of a child or young person please call Achieving for Children SPA Team on 01628 683150 Emergency Duty Team (out of hours service) 01344 351999 or 999. These children require social care intervention and protection to ensure continued safety and positive development and to prevent significant harm. This may lead to them becoming subject to a multi-agency child protection (CP) plan or becoming a child in care.	If you have immediate safeguarding concerns about the safety of a child or young person, please call 999 Referring agency to call the SPA and follow up in writing by completing a safeguarding referral urgently

Making a referral

If a family requires additional support additional to what can be offered by Universal Services, or there are safeguarding concerns, then a referral should be made to Achieving for Children's Single Point of Access (SPA) team.

The SPA team is the front door for all referral routes into children's social care and early help. Once the referral has been received into the SPA, they will decide within 24 hours what action should be taken next.

For safeguarding concerns, the referral will be reviewed by the Multi-Agency Safeguarding Hub (MASH) who form part of SPA. The team comprises professionals from different agencies, including social care, police and health. They will use the information provided, alongside information held on their respective databases to ensure that the child, young person and family receive the right level of intervention.

If you have concerns that a child may be a potential victim of modern slavery or human trafficking then as well as referring into SPA, a separate referral should also be made to the National Referral Mechanism, as soon as possible.

Following your referral, feedback will be given within 72 hours, with the outcome on the decisions taken. Where appropriate, this feedback will include the reasons why we feel that the family would not benefit from statutory intervention at this time. Advice will be given to how the family can be supported by other agencies and support services.

If you are not satisfied with the response, then you can follow up by emailing mash@achievingforchildren.org.uk.

What makes a good referral

When you refer a child, you will be asked to consider what you are worried about, including past wellbeing or harm. When thinking about past wellbeing or harm try to be specific, think about how often, how severe, the duration and the impact on the child.

- What has happened, what have you seen or heard that has made you worried about this child or young person?
- What is your biggest worry for the child or young person if nothing changes?
- When did incident(s) occur andr when were observations made?
- Consider any information available on the child's developmental needs. If the worries are related to the parent's needs or abilities, what is the likely impact of this on the child or young person?
- Are there challenges or factors contributing to the parents or carers capacity to provide safe care?
- What has already been done to address the need or concern? Have other agencies been involved?
- Why am I referring today? What has made me feel this needs to happen now?

You should also consider the family's strengths and what is working well for them

When considering strengths think about the following.

- What are the good qualities of the family? What are the positive things you have noticed about the relationships or the way the children are cared for?
- Do the family have access to existing resources? How are they using these?
- Is there already existing support from the family, friends and the community?
- What are they already doing that helps?

If making a referral for a child who has a disability, additional information should be considered to include, such as the following.

- What is the disability, special need or impairment that affects the child? Provide a description of the disability or impairment: for example, 'learning disability' could mean many things and does not tell you much about the child or their needs.
- If you do not know how to spell a word that describes an impairment or condition ask how it is spelt. This will be important if further enquiries are required about how the condition might be expected to affect the child.
- How does the disability or impairment affect the child on a day-to-day basis?
- How does the child communicate? If someone says the child can't communicate, simply ask the question: 'How does the child indicate they want something?'.
- How do they show they are happy or unhappy?
- Has the disability or condition been medically assessed or diagnosed?

In addition, you should consider what service and outcomes you are seeking for the child and outline the work you or your service have completed with the individual or family.

Making a good referral guidance

With poor information, MASH is unable to make appropriate and proportionate decision. This can put a child or young person at risk OR lead to overly intrusinve intervension which are disruptive to the child and family.

A good quality referral	A poor quality referral
Is typed electronically	Handwriting is difficult to read, poor spelling
Uses clear, simple language	Uses jargon or acronyms
Provides detail, such as: telephone numbers and email addresses - any previous assessments - name of unborn child's father	Very short with no detail. It is not clear if the concern is in the past or present. No contact details means MASH has to chase for information making referral process times longer
Provides context	Does not provide context – for example how often has this happened?
Is accurate and evidence-based	It's not clear who, what, where, when, and encourages assumptions
Includes specific details and times	Is vague and unclear whether it is describing an existing or past concern
Provides specific information relevant to the agency completing the referral, for example: school attendance and health visits	It is not clear what action the agency has taken or what their concerns are
The referral form is submitted to MASH as soon as a disclosure or incident occurs for example in the morning	The referral is delayed, meaning opportunities to speak to the child or collect evidence are missed
Completes all appropriate sections in the referral form	Leaves gaps

See Appendix 3: A good practice example referral

Consent and information sharing

National guidance on sharing information working together to safeguard children (2018) states: 'Working together is a guide to inter-agency working to safeguard and promote the welfare of children'. It says that 'practitioners should be proactive in sharing information as early as possible to help identify, assess and respond to risks or concerns about the safety and welfare of children, whether this is when problems are first emerging, or where a child is already known to local authority children's social care' (Paragraph 25 and Appendix A). Information guidance sharing therefore applies to all children and young people in all circumstances, not only when undertaking an assessment of risk. Working Together is clear that child protection 'is part of safeguarding and promoting welfare' (See Appendix A).

Working Together (2) defines safeguarding as:

- protecting children from maltreatment
- preventing impairment of children's mental and physical health or development
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes

All practitioners should not assume that someone else will pass on information that they think may be critical to keeping a child safe. If a practitioner has concerns about a child's welfare and considers that they may be a child in need or that the child has suffered or is likely to suffer significant harm, then they should share the information with local authority children's social care and the police. All practitioners should be particularly alert to the importance of sharing information when a child moves from one local authority into another, due to the risk that knowledge pertinent to keeping a child safe could be lost.

Knowing when you can share confidential and personal information with another professional or agency can be challenging. 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 (Working together to safeguard children, 2018).

General Data Protection Regulation (GDPR) - What does it mean when I have a concern about a child?

The use of terminology like GDPR, lawful basis, data processing, data controller or processor, special category data and references to the Data Protection Act can give the impression that there are numerous barriers to information sharing. There are not.

'No practitioner has ever been disciplined nor removed from a professional register for data sharing to safeguard and promote the welfare of children or young people.'

Consent is NOT needed to share personal information. You do not need consent to share personal information. It is one way to comply with the data protection legislation but not the only way. The GDPR provides a number of bases for sharing personal information. It is not necessary to seek consent to share information for the purposes of safeguarding and promoting the welfare of a child provided that there is a lawful basis to process any personal information required. The legal bases that may be appropriate for sharing data in these circumstances could be 'legal obligation', or 'public task' which includes the performance of a task in the public interest or the exercise of official authority. Each of the lawful bases under GDPR has different requirements.

Legal obligation - ARTICLE 6 (1)(c)

The processing of information is necessary for you to comply with the law – relevant legislation would include the Children Act 1989 and Section 11 of the Children Act 2004 which places duties on a range of organisations, agencies and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

Public task - ARTICLE 6 (1)(e)

Where a specific task is carried out in the public interest which is laid down by law, or the processing is needed in the exercise of official authority (such as a public body's tasks, functions, duties or powers) which is laid down by law.

It continues to be good practice to ensure transparency and to inform parents or carers that you are sharing information for these purposes and seek to work cooperatively with them.

See 'Myth-busting guide to information sharing' in 'Working together 2018' and 'Information sharing advice for practitioners' 2018 government guidance for further information.

When consent should be sought

Where possible, consent should be sought from the parent, guardian or young person (if over the age of 16) before making a referral for early help support. Consent means giving people genuine choice and control over how you use their data.

When obtaining consent you must:

- protect children from maltreatment
- prevent impairment of children's mental and physical health or development
- ensure that children are growing up in circumstances consistent with the provision of safe and effective care
- take action to enable all children to have the best outcomes

Remember that the individual has given clear consent for you to process their personal data for a specific purpose and consent should be sought for each type of referral, if referring and sharing information with different agencies as part of our offer of support through the Early Help offer.

Consent is one of the lawful ways to share information but not the only way. Information can be shared legally without consent, if it is to keep a child or individual at risk safe from neglect or physical, emotional or mental harm, or if it is protecting their physical, mental, or emotional wellbeing.

Useful links

Working Together to Safeguard Children 2018

The overarching procedures which explains how agencies should work together.

Royal Borough of Windsor and Maidenhead Safeguarding Partnership (LCSP)

The Royal Borough of Windsor and Maidenhead's Safeguarding Partnership is led by representatives from the local authority, police and Clinical Commissioning Group (CCG) working with other key agencies involved with children, young people, families and adults with care and support needs.

Royal Borough of Windsor and Maidenhead safeguarding partnership procedures manual

The manual is devised to provide agencies with a set of chapters which comply with 'Working together to safeguard children'. The content has been written in a succinct style which is intended to be accessible to a wide range of users from all the agencies within the Safeguarding Children Partnership and the third sector.

AfC Info (Windsor and Maidenhead)

Information about services and support for children, young people and families within the Royal Borough of Windsor and Maidenhead. Includes a link to special educational needs and disabilities (SEND) Local offer, which is specific information for children and young people aged 0 to 25 years with a special educational need or disability.

Early help and intervention information (via LSCP website)

Achieving for Children delivers a wide range of well coordinated early help services, which are improving outcomes for children and families. This information provides various links and information to those services as well as information on the early help strategy.

Appendix 1: types of abuse, how to spot the signs and available resources

Neglect

Neglect is the persistent failure to meet a child's basic physical and psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Neglect differs from other forms of abuse in that there is rarely a single incident or crisis that draws attention to the family. Rather it is repeated, persistent neglectful behaviour that causes incremental damage over a period of time. Neglect should not only be measured by the most recent set of events but should be judged by the cumulative impact on the child of any previous incidents.

Neglect may involve a parent or carer failing to:

- provide a child's basic needs such as adequate food, shelter, clothing, warmth, safety, stimulation, protection, nurture, medical care, education, identity and play
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care-givers)

Where there are concerns about standards of care, the use of neglect tools, such as the Graded Care Profile, provide a basis for assessment, planning, intervention and review.

Domestic abuse

We define domestic abuse as an incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behaviour, including sexual violence, in the majority of cases by a partner or ex-partner, but also by a family member or carer.

Domestic abuse can include, but is not limited to, the following.

- Coercive control (a pattern of intimidation, degradation, isolation and control with the use or threat of physical or sexual violence)
- Psychological and emotional abuse [2]
- Physical or sexual abuse
- Financial or economic abuse
- Harassment and stalking
- Online or digital abuse

There are a range of abusive behaviours defined under the Domestic Abuse Act.

Signs that a child has experienced domestic abuse can include:

- aggression or bullying
- anti-social behaviour, like vandalism
- anxiety, depression or suicidal thoughts
- attention seeking
- bed-wetting, nightmares or insomnia
- constant or regular sickness, like colds, headaches and mouth ulcers
- drug or alcohol use
- eating disorders
- problems in school or trouble learning
- tantrums
- withdrawal

For more resources specific to domestic abuse please visit RBWM Safeguarding Children Partnership website.

Contextual safeguarding and exploitation

Contextual safeguarding and exploitation (CS&E) is the harm that occurs outside the family home or care setting and occurs within community spaces and places for example, schools, neighbourhoods, green spaces, car parks, etc. The harm occurs from someone who is often not a family member. There is a shared responsibility between organisations and agencies to safeguard and promote the welfare of all children in a local area.

Sometimes, different forms of contextual safeguarding overlap. For example, a child at risk of criminal exploitation may also be at risk of sexual exploitation or radicalisation. Because of this, it may be necessary for the young person to be discussed in a number of forums and identify the most appropriate pathway for the child.

Child sexual exploitation (CSE)

Child sexual exploitation involves forcing or persuading a child or young person under the age of 18 to take part in sexual activities, whether or not the child is aware of what is happening. Sexual abuse includes a range of different acts and behaviours.

Child sexual exploitation does not always involve physical contact. It can also occur through the use of technology, such as social media and gaming apps. It is important that people recognise that exploitation is child sexual abuse and should be seen as such.

Children rarely self-report child sexual exploitation so it is important that practitioners are aware of potential indicators of risk, including;

- physical signs, such as unexplained injuries, sexually transmitted infections or urinary tract infections
- changes in emotion, such as increased fear, anxiety or anger or being less able to regulate their emotions
- issues with their mental health, emotional wellbeing or self-esteem
- changes in behaviour, such as suddenly becoming withdrawn or isolated, or distrusting others
- changes in their usual habits such as eating, use of internet, gaming, phones or friendships
- having more sexual knowledge or displaying more sexualised behaviour than is developmentally appropriate for their age
- discomfort with sex and their body
- having things such as money, phones, expensive clothes or other items, when you don't know how they have bought them
- being away from home or school where you don't know where they are

Those working with children and young people should also remain open to the fact that child sexual exploitation can occur without any of these risk indicators being obviously present.

Criminal exploitation

Criminal exploitation involves a young person receiving 'something' (such as food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) in return for them completing a task on behalf of another individual or group of individuals, a task which is often of a criminal nature.

Child criminal exploitation occurs often without the child's immediate recognition, with the child believing that they are in control of the situation. In all cases, there is an imbalance of power between the young person and the perpetrator, and this can be due to their age, gender, intellect, physical strength or financial situation. Violence, coercion and intimidation are commonly involved in exploitative relationships and can be characterised by the victim's limited choice, which can be because of their social, financial or emotional vulnerability.

High risk indicators include:

- frequent missing episodes especially if found in a different area
- unexplained income or new possessions
- unexplained relationships with adults
- criminal behaviour (eg, possession of drugs or weapons)

Safeguarding children and young people with disabilities

Children with disabilities experience greater vulnerabilities and can be abused and neglected in ways that other children cannot. The early indicators suggestive of abuse or neglect can be more complicated than with non-disabled children.

Children with disabilities can be more vulnerable to abuse for a number of reasons, such as communication barriers and confusing behaviours that may indicate the child is being abused with those associated with the child's disability and a lack of knowledge about the impact of disability on the child. Further information on risks and indicators can be found here.

Disabled children and young people should be seen as children first. Having a disability should not and must not mask or deter an appropriate enquiry where there are safeguarding concerns. This is relevant to all those involved with disabled children and is particularly relevant to health care workers given the key role they play and their close involvement with many disabled children and their families.

For those receiving initial contacts and referrals concerning a disabled child, there are additional points which need to be taken into account at this early stage. As with safeguarding referrals concerning non-disabled children, it is important that where possible as much accurate information is gathered, to fully understand the context and assess the likelihood of harm to the child.

More information on supporting children with disabilities can be found via RBWM AfC Info SEND Local Offer.

Appendix 2: Threshold indicators and descriptors

This information is designed to help professionals assess and understand the needs of a family who may require additional support in order to thrive. The majority of families will never go beyond Universal Services. Others will only dip into additional services while others will need varying levels of support throughout their lives.

The threshold indicators and descriptors are designed to guide professionals when making decisions about what level of support a family needs. This should be used in conjunction with safeguarding partnerships procedures and consultation with MASH where required.

HEALTH

Level 1	Level 2	Level 3	Level 4
The child appears healthy, and has access to and makes use of appropriate health and health advice services.	The child rarely accesses appropriate health and health advice services, missing immunisations.	There is no evidence that the child has accessed health and health advice services and suffers chronic and recurrent health problems as a result. Diagnosed with a life-limiting illness.	The child has complex health problems which are attributable to the lack of access to health services. Carer denying professional staff access to the child.
All children's health needs are met by parents.	Additional help required to meet health demands of the child including disability or long term serious illness requiring support services.	With additional support, a parent is not meeting the needs of their child's health. Carer displays high levels of anxiety regarding a child's health.	Carers' level of anxiety regarding their child's health is significantly harming the child's development. Strong suspicions or evidence of fabricating or inducing illness in their child.
Carer does not have any additional needs.	Needs of the carers are affecting the care and development of the child.	Needs of the carer or other family members significantly affect the care of the child.	
Parent accesses ante-natal and postnatal care.	The carer demonstrates ambivalence to ante-natal and post-natal care with irregular attendance and missed appointments.	The carer is not accessing ante- natal and postnatal care, significant concern about prospective parenting ability, resulting in the need for a pre- birth assessment.	The carer neglects to access ante-natal care and there are accumulative risk indicators.
The parent is coping well emotionally following the birth of their baby and accessing universal support services where required.	The parent is struggling to adjust to the role of parenthood, post- natal depression is affecting parenting ability.	The parent is suffering from postnatal depression. Infant or child appears to have poor growth. Growth falling two centile ranges or more, without an apparent health problem. Newborn affected by maternal substance misuse.	The carer is suffering from severe postnatal depression which is causing serious risk to themselves and their child or children.
Pregnancy with no apparent safeguarding concerns.	Pregnancy in a young person or vulnerable adult who is deemed in need of support.	Looked after child, care leaver or vulnerable young person who is pregnant.	Pregnancy in a child under 13 or parent with significant learning needs. Young inexperienced parents with additional concerns that could place the unborn child at risk of significant harm.

MENTAL or EMOTIONAL HEALTH

Level 1	Level 2	Level 3	Level 4
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 can be overly critical and inconsistent, occasional relationship difficulties impacting on the child's development. Struggles with setting age appropriate boundaries, occasionally not meeting developmental milestones and occasionally prioritising their own needs before the child's.	Carers inability to engage emotionally with child leads to developmental milestones not met. Family environment is volatile and unstable resulting in a negative impact on the child, leading to possible vulnerabilities and exploitative relationships, parent or carer unable to judge dangerous situations or set appropriate boundaries. Allegations of parents making verbal threats to children. Child rarely comforted when distressed, under significant pressure to achieve or aspire.	Relationships between the child and carer have broken down to the extent that the child is at risk of significant harm or frequently exposed to dangerous situations and development significantly impaired. Child has suffered long term neglect due to lack of emotional support from parents.
Child has good mental health and psychological wellbeing.	The child has a mild mental health condition which affects their everyday functioning, but can be managed in mainstream schools and parents are engaged with school and health services including accessing remote support services to address this. Child is accessing social media sites related to self-harm, has expressed thoughts of self-harm but no evidence of self-harm incidents. History of mental health condition but have been assessed and discharged home with safety plan and follow up.	The child has a mental health condition which significantly affects their everyday functioning and requires specialist intervention in the community. Parent is not presenting child for treatment increasing risk of mental health deterioration problems as a result No evidence child has accessed mental health advice services and suffers recurrent mental health problems as a result. Child is known to be accessing harmful social media sites to facilitate self-harming. Child self-harms causing minor injury and parent responds appropriately. Child has expressed suicidal ideation with no known plan of intent. Child is under the care of a hospital engaging with mental health services.	Child expressed suicidal ideation with intent or psychotic episode or other significant mental health symptoms. Refuses medical care or is in hospital following episode of self-harm or suicide attempt or significant mental health issues. Carer unable to manage child's behaviours related to their mental health increasing the risk of the child suffering significant harm. Child or young person has ongoing suicidal ideation following attempt or is in hospital following episode of self-harm or suicide attempt.

MENTAL or EMOTIONAL HEALTH (continued)

Level 1	Level 2	Level 3	Level 4
The child engages in age appropriate activities and displays age appropriate behaviours, having a positive sense of self and abilities reducing the risk of those wanting to exploit them.	Child has a negative sense of self and abilities, suffering with low self-esteem and confidence making them vulnerable to those who wish to exploit them resulting in becoming involved in negative behaviour or activities.	Child has a negative sense of self and abilities, suffering with low self-esteem and confidence which results in the child becoming involved in negative behaviour or activities by those exploiting or grooming them.	Evidence of exploitation linked to child's vulnerability. Child frequently exhibits negative behaviour or activities that place self or others at imminent risk.
Mental health of the carer does not affect or impact care of the child.	Sporadic or low level mental health of carer impacts care of child, however, protective factors in place.	Mental health needs of the carer (subject to a section under MHA) is impacting on the care of their child and there are no supportive networks and extended family to prevent harm. Carer has expressed suicidal ideation with no known plan of intent.	Mental health needs of the carer are significantly impacting the care of their child placing them at risk of significant harm. Carer has ongoing suicidal ideation following attempt or is in hospital following episode of self-harm or suicide attempt.
Child has not suffered the loss of a close family member or friend	Child has suffered a bereavement recently or in the past and is distressed but receives support from family and friends and appears to be coping reasonably well – would benefit from short term additional support from Early Help services.	Child has suffered bereavement recently or in the past and there has been a deterioration in their behaviour. Low level support has not assisted, long term intervention required.	Child has suffered bereavement and is missing, self-harming, disclosing suicidal thoughts, risk of exploitation, involvement in gang or criminal activity.
Local authority notified that the child is privately fostered by adults who are able to provide for their needs and there are no safeguarding concerns.		Some concern about the private fostering arrangements in place for the child, there may be issues around the carers' treatment of the child. The local authority hasn't been notified of the private fostering arrangement.	There is concern that the child is a victim of exploitation, domestic slavery, or being physically abused in their private foster placement

EDUCATION

Level 1	Level 2	Level 3	Level 4
Child is in education or training with no barriers to learning. Planned progressions beyond school or college. Behaviour issues are managed by the school.	Child experiences frequent moves between schools or professional concerns re home education. Reports of bullying, but responded to appropriately. Peer concerns managed by the school.	Child's attendance is varied with missing absences and exclusions. Recurring issues raised about child's home education. Inappropriate behaviour from carer or school has not been managed.	Child's achievement is seriously impacted by lack of education. Regular breakdown of school placements. Lack of trust in the education system (young person, parents or carers). Repeated concerns about school's management of behaviour.
Developmental milestones met.	Some developmental milestones are not being met which will be supported by universal services.	Some developmental milestones are not being met which will require support of targeted or specialist services.	Developmental milestones are significantly delayed or impaired causing concerns regarding ongoing neglect (not in the case of those with a disability).
The child possesses age- appropriate ability to understand and organise information and solve problems, and makes adequate academic progress.	The child's ability to understand and organise information and solve problems is impaired and the child is under-achieving or is making no academic progress.	The child's ability to understand and organise information and solve problems is very significantly impaired and the child is seriously under-achieving or is making no academic progress despite learning support strategies over a period of time.	The child's inability to understand and organise information and solve problems is adversely impacting on all areas of their development creating risk of significant harm, concerns of carer neglect.
The carer positively supports learning and aspirations and engages with school.	The carer is not engaged in supporting learning aspirations and is not engaging with the school.	The carer does not engage with the school and actively resists suggestions of supportive interventions.	The carer actively discourages or prevents the child from learning or engaging with the school.

ABUSE and NEGLECT

Level 1	Level 2	Level 3	Level 4
Carer protects their family from danger or significant harm.	Carer, on occasion, does not protect their family which if unaddressed could lead to risk or danger.	Carer frequently neglects or is unable to protect their family from danger or significant harm. Parents or carers persistently avoid contact or do not engage with childcare professionals.	Carer is unable to protect their child from harm, placing their child at significant risk. Allegations of harm by a person in a position of trust.
Child shows no physical symptoms which could be attributed to neglect.	Child occasionally shows physical symptoms which could indicate neglect.	Child consistently shows physical symptoms which clearly indicate neglect.	Child shows physical signs of neglect which are attributable to the care provided by their carers.
Child has injuries that are consistent with normal childish play and activities.	Child has occasional, less common injuries which are consistent with the parents' account of accidental injury - carers seek out or accept advice on how to avoid accidental injury.	Child has injuries which are accounted for but are more frequent than would be expected for a child of a similar age or needs. Carer does not know how injuries occurred or explanation is unclear.	Any 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 or 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 or older family members.
Carer does not physically harm their child including physical chastisement.	Carer uses physical assault (no injuries) as discipline but is willing to access professional support to help them manage the child's behaviour.	Carer uses physical assault (injuries) as discipline but is willing to access professional support to help them manage the child's behaviour.	Carer uses an implement causing significant physical harm to a child.
No concerns re conflict or 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 the child. Homeless 16/17 (Southwark Ruling).	Family have rejected, abandoned or evicted child. Child has no available parent and the child is vulnerable to significant harm. Child not living with a family member.
No concerns of inappropriate self-sufficiency	Pattern emerging of self-sufficiency which is not proportionate to a child's or young person's age and stage of development	High level of self-sufficiency is observed in a child or young person that is not proportionate to a child's or young person's age and stage of development.	Inappropriate, high level of self- sufficiency for child's or young person's age and stage of development resulting in neglect.
No concerns of fabricated or induced illness.	Child has an increased level of illnesses with the causes unknown	Suspicion child has suffered or is at risk of fabricated or induced illness.	Medical confirmation that a child has suffered significant harm due to fabricated or induced illness.

SEXUAL ABUSE or ACTIVITY

Level 1	Level 2	Level 3	Level 4
Nothing to indicate a child is being sexually abused by their carer.	Concerns relating to inappropriate sexual behaviour or abuse within the family or network, but does not amount to a criminal offence.	Allegation of non-recent sexual abuse, but no longer in contact with perpetrator.	Concerns about possible inappropriate sexual behaviour from carer or carer sexually abuses their child. Offender who has 'risk to children status' is in contact with family. Child who lives in a household into which a registered sex offender or convicted violent offender subject to MAPPA moves.
Good knowledge of healthy relationships and sexual health.	Emerging concerns of possible sexual activity of a child.	Suspicions of peer-on-peer sexual activity in a child over 13 years old. Child under 16 is accessing sexual health and contraceptive services.	Suspicions of sexual abuse or sexually activity of a child. Direct allegation of sexual abuse or assault by child and belief that child is in imminent danger and in need of immediate protection.
Good knowledge of healthy relationships and sexual health.	Single instance of sexually inappropriate behaviour.	Send or receive inappropriate sexual material produced by themselves or other young people via digital or social media, considered as peer-on-peer abuse. Evidence of concerning sexual behaviour – accessing violent or exploitative pornography.	Child is exhibiting harmful, sexual behaviour. Early teen pregnancy. Risk taking sexual activity.
Good knowledge of healthy relationships and sexual health.	Age appropriate attendance at sexual health clinic.	Sexually transmitted infections (STIs). Consent issues may be unclear. Verbal or non-contact sexualised behaviour. Historic referrals in regard concerning sexual behaviour.	Multiple or untreated sexually transmitted infections (STIs). Concerning sexual activity (behaviour that is upsetting to others). Allegations of non-penetrative abuse. Harmful sexual behaviour. Child exploited to recruit others into sexual activity. Repeated pregnancy, miscarriages and terminations. Increase in severity of concerning sexual behaviour.

POLICE ATTENTION

Level 1	Level 2	Level 3	Level 4
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 of crime.	Re-occurring or 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 is known to be engaging in gang activities leading to injury caused by a weapon.
Young person has no involvement with crime or anti-social behaviour.	Child is vulnerable and at potential risk of being targeted and groomed for criminal exploitation, gang activity or other criminal groups or associations.	Child appears to be actively targetedor coerced with the intention of exploiting the child for criminal gain.	Child habitually entrenched or actively criminally exploited. There is a risk of imminent significant harm to the child as a result of their criminal associations and activities. They may not recognise they are being exploited and are in denial about the nature of their abuse.
Young person has no involvement with crime or anti- social behaviour.	Attention of ASB team or police. Talks about carrying a weapon. Reports from others that were involved in a named gang. Glamorises criminal or violent behaviour.	Arrested for possession of offensive weapon, drugs, multiple thefts, going equipped or motoring offences. Non-compliance of conditions.	Charged or convicted of aggravated robbery, use of offensive weapon or possession of large quantities of Class A drugs. Intentional harm of others or animals.
Young person has been stopped, but not searched. Young person has been stopped and searched with no obvious 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 as a result of a stop and search.	Young person consistently stopped and searched with risk factors suggesting they are being exploited.

HARMFUL PRACTICES

Level 1	Level 2	Level 3	Level 4
There is no concern the child may be subject to harmful traditional practices.	Concern the child is in a culture where harmful practices are known to have been performed however parents are opposed to the practices in respect of their children.	Concern the child may be subject to harmful traditional practices.	Evidence the child may be subject to harmful traditional practices.
There are no concerns that the child is at risk of honour based violence.	There are concerns that a child may be subjected to honour based violence.	There is evidence to indicate the child is at risk of honour based violence.	There is specific evidence to indicate a child has been subjected to honour based violence or the child has reported they have been subjected to honour based violence.
There are no concerns that the child is at risk of female genital mutilation.	History of practising female genital mutilation within the family, including female child is born to a woman who has undergone female genital mutilation, older sibling or cousin who has undergone female genital mutilation. Family indicate that there are strong levels of influence held by elders and elders are involved in bringing up female children. Female child where female genital mutilation is known to be practiced is missing from education for a period without school's approval.	Any female child born or unborn to a mother who has had female genital mutilation and is from a prevalent country, family believe female genital mutilation is integral to cultural or religious identity. Female child talks about a long holiday or confirmed travel to her country of origin or another country where the practice is prevalent. Female child or parent from household where female genital mutilation 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.	Reports that female child has had female genital mutilation or child requests help as suspects she is at risk of female genital mutilation. On return from a country where practice is prevalent, noticeable changes in child such as dress code, excusing from PE, discomfort in walking, frequenting toilet facilities.
There are no concerns a child is at risk of forced marriage.		There are concerns that a child may be subjected to forced marriage.	Evidence child may be subject to forced marriage or has been subjected to forced marriage.
There are no concerns that the child is at risk of witchcraft.	Suspicion child is exposed to issues of spirit possession or witchcraft.	Evidence child is exposed to issues of spirit possession or witchcraft.	Disclosure from child about spirit possession or witchcraft, parental view that child is believed to be possessed.

Level 1	Level 2	Level 3	Level 4
Child and family's activities are legal with no links to proscribed organisations	Child makes reference to own and family ideologies.	The child expresses sympathy for ideologies closely linked to violent extremism but is open to other views or loses interest quickly. Child and family have indirect links to proscribed organisations.	The child expresses beliefs that extreme violence should be used against people who disrespect their beliefs and values. The child supports people travelling to conflict zones for extremist or violent purposes or with intent to join terrorist groups The child expresses a generalised non- specific intent to go themselves. Child, family and friends have strong links or are members of proscribed organisations.
Child doesn't express support for extreme views or is too young to express such views themselves.	Child makes reference to own and family's extreme views.	A child is known to live with an adult or older child who has extreme views. Child may inadvertently view extremist imagery.	A child is sent extreme imagery or taken to demonstrations or marches where violent, extremist and age-inappropriate imagery or language is used. The child, carers, close family members or friends are members of prescribed organisations, promoting the actions of violent extremists, saying that they will carry out violence in support of extremist views including child circulating violent extremist images.
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 they share 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.
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 cooperate 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.

DRUG and SUBSTANCE MISUSE

Level 1	Level 2	Level 3	Level 4
The child has no history of substance misuse or dependency.	The child is known to be using drugs and alcohol frequently with occasional impact on their social wellbeing.	The child's substance misuse dependency is affecting their mental and physical health and social wellbeing. Child presents at hospital due to substance or alcohol misuse. Carer indifferent to underage smoking, alcohol, drugs etc.	The child's substance misuse dependency is putting the child at such risk that intensive specialist resources are required.
Carers or other family members do not use drugs or alcohol or the use does not impact on parenting.	Drug or alcohol use is impacting on parenting but adequate provision is made to ensure the child's safety, concerns this may increase if continues.	Drug or alcohol use has escalated to the point where the child is worrying about their carer or family member.	Carer or other family members drug or alcohol use is at a problematic level and are unable to provide care to the child.
No signs or suspicion of drug usage.	Child or household member found in possession of Class C drugs.	Previous concerns of drug involvement or drug supply and child or household member found in possession of Class A or Class B drugs or drug paraphernalia found in home.	Family home is used for drug taking, dealing or illegal activities.
No signs or suspicion of drug usage.	Concerns of drug usage during pregnancy.	Evidence of substance or drug misuse during pregnancy, pre-21 weeks gestation.	Evidence of substance or drug misuse during pregnancy, post-21 weeks gestation.

DISABILITY

Level 1	Level 2	Level 3	Level 4
Carers or other family members have disabilities which do not affect the care of their child.	Carers or 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 is required.	Carers or other family members have disabilities which are affecting the care of the child.	Carers or other family members have disabilities which are severely affecting the care of the child and placing them at risk of significant harm
Child has no apparent disabilities.	Additional help required to meet health demands of the child's disabilities.	Parents unable to fully meet the child's needs due disability needs, requiring significant support under a child in need plan.	Child's disability needs not being met - neglectful.

YOUNG CARER

Level 1	Level 2	Level 3	Level 4
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.

DOMESTIC ABUSE

Level 1	Level 2	Level 3	Level 4
Expectant mother or parent is not in an abusive relationship.	Expectant mother or parent is a victim of occasional or low level non- physical abuse.	Expectant mother or parent has previously been a victim of domestic abuse and is a victim of occasional or low level non- physical abuse	Expectant mother or parent is a victim of domestic abuse which has taken place on a number of occasions
No history or incidents of violence, emotional abuse or economic control or controlling or coercive behaviour in the family.	There are isolated incidents of physical, emotional abuse, economic control or controlling or coercive behaviour in the family. Mitigating protective factors within the family are in place, even if children are reported not to be present when incidents have occurred.	Children suffering emotional harm when witnessing physical, emotional abuse, economic control, coercive and controlling behaviour within the family. Perpetrator(s) show limited or no commitment to changing their behaviour and little or no understanding of the impact their behaviour has on the child.	Evidence suggesting the child is directly subjected to verbal abuse, derogatory titles, threatening and 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 or duration.
	Information has become known that a person living in the house may be a previous perpetrator of domestic abuse, although no sign of current or recent abuse is apparent.	Confirmation previous domestic abuse perpetrator living at the property. Carer minimises presence of domestic abuse in the household contrary to evidence of its existence.	Serious threat to parent's life or to child by violent partner. Child injured in domestic violence incident. Child traumatised or neglected due to a serious incident of domestic violence or child is unborn.

SOCIAL DEVELOPMENT

Level 1	Level 2	Level 3	Level 4
Child has good quality early attachments, confident in social situations with strong friendships and positive social interaction with a range of peers, demonstrating positive behaviour and respect for others.	Child has few friendships and limited social interaction with their peers. Child has communication difficulties and poor interaction with others. Child exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and 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, early support has been refused, or been inadequate to manage this behaviour. Child has experienced persistent or severe bullying which has impacted on their daily outcomes. Child has significant communication difficulties.	Child is completely isolated, refusing to participate in any activities, positive interaction with others is severely limited due to displays of aggressive, bullying or destructive behaviours impacting on their wellbeing or safety. Child has experienced such persistent or severe bullying that their wellbeing is at risk. Child has little or no communication skills.
There is a positive family network and good friendships outside the family unit.	There is a significant lack of support from the extended family network which is impacting on the parent's 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 or child has no other positive relationships.	The family network has broken down or is highly volatile and is causing serious adverse impact to the child.
Child engages in age-appropriate use of the internet, gaming and social media.	Child is at risk of becoming involved in negative internet use, lacks control and is unsupervised in gaming and social media applications.	Child is engaged in or victim of negative and harmful behaviours associated with internet and social media use or is obsessively involved in gaming which interferes with social functioning. Evidence of sexual material being shared without consent. Multiple SIMs or phones.	Child is showing signs of being secretive, deceptive and is actively concealing internet and social media activities. Regularly coerced to send or receive indecent images. Coerced to meet in person for sexual activity. Devices need to be removed and access restricted at all times.
The family feels integrated into the community.	The family is chronically socially excluded and there is an absence of supportive community networks.	The family is socially excluded and isolated to the extent that it has an adverse impact on the child.	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.

SOCIAL DEVELOPMENT (Continued)

Level 1	Level 2	Level 3	Level 4
The neighbourhood is a safe and positive environment encouraging good citizenship and knowledgeable 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	The neighbourhood or locality is having a negative impact on the child resulting in the child coming to notice of the police on a regular basis both as a suspect and a victim, concerns by others regarding exploitation.	The neighbourhood or locality is having a profoundly negative impact on the child resulting in the child coming to notice of the police on a regular basis both as a suspect and a victim, concerns by others re high risk of exploitation, being groomed and any other criminal activity.
Child and family is legally entitled to live in the country indefinitely and has full rights to employment and public funds.	Child and family's legal entitlement to stay in the country is temporary and restricts access to public funds and 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 or no recourse to public funds increases the vulnerability of the children to criminal activity.	Evidence a child has been exposed or involved in criminal activity to generate income for the family or family members are being detained and at risk of deportation or the child is an unaccompanied asylum-seeker.
Young person is positively engaging with services. Has awareness of the risks and grooming processes. Motivated and positive outlook.	Perceived inability or reluctance to access more mainstream support. Reduced access due to their ethnicity, cultural background, being in care, identifying as LGBTQ or special educational needs (SEN).	Isolated and refuses to participate in activities. Experiencing bullying or social isolation that may be exacerbated by personal, cultural, sexual identity or education needs. Targeted by groups or individuals due to their vulnerability or perceived reputation.	Negative sense of self and abilities that risk causing harm. Completely isolated, refusing activities. High levels of social isolation that may be exacerbated by personal, cultural, sexual identity or education needs.

CONTEXTUAL SAFEGUARDING

Level 1	Level 2	Level 3	Level 4
Places and spaces			
Good services in the area and young person is aware and engaging positively. Guardians in area ensure physical and psychological wellbeing of young people.	Spending time in areas known for antisocial behaviour or where more vulnerable. Child or young person identifies and informs professionals of unsafe locations and reason for this.	The neighbourhood or locality is having a negative impact on the child. Frequently spending time in locations, including online, where they can be anonymous or at risk of experience harm, violence or exploitation.	Found in areas, properties known for exploitation or violence. Taken to hotels, B&Bs or a property with intention of being harmed or harming others. Area having profoundly negative effect on the child.
Peer group or external relationships			
Peer group engage in positive activities, clubs or communities. The group understands risk and harm. Age appropriate and safe. Peers that have 'turned around' in their journey.	Some indications that unknown adults and other exploited children have contact with the child or young person. Some indications of negatively influential peers.	Unknown adults and other exploited children or young people associating with the child or young person. Escalation in behaviour of peer group. Accompanied by an adult who is not a legal guardian. Arrested with individuals who are at risk of exploitation or violence.	Staying with someone believed to be exploiting them. Person with significant relationship is coercing the child or young person to meet and the child is sexually or physically abused. Found with adults or high risk individuals out of borough. Is being exploited to 'recruit' others.
Professional engagement			
Trusted adult in professional network. Impactful engagement. Curious and flexible.	Limited referral history with services. Lack of confidence in worker or 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 were involved, but little changed.	History of multiple services or referrals with little change or escalation in risk. Services report unable to keep the child or young person safe.
Missing			
Child comes home on time and does not run away from home. Their whereabouts are always known to their carers and they answer their phone.	Child has run away from home on one or two occasions or not returned at the normal time. Concerns about what happened to them whilst they were away, whereabouts unknown.	Child persistently runs away and goes missing, serious concerns about their activity whilst away. Parent does not report them missing. Unable to give explanations for whereabouts.	Child persistently runs away and goes missing and does not recognise that they are putting themselves at risk of exploitation, criminal behaviour, etc. Pattern of sofa surfing, whereabouts unknown.

Appendix 3: A good practice example safeguarding referral

On 14 June 2023, child (x) told the family coach, parent (2) partner and partner's son came to where child (x) and parent (1) live on 13 June 2023 and were threatening them and shouting. Child (x) told the family coach they were both shouting "come outside and be a ** about it". Child (x) friends were outside so parent (1) told them to come in the house. Parent (2) partner's son then called parent (1) a 'nonce'. Child (x) explained they told parent (2) what happened, but parent (2) did not believe child (x)

Parent (1) believes that parent (2) partner and partner's son may come and find them again in their van. Child (x) told the family coach that child (r) has said that parent (2) partner is always shouting at parent (2) and they are crying. Child (r) has told parent (1) that parent (2) partner's son calls them a 'div'.

What is working well?

- Child (r) is engaging well at school and there are no concerns
- Parent (1) has agreed to have support with parenting
- Child (x) is engaging well with the family coach and exploring careers options
- Child (x) would like to rebuild their relationship with parent (2) and both have agreed to restorative sessions
- Child (x) has been attending their exams
- Parent (1) has told the family coach they are going to report the incident to the police
- Child (x) completed a safety plan with the family coach

What are you worried about? What are your concerns?

- Child (x) relationship with parent (2) has broken down due to child (x) not liking parent (2) partner
- In December, child (x) had an argument with parent (2), which resulted in child (x) throwing a chair and going to live with parent (1)
- Child (x) is vaping as a way of managing their emotions and parents are worried child (x) could be smoking cannabis

What needs to happen next for the child to be safe and well?

- Child (r) should not be exposed to being shouting in the home and parent (2) crying
- Child (r) should not be called names and should feel safe and happy at home
- Child (x) should feel safe and happy where they lives and when out in the community

Are the parents OR carers aware of this referral?

Parent (1) is aware, parent (2) is not. I am due to see parent (2) 20 June 2023 and will explain the reason for the referral.

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