

Hackney Child Wellbeing Framework - June 2021

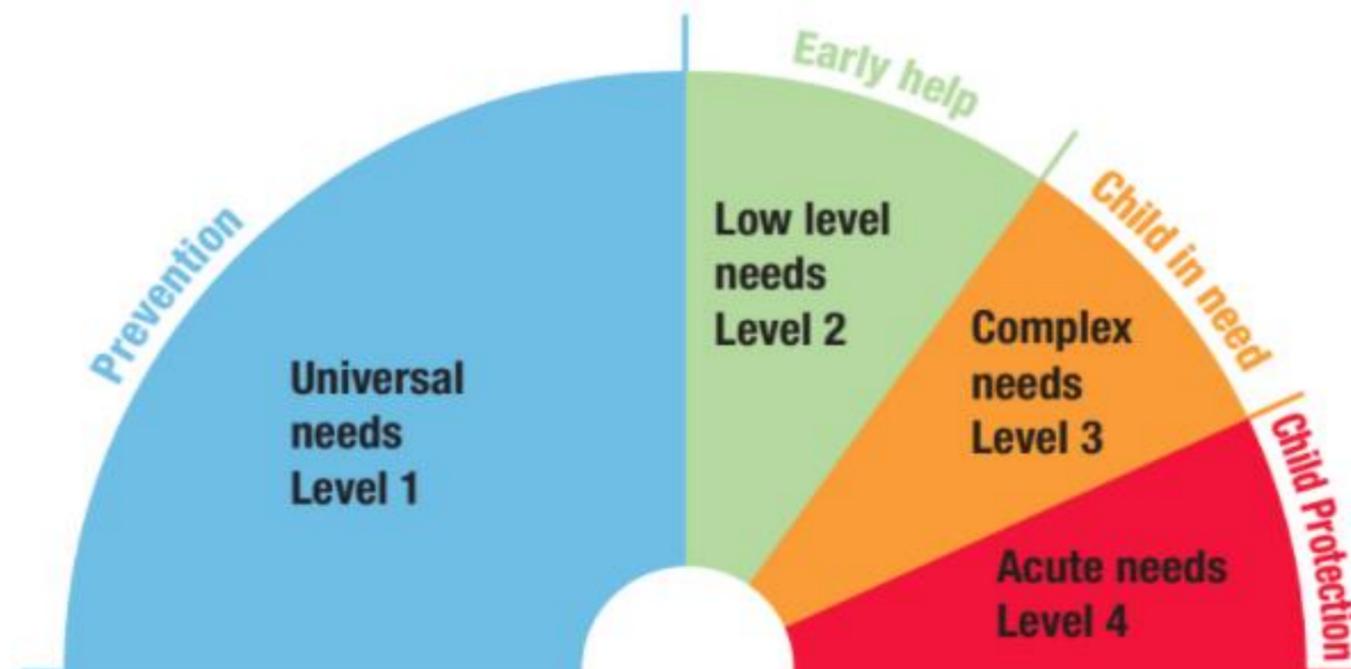
Introduction

We know that most families in Hackney cope well with the demands of family life, most of the time. However, when circumstances change, or a family's usual support networks become unavailable to them, some families will need extra support to keep their children safe and well, at those times. We believe that most families, when offered the right support, at the right time, can build upon their strengths and resources to successfully resolve their difficulties.

This framework is designed to equip professionals working across the safeguarding partnership to know how to respond when they have a concern about a child in Hackney. It has been developed in line with the statutory guidance [Working Together to Safeguard Children \(2018\)](#), which is clear about the responsibility of **all** agencies to safeguard and promote the welfare of the children. The guidance defines the shared multi-agency responsibility for:

- **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.**

In Hackney, our partnership agencies recognise the importance of considering the needs of, working with and supporting the whole family where possible. Children and young people do not exist in isolation and it is important to promote whole family wellbeing. Partnership agencies aim to be responsive to arising needs within the family network, acknowledging that children are best placed to remain in and be supported by their familial and community networks. Therefore, community resources are invaluable to offering this wrap around support.



What do I need to do if I am worried about a child in Hackney?

Step 1: The child's level of need

In order to determine the most appropriate level of support for a child at any given time, it is essential to match the presenting need with the identified level within the Continuum of Need. For further guidance on indicators of need please consult the detailed indicators (page 7 below).

Continuum of Need	Definition	Partnership Response
Level 1 - Universal	Primarily children with no additional needs whose health and developmental needs can be met by universal services. Level 1 - Universal may include children with emerging needs or low level vulnerability whose additional needs can be met by a single universal agency. The majority of children within the borough fall under this category.	No involvement for these children is required from targeted early help or statutory social work services.
Level 2 - Early Help	Children with some additional needs, who may be vulnerable to achieving poor outcomes. These children may benefit from additional support via a multi-agency network working alongside their parents/carers, to provide holistic and wrap around support to them.	A coordinated plan of support for these children should be delivered by universal services, working alongside the family, through a Team Around the Child approach. With the family's consent, targeted early help can also be explored through an Early Help Assessment.
Level 3 - Complex	Children who are disabled and/or for whom specialist support is needed to promote their safety and welfare and to prevent them from experiencing harm.	With the family's consent, a social work child in need assessment will explore the risk of harm for these children, alongside their parents/carers and professional networks. A longer-term multi-agency plan of support, coordinated by a social worker, may be offered under a Child in Need Plan. On occasion, an alternative plan of support may be led via a specialist Child and Adolescent Mental Health (CAMHS) service who may act as the lead professional.
Level 4 - Acute risk of harm	Children who are at risk of significant harm. This response will be necessary for only a minority of children in the borough.	These children require a coordinated multi-agency response in order to reduce the risk of harm to them, via child protection procedures or via specialist health services (at Level 4 this means day and inpatient provision for children or young people with severe mental ill-health, including specialist eating disorders).

Step 2: Talk to the family about your worries

In order to fulfil the commitment of the safeguarding partnership to build on family strengths and resources in the hope of resolving difficulties, children's parents/carers must be included in the conversations about what will work best for their children from the start. In Hackney, the safeguarding partnership believes that every parent/carer has the right:

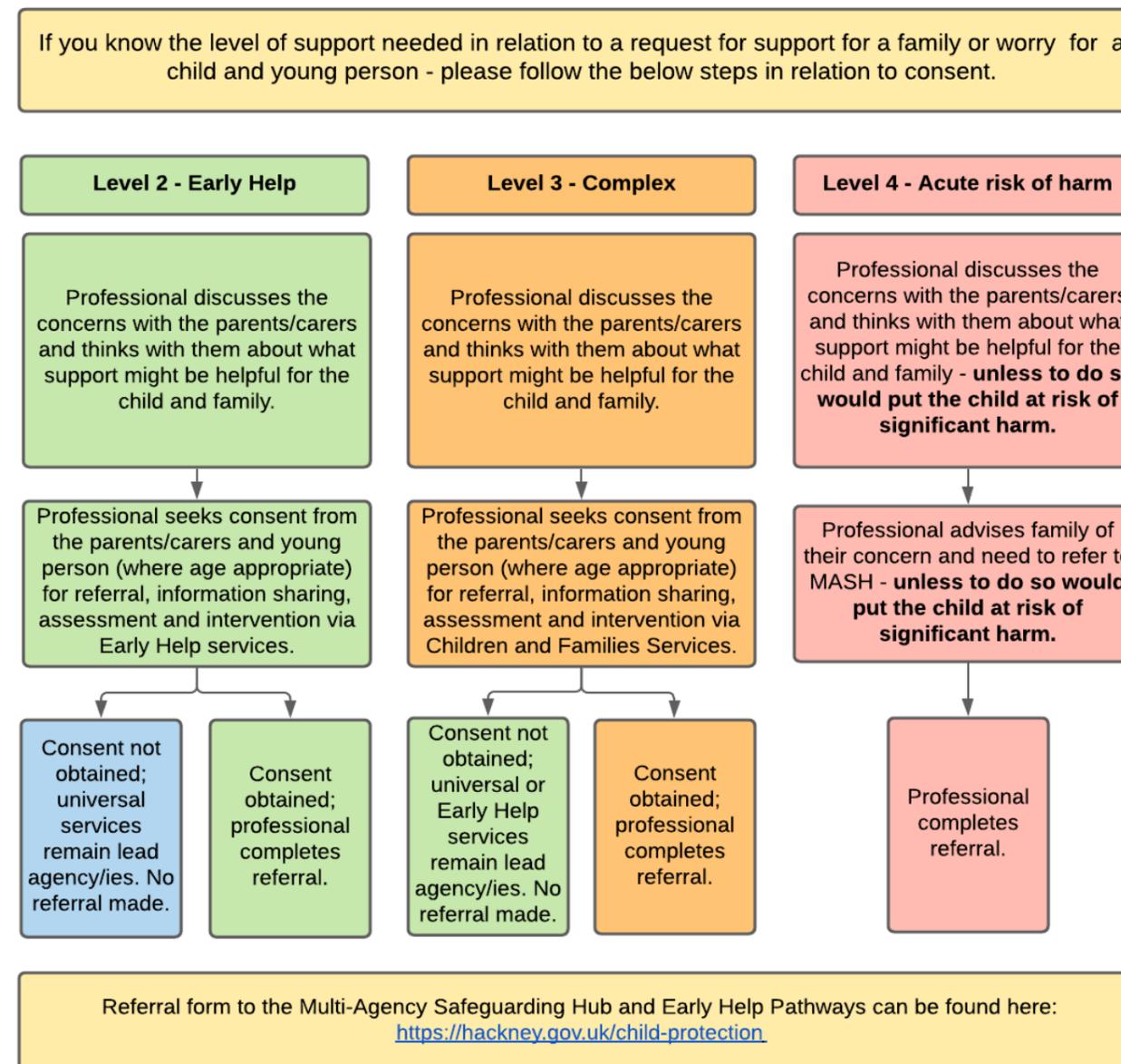
- To be told when a professional is worried about the safety or well-being of their child, by that professional;
- To have their consent obtained when someone makes a request for support on their behalf;
- To be front and centre of any plan to keep their child safe and well.

Consent to make a request for support on their behalf should also be sought from children and young people, wherever they are of an age and level of understanding to give it. When approaching parents/carers, professionals should engage in an exploratory conversation outlining their worries for the child and what support they believe can be provided. Where parents/carers decline this support, professionals should remain curious and fully explore with the family the reasons for their decision. Every opportunity should be taken to positively influence the family to engage with the offer of help. This should always include exploring with the family what familial or community support they may already be receiving and any additional help available. Where concerns by

professionals remain, they should engage in ongoing dialogue with the parents/carers about the situation while continuing to offer support. Where a professional's concerns have not been able to be resolved and the family continues to decline support, the professional should consult with the Multi Agency Safeguarding Hub.

The only circumstances in which consent for a referral is not required is if the worries about a child are so serious that it is felt that he or she may be at risk of significant harm. Even on these occasions, it remains important that you inform parents about your plans to make a safeguarding referral and the reasons for this. It is only where you fear that speaking to a parent or carer may increase the immediate risk of harm to a child or another person that it is reasonable to make a referral without informing them. These circumstances will be exceptional.

Where you have questions about whether consent should be overridden in order to safeguard a child or young person, you should consult your agency Designated Safeguarding Lead. If you remain unclear about the best way forward, further advice and guidance can be provided via the Multi Agency Safeguarding Hub's Consultation Line on 0208 356 5500. Please see below the flow chart relating to consent.



If there is ever an immediate need to protect a child or young person, you must seek an emergency response from the police via 999. If not an emergency, please see below.

Step 3: Where appropriate, make a request for a service on behalf of the family

Level 2 - Early Help Support

Additional support for a child and family does not have to be delivered by a targeted early help service. Sometimes, it is sufficient for the family to come together with their network of universal services - through a Team Around the Child approach - to agree, and regularly review, a plan of additional support for that child. A school, for example, might offer a child a learning mentor, or a health visitor enrol a parent on a parenting programme delivered at a Children's Centre. At other times, a local community or voluntary sector agency may help meet an unmet need for a child or family. A referral to a housing support service, for example, may be sufficient to address the family's issues with housing.

Where an enhanced early help offer is required, targeted early help in Hackney is delivered in the following ways:

- Early Help for families with children predominantly under the age of 6, through Children's Centres Multi-Agency Team (MAT);
- Family Support Services for families with children predominantly over the age of 5 through Hackney Children and Families Early Help and Prevention Services;
- Targeted Youth Support delivered via Young Hackney.

Levels 3 and 4 - Safeguarding Concerns

Where you feel a safeguarding response may be required (Level 3 and 4 on the Continuum of Need), you must make a referral to the MASH.

Multi-Agency Safeguarding Hub (MASH)

The agencies in Hackney that work with children and families recognise the need for effective multi-agency working and information sharing to ensure best outcomes for the children and families we work with. Within Hackney the partner agencies that make up the MASH include Health Services, Education, Probation, Police, Family Support, Young Hackney, the Domestic Abuse Intervention Service and Children's Social Care. When contact is made with the MASH, these agencies will work together to share relevant information and make multi-agency decisions to help ensure that the right support to a child and family is offered at the right time. See below for information on referring to the MASH.

Requests for Support

The referral form can be accessed here - <https://hackney.gov.uk/child-protection>.

Requests for support will not be progressed unless parental consent for the request for support is gained by the referring agency, or the referring agency has informed the parent of the referral if there are concerns about the risk of significant harm. Referrals will only be accepted without the parent being notified if informing the parent would increase the immediate risk of significant harm to the child.

With each new request for support, the MASH will review the child's presenting level of need against the Continuum of Need. Where they agree that a safeguarding response may be required, multi-agency safeguarding screening will be undertaken. An initial decision on the most appropriate next steps will usually be made within 2 hours but always within 24 hours. If the presenting level of need is deemed to be in line with Level 2, the contact will be reviewed and concluded within the integrated Early Help Hub within a maximum of 72 hours. All referrers will be notified of the outcome of their requests for support at the conclusion of the screening process. Potential outcomes of the screening process include:

- Advice and guidance provided to the family and referrer (Level 1);
- The child and family are referred to another agency for support, for example, within the community and voluntary service or to a partner agency (Level 2);
- The child is allocated for an early help assessment within the Council's targeted early help services (Level 2);
- The child is allocated for a statutory social work assessment within Children's Social Care (Levels 3 and 4).

Where you are unsure about the presenting level of need, you can call the MASH for advice and guidance, on 020 8356 5500, Monday-Friday, 9am - 5pm, prior to making a referral.

Additional Guidance and Information

What happens next?

All children and families who are offered a targeted early help or statutory social work service will have an assessment undertaken to help better understand what is going well for them, what may be worrying and what actions need to be taken to address the worries about the child.

Each assessment will be recorded and a copy shared with the child's parents/carers. An assessment is a holistic analysis of the family's history, relationships, concerns and risks, strengths and supports, environment, parenting capacity and individual children's behaviors and needs. The purpose of an assessment (whether at Level 2, 3 or 4) is:

- To explore, with the child and family, their situation and support needs;
- To gather important information about a child and family;
- To analyse these needs and/or the nature and level of need, harm or risk being suffered by the child;
- To agree a multi-agency plan of support to address those needs in order to improve the child's outcomes.

Information Sharing and Confidentiality

The London Child Protection Procedures outline the importance of sharing relevant information in a timely manner:

It is important that professionals are aware that the Data Protection Act 2018 and the GDPR place duties on organisations and individuals to process personal information fairly and lawfully and to keep the information they hold safe and secure. The Data Protection Act 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information. This includes allowing practitioners to share information without consent, if it is not possible to gain consent, it cannot be reasonably expected that a practitioner gains consent, or if to gain consent would place a child at risk.

Note: *The Data Protection Act 2018 and GDPR do not prevent, or limit, the sharing of information for the purposes of keeping children safe. 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. London Child Protection Procedures 1.5.8*

Referrals from professionals cannot be treated as anonymous and parents will be made aware of the source of any referral from a professional.

Professional Differences

There may be times when there is a difference of opinion amongst the professionals involved in providing support, assessment and intervention to children and families. Professionals should remain curious and maintain open lines of communication, exploring differences of opinion as they arise, always considering the voice of the child, the impact and likely outcome of any potential situation for the child or young person. Professionals are encouraged to discuss these concerns with each other. Usually disagreements can be resolved through open dialogue, curiosity and respect for different beliefs, values and opinions, maintaining a clear view of what is needed for the child or young person. However, if any disagreement is not able to be resolved, staff are referred to City and Hackney Children's Safeguarding Partnership's [Escalation Policy](#).

Key Contact Details

The Multi Agency Safeguarding Hub (previously the First Access and Screening Team - FAST)

Tel: 020 8356 5500 (Monday - Friday 9:00am - 5:00pm)

Referral form can be found here: <https://hackney.gov.uk/child-protection>

Email: MASH@hackney.gov.uk

Secure email: mash.account@hackney.cjsm.net

Children's Social Care's out of hours Emergency Duty Team

Tel: 020 8356 2710 (evenings, weekends and bank holidays)

Hackney's Children's Centres

More information on the Children's Centres can be found here: <https://education.hackney.gov.uk/sites/default/files/document/Hackney%20Childrens%20Centres%20Leaflet.pdf>

The strategic Children's Centres in Hackney are:

- Ann Tayler Children's Centre (0207 275 6020)
- Daubeney Children's Centre (0208 525 7040)
- Woodberry Down Children's Centre (0208 815 3270)
- Children's Centre at Tyssen (0208 806 4130)
- Linden Children's Centre (0207 254 9939)
- Sebright Children's Centre (0207 749 1210)

Young Hackney

More information on the services offered by Young Hackney can be found here: <https://www.younghackney.org/>

Continuum of Need indicators

Support for children and families will fall under four distinct levels of need:

Level 1 - Universal

Level 2 - Early Help

Level 3 - Complex - section 17

Level 4 - Acute risk of harm - section 47

Please see below for example indicators under the categories of health; emotional health, wellbeing and behaviour; education; social and neighborhood; family and environment; parent/parenting for each level of need. The indicators below are not an exhaustive list and there may be other indicators that reduce concern and promote safety and wellbeing. Within each level (1-4) the indicators are separated by theme (health; emotional health, wellbeing and behaviour; education; social and neighbourhood; family and environment; parent/parenting) and categorised as either: individual / familial or extra-familial.

Level 1 - Universal	Health	Emotional Health, Wellbeing and behaviour	Education	Social and Neighbourhood	Family and environment	Parent/parenting
	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> • Child/young person is healthy and well - no physical or mental health conditions or disabilities • Has access to and makes use of appropriate health and health advice services as necessary • Meeting key developmental stages and milestones • Can manage own treatment for any condition e.g. asthma, and take part in everyday life • Child/young person's physical and dietary needs are adequately provided for • Child/young person shows now physical symptoms which could be attributed to neglect <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> • Sexual activity is age appropriate, consensual, safe and in line with their mental capacity to make safe decisions 	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> • Good mental health and psychological wellbeing • Child/young person engages in age appropriate activities and displays age appropriate behaviours and understanding • Child/young person has a positive sense of self and abilities, is able to communicate respectfully with others • Good quality attachments and familial relationships • Low self-esteem is managed through community support • Child/young person demonstrates age appropriate self-control <p><i>Extra-Familial</i></p> <ul style="list-style-type: none"> • Good quality relationships with peers, professionals and community • Child/young person has supportive and age appropriate friends and access to regular physical activities 	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> • Child/young person attending education or training • Achieving key stages • No barriers to learning • Family engage appropriately with education provision • Low level concerns - lateness is able to be managed by the school <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> • Protective school context • Clear safeguarding and referral policies in education establishment • Child/ young person knows who to talk to and experiences appropriate response to any concerns 	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> • Knowledgeable about the effects of crime and anti-social behaviour • Age appropriate knowledge about sex and relationships • Age appropriate independent living skills • Child/young person is exposed to a range of ideas and opportunities to give them choices about their lives • Child/young person feels safe • Family context is supportive of social development <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> • Development is stimulated through play and/or appropriate peer group interaction • Child/young person has socially acceptable, consensual and reciprocal relationships • Child/young person is aware of safe online behaviour and knows who to contact if they experience digital harm • The activities the child/young person engages with are legal 	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> • Family has income which is sufficient to meet basic family needs; maximising income and resources • Family and child/young person have access to community resources • Good family relationships where child/young person has a sense of belonging • Child/young person does not run away from home and their whereabouts are known to their carers • Family members are physically well and mentally stable; child/young person does not have caring responsibilities • Family has positive relationships and appropriate support from others • Bereavement or loss is able to be managed with universal support • An expectant mother is not in an abusive relationship • No incidents of known domestic abuse within the family • No evidence of siblings or household members misusing drugs or alcohol • Home environment is appropriately maintained and free from hazards or dangers 	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> • The parent/carer accesses ante- and/or postnatal care and is coping well emotionally • Child/young person's emotional, social and physical needs are provided for in an age appropriate way and are appropriately dressed • Consistent parenting providing appropriate guidance and boundaries and provides for appropriate material needs • Child/young person experiences care free from abuse or neglect or exposure to harm • Parent/carer positively support learning and aspirations, engaging with education • Parents/carers do not use drugs or alcohol, or parental drug and alcohol use does not impact on parenting • Physical or mental health of the parent/carer does not affect the care of the child • Parent/carer learning disabilities do not affect the care of the child/young person • No concerns regarding physical, sexual, emotional abuse or neglect <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> • Parents/carers aware of extra-familial risks in the community and are confident to raise concerns at an early stage • Parents/carers know who to contact to ensure appropriate supervision • Parents/carers appreciate the limited choice and pressure that extrafamilial harm places on a child/young person and engage in protective support rather than blaming them

Level 1 - Universal	Health	Emotional Health, Wellbeing and behaviour	Education	Social and Neighbourhood	Family and environment	Parent/parenting
	<ul style="list-style-type: none"> • Child/young person has no history of substance misuse or dependency • Any injuries, eg. bruising on shins, is consistent and attributed to normal children's play and activities 	<ul style="list-style-type: none"> • Child/young person has safe, healthy and age appropriate digital activity 			<ul style="list-style-type: none"> • Child/young person is legally entitled to live in the country with full rights to education and public funds • Family have no links to terrorist groups or organisations banned by UK law • There are no familial concerns around disabilities or physical or mental health concerns impacting the child • Family members are not involved in gangs <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> • Family feels accepted by the community which supports positive home/ family life • Family have access to good, age appropriate facilities which support positive home/family life • Family members feel safe in the local community • The child is not privately fostered OR the child is privately fostered by adults who are able to provide for his/her needs and there are no safeguarding concerns. The local authority has been notified as per the requirements of 'The Children (Private Arrangements For Fostering) Regulations 2005'. 	<p>for any harm taking place</p> <ul style="list-style-type: none"> • Parents/carers practice safe digital activity within their home (i.e. parental locks)

Level 2 - Early Help	Health	Emotional Health, Wellbeing and Behaviour	Education	Social and Neighbourhood	Family and environment	Parent/parenting
	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> • Long term conditions or serious illness • Mild level of disability requiring additional support to be maintained in a universal setting with or without an Educational Health Care Plan • Poor nutritional status impacting the child/young person's health • Non organic developmental delay • Non-immunised or rarely accessing health or health advice services • Child/young person has notably dropped in their placement along the 'centile' range for height/ weight without adequate explanation • Child/young person is notably delayed in speech/expressive communication or occasionally missing milestones due to lack of emotional support • Frequent illness/accidents • Significantly under/overweight • Multiple attendances at A&E or acute healthcare settings • Child/young person not brought to health appointments – routine and non-routine • Child/young person is not appropriately supervised • Occasionally the child presents signs of neglect 	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> • Low self-esteem, negative sense of self and abilities, withdrawn, anxious, stressed or low in mood • Challenging behaviour that parents find difficult to manage • Non-life-threatening self-harm • Bullying or being bullied • Anxiety, low level depression or other difficult feelings • Child/young person appears to participate in activity which causes harm to themselves or others and which suggests they have a limited range of behaviour choices available to them • Child/young person displaying persistent disruptive behaviours - in the school, home or community • Relationship difficulties with family, friends or teachers • Child/young person is significantly delayed in speech/expressive communication • Child/young person is hyper-vigilant or is experiencing effects of trauma • Child/young person has victim blaming views • Child/young person carries weapons • Child/young person has caring responsibilities that impact on behaviour/development • Parental or family separation, illness or 	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> • Poor concentration • Low motivation • Out of school / excluded, or at risk of exclusion • Regular truanting • Non-attendance which is not certified by health professionals / unexplained absence • Not in Education, Employment or Training (NEET) or at risk of NEET • Has a mild physical or mental health condition or disability that needs support via an Educational Health Care Plan (EHCP) • Frequently moving school without reasonable cause • Child/young person has poor pro-social relationships and is being bullied and showing signs of developmental delay • Child/young person often falls asleep during lessons • Educated at home with engagement from family but child / young person is not developing appropriately • Poor access to books, toys, educational materials, and/or correct uniform • Child/young person is under-achieving or not making academic progress <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> • Difficulties with peer relationships at their educational provision • Child/young person is being pressured to become gang involved via peers linked to their educational provision • Child/young person is being bullied within their education provision 	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> • Family and child/young person experience barriers to accessing community and economic resources • Family and child/young person exposed to crime and violence through living in their neighbourhood • Child/young person exposed to pro-offending behaviour and attitudes within the local neighbourhood • Child/young person involved in the Criminal Justice System • Coming to the notice of police • Engaging in substance misuse • Increasing levels of anti-social behaviour/criminality in the environment • Learning disability which is exploited by others leading to risk or harm • Child/young person is displaying extremist views and behaviours • Child/young person is undertaking activities that indicates potential gang involvement • Child/young person normalises harm • Child/young person is not appropriately supervised in the home or community <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> • Illegal employment • Poor communication, few friendships and/or difficulties with peer relationships • The child is at risk of becoming involved in negative internet use, lacks control and is unsupervised in gaming and social media applications. This may include expressing casual support and/or intent to research extremist ideologies. • Child/young person not exposed to new/ stimulating experiences 	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> • Family homeless or live in inadequate housing • Family do not have access to adequate financial resources • Child/young person sometimes wears inappropriate clothing or appears unkempt • Child/young person persistently late to school • Child/young person is a young carer • Family routine not conducive to child's needs • Socially or physically isolated • Household members with disability or significant health problems • Scale 1 & 2 Domestic Violence as per Barnardo's Guidance • Home environment is not suitable for children/there are visible health and safety risks • The home is substantially cluttered • Inadequate/overcrowded housing • Family's entitlement to stay in the country is temporary or they have restricted access to public funds/work which causes stress • Suspicion of family's gang involvement • Lack of support from extended family impacting care received by the child • There are some concerns around familial disabilities, physical or mental health requiring additional support • Inappropriate sexual behaviour within wider family network <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> • Child/young person has suffered a bereavement, s 	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> • Parent/carer misses appointments with health (including ante or postnatal care) and education provision • Parent/carer struggling to adjust to parenthood • Parent/carer has mental and/or physical health needs that affect care of the child • Postnatal depression • Excessive anxiety regarding child/young person's health • Colludes with or condones failure to attend school • Inconsistent or harsh parenting • Lack of consistent boundaries, routines, supervision and guidance • Relationship difficulties that impinge on child/ young person • Parental or familial substance and or alcohol misuse affecting care of the child/young person • Criminal or anti-social behaviour in family context • Learning difficulties or disabilities that affect parenting/caring • Parent/carer is begging for food/money • Parent/carer avoiding or refusing to engage with professionals where a concern has been raised • Parent/carer does not encourage development of child/young person's independence • Parents/carers fail to understand the physical, social and spiritual needs of child/young person at specific ages or stages • Parents/carers do not take responsibility for issues which are beyond a child/young person's developmental maturity • Placing child/young person under excessive pressure to achieve academically • Teenage parent under 18 • Parents/carers struggle with meeting children's basic care and material needs consistently but are engaging with support to address this • Physical chastisement within legal

Level 2 - Early Help	Health	Emotional Health, Wellbeing and behaviour	Education	Social and Neighbourhood	Family and environment	Parent/parenting
	<ul style="list-style-type: none"> • Child/young person undertakes no physical activity and/or has an unhealthy diet which is impacting on their health • Poor hygiene and/or tooth decay <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> • Child/young person is attending health services for sexually transmitted infections or unwanted pregnancies and there are concerns that they are engaging in sexual relations due to peer pressure • Attendance at A&E due to injuries or risks experienced in extrafamilial settings 	<p>health problems requiring additional support</p> <ul style="list-style-type: none"> • The child/young person has occasionally run away from home and there may be concerns about what happened to them or who they were staying with while away • The child/young person expresses intolerant views towards others • Child/young person occasionally displays lack of self control which is unusual in children of their age • Child/young person demonstrates occasional delayed or impaired practical and independent living skills <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> • Child/young person is being pressured to become gang-involved or is at risk of exploitation • Child/young person exposed to violence and trauma within their peer associations 	<ul style="list-style-type: none"> • Child/young person experiences levels of academic pressure which places them under stress 	<ul style="list-style-type: none"> • Being a victim of racism, discrimination, bullying or crime • Child/young person at risk of or has become involved in anti-social behaviour or substance misuse; may exhibit aggressive, bullying, intolerant or destructive behaviour impacting on peers, family or community • Child/young person exposed to the selling or use of illegal substances • Child/young person is aware of others carrying weapons and feel compelled to do so themselves • Family experiencing harassment, discrimination or are victims of crime and/or are exposed to local anti-social behaviour • Child/young person feels unsafe to go into neighbourhood spaces beyond their immediate environment • Child/young person is known to be using drugs and alcohol frequently with occasional impact on their social wellbeing • The child/young person expresses sympathy for ideologies closely linked to violent extremism but is open to other views or loses interest quickly and/or may spend increasing time with those who may hold extreme views 	<p>benefiting from short term additional support</p> <ul style="list-style-type: none"> • Some concern about private fostering arrangements 	<p>limits but where concerns exist around impact on child/young person's emotional wellbeing</p> <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> • Parent considers child/ young person to be to blame for extra-familial harm (eg grooming) • Absence of appropriate concern to implement parental safeguards in relation to their child/ young person's harmful digital activity • Unable to give a description of child/young person's peer group

Level 3 - Complex / section 17 or Child in Need	Health	Emotional Health, Wellbeing and behaviour	Education	Social and Neighbourhood	Family and environment	Parent/parenting
	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> • Significant faltering growth of unknown cause • Significant developmental delays, disability or long term condition; may or may not be linked to parental inability to emotionally engage with them • Child/young person with a disability • Complex disability that cannot be maintained in a mainstream setting or without additional support • Child in infancy has lost weight without adequate explanation but no immediate risk of harm or loss of life • Child/young person in hospital setting continuously for 3 months • Child/young person is consistently dirty/malodorous or in inappropriate clothing • Concerns of physical, emotional or sexual harm or neglect perpetrated by parents or adults connected to the family • Child/young person has conditions which, because of parents/carers not adhering to treatment plan, or delayed presentation for treatment cause unnecessary levels of suffering • Child/young person undertakes no physical activity and has a diet which seriously impacts health despite intensive support from early help services • Child/young person's substance misuse dependency affecting their wellbeing <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> • Evidence of physical, 	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> • Complex mental health and learning disabilities issues requiring long term or specialist interventions and treatment • Severe impairment of functioning associated with mental health disorders (e.g. severe anxiety, severe OCD, Phobic, panic disorders, ADHD, ASD, Tourettes syndrome) • School refusal where mental health disorder plays a significant role. • Conduct difficulties and those which co-exist with other disorders where specific interventions may influence outcome, including children and young people who present a forensic risk. • Self harm or expression of suicidal thoughts • Severe or life threatening mental health conditions (e.g. psychosis, risk of suicide or severe self-harm, severe depressive episode, anorexia nervosa) • Child/young person experiences negative sense of self impacting on daily life; moderate to severe depression • Child/young person persistently goes missing • Severe and/or complex communication or relationship difficulties within home/family leading to significant impairment of functioning and wellbeing • Missing child/ young person primarily due to 'push' factors which come from the home environment • The child regularly displays a 	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> • Statement of Special Educational Needs/ Education Health and Care Plan • Child/young person who is being looked after in private fostering arrangements • Chronic non-attendance, truanting • Problematic interactions with peers in education with risk of exclusion or permanently excluded due to behavioural or other issues • Child/young person missing from education • Child/young person avoids the school in order to stay safe • No parental support for education and child is significantly under achieving • Professional concerns about the safety or wellbeing of a child/ young person whose family has elected home education <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> • Child/young person exposed to physical or sexual violence at school or through school based networks 	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> • Family and child/young person exposed to high levels of physical violence and highly intrusive behaviours through their living environment • Family and child/young person experience high levels of social exclusion (poverty, lack of access to community resources) • Child/young person is begging/scavenging for food or money • Teenage parent under 16 • Child/young person being harmed through their own substance misuse • Child/young person in secure remand • Inappropriate or problematic sexual/sexualised behaviour displayed by child/young person • Child/young person in hospital setting continuously for 3 months <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> • Evidence that child is being exploited by a gang • Child/young person is repeat victim or perpetrator of bullying, including sexual or other targeted forms of bullying • Child/young person who poses a risk of harm to others • Young person in abusive romantic relationship (aged 16-17) • Possible concerns around radicalisation • Evidence child/young person is being habitually criminally or sexually exploited where parental response is attempting to address risk 	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> • Child/young person consistently appears dirty/clothing is inappropriate for climate • Child/young person living with unstable living arrangements outside of the immediate family or private fostering arrangement • Adult who poses risk to child /young person is in contact with family • Drug taking, prostitution, and illegal activities by an adult in the child/young person's family home that impacts on the safety of the child • Unstable or volatile family environment or imminent family breakdown • Homeless and destitute in a family context i.e. with parent/carers • Scale 3 Domestic Violence as per Barnardo's Guidance • There is insufficient/ inadequate food for the child/young person to eat and/or poor use of financial resources meaning child has inconsistent access to food, warmth, essential clothing • The child/young person exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community • Persistently missing or running away • Caring responsibilities adversely impacting outcomes • Family isolation impacting child's outcomes • The family's home is consistently dirty and constitutes health and safety hazards • The child/young person or family's legal status puts them at risk of involuntary removal 	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> • Failure to access pre/postnatal care • Parent/carer has sustained difficulties managing their child's basic care impacting on the child's care • Drug or alcohol abuse seriously affecting the ability of parent/carer to function • Parental inability to judge dangerous situations or set appropriate boundaries • Parent/carer frequently neglects/unable to protect child/young person from harm • Emotional neglect where earlier interventions have failed to be effective • Adult mental health impacting on the care of the child/young person • Parent/carer has serious mental health condition and child/young person is subject of parental delusion • Parent/carer with learning disability affecting care of the child/young person • Any parent/carer who attempts suicide or self-harm • Concerns around lack of supervision increasing child/young person's risk of injury • The parent does not engage with the school and actively resists suggestions of supportive interventions • Relationship difficulties between child/young person and parent/carer significantly inhibiting emotional, behavioural or social development and if unaddressed could lead to relationship breakdown <p><i>Extra-familial</i></p>

Level 3 - Complex / section 17 or Child in Need	Health	Emotional Health, Wellbeing and behaviour	Education	Social and Neighbourhood	Family and environment	Parent/parenting
	<p>emotional or sexual harm/ exploitation or neglect perpetrated by peers or adults in the community (not connected to the family)</p>	<p>lack of self-control which would be unusual in other children of their age</p> <ul style="list-style-type: none"> • Child/young person demonstrates delayed or impaired practical and independent living skills <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> • Severe and/or complex relationship difficulties outside the home (i.e. peer group) leading to significant impairment of functioning and wellbeing • Missing child/young person primarily due to 'pull' factors outside the home • Child/young person experiences persistent or severe bullying impacting their daily outcomes • The child/young person 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 anti-social behaviour, crime, substance misuse and puts them at risk of grooming and exploitative relationships with peers or adults 		<ul style="list-style-type: none"> • Child/young person is known to have viewed extremist websites and has said s/he shares some of those views but is open about this and can discuss the pros and cons or different viewpoints • Child/young person engaged in or victim of problematic online behaviour including bullying, trolling, transmission of inappropriate images, or is obsessively involved in gaming which interferes with social functioning 	<p>from the country (e.g. asylum-seeking families or illegal workers) OR having limited financial resources/no recourse to public funds increases the vulnerability of the children to criminal activity (e.g. illegal employment, CSE, CCE)</p> <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> • Child/young person's sibling(s) role model behaviour that professionals consider to be exploitative • Child/young person is being educated to hold intolerant or extremist views and only mixing with others who hold similar views • Private Fostering arrangements that have not been assessed or concerns with arrangement 	<ul style="list-style-type: none"> • Parent blames child/ young person for the harm they experience outside the home (e.g. sexual or criminal exploitation)

Level 4 - Acute risk of harm / section 47 or Child Protection	Health	Emotional Health, Wellbeing and behaviour	Education	Social and Neighbourhood	Family and environment	Parent/parenting
	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> • Child/young person is at risk of significant harm or has complex health problems as a result of inadequate access to primary/secondary healthcare • Child is born with indications of maternal substance misuse • Child in infancy has lost weight without adequate explanation and there is an immediate risk of harm or loss of life • Injuries not consistent with explanation given • Neglect resulting in significant harm due to obesity • Disclosure of abuse by a child/young person • Any allegation of abuse or neglect or suspicious injury in a pre or non-mobile child • Two or more minor injuries in pre-mobile or non-verbal babies or young children, including children with disabilities • Non-organic failure to thrive in under-fives • Evidence of physical, emotional or sexual abuse or exploitation or neglect perpetrated by parents or adults connected to the family • Serious concern regarding fabricated/induced illness or parental anxiety harming child's development • Direct allegation of sexual abuse • Child/young person has experienced or is at risk of experiencing Female Genital Mutilation or harmful traditional practices <p><i>Extra familial:</i></p> <ul style="list-style-type: none"> • Disclosure of significant harm from child/young person which is caused by and/or takes place in an extra-familial context • Young person has been victim of knife or gun related injury 	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> • Child/young person appears to participate in activity which causes imminent risk of harm to themselves or others and which suggest they have a limited range of behaviour choices available to them <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> • Child/young person appears to have been Trafficked • Child/young person experiencing persistent or escalating severe bullying, including sexual bullying/harassment, and their wellbeing is at risk 	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> • The child frequently exhibits negative behaviour or activities that place self or others at imminent risk including chronic non-school attendance • Child/young person groomed into sexual or criminal exploitation as either victim or instigator at school/ through school or peer based networks 	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> • Child/young person in custody with no family support or involvement • Immediate concerns around harm due to radicalisation • Allegation suggesting connections between sexually abused children in different families or more than one abuser • Registered Sex Offender having contact with the child(ren) and family <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> • Evidence child is being habitually criminally or sexually exploited where parental response is not mitigating the risk • Child/young person involved in persistent or serious criminal activity and known to be engaging in gang activity • Child/young person displays little or no self-control, seriously impacting relationships and putting themselves/others at risk 	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> • Pregnancy in a child under 13 • Adult who poses risk to child / young person is in household • Scale 4 Domestic Violence as per Barnardo's Guidance • Medicines or harmful products have been ingested by the child due to lack of adequate supervision • Forced marriage or risk of forced marriage or honour based violence • Child presents harmful or violent sexual behaviour to others • Inconsistent explanations or an admission about a clear non-accidental injury • Evidenced gang activity which is significantly impacting on the child and family • Family are excluded and actively resist attempts to achieve inclusion; child/young person isolated from support • Dirty home conditions with health and safety hazards or no stable home; moving from place to place • Child/young person is showing signs of being secretive, deceptive and is actively concealing internet and social media activities, e.g. at risk of being groomed for child sexual exploitation, is showing signs of addiction (gaming, pornography), or concerns around grooming into extremist activities <p><i>Extra-familial</i></p> <ul style="list-style-type: none"> • Child/young person is being educated by adults who are members of or linked to terrorist groups or organisations banned under UK law • Significant concerns 	<p><i>Individual / Familial</i></p> <ul style="list-style-type: none"> • Parent/carer misusing substances excessively during pregnancy and neglecting antenatal care or neglects antenatal care where complicating factors and risk to unborn • Parent/carer has sustained difficulties managing their child's basic care and refuses to engage with support services or significantly impacting child or consistently fail to provide appropriate or adequate care • Very young or vulnerable child/young person left alone or abandoned • Parent/carer unable to protect child/young person from harm placing child/young person at risk of significant harm • Parent incapacitated due to drug or alcohol use and no appropriate carer or parental substance misuses where parent/carer cannot carry out daily parenting • Adult mental health immediately or significantly affecting parenting capacity, including severe postnatal depression causing serious risk to self or child/children • Parent/carer has serious mental health condition and child/young person is subject of parental delusion causing concern around immediate risk of harm • Parent/carer's learning disabilities severely affecting care of child/young person • Parent/carer has caused or is causing significant harm to child/young person • No one has parental responsibility for the child • The parent/carer actively discourages or prevents the child from learning or engaging with

	Health	Emotional Health, Wellbeing and behaviour	Education	Social and Neighbourhood	Family and environment	Parent/parenting
					regarding grooming for involvement in extremist activities • Registered sex offender who is a serious risk is in contact with the family • Family home used for illegal activities (drug taking/dealing/prostitution)	the school • Relationship breakdown between child/young person and parent/carer where child at risk of significant harm; parent rejects child from the home • Parental inability to judge dangerous situations or set appropriate boundaries where child frequently exposed to dangerous situations in home / community <i>Extra-familial</i> • Parent/carer colludes with extra-familial harm, i.e. facilitating/supporting harmful peer activity through the provision of resources or declining to take action to reduce harm

Additional examples can be found in the London Child Protection Procedures [Threshold Guidance](#).