Derby City and Derbyshire Threshold Document December 2024

Effective support for babies, children, young people and their families within Derby City and Derbyshire County




Derby and Derbyshire Safeguarding Children Partnership

Multi Agency guidance to help all practitioners working with babies children, young people, families and carers to provide additional and early help, intensive and specialist support.

Contents

To be read in conjunction with the Derby and Derbyshire Safeguarding Children Procedures				
Version	**Author/s**	**Signed off by**	**Date**	**Review Date**
1.	HoS Starting Point & HoS & Dep HoS First Contact Team, DDSCP Officer	DDSCP Policies & Procedures Group	October 2019	November 2020
2.	DDSCP T & F Group	DDSCP Policies & Procedures Group	August 2022	August 2023
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1. Introduction

In 2023, the Government published revised statutory guidance, '**Working Together to Safeguard Children**, as a requirement all practitioners working with unborn babies, children, young people and families should make time to read this 'local threshold' guide to effectively support children and families in Derby City and Derbyshire. It should be read in parallel to our local DDSCP safeguarding children procedures, guidance documents and individual agency child protection policies.

Working Together to Safeguard Children government guidance states:
'Everybody who works with children has a responsibility for keeping them safe. No single practitioner can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action'.

WT 2023 included a new chapter Shared Responsibility, strengthening that successful outcomes for children depend on strong multi-agency partnership working across the whole system of help, support and protection including effective work from all agencies with parents, carers, and families. It also includes principles for working with parents and carers to centre the importance of building positive, trusting, and co-operative relationships to deliver tailored support to families, and expectations for multi-agency working that apply to all individuals, agencies and organisations working with children and their families, across a range of roles and activities.

Our principles for effective support

A child-centred approach within a full family focus is fundamental to safeguarding and promoting the welfare of every child. All practitioners are committed to working to the following principles:

- children's welfare is paramount including unborn babies
- children's wishes and feelings are sought, heard, and responded to
- children's social care works in partnership with whole families
- children are raised by their families, with their family networks or in family environments wherever possible
- local authorities work with other agencies to effectively identify and meet the needs of children, young people, and families
- local authorities consider the economic and social circumstances impacting children, young people, and families

This approach sits within a whole family culture in which the needs of all members of the family are explored as individuals and how their needs impact on one another is drawn out.

This child-centred approach is supported by:

- the Children Act 1989, which requires local authorities to give due consideration to a child's wishes when determining what services to provide

under section 17 and before making decisions about action to be taken to protect individual children under section 47. These duties complement requirements relating to the wishes and feelings of children who are, or may be, looked after (section 22(4)), including those who are provided with accommodation under section 20 and children taken into police protection (section 46(3)(d)).

- The Equality Act 2010, safeguarding partners must assess and where appropriate put in place measures ahead of time to support all children and families to access services, overcoming any barriers they may face due to a particular protected characteristic.
- the United Nations Convention on the Rights of the Child (UNCRC) which is an international agreement that protects the rights of children and provides a child- centred framework for the development of services to children
- the Domestic Abuse Act 2021, section 3 recognises that a child is a victim of domestic abuse in their own right if they see, hear or experience the effects of domestic abuse and are related to either victim or perpetrator of the abuse, or either the victim or perpetrator of the abuse has parental responsibility for that child.
- the Children's Social Care National Framework, published in 2023, is statutory guidance that sets out the purpose of children's social care as existing to support children and families, to protect children by intervening decisively when they are at risk of harm and to provide care for those who need it, so they grow up and thrive with safety, stability, and love

This document aims to help identify when a child may need additional support to achieve their full potential. The Threshold offers a continuum of help and support, provides information on the levels of need and gives examples of some of the factors that may indicate a child or young person needs additional support.

By undertaking assessments and offering services on a continuum of help and support, professionals can be flexible and respond to different levels of need. The framework recognises that however complex a child's needs, universal services, such as education and health, will always be provided alongside any specialist additional service.

2. Levels of Need and Help - How we respond to the needs of Children and Families

All partner agencies will offer support as soon as they are aware of an unborn baby/child/young person's additional needs; the levels of need referred to in this document are a means of developing a shared understanding about working with families. Along the continuum of need, services become increasingly targeted and specialised according to the level of need. Children's needs are not static, and they may experience different needs – at different points on the continuum –throughout their childhood years.

It is important to note that unborn babies, children, young people and families rarely fall neatly into one level of need; they may have elements of need across more than one level and there will always be room for different interpretations. The threshold

tables provide a starting point for thinking and conversations recognising circumstances can change and the needs of children, young people and families evolve.

The threshold tables within each of the levels are intended to give an indication of thresholds through examples. It is NOT a definitive list and a professional judgement informed by relevant assessment must be applied when deciding the level of intervention when and where to refer. For some areas of need there may be specialist tools available to assess those needs such as the Early Help Assessment, Graded Care Profile, Children at Risk of Exploitation Assessment, and the Domestic Abuse Risk Assessment. See DDSCP multi-agency safeguarding children procedures, document library for local assessments and tools.

Any safeguarding indicators of concern should always be considered alongside any related needs. It should be remembered that some children will have additional vulnerability because of their disability or complex needs and the parental response to the vulnerability of the child must be considered when assessing needs and risks.

Level 1 – Universal – Open Access provision

All unborn babies, children and young people will receive Universal Services. However, some children, either because of their needs or circumstances will require extra support from these services to be healthy and safe and to achieve their potential. Universal and individual agencies will be able to take swift action within their services to address these low level needs. In Derby schools may wish to use the Derby Early Help Pre-Assessment to identify and document low level needs and to develop a single agency action plan, which should be reviewed as appropriate.

The changing nature of needs of the child or parent means the level of support required is likely to vary. This can be linked to the developmental stage of the child, challenges for parents (i.e. parental mental ill health/substance use/domestic abuse) and factors that impact on the family (i.e. bereavement/unemployment/lack of support network/s).

Assessment of a child's needs is therefore dynamic and continuous and practitioners should be alert to changes which might require re-assessment of needs.

See Appendix 2 Threshold

Level 2 – Emerging Needs/Additional Needs

These are children with additional needs, who may be vulnerable and showing early signs of abuse and/or neglect; their needs are not clear, not known or not being met. These children may be subject to adult focused care giving. This is the threshold for a multi-agency early help assessment to begin.

This will require a lead practitioner (as defined paragraphs 120 and 121 of Working Together to Safeguard Children 2023), to co-ordinate the approach for the provision of additional services, such as family support services, parenting programmes etc, and targeted support through Derby City Family Hubs and Derbyshire Family Help Service. These will be provided within universal or targeted services provision and do not

include services from children's social care. Unborn babies, children and young people with **Emerging/Additional Needs** are likely to require co- ordinated support from more than one agency. These services should work together to agree what extra help may be needed to support an unborn baby, child or young person at an early stage.

This must be done with the consent of the family and can not be done without it. Refusal to give consent should prompt a review of the concerns and consideration for escalation. Your decisions must be reflected in your own agencies case records.

Practitioners are expected to work collaboratively with one another to meet the unborn baby/child/young person's **emerging/additional needs** and they may need to share information and engage with other services to do so.

Many universal and specialist services are able to provide a targeted response, examples of agencies that can be supported by universal services include:

- Health services such as GP's, Midwifery, Health Visiting, School Nursing and Child and Adolescent Mental Health Services (CAMHS);
- Nurseries and playgroups
- Schools and Colleges
- Multi-Agency Teams (Early Help's);
- Youth Offending Service;
- Services for disabled children (Lighthouse);
- Family Hubs;
- Community, Sport and Leisure Facilities;
- Housing
- Voluntary and community sector organisations, for example, Homestart or Safe and Sound;
- Specialist education services and establishments.

Where it becomes clear a child/children has emerging/additional needs, the practitioner should first establish whether the child has an identified Lead Practitioner within another service, for example a Teacher, Health Visitor for pre-school children, Midwife for an unborn child or Social Worker.

In Derby City, this can be done by contacting the relevant locality single point of access clerk (See details on next page) If so, they should liaise with that individual with regard to the child/children's needs and services provided.

In Derbyshire any professional wanting to know if a child has an allocated worker within Childrens Social Care should contact Call Derbyshire or via the online request at Starting Point. Derbyshire County do not record other agencies lead practitioner at Level 2 on their system for that family if they have no direct involvement.

Where there is no identified Lead Practitioner, the agency identifying the emerging/additional needs should commence an Early Help Assessment – any practitioner/agency can complete this. This will involve speaking with the child,

parents/carers and other professionals to gain information/seek to understand what this means for the child and family usually by means of a Team Around the Family (TAF) meeting.

Use of an EHA should be considered where a child or young person's needs are at Level 2 of this Threshold document. Practitioners are expected to use the Early Help Assessment including the Early Help Pre assessment checklist (in the City) and Request for Support form to help identify low level or emerging/additional needs.

An Early Help Assessment is the most effective tool to use with the family, with their consent, to discuss and explore the family's strengths and the emerging needs of the unborn baby/child/young person. This will support and co-ordinate early intervention where there are multiple agencies working together. It can be used to agree a co-ordinated plan of support with the family and agencies and to review the progress made and can be part of a team around the family approach to develop an assessment. Once it has been completed it should be shared between the agencies involved. **It does not need to be sent to Childrens Social Care unless the case escalates to Level 3.**

See below for further information about our local arrangements, or please see the DDSCP Providing Early Help procedure and the DDSCP early help webpage.

When used effectively, EHAs ensure families receive the right support at an early stage before a small need grows into a larger one. An EHA is produced with the family, including discussions with the child and other practitioners, drawing on multi-agency knowledge, expertise and information. An assessment is used to inform an action plan with the family that sets out what additional support the family and child will receive. These interventions also focus on supporting vulnerable families to get good quality strengths based support enabling families to stay together and prevent children escalating into higher tariff services from going into care.

This action plan will be monitored by the agreed Lead Practitioner, who can be from any partner agency such as education or health, to ensure that it is effective, and should also lead in convening Team Around the Family (TAF) meetings.

In Derby arrangements for supporting children and their families with low level and emerging/additional needs are co-ordinated by the Early Help Assessment process, the identification of a lead professional and provision of targeted, single or integrated multi-agency support. Any partner can complete an Early Help Assessment and the outcome from this would be either for partners to facilitate a Team Around Family to look at the support for the child/family or to send the EHA into their multi-agency meeting - Vulnerable Childrens Meeting (VCM) requesting support from the Early Help teams. VCM panel will read the assessment and collectively decide the right service for the family. This may be Family Hub services, partner services or allocation to the Early Help team. In addition the Early help Service deliver a range of evidence-based programmes including Non-violent Resistance and Systemic Interventions.

Locality	Areas Covered	Contact Details
Locality 1/5	Derwent, Chaddesden, Spondon, Oakwood, Mackworth, Allestree and Darley	**Email: vcm1and5@derby.gov.uk** **Tel: 01332 208175**
Locality 2	Sinfin, Alvaston, Boulton, Chellaston, Osmaston and Allenton The Lighthouse (Integrated Disabled Children's Service)	**Email: vcm2@derby.gov.uk** **Tel: 01332 956850** **Email: VCM-IDCS@derby.gov.uk** **Tel: 01332 256990**
Locality 3/4	Balgreaves, Littleover, Mickleover, Normanton and Abbey	**Email: vcm3and4@derby.gov.uk** **Tel: 01332 641315**

Derby City Family Hubs

All families need support from time to time to help their babies and children thrive, whether that's from friends, family, volunteers, or practitioners.

Derby's Family Hubs are a universal offer for all Derby city families with babies, children and young people from birth until the age of 19 (or up to 25 for young people with special educational needs and disabilities). It brings together a wide range of inclusive and targeted groups. The Start for Life offer begins prebirth with a variety of support from the earliest point in a pregnancy for all parents.

Derby Family Hubs provide a range of services and programmes to support families to access support, in the right place, at the right time. Family Hubs have developed a strong collaborative partnership to improve access, connections and put relationships at the heart of family support.

Scan the QR Code to go to **derby.gov.uk/family-hub to see the full range of programmes and services available.**

Family Hubs deliver evidence-based parenting programmes across the hubs and have trained Early Years Settings to deliver the Raising Early Attainment in Language (REAL) & Peers Early Education Partnership (PEEP) to support Home Learning Environment.

The Family Hub network including the early years sector has built strong connections to establish integrated pathways which ensures a consistent, coherent, and collaborative approach for families especially for those children that may have additional needs to receive the right support. The early years ND pathway includes work with paediatricians, speech and language therapists, health visitors and Family Hubs which builds on the current delivery of the Early Language Identification Measure programme.

Family Hubs also offers the Solihull programme which is available face to face in Family Hubs and digitally via a QR code. Solihull can be accessed by any family that has a Derby postcode to support parents with children 0-19.

In Derbyshire County the Family Help Service was launched in July 2024, the Family Help Service delivers specific, targeted, and time-limited support to children, young people and families who have emerging needs (Level 2 as defined within this document) that are evidenced through the completion of an Early Help Assessment (EHA) and Team Around the Family (TAF) plan.

Acting as the lead practitioner, partner agencies (including schools, Health Visitors, midwives, etc) who are supporting children, young people and families may identify a need for a targeted intervention to address areas including routines, boundaries, parenting, conflict, risky behaviours, etc.

Partners are then able to request the intervention from the Family Help Service via Starting Point (Derbyshire's front door) who will review the agencies EHA / TAF plan to ensure threshold is met.

Derbyshire Family Help Service - Roles within the teams and the support provided

0-5 Practitioners provide a core offer for children aged 0-5 and their families. Working closely with colleagues in Public Health, practitioners provide interventions focussed on child development, school readiness and parenting:

Baby Buddies
Working with parents/carers in groups to understand early childhood development and how they can support children's learning by understanding brain development, attachment, ages and stages of their child's development, play, stimulation, and early language building.

Little Learners groups
Working with children so they can be 'school ready' by the time they start accessing their full-time school place. The 10 keys to unlocking school readiness is shared with parents/carers to show them what is expected in the early years.

ECAT – Every Child a Talker
Group programmes to support the delivery of an evidenced based intervention to improve speech and language development.

Parenting
The Solihull Approach to Parenting is an evidenced based intervention and is available as a rolling programme. There is a blended offer of in-person groups from our network of Children's Centres and also virtual groups through Microsoft Teams.

Youth and Family Practitioners deliver evidenced based parenting programmes for parents of children and young people aged over 6. Practitioners provide group work around the Solihull Approach to Parenting, and in Non-Violent Resistance (NVR) which offers tools and techniques to support parents and carers of children and young people who show challenging attitudes and behaviours. The Youth and Family Practitioners deliver specific and time-limited group work to young people who have been referred to support around healthy lifestyles and relationships.

A key focus for the Youth and Family Practitioners is to advise partner agencies on approaches to use with children and families to ensure their emerging needs can be met without the need for escalation to statutory services where appropriate.

Practitioners also offer guidance to partners supporting them to develop and deliver early help interventions – a number of briefing sessions on early help practice will be available on a rolling programme throughout the year. **Providing there is explicit consent from parents, partners can access this specific support by contacting the local Family Health Service Team and does not require a referral through Starting Point.**
Youth and Family Practitioners work to track and support of 16–17-year-olds who are not in education, employment or training (NEET). Practitioners in the team work closely with schools, colleges and training providers to ensure the Council has robust knowledge of those young people who are NEET, and those whose educational destination is unknown. Young people wishing to be supported will be signposted and connected to provision appropriate to their needs.

Family Help Assistants provide direct and practical support to families in the home. The team support with the modelling of routines and boundaries and work to reduce concerns around neglect. The workers also support the Youth and Family Practitioners around the NEET agenda and the delivery of group work.

This specific, targeted, and time-limited support is available to children, young people and families who have emerging needs (defined within this document that are evidenced through the completion of an Early Help Assessment/Team Around the Family minutes.

Derbyshire Family Help Service contacts

Locality	Team contact number and email address
High Peak and North Derbyshire Dales	CS.FamilyHelpHighPeak@derbyshire.gov.uk
Chesterfield	CS.FamilyHelpChesterfield@Derbyshire.gov.uk
Bolsover / North East Derbyshire	CS.FamilyHelpBolsoverNorthEast@derbyshire.gov.uk
Amber Valley	CS.FamilyHelpAmberValley@Derbyshire.gov.uk
Erewash	CS.FamilyHelpErewash@Derbyshire.gov.uk
South Derbyshire Dales and South Derbyshire	CS.FamilyHelpSouthDerbyshire@Derbyshire.gov.uk

Agencies and practitioners must refer to this Derby City and Derbyshire Threshold to help them in their decision making about thresholds for Family Help/Early Help services and Children's Social Care. **See Appendix 2 Threshold for further detail**

Parents/carers, children and young people may tell us that they require support, or practitioners may identify emerging/additional needs and that services might be required. In such cases practitioners would be expected to have an open discussion with parents/carers, and the child, about the support and services that might help and agree how they will be accessed.

Refer to the Early Help Assessment Guidance and Tool on the DDSCP documents library for further information on completion.

Where the assessment indicates that the child has urgent or complex needs the EHA will feed into specialist assessment processes. The EHA is not to be used when concerns arise that a child may have suffered or is likely to suffer Significant Harm and an immediate response is required.

In such circumstances, the practitioner must contact the Initial Response Team in Derby City or Starting Point in Derbyshire.

At any time, whilst an Early Help Assessment is being carried out, or on its completion, it may become apparent that the child is unlikely to reach or maintain a satisfactory level of health or development without the provision of services.

In Derby City, in such circumstances, the EHA should be presented to the Vulnerable Children's Meeting (VCM), through the locality Single Point of Access Clerk (SPA) to enable a decision to be taken regarding allocation and / or planning. Practitioners should ensure that they are clear as to the purpose of the involvement of the Children and Young People's Department and the services that are needed. For children with a significant disability, these should be sent to the IDCS at the Lighthouse.

On completion of an Early Help Assessment, other appropriate assessment or assessment by Children's Social Care Reception Team, the Vulnerable Children's Meeting will make a decision about allocation to the most appropriate practitioner or service for further assessment and/or action. In some cases there will be no need for Early Help or Children's Social Care involvement and a referral to other services will best meet the needs of the child, or a decision made that no action is needed at that time.

In Derbyshire the referral alongside the Early Help Assessment, or other appropriate assessment should be sent to Starting Point

Disagreements about the most appropriate person to be the Lead Practitioner should be addressed using the Derby and Derbyshire Safeguarding Children Partnership, Multi Agency Dispute Resolution and Escalation Protocol.

Practitioners working in a targeted specialist service, such as Children's Social Care, may receive an Early Help Assessment as part of the referral process. It will be important that the EHA is discussed with the practitioner who completed it to pool knowledge and expertise and reach a shared, better informed view of the child's needs. This may include discussion to ensure that the clinical reasoning for decisions taken and services provided are fully understood by all agencies.

If a practitioner is responsible for undertaking specialist assessments, including a Social Care Single Assessment, the Early Help Assessment should be used to inform the subsequent assessment. This should save the child/parent/s from needing to repeat themselves unnecessarily, help the practitioner be better informed and save time. However, it will be important to check that the information is accurate and up to

date.

Emergency Departments and NHS 111 services should continue to make referrals where a concern is identified via alternative secure transmission if an agreement is in place.

There are key practitioners who work in timed limited environments such as Emergency Departments, Urgent Care Settings, Out of Hours GP Services, who are not in a position to complete an early help assessment due to their limited /and or no direct contact with a child / young person. However, based on their assessment they have identified that the child/ young person has an emerging need and may need further intervention / support at level 2.

In these circumstances these key practitioners may need to follow one or more of the actions listed below:

1. Seek advice from the organisations/ agency safeguarding team or lead and agree on next steps.
2. Ascertain the details of the Child's GP/ Health Visitor/ School Nurse or School so that your information from your assessment can be shared with their consent, and where public health needs are identified a referral should be considered to the 0-19 Childrens Service
3. When and where possible signpost the child/young person and/ or Parent(s) to local advisory or support services.
4. If required : seek advice from Derby or Derbyshire Children Social Care Professional Line.

Derbyshire: Consultation and Advice line at Starting Point 01629 535353 10am to 4pm Monday to Friday.

Derby City: Childrens Services Professional Consultation Line 07812300329, available between 10am and 4pm.

During out of hours' time – if you need to speak to Children Social Care for advice please contact : Derby City Care line - 01332 956606 or Derbyshire – Call Derbyshire 01629 532 600

5. Always record in your records the decision and actions you have taken

In an emergency, if the child is at immediate risk the referrer should contact the police directly on 999

Level 3 – Intensive

These children require specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled. They may require longer term intervention from

specialist services. In some cases these children's needs may be secondary to the adults needs. Unborn babies, children and young people whose needs are more complex, including vulnerable children and those who have a complex disability and /or special education needs may need more intensive support and a number of the threshold indicators would be present to indicate need at level 3.
Prior to requesting services at **level 3 Intensive**, Practitioners are expected to have worked or offered to have worked with the family within the Level 2 framework – Emerging Needs before making a referral to Local Authority Children's Services, unless there is a clear rationale for escalating the unborn baby/child/young person's needs before early help work has been completed. The evidence of this work would be provided within a new or updated Early Help Assessment and Team Around the Family (TAF) action plan which should set out the concerns of the family and the involved agencies and should form the basis of the referral.

Where the threshold is met for intensive support, it will be offered via Local Authority Children's Services Teams or following a single assessment via Children's Social Care (Section 17, Child in Need). The lead practitioner for intensive support will usually be from one of the above teams.
DDSCP Local Protocol for Assessment and Support

This must be done with the consent of the family and cannot be done without it. Refusal to give consent should prompt a review of the concerns and consideration for escalation.

Your decisions must be reflected in your own agencies case records.

See Appendix 2 Threshold

Level 4 – Specialist Services

These children are suffering or are likely to suffer significant harm. This is the threshold for child protection. These children are likely to have already experienced adverse effects and to be suffering from poor outcomes. Their needs may not be considered by their parents. This level also includes Tier 4 health services which are very specialised services in residential, day patient or outpatient settings for children and adolescents with severe and /or complex health problems. This is likely to mean that they may be referred to children's social care under section 20, 47 or 31 of the Children Act 1989. This would also include those children remanded into custody and statutory youth offending services.

Unborn babies, children, young people and families whose needs are complex and enduring will need more specialist support. More than one service is normally involved, with all practitioners involved on a statutory basis and a qualified Social Worker as the professional lead. It is usually the local authority Children's Social Care service which acts as the lead agency.

Children's Social Care (CSC) has a responsibility to **Children in Need** under Section 17 of the Children Act 1989; that is, unborn babies/children/young people whose development would be significantly impaired if services are not provided. For children in need, a referral to Children's Social Care is also appropriate when an unborn baby/child/young person's development is being **significantly impaired** because of the impact of complex parental/carer and or child/young person's mental ill health, learning disability, substance misuse or domestic abuse or very challenging behaviour in the home.

A social care request is also appropriate where parents/carers need support because of a disabled child/young person's complex care needs; or where there has been a family breakdown and children/young people may pose a risk to themselves or others. In these situations, Children's Social Care will work with families on a voluntary basis, often in partnership with other practitioners, to improve the welfare of the children and build strength and resilience in the family network to prevent problems escalating to a point where statutory child protection intervention or admission to Local Authority care is needed.

The second area of Children's Social Care responsibility is **Child Protection**; that is where Children's Social Care must make enquiries under section 47 of the Children Act 1989, to determine whether **a child is suffering or is likely to suffer significant harm**. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. Compulsory intervention may include for example applications to the family court for Care Orders or Supervision Orders under Section 31 or in exceptional circumstances application for welfare Secure Orders under Section 25.
There are no absolute criteria on which to rely when judging what constitutes **significant harm**. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, and the severity of the emotional and physical impact on the child. It is important to consider age, development and context –unborn babies/ babies and young children are particularly vulnerable – and parental factors such as history of significant domestic abuse and/or substance misuse and/or mental ill-health.

Significant harm could occur where there is a single event, such as a violent assault or sexual abuse. More often, significant harm is identified when there have been a number of events which have compromised the child's physical and psychological wellbeing; for example, a child whose health and development is severely impaired through neglect.

It is important that all professionals and practitioners seek advice if they are concerned about a baby or child. Where children are in immediate danger, suffering significant harm, practitioners should make a referral to Children's Social Care. There is information and tools available to help support practitioners in their decision making which are easily accessible.

Please refer to the DDSCP Keeping Babies Safe section in the procedures library Important Safeguarding Information to Remember:

'Those that don't cruise rarely bruise.'

Research shows it is very unusual for non-mobile babies to have any bruises. Minor bruising to non-mobile babies can be a pre-curser to serious or life-threatening injuries. **For this reason, a strategy discussion must take place where injury or bruising is observed in a non-independently mobile baby or child.** Refer to Practice Guidance on Bruising in Babies and Children

The following guidance Derby and Derbyshire Multi Agency Protocol for Pre-Birth Assessments and Interventions, should be referred to if there are any safeguarding concerns during pregnancy.

Increasingly extra familial risks such as child sexual exploitation or risks of other types of exploitation, e.g. criminal exploitation or radicalisation, are a concern.
Practitioners in all agencies have a responsibility to make a referral to Children's Social Care when it is believed or suspected that the unborn baby/child/young person:

- Has suffered significant harm – **Child Protection**
- Is likely to suffer significant harm – **Child Protection**
- Children whose development would be significantly impaired if services are not provided **- Children in Need**
- The child may have significant developmental, or disability needs which are likely only to be met through provision of Children's Social Care family support services (with agreement of the child's parents/carers **– Children in Need**

See Appendix 2 Threshold for further detail

Responding to emerging concerns – Essential Questions for All Agencies to Ask.

Circumstances for children and young people can be complex. Key to decision making will be your analysis of what you know and whether any **new information** which has been shared by the child, young person or about them raises specific concerns about abuse or neglect.

- Have you reviewed this document and clarified all the information available to you, from your records and from your work with other agencies, to decide how serious the situation is for the child or young person?
- Have you discussed your concerns with the designated or named safeguarding lead in your organisation? This is an important opportunity to reflect on what has been learnt and whether early help may be needed, or the situation is so serious that urgent action is required.
- What action can/should **you/your agency** take which is appropriate to the identified needs of the child and family, by reference to the Threshold guidance (e.g. Early Help, direct action from your agency or working alongside another agency)?
- If the situation does not require a referral to social care, what other services are available locally which could provide early and appropriate support?

Next Steps for Designated, Named Safeguarding Leads and Managers in all agencies when supporting practitioners in decision-making.

It is important to be clear on:

- Up to date organisation policies in line with organisational record keeping and best practice for safeguarding children and young people. Do these meet current needs and the availability of support/advice services?
- Where to get help with Early Help assessments and what tools are available to inform your assessment (such as the Graded Care Profile). See DDSCP website
- Where to go for advice on supporting children and young people with specific issues, such as concerns around mental health or exploitation.
- All the information available to you, from your records and from your work with other agencies and consideration of this document. Have you reached a conclusion based on all this information to decide how serious the situation is, and that it meets the criteria for a referral?

Sometimes conversations about how families' needs can be met can be challenging; practitioners may not always agree. In such instances practitioners should seek support from their line manager or agency safeguarding lead and if necessary, implement the Multi-Agency Dispute Resolution and Escalation Protocol.

All conversations, whatever the outcome, should be recorded in line with organisations record keeping practice and best practice in order to show that they took place, identify what was agreed and evaluate how effectively they enabled needs to be met. In this way quality conversations can demonstrate their impact on successful practice.

An approach which relies on threshold indicators as a check list approach is mechanistic and on its own it is not able to take into account the complexities of individual children's lives. It can also emphasise family weaknesses and overlook the family's strengths which can then raise the threshold for concern unnecessarily.

We believe that a collaborative approach and engagement in quality conversations is also necessary to identify and respond to the needs of unborn babies, children and young people.

You can also use the specific sections of the **DDSCP Safeguarding Children Procedures** to guide you through the process of making a referral.

3. Working in Partnership to help

In Derby City and Derbyshire, practitioners are seeking to work collaboratively and respectfully with the child, young person and family (young people on their own where it is age appropriate) in order to support them to address their needs at the lowest possible level and at the earliest possible time. We recognise that each unborn baby, child, young person and family member is an individual, each family is unique in its make-up and reaching decisions about levels of need and the best intervention

requires curious discussion, reflection and professional judgement. In order to understand the unborn baby/child/ young person/family situation practitioners should consider the questions below within their assessment:

Child at the centre of any assessment:

- What life is like *for each unborn baby/child/young person* and their family? What are the child's wishes and feelings?

What is working well:

- What are the child/young person's and family's strengths? Could these be utilised?

What are you worried about:

- What are the harms or risks (past and present) that we are worried about in respect of an unborn baby/child/young person?
- Are there any concerns or risks external to the family, such as in the extended family, peer group, community, school or on-line?
- What has happened to this child/young person? What trauma may have impacted on them?
- What are the parents/ carers understanding of the situation and to what extent have they engaged with the services?
- What support and interventions have been offered previously? Did these make a difference? If not, why not?

What will good look like for this family?

- Realistic review of what the situation within the family would need to look like to reduce or eliminate the current risks or concerns.

What needs to happen next:

- What support and interventions can your agency offer this unborn baby/child/young person and family? Could this address the needs or is support required from another agency or other local facilities? What support is needed and how will this address the needs?

What would be the impact on this child if nothing were to change:

- What are we worried is going to happen to the unborn baby/child/young person in the future if nothing changes?

Practitioners are expected to use relevant assessments and assessment tools to support the identification of strengths, needs and concerns and their decision making about the level of support and services which are required. The Derby and Derbyshire Safeguarding Children Partnership have developed a number of assessments tools for use by partner agencies and practitioners. See Assessment Tools section in the DDSCP document library.

Increasingly we are seeing young people, mainly vulnerable adolescents, who are exposed to risks outside of their family environment, known as extra familial risks.
In Derby and Derbyshire, the term place-based risk relates to those contextual elements of risk. That means we need to keep children safe in all aspects of their

lives, and in all environments for example, within peer and family relationships, within school, the community, whilst using online applications, general internet use, and in the home.

Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships. It is crucial that all practitioners engage with individuals and sectors who have influence over/within extra-familial contexts, and recognise that assessment of, and intervention within these spaces are a critical part of safeguarding practices. Contextual Safeguarding (placed based risk), therefore, expands the objectives of child protection systems beyond the home in recognition that young people are vulnerable to abuse in a range of social contexts.

4. Information sharing and consent

Effective information sharing underpins integrated working and is a vital element of both early intervention and safeguarding. Keeping children safe from harm requires practitioners to 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. This includes when problems first emerge, or where a child is already known to local authority children's social care (e.g. they are being supported as a child in need or have a child protection plan).

Wherever possible, practitioners should seek consent and be open and honest with the child and family from the outset as to why, what, how and with whom, their information will be shared. Practitioners should seek consent where an individual may not expect their information to be passed on. Consent to share must be explicit and freely given.

There may be some circumstances where it is not appropriate to seek consent, either because the individual cannot give consent, it is not reasonable to obtain consent, or because to gain consent would put an unborn baby, child or young person's safety or well- being at risk. Where a decision to share information without consent is being considered, Information Sharing Guidance should be followed and consider discussing with their manager or safeguarding lead to agree the action to be taken. A record of the discussion, decision making and a record of what has been shared, or not shared, should be kept.

Prior to making contact with any agency, including contact made via early help processes or to children's social care, practitioners should discuss needs and concerns with the family and seek the family's agreement. Consent from the parent/carer (and where appropriate the child/young person) should be obtained in writing prior to sharing an Early Help Assessment and/or Team Around the Family (TAF) documents. In all cases a record of the discussion and who gave consent must be made in the practitioner's records.

See DDSCP Information Sharing Guidance for Practitioners

Considerations when consent is not given

Where the parent/carer or young person is consulted and refuses to give permission for information to be shared and contact with another agency made, further advice and approval should be sought from a manager or the Designated Senior Person or Named Professional within your organisation, unless to do so would cause undue delay. The outcome of the consultation and any further advice should be fully recorded.

If, having taken full account of the parent/carers young person's wishes, it is still considered that there is a need to share information with other agencies:

- The reason for proceeding without agreement must be recorded;
- Children's Social Care or other service should be told that the parent/carer/young person has withheld permission;
- The parent should be contacted by the referring practitioners to inform that after considering their wishes, it is still felt necessary to share the information.

5. Next steps

When a practitioner is not sure about the level of needs and concerns they should speak to their manager, named or designated professional or agency lead for safeguarding. Following this if they wish to speak to a social worker about ways to engage children and families in early help, their concerns and whether thresholds for Social Care or Early Help services have been met they can contact the local authority professional's advice line.

- **Derbyshire:** Consultation and Advice line at Starting Point 01629 535353 between 10am and 4pm
- **Derby City:** Childrens Services Professional Consultation Line 07812300329, available between 10am and 4pm.

How to make a referral to Local Authority Children's Services, including Social Care

If you have immediate child protection concerns "*where there is reasonable cause to suspect a child is suffering or likely to suffer significant harm because of abuse or neglect*", please contact Starting Point via Call Derbyshire on 01629 533190, or the Initial Response Team on 01332 641172 for Derby City. These requests must also be followed up in writing via the relevant online social care referral system within 48 hours. – (or via alternative secure transmission if an agreement is in place).

- Derbyshire Starting Point
- Derby City Children's Social Care Online Referral System

For all other referrals into Derbyshire County Council please complete an updated Early Help Assessment to demonstrate your rational for the request for support. Referrals into Derbyshire (other than Child Protection referrals) will not be accepted without the completion of an Early Help Assessment; this can be attached to the online referral form. If the family does not consent to an Early Help Assessment or there has been a sudden escalation in needs, then a judgement should be made as to whether, without help, the needs of children will not be met. In these circumstances a referral would be accepted without the completion of an early help assessment.

For all other referrals into Derby City Council; if an Early Help assessment has

been completed it should be sent to the locality Vulnerable Children's Meeting (VCM). If an Early Help assessment has not been completed the Derby City Children's Social Care Online Referral System should be used to make a referral and further discussion will be initiated with the referrer regarding whether an Early Help Assessment or Children's Social Care assessment is required.

For further information please see DDSCP safeguarding children procedures Providing Early Help and Making a referral to Social Care.

December 2024

Appendix 1 Derby City and Derbyshire County: If you are concerned about an unborn baby, child, young person or family

Step 1: What is the nature of your concern?

Level 1 - Universal – open access to provision

Need is relatively low & individual / universal services able to take swift action.

Level 2 – Emerging Needs

Concerns for child's well-being, child's needs not clear, not known or not being met. A range of early help services may be required.

Level 3 – Intensive

A child or young person has needs which without intervention would seriously impair their health or development or put them at risk.

Level 4 – Specialist

A baby, child or young person is at current risk of significant harm because of abuse or neglect.

Step 2: What action should you take?

Discuss with your manager how your own agency can address your concerns.

Consider with the family what help may be needed

Develop a plan to address and review.

Discuss with your manager

Talk with family and seek consent for early help assessment & seek other agency involvement.

Develop an action plan, Team Around the Family (TAF) and review progress.

Discuss concerns with your manager or safeguarding lead.

Talk with the family, Early Help Advisor or ring the professionals' line if you are unsure.

Complete an electronic referral form.

Discuss concerns with your manager or safeguarding lead without delay.

Talk with the family unless this puts the child at risk.

Make an immediate referral to Social Care and provide a copy of the early help or other assessment, and any plans if available.

Step 3: Follow up if you need to make a request for support or a referral to Social Care

Consider using tools e.g.,

CRE assessment, Graded Care Profile

Consult with colleagues & establish if other agencies are involved.

If TAF plan fails to achieve identified outcomes consider a request for support by completing an electronic referral form. Go to:

Derby City Children's Social Care Online Referral System

Or

Derbyshire County

www.derbyshire.gov.uk/startingpoint

Use electronic referral form to refer to Social Care. Go to:

Derby City Children's Social Care Online Referral System

or

Derbyshire County

www.derbyshire.gov.uk/startingpoint

Contact Children's Social Care immediately if a Child Protection referral is required:

Derby City ☎01332 641172

Derby City Children's Social Care Online Referral System

Derbyshire County Starting Point ☎ 01629 533190

www.derbyshire.gov.uk/startingpoint

At all stages follow up telephone referrals in writing within 48 hours including any existing assessments, for Children's Social Care, the child on-line referral form must be used.

Appendix 2

Derby City and Derbyshire Threshold

ABUSE AND NEGLECT (Physical/Emotional/Sexual/Harmful Practice)

Level 1	Level 2	Level 3	Level 4
• Carer protects their family from danger/ significant harm. • And provides child's physical and emotional needs, e.g. food, drink, and appropriate clothing, medical and dental care	• Carer does not consistently provide basic care or adequate supervision • Periods of inadequate self-care, e.g. poor hygiene	• Carer frequently neglects/is unable to protect their family from danger/significant harm. • Parents or carers persistently avoid contact / 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. • Professional concerns – but difficulty accessing child/young person
• Child shows no physical symptoms which could be attributed to neglect or abuse	• Child occasionally shows physical symptoms which could indicate neglect.	• Child consistently shows physical symptoms which clearly indicate neglect. e.g.. dental decay as a result of poor diet/oral hygiene	• Evidence of significant harm or neglect – showing signs of physical neglect
• Child has injuries which are consistent with age and stage of development. Parent has reported these and acted appropriately in response to injuties	• Housing is in poor state of repair, which may increase risk of accidents within the home. • Temporary or overcrowded housing, or unsafe / unclean housing. • Dog bites – Please refer to the dog Bite guidance.	• Child has injuries which are accounted for but are more frequent than would be expected for a child of a similar age/needs. • Child has injuries which are not accounted for or explanation unclear, which cause some professional concern due to child's age and stage of development. • Dog Bites – please refer to the Dog bite Guidance	• Any allegations of abuse or neglect or any injury suspected to be non-accidental injury to a child. • Repeated allegations or reasonable suspicion of nonaccidental injury. • Non-accidental injury and/or unexplained injuries • Bruising / fractures or physical injury in a non-mobile Baby – please refer to Keeping Babies Safe Guidance • Child has injuries more frequently which are not

			accounted and the child makes allegation and implicates parents or older family members.
• Protection from danger or significant harm, including pets within the home environment	• Parent/carer requires and is willing to accept advice on parenting issues and behaviour management i.e use of physical assault (no injuries). • Young, inexperienced parents	• Parents struggle / refuse to set effective boundaries e.g. ineffective / restrictive / involving physical assault, parent / carer is willing to access support / advice.	• Carer has caused significant harm to a child by use of physical assault or use of an implement • Parents unwilling to engage with services or minimise assaults. • Ineffective boundaries set by parents/carers • Parents/carers unable to care for previous children • Parent/carer is failing to provide adequate care • Non-compliance of parents/carers with services • Child/young person at risk of or subject to neglect and/or abuse • Parents/carers own needs mean they are unable to keep child/young person safe

• No concerns re conflict / tensions within the family.	• Concerns re ongoing conflict between family and child. • Such as unresolved issues arising from parental separation, step parenting or bereavement.	• Family at risk of breakdown • Child not living with a family member • Unaccompanied asylum seeker child/young person	• Family have rejected / abandoned / evicted child. • Child has no available parent and the child is vulnerable to significant harm. • Trafficked child/young person

• Provide for child's physical needs, e.g. food, drink, and appropriate clothing, medical and dental care	• Pattern emerging of self sufficiency which is not proportionate to a child/young person's age and stage of development	• High level of self-sufficiency is observed in a child/young person that is not proportionate to a child/young person's age and stage of development.	• Inappropriate, high level of self sufficiency for child/young person's age and stage of development resulting in neglect.
• Stable and affectionate relationships with family/carers. • Supportive family network	• Inappropriate child care arrangements	• Child has multiple carers, some of whom may have no significant relationship with them	• Child has no-one to care for them • Child has no one appropriate to care for them
• Local Authority notified the child is privately fostered by adults who are able to provide for his/her their needs and there are no safeguarding concerns.		• Some concern about the private fostering arrangements in place for the child, consideration around: • Carer's treatment of the child • Carer's burnout • Child's view of the fostering arrangements – consider wishes and feelings and behaviours of the child • Placement breakdown • 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, radicalisation domestic slavery, or being physically abused in their private foster placement
Sexual Abuse/Activity lucy faithful			
Nothing to indicate child is being sexually abused	• Child has been safeguarded via Social Care and / or Police investigation after sexual abuse and they are protected from future harm. Child and family are in in need of post-sexual abuse support to promote their recovery	• Allegation of non-recent sexual abuse but no longer in contact with perpetrator and child's needs are appropriately supported by home and universal services.	• Allegation of sexual abuse from a child or admission of sexual abuse of a child by an adult. • An adult who may present a risk of sexual abuse to a child who lives with the Family or has other forms of access to the child. • A registered sex offender or convicted violent offender subject to MAPPA moves into the Child's home or has other

			forms of access to the child. • Parent/carer subject to MAPPA or MOSOVO monitoring • Non-verbal or disabled children seen with suspicious injuries indicative of sexual abuse
• *Good knowledge of healthy relationships and sexual health proportionate to age, stage and ability*	• *Children demonstrate isolated inappropriate* sexual behaviours such as self-touching, kissing, looking at other's bodies, name calling, cat calling beyond their knowledge or development stage	• Problematic sexual behaviours by a Child which is developmentally inappropriate indicating potential safeguarding concerns, consent being unclear, socially unexpected, lack of reciprocity	• Suspicions of sexual abuse / sexually activity with a child. Direct allegation of sexual abuse/assault by child. • Child or young person is at an increased vulnerability of being abused and/or exploited e.g. missing from home • Allegation of sexual activity in a child under the age of 13 • Child has experienced serious sexual assault and abuse by other children. All children involved should receive a safeguarding response
• No evidence of sexual harm – Parent has a good understanding of online safety and vulnerability • Good knowledge of healthy relationships and sexual health proportionate to age, stage and ability.	• Child receiving unsolicited online contact with no offences taking place, Parents/carers can be supported to better understand online safety and settings.	• Child vulnerable to online grooming where parenting capacity to protect is compromised or in need of support. • Send/receive inappropriate sexual material digitally or by social media • Child on child or child on adult abuse • Concerning fixations on sexual or violent activity	• Child is coerced, groomed or blackmailed to meet online strangers offline. Child is coerced, groomed or blackmailed to send indecent images of themselves or other children. Indecent images of the child are in circulation and having a significant impact on the child's safety and wellbeing
• Good knowledge of healthy relationships and sexual health proportionate to age, stage and ability	• Age appropriate attendance at sexual health clinic.	• Sexually transmitted infections (STI's). Consent issues may be unclear. • Verbal or non-contact sexualised	• Multiple / untreated sexually transmitted infections (STI's) • Child exploited to recruit others into sexual activity.

		behaviour. • Historic referrals in regard concerning sexual behaviour. • Repeating concerns	• Repeated pregnancy, miscarriages and/or terminations. • Escalation in severity of concerning sexual behaviour. • Pregnancy in child under the age of 13 years old.
Harmful 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.	• Abduction or Modern Slavery to remove a child from professional oversight
• There are no concerns that the child is at risk of Female Genital Mutilation.	• History of practicing Female Genital Mutilation within the family including female child is born to a woman who has undergone Female Genital Mutilation, older sibling/cousin who has undergone Female Genital Mutilation. FGM toolkit completed. • Family indicates that there are strong levels of influence held by elders and/or 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.	Follow FGM Guidance • Any female child born/unborn to a mother who has had Female Genital Mutilation and is from a prevalent country, evidence that family believe Female Genital Mutilation is integral to cultural or religious identity. • Female child talks about a long holiday / 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.	Follow FGM Guidance • Reports that female child has had or is at risk of Female Genital Mutilation/ child requests help as suspects she is at risk of Female Genital Mutilation in the UK or abroad by a UK resident or National • Reports that a female child has been subjected to or is at risk of Virginity Testing and or Hymenoplasty in the UK or abroad by a UK resident or National • Female child or parent/carer normally resident in the UK or UK national return from travel to country where FGM is known to be practiced and there are notable changes in the child's presentation raising concerns re FGM (e.g. dress code, excusing from PE, discomfort in walking, frequently visiting toilet facilities at any time, suggesting harmful practices

• There are no concerns a child is at risk of Forced Marriage.	• There is evidence that there have been Forced Marriages in the Family, but the Parents/Carers have stated this will not happen to their Child. Gaps in care givers knowledge or understanding 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. • Child makes clear allegation of risk of 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.	• Allegation from child about spirit possession or witchcraft, parental view that child is believed to be possessed.
		• Concerns where a child is harming a pet / animal, other children or vulnerable adult	• Allegations that the child/young person has harmed others. • Children who pose a risk to other children

DOMESTIC ABUSE - (Parent/carer/child)			
Level 1	**Level 2**	**Level 3**	**Level 4**
• Expectant mother or parent/carer/ child is not in an abusive relationship.	• Expectant mother or parent/carer/ child is a victim of **Standard risk** isolated incident **Pregnant or Child 0-18 months** Refer to to DCHS, DHCFT & Chesterfield Royal Midwives & UHDB midwives **Child aged 18 months to 4 years** Referral required to DCHS & DHCFT	• **Medium** Risk incident of DA • Expectant mother or parent/carer/child is a victim of three or more previous DA incidents in the last 3 months (**any risk level**) or increased frequency **Pregnant or Child 0-18 months** Refer to CSC, DCHS, DHCFT Chesterfield Royal Midwives & UHDB midwives **Child aged 18 months to 4 years**	• **High Risk** incident of DA **Pregnant or Child 0-18 months** Refer to CSC, DCHS, DHCFT & Chesterfield Royal Midwives & UHDB midwives **Child aged 18 months to 4 years** Refer to CSC, DCHS, DHCFT **Child aged 5 – 17 years** CSC, DHCFT Education SDAT

	Child 5 -17 years notification to Education through SDAT	Refer to CSC, DCHS, DHCFT **Child aged 5 – 17 years** CSC, DHCFT Education SDAT	• Expectant mother or parent/carer /child is a victim of domestic abuse and is referred at MARAC
• No history or incidents of violence, emotional abuse /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, however mitigating protective factors within the family are in place. Even if children reported not to be present when incidents have occurred. • Hidden DA within LGBT/vulnerable communities • Vulnerabilities of babies and small children with parents' carers use of drugs and or alcohol	• Children are victims (DA Act 2021) of emotional harm when they see, hear or experiences 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. • Victims prioritising relationship over the safeguarding needs/impact on the children/unborn. • Child on parent abuse	• Evidence suggesting child is directly exposed to verbal abuse, derogatory titles, threatening and/or coercive adult behaviours. • Child is a victim of emotional harm and or possibly physical harm when they see, hear or exposed or are involved with physical / emotional abuse / economic control / coercive and controlling behaviour within the family especially if they are trying to protect the adult victim or unborn child. • Significant parental/carer discord and persistent domestic abuse and discord between family members • **Young people** under the **age** of **16** experiencing abuse in a relationship – peer on peer abuse
	• 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, including 16/17year olds	• Child is open to CSC and Domestic abuse in the home – refer to CSC • Child is not currently in school or are Elective Home Educated and DA in the home – refer to CSC • Confirmation previous domestic	• Persistence abuse/violence in the home • Serious threat to parent's life or to child by violent partner. • Child injured in domestic violence incident.

		abuse perpetrator residing at property. • Carer minimises presence of domestic abuse in the household contrary to evidence of its existence.	• Child traumatised or neglected due to a serious incident of DA or child is unborn.
	• Perpetrator is a carer and vulnerability increased for victim through disability HBV	• Perpetrator not adhering to police/court bail conditions or civil protection orders. Risks are increased if there are repeated breaches	

MENTAL / EMOTIONAL HEALTH			
Level 1	**Level 2**	**Level 3**	**Level 4**
• The child has warm and supportive relationships within and outside of their family environment which respect their protected characteristics	• The child experiences discrimination in their day to day life either in their family environment, at school or in their community resulting in them being disadvantaged • Child/young person spends considerable time alone, e.g. watching television or online	• The child experiences discrimination in their day to day life either in their family environment, at school or in their community resulting in disadvantage, exclusion and distress	• The child experiences discrimination in their day to day life either in their family environment, at school or in their community resulting in acute distress, feelings of worthlessness and leading to a concern that they may harm themselves
• The child is provided with an emotionally warm, supportive relationship and stable family environment providing consistent boundaries and guidance, meeting developmental milestones to the best of their abilities.	• Parenting often lacks emotional warmth and/or can be overly critical and/or inconsistent, occasional relationship difficulties impacting on the child's development. • Parents who struggle to show	• 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	• Relationships between the child and carer have broken down to the extent that the child is at risk of significant harm / frequently exposed to dangerous situations and development significantly impaired.

• Parent shows warm regard, praise and encouragement	emotional attunement with their child • Struggles with setting age appropriate boundaries, occasionally not meeting developmental milestones and occasionally prioritises their own needs before child's.	and exploitative relationships, parent/ carer unable to judge dangerous situations / set appropriate boundaries. • Allegations parents making verbal threats to children. • Child rarely comforted when distressed / under significant pressure to achieve / aspire. • Risk of relationship breakdown between parents/ carers and the child if nothing changes.	• Child has suffered long term neglect due to lack of emotional support from parents/carers. • Challenging behaviour at school, home or in the community which may put self or others at risk of harm` • Child 'beyond parental control' • Severe emotional/behavioural challenges
• Child has good mental health and psychological wellbeing. considering age and neurodiverse status. • Good quality early attachments , with skills for: • Resilience. • Able to adapt to change with no impact on safety. • Able to understand others' feelings. • Takes responsibility for behaviour • Responds appropriately to boundaries and constructive guidance. • The child can develop a sense of right and wrong	• Mental health issues emerging for the child e.g. anxiety; depression; eating disorder; self-harming • The child has a mild a mental health difficulties which affects their everyday functioning but can be managed in mainstream schools and parents are engaged with school /health services including accessing remote support services to address this. • Child is accessing social media sites related to self-harm, age-inappropriate content, has expressed thoughts of self-harm but no evidence of self-harm incidences. • History of mental health condition difficulties but have been assessed and discharged home with safety plan and follow up. • Vulnerable to emotional difficulties, perhaps in response to life events such as parental separation • Child self-harms causing minor injury and parent responds appropriately. • Child has expressed suicidal	• 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. Lack of engagement with services, not implementing recommendation and consideration around disguised compliance • No evidence child has accessed mental health advice services and suffers recurrent mental health problems as a result. Significantly impacting their daily functioning. Focus on impact. Significant change – presentation. • Child is known to be accessing harmful content through social media online, consider via gaming/films sites to facilitate self-harming leading to self harming and or and emotional dysregulation.	• Acute mental health difficulties e.g. severe depression; suicidal ideation or self-harm. • Child expressed suicidal ideation with intent or psychotic episode or other significant mental health symptoms. • Child/Parent 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. leading to risk of family breakdown, abandoned child and otherwise avoidable hospital admission for the child. • Child or young person has ongoing suicidal ideation following attempt or is in hospital following episode of self-harm or suicide attempt.

	ideation with no known plan of intent. • Child is under the care of hospital engaging with mental health services • Child appears regularly anxious, angry or fearful .emotionally dysregulated, experiencing intrusive thoughts		
• 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/activities.	• Child has a negative sense of self and abilities, suffering with low self-esteem and confidence which results in child being at • Risk of developing maladaptive (harmful) coping behaviours/being drawn into exploitation and placed based risk/criminality	• Evidence of exploitation linked to child's vulnerability. Child frequently exhibits negative behaviour / activities that place self or others at imminent risk.
• Mental health of the carer does not affect / impact care, safety and wellbeing of the child. • MH, physical or disabilities of siblings or others within the household.	• Sporadic / low level mental health of carer – others within the household - siblings impacts care, safety and wellbeing, of child however, protective factors in place.	• Mental health needs of the carer (subject to a section under MHA) s 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. • Consideration of siblings/others within the household impacting the child's care, safety and wellbeing	• Mental health needs of the carer 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 recently there has been a deterioration in their behaviour, mental health and overall wellbeing. Low level support has not been effective, specialist intervention required.	• Impact of bereavement leading to missing episodes and ongoing absconding risk, self-harming, disclosing suicidal thoughts, risk of exploitation, involvement in gang/ criminal activity and harmful behaviours

	• Parent/carer stresses starting to affect ability to ensure child's safety	• Parent's/carer's or significant others within the household mental health difficulties, learning disability or substance misuse affect care of child/young person • Child has few positive relationships • Child mirroring carer's poor coping mechanisms eg self-harm. • Child consistently exposed to inappropriate adult conversations/ content and impact on their emotional health/ well-being.	• Parent/carer's mental health, learning disability or substance misuse that significantly affects care of child • Parent's own emotional experiences impacting on their ability to meet child/young person's needs

HEALTH (including disabilities)			
Level 1	**Level 2**	**Level 3**	**Level 4**
• Pregnancy with no apparent safeguarding concerns • Pregnant women ensure that the baby is not exposed to unnecessary risk in utero, and ensure that their own lifestyle choices do not impact adversely upon them • Good parental mental health, including maternal mental health in the unborn	• Pregnancy in a young person / vulnerable adult who is deemed in need of support, including early intervention. • Consideration to also be given to father/partner or other significant individuals. • Individuals who may have been exposed to adverse childhood experiences and/or parents struggling to have their own emotional needs met.	• Child in Care or Care Leaver or vulnerable young person or adult who is pregnant. • Baby/child affected by maternal and paternal substance use. • Consideration to also be given to father/partner or other significant individuals. • Individuals who have been exposed to adverse childhood experiences and/or parents struggling to have their own emotional needs met and this is impacting on their child	• Parent/cares unable to provide care for previous children. • Pregnancy in a child under 13 • Parent with significant learning needs. • Parents with additional concerns that could place the unborn child at risk of significant harm • Significant others who are known to pose a risk to children

• Pregnant women accessing appropriate antenatal and postnatal care and making good health choices for their unborn baby	• The carer demonstrates ambivalence to ante-natal and post-natal care with irregular attendance and missed appointments.	• The carer is not accessing antenatal and/ or post-natal care, significant concern about prospective parenting ability, resulting in the need for a prebirth assessment. • Pregnant women who do not prioritise the health of their unborn baby	• The carer neglects to access ante-natal care and there are accumulative risk indicators • Pregnant women who repeatedly fail to ensure that their baby is not exposed to unnecessary risk in utero • Concerns regarding concealed pregnancy • Not engaging with support services such as substance use services and/or mental health services.
• The parent/carer is coping well emotionally parenting/ caring/ for their child and accessing universal support services where required.	• The parent/carer is struggling with their caring and parenting responsibilities • parental mental health is impacting parenting capacity	• Parenting capacity is impacted by parents/carers learning need or emotional and/or physical wellbeing	• The parent/carer is experiencing mental health ill health which is causing serious risk to themselves and their child/ children. • Serious risk of harm or neglect to the child or themselves
• Sleeping Arrangements consistent with Keeping Babies Safe guidance.	• Sleeping arrangements for babies not consistent with Keeping Babies Safe guidance.	• Despite advice and guidance parents/carers persist with unsafe sleeping arrangements not adhering to Keeping Babies Safe guidance	• Despite advice and guidance parents/carers persist with unsafe sleeping arrangements not adhering to Keeping Babies Safe guidance and additional risk factors identified
• Child appears healthy and is achieving expected developmental milestones, basic health needs appear to be met • Has access to and makes use of appropriate health and health advice services	• The child 'was not brought' to access appropriate health and health advice services • Possible early signs of neglect e.g. poor/restricted diet, hygiene, clothing, dental issues/decay, frequent accidents due to poor supervision • Delay in seeking appropriate medical advice when in the child's best interest • Child is delayed in achieving developmental milestones and may require early intervention support • Child requiring support due to	• Concerns regarding growth, diet, hygiene and clothing • There is no evidence that the child has accessed health and health advice services and suffers chronic and recurrent health problems as a result. • Dental decay as a result of poor diet or management with irregular access to dental services • Global developmental milestones are not being met due to lack of stimulation or inappropriate parental care • Mental health issues emerging. anxiety, depression, eating	• Significant concerns regarding growth (e.g. obesity or faltering growth) and/or nutrition and not engaging with services / medical intervention / investigations • Parent/carer failing to facilitate appropriate medical care placing the baby, child or young person at risk of harm or compromising their development • The child has complex health problems which are attributable to the lack of access to health services.

	their emotional wellbeing	disorder, self-harming • Child or parent/carers self-harming behaviors • Diagnosed with a life-limiting illness. • Behavioural and neuro-developmental disorders e.g. Conduct Disorder, ADHD and Autistic Spectrum Disorder • With additional support, parent not meeting needs of child's health. • Parent/carer displays high levels of anxiety regarding a child's health. • Unnecessary or frequent access to medical services e.g. GP/Emergency Department/Ambulance Service	• Carer denying professional staff access to the child. • Child/young person has severe/chronic unmet physical or emotional health needs • Significant/chronic dental decay through persistent lack of dental care • Carers' level of anxiety regarding their child's health is significantly impacting or harming the child's development. • Strong suspicions / evidence of perplexing presentations where fabrication or induced illness is suspected. • Acute mental health difficulties e.g. severe depression, suicidal ideation or self-harm • Relationships with family experienced as negative and detrimental to the child/young persons health and/or development
• No concerns of fabricated or induced illness.	• Child has an increased level of illnesses with the causes unknown and or unnecessary or frequent access to medical services e.g.GP/ED/Ambulance	Follow PP FII Guidance • Suspicion child has suffered or is at risk of fabricated or induced illness – Health services compiling appropriate Health chronology • Suspicion /evidence of Fabricated or Induced Illness (FII) & perplexing presentations -	Follow PP FII Guidance • Strong suspicions / evidence of fabricating or inducing illness in their child. See fabricated illness guidance • Medical confirmation that a child has suffered significant harm due to fabricated or induced illness.
• Parent/Carer/other significant others do not have any additional health needs- (consider physical. emotional	• Health needs of the parent/carer(s)/significant others are affecting the care and development of the child	• Health Needs of the parent/ carer / other family members significantly affect the care of child.	• There is evidence that needs of the child are not being met due to parent/carer/significant others health needs.

or learning need).			
• Parent/carers significant others have disabilities which do not adversely affect the care of their child.	• Parents/carers /significant others have disabilities which occasionally impedes their ability to provide consistent patterns of care but without putting the child at risk, additional support required.	• Parents/carers/significant others have disabilities which are affecting the care of the child.	• Parents/carers/significant others 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 support required to meet health demands of the child's disabilities. • Disability limits the quality of self-care possible	• Child has physical and/or learning disability • Disability prevents appropriate self-care in a significant range of task	• Physical/learning disability requiring intensive support or supervision where their needs are not being met • Parents unable to fully meet the child's needs due disability needs, requiring significant support • Child's disability needs not being met

YOUNG CARER			
Level 1	**Level 2**	**Level 3**	**Level 4**
• Child does not have caring responsibilities.	• Child occasionally has caring responsibilities for parents or other members of their family and this sometimes impacts on their opportunities. There is some support from extended family or community.	• Child is regularly caring for another family member resulting in their development and opportunities being impacted by their caring responsibilities. There is limited support from extended family or community.	• Child is main carer for family member and their outcomes are being adversely impacted by their caring responsibilities. There is no support from extended family or community.

Early Years/EDUCATION			
Level 1	**Level 2**	**Level 3**	**Level 4**
• The carer positively supports learning and aspirations and engages with school and or Early Years • Child is in education and secure and effective links between home and school and or Early years setting • Planned and well supported transitions between providers beyond school/college. • Self-regulation/co-regulation are managed by the school. • The child demonstrates enjoyment in play and natural curiosity	• The carer is not engaged in supporting learning aspirations and/or is not engaging with the school or Early Years setting. • Child experiences frequent moves between schools/Early Years settings or • professional concerns re home education. • Reports of bullying but responded to appropriately. Peer concerns managed by the school/Early Years settings. • Sometimes displays low levels of engagement in their learning and play • Poor punctuality/pattern of regular school or Early Years setting absences (including consideration for learning in all environments such as Elective Home Education) • The child is not accessing their full entitlement to a broad and rich curriculum – this may also include having a reduced timetable • Some fixed term suspensions • Not in education employment or training post-16	• The carer does not engage with the school and or Early Years setting and actively resists suggestions of supportive interventions. • Unsafe behaviour at school or Early Years setting, possible threat of suspension and school or Early Years setting have been providing support for some time • Concerns around persistent or unauthorised absence and family are not engaging with supporting measures • Concerns raised about the quality of Elective Home Education • A child who's permanent suspension from school or Ealy Years setting raises safeguarding concerns • Misses school or Early Years setting consistently	• Child's achievement is seriously impacted by lack of education. • Regular breakdown of school and or Early years placements. Lack of trust in education system (young person or parents/carers). • Child presents with very challenging behaviour in school that is not managed by a range of interventions offered by the school • The carer actively discourages or prevents the child from learning or engaging with the school or Early Years setting, No access to Early Years/education entitlement due to parental neglect • Parents and carers are unable to offer a suitable learning environment or early years home education' due to parental neglect • Parental non engagement with services
• Developmental milestones met. • Access to stage appropriate books and toys	• Some developmental milestones are not being met which will be supported by universal services. • Limited access to stage appropriate books/toys • Has some identified specific learning needs with targeted	• Some developmental milestones are not being met which will require support of targeted/specialist services	• Developmental milestones are significantly delayed or impaired causing concerns regarding ongoing neglect. (not in the case of those with a disability)

	support and/or Education Health and Care plan • Physical Development, language and communication barriers		
• The child possesses developmentally appropriate ability to understand and organise information and solve problems, and makes adequate academic progress. • Has experiences of success and achievement • Planning for their next stage and adulthood	• The child sometimes struggles to organize themselves and their thinking. This may impact their ability to solve problems. • The child is making little or limited progress • Not reaching developmental milestones and educational targets'	• The child is unable to organize themselves and their thinking. This impacts their ability to solve problems. • The child has made limited or no progress. • Strategies to support progress have had limited impact.	• The child's inability to understand and organise information and solve problems is adversely impacting on all areas of his/her development creating risk of significant harm, concerns of carer neglect.

HOUSING AND FINANCIAL VULNERABILITIES			
Level 1	**Level 2**	**Level 3**	• **Level 4**
• Accommodation has basic amenities and appropriate facilities, and can meet family needs • Managing budget to meet individual needs	• Family seeking asylum or refugees • Periods of unemployment of parent/carer • Parents/carers have limited formal education • Low income/ financial/debt difficulties • Poor state of repair, temporary or overcrowded, or unsafe/unclean housing • Families at risk of homelessness but engaging with appropriate support • Intentionally homeless	• Family unable to gain employment due to significant lack of basic skills or long-term health issues or substance misuse • Insecure housing due to debt • Home environment unfit for unborn baby/child/ young person • Family seeking asylum or with unsettled status, evidence of impact on the child such as homelessness or poverty deprivation	• 16-17 year olds independently at risk of homelessness • Housing dangerous or seriously threatening to health/well-being of unborn baby/child/ young person • Extreme poverty/debt impacting on ability to care for unborn baby/child/young person

	• Serious debt/poverty impact on ability to have basic needs met	• Evidence that chronic unemployment is significantly impacting upon care givers and/or child • Poverty/debt impacting on ability to care for unborn baby/child/young person • Families with no recourse to public funds	

SUBSTANCE USE (Include Drug & Alcohol)			
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 / 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/other family members do not use drugs or alcohol or the use does not impact on parenting.	• Drug and/or alcohol use is impacting on parenting but adequate provision is made to ensure the child's safety, concerns this may increase if continues.	• Drug/alcohol use has escalated to the point where the child is worrying about their carer/family member.	• Carer/other family members drug and/or alcohol use is at a problematic and chaotic level and are unable to provide care to child.
• No signs or suspicion of drug usage	• Child or household member found in possession of Class C drugs	• Previous concerns of drug involvement / drug supply and child or household member found in possession of Class A or Class B drugs / drug paraphernalia found in home.	• Family home is used for drug taking / dealing / illegal activities.

• No signs or suspicion of drug usage during pregnancy	• Concerns of drug usage during pregnancy	• Evidence of substance/drug misuse during pregnancy – pre 21 weeks gestation.	• Evidence of substance/drug misuse during pregnancy – post 21 weeks gestation.
	• Experimenting with tobacco, alcohol or illegal drugs	• Substance misuse issues including early onset and dual diagnosis.	• Persistent and high risk parental and or young person's substance misuse

Exploitation and Place Based Risk (EXTREMISM & RADICALISATION & Extra familial) and Criminality			
Level 1	**Level 2**	**Level 3**	**Level 4**
• Child and/or 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 or organisations known to create permissive environments to terrorism .	• The child expresses beliefs that extreme violence should be used against people who disrespect their beliefs and values either online or in the real world . • The child supports people travelling to conflict zones for extremist/ violent purposes or with intent to join terrorist groups The child expresses a generalised nonspecific intent to go themselves. • Child, family and friends have strong links / are members of proscribed organisations. • Child makes threats against specific communities, people sharing a specific protected characteristic, or specific establishments (eg a named school, church, mosque etc).

• Child doesn't express support for extreme views or is too young to express such views themselves.	• Child makes reference to own and family 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 / taken to demonstrations or marches where violent, extremist and/or age inappropriate imagery or language is used. • The child/carers/ close family members / friends are members of proscribed organisations, promoting the actions of violent extremists and/or saying that they will carry out violence in support of extremist views including child circulating violent extremist images.
• Child engages in age appropriate use of internet, including social media • Can differentiate between safe and unsafe contacts/relationships offline and online	• Child is at risk of becoming involved in negative internet use that will expose them to extremist ideology, expressing casual support for extremist views. (At this stage this may not be through deliberate searches) • Parents/carers do not wish for their child to partake in activities at school that challenge their religious or societal views – eg places of worship visits or RSE?RE lessons	• Child is known to have viewed extremist websites and has said s/he shares some of those views but is open about this and can discuss the pros and cons or different viewpoints. • Child or young person is at an increased vulnerability of being abused and/or exploited and often puts themselves in danger offline and/or online.	• 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 may also be creating and sharing their own content in this space and therefore at risk of being committing/being charged with acts of terrorism such as disseminating terrorist publications or preparing for an act of terrorism.
• 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 societal views.	• Child is refusing to co-operate with activities at school that challenge their religious or societal 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 or harmed because they have a different view. • Child is initiating verbal and sometimes physical conflict

			with people who do not share their religious, societal political views.
• Child engages in age appropriate activities and displays age appropriate behaviours and self- control.	• The child is expressing verbal support for extreme views some of which may be in contradiction to British law, such as Equality act 2010 or Fundamental British Values	• Concerns child has connections to individuals or groups known to have extreme views and they are being radicalised/groomed into holding intolerant, extremist views • Changing behaviour and reference to radicalised thoughts and possibly threats to act	• Child has strong links and involved, indoctrinated in activities and being radicalised/groomed by individuals or groups who are known to have extreme views / links to violent extremism. • Attendance at illegal schools
Places / Spaces			
• Good services in area and young person is aware / engaging positively. Guardians in area ensure physical and psychological wellbeing of young people. • Using online applications and communication online positively, safety control noted	• Spending time in areas or platforms less regulated or known online space – open source for antisocial behaviour or where more vulnerable Such as TelegramX, 4Chain etc • Child/ 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. For example, local events – protests, leafleting, political activity, or socially deprived areas may be a factor • Frequently spending time in locations, including online, where they can be anonymous or at risk of experience harm / violence / exploitation.	• Found in areas/properties known for exploitation / violence. Taken to hotel / B&B / property with intention of being harmed or harming others. • Area having profoundly negative effect on the child.
Peer Group / External Relationships			
• Peer group engage in positive activities / clubs / 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/or other exploited children have contact with the child/young person. • Some indications of negatively influential peers and or role models online and international.	• Unknown adults and/or other exploited children/young people associating with the child/young person. Escalation in behaviour of peer group. • Peer on Peer abuse • Arrested with individuals who at risk of exploitation / violence. • Socially isolated children are welcomed/ popular in an extremist circle. Relationship is breaking down with	• Evidence of grooming and a child visiting, staying or living with someone believed to be exploiting them. • Person with significant relationship is coercing child / young person to meet and child is sexually or physically abused subject to modern slavery offences • Found with adults / high risk

		parents/family and child is becoming secretive	individuals across borders. • Is being exploited to 'recruit' others. • Peer on Peer abuse – Young people attempting to radicalise others both online and in person
Professional Engagement			
• Trusted adult in professional network. • Impactful engagement. Curious and flexible.	• Limited referral history with services. • Lack of engagement or trust in worker / service. • Multiple workers confused or disagreeing on risk.	• Services previously involved and closed; new referral received for repeat concerns. • Despite attempts, professionals have been unable to engage the young person to date. • Several services involved but little change in risk to the child.	• History of multiple services / referrals with little change or escalation in risk. Services report unable to keep child / young person safe. • Heightened risk where a child is EHE, NEET or out of education for some other reason (eg suspended) • Without immediate intervention the child will be exploited
Missing			
• Child comes homes 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/or 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/or goes missing does not appear to relate to risk and is vulnerable to exploitation in many contexts • Pattern of sofa surfing, whereabouts unknown. • Police or partner information suggests the child carries a weapon • May be involved in drug culture • Has affiliation to a group or gang, mapped as a concern and appreas to be controlled or coearced by others into offending

Criminality			
• 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. • Child normalized criminality and requires educational input	• Family member has a criminal record relating to serious or violent crime, terrorism, known gang involvement or exploitation • Child is involved in anti-social behaviour and may be vulnerable to grooming or be drawn into other forms of criminality or violence to others.	• Re-occurring / frequent attendances by the police to the family home. • Family member within household's criminal activity significantly impacting on the child, child is currently involved in persistent or serious criminal activity and /or is known to be engaging in gang activities leading to injury caused by a weapon. • Parents/carers involved in violent or serious crime, or crime against children. • Individual posing a risk to children in, or known to, household • Family home used for extremist groups, drug taking, sex working or illegal activities • Parent's/carers own needs mean that they are unable to keep the child/young person safe or provide adequate care
• Young person is not involved with crime or antisocial behaviour.	• Child is vulnerable and at potential risk of being targeted and/or groomed for criminal exploitation, gang activity or other criminal groups/associations.	• Child appears to be actively targeted/coerced with the intention of exploiting the child for criminal gain. • Child is radicalised into a proscribed organisation or organisation known to create a permissive environment to terrorism	• Child has been groomed and seriously harmed whilst involved in criminal activity or through group rivalries. • Entrenched in criminal groups • There is a risk of imminent significant harm to the child as a result of their criminal associations and activities. • They may not recognise they are being exploited and/or are in denial about the nature of their abuse. • Multiple forms of exploitation – criminal sexual, modern

			slavery, financial
• Young person has no involvement with crime or antisocial behaviour.	• Attention of ASB team or police. Talks about carrying a weapon. Reports from others that involved in named gang. • Glamorises criminal or violent behaviour., terrorism, and or violent extremism. • Caution for hate incidents	• Arrested for possession of offensive weapon, drugs, multiple thefts , hate crime / going equipped / motoring offences. Non-compliance of conditions. • Young people committing offences resulting in Youth Offending Services intervention	• Charged or convicted of Aggravated Robbery/Use of offensive weapon/ possession of large quantities of Class A drugs. • Serious or persistent offending behaviour • Charged with TACT (Terrorism Act 2000~) offences. • Allegations that the child/young person has harmed others – shows no empathy and is likely to harm again
• 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's home/bedroom searched in extreme cases of radicalisation, devices being removed from them and internet history etc. • Young person arrested as a result of a stop and search.	• Young person consistently stopped and searched with risk factors that suggest they are being exploited. • Young person's home/bedroom searched constantly in extreme cases of radicalisation, devices being removed from them and internet history etc.

IDENTITY & SOCIAL DEVELOPMENT

All levels in this area need to be considered in the context of the individual child and their circumstance. They should be considered a possible indicator of the level of support they might need, rather than a definitive guide

Level 1	Level 2	Level 3	Level 4
• Child has good quality early • attachments, and is demonstrating positive behaviour • Child shows some confident in social situations with developing friendships and positive social interaction with a range of peers, • Child shows respect for others.	• Child has few friendships and limited social interaction with their peers. • Child has communication difficulties and poor interaction with others. • Child exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community. • Support is in place to manage this behaviour. • Child is a victim of discrimination or bullying.	• Child is isolated and refuses to participate in social activities, interacting negatively with others including aggressive, bullying or destructive behaviours, early support has been refused, or been inadequate to manage this behaviour. • Child has experienced persistent or severe bullying which has impacted on his/her 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 his/her wellbeing is at risk. Child has little or no communication skills
• There is a positive family network and good relationships outside the family unit. • Stable and affectionate relationships within the family including when parents are separated	• There is a lack of support from the extended family network which is impacting on the parent's capacity to care for their child. • Some difficulties within family relationships. • Child starting to show some attachment issues. • Unresolved issues arising from family challenges (eg. Bereavement, separation, pregnancy).	• There is an unsupportive family network. • There is destructive or unhelpful involvement from the extended family. • Child has multiple carers; may have no significant or positive relationship with any of them/child has no other positive relationships. • Child has poor attachment with parents/carers	• The family network has broken down or is highly volatile and is causing serious adverse impact to the child (eg. May be suffering physical, emotional, sexual abuse or neglect) • Rejection by parent / carer – family no longer want to care for or have abandoned their child.
• Child engages in age appropriate use of internet, gaming and social media. • Child is supervised appropriately when online.	• Child is spending a concerning amount of time online, lacks control and is unsupervised in gaming and social media applications	• Child is perpetrator 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 concerning material (e.g. sexual, radicalisation, excessively	• Child is showing signs of being secretive, deceptive and is actively concealing internet and social media activities. • Regularly coerced to send / receive indecent images. • Coerced to meet in person for sexual activity or being recruited

		violent) being shared /viewed. • Multiple SIMs or phones including multiple aliases / accounts.	into radicalised activities
• Child has friendships and is able to access local services and amenities. • The family feels integrated into the community.	• There is a lack of supportive community networks around the family. • There is hostility between the family and community adversely impacting on the child.	• 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 adversely impacted but the family actively resists all attempts to achieve inclusion and isolates the child from sources of support.
• 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 negatively and possibly becoming involved in low level anti-social behaviour in the locality. This may be due to others engaging in threatening and intimidating behaviour • Concerns re low risk of exploitation (as evidenced in CRE Risk Assessment)	• The neighbourhood or locality is having a negative impact on the child resulting in the child coming into contact with the police and other partner agencies both as a suspect and/or a victim • Medium level concerns as evidenced in the CRE Risk Assessment	• The neighbourhood or locality is having a profoundly negative impact on the child resulting in the child coming into contact with the police and other agencies on a regular basis both as a suspect and/or a victim. • Concerns by others re HIgh risk of exploitation, being groomed and any other criminal activity as evidenced in the CRE Risk Assessment.
• Child and family is legally entitled to live in the country indefinitely. • Parents/carers have full rights to employment and public funds.	• Child and family's legal entitlement to stay in the country is temporary and/or restricts access to public funds and/or the right to work placing the child and family under stress.	• Child and family's legal status puts them at risk of involuntary removal from the country / having limited financial resources/no recourse to public funds increases the vulnerability of the children to criminal activity.	• Evidence a child has been exposed or involved in criminal activity to generate income for the family • Family members are being detained and at risk of deportation
• Child is comfortable with their identity and is positively engaging with services and their personal characteristics are not adversely impacted • Has awareness of the risks and grooming processes. • Motivated and positive outlook.	• Child has some insecurities around their identity • Perceived inability or reluctance to access more mainstream support. • Reduced access due to their ethnicity / cultural background / being in care / sexual identity / gender identity / Special Educational Needs or Disability	• Child is insecure around their identity • Isolated and refuses or is unable to participate in appropriate activities. • Experiencing bullying, discrimination or social isolation that may be exacerbated by personal, cultural, sexual/gender identity	• Negative sense of self and abilities that risk of causing harm. Completely isolated, refusing activities. • High levels of social isolation that may be exacerbated by personal, cultural, gender identity, sexual identity or education needs. • Child is at risk from others and/or likely to put self at risk • Significant parent and or child

	(SEND). • Child has insecurities around their identity e.g. low self esteem. May be a victim or perpetrator of bullying or discrimination.	or education needs. • Targeted by groups or individuals due to their vulnerability or perceived reputation. • Presentation (including hygiene) significantly impacts on child's sense of self and their interpersonal relationships • Child/young person experiences persistent bullying and/or discrimination; internalised and reflected in poor self-image • Child/young person is isolated and has very few positive relationships	mental health needs and / or other destructive behaviors eg self-harm, substance misuse

Appendix 3 Referral routes

Levels and Referral Routes	Needs	Suggested Services	Outcome
Level 1 Universal **Open access to provision**	Unborn babies/ children/young people and families who live in the area have core needs such as parenting, health and education and may need help to access services. Low level concerns regarding radicalisation/ extremism and channel processes identify support via universal services. Concerns of child-on-child abuse. See Chapter	• Early years • Education providers • Primary health care, GPs, health visitors, school nurses, maternity services • Housing • Community health care • Community and children's centres • Leisure services • Derby City Family Hubs Children are supported by their family and in universal services to meet all of their needs.	Unborn babies, children and young people make good progress in most areas of development.

Levels and Referral Routes	Needs	Suggested Services	Outcome
Level 2 Emerging Needs **Co-ordinated support from more than one agency needed to meet unborn baby/child and family needs.** **The assessment and support is co-ordinated by a service and/ or people who know the child/ family best.** **The Early Help**	Unborn babies/ children/young people and families with additional needs who would benefit from or who require extra co-ordinated help to improve education (including home education or any other specialist education provision), parenting and/or behaviour, or to meet specific health, development or emotional needs or to improve their material situation. This will identify children	• Parenting support • Support for families with disabled children, with consideration of siblings needs • Extra health support for family members via GP, voluntary sector • Behavioural support • Early Help offer to schools for targeted group work and educational programmes • Housing/ tenancy support • Additional learning support	The life chances of unborn babies, children, young people and families will be improved by offering additional co-ordinated support preventing an escalation to statutory services.

process is used with an assessment, and a clear plan for review to ensure that the help on offer is making a difference. **This would be co-ordinated and managed by a Lead Practitioner from one of the agencies providing support i.e. early years, schools, health or community/ voluntary sector.**	at low risk of exploitation e.g. sexual, financial, emotional and criminal. Concerns about extremism/ radicalisation where Channel processes identify there are additional support needs. Children Missing Education, Home School Educated children Derby City - supporting a child with emotional based non-school attendance Health needs provision - Schools' Information Portal Concerns of child-on-child abuse. See Chapter Concerns of obesity	• Emotional Health & Well Being support • CYPCAMHS tier 2 support to schools • Derbyshire Fire and rescue service input i.e. safe and well check • SEN support and help to find education and employment • Speech and language therapy • Children's centres and targeted youth work • Derby City Family Hubs • Derbyshire County Family Help Service • Services provided on a voluntary basis to families (these may be offered by volunteers and/or commissioned through a voluntary organisation • Adult and young peoples' substance misuse services • Young carers	

Levels and Referral Routes	Needs	Suggested Services	Outcome
Level 3 Intensive **Access requires the completion of an online referral form and /or the completion of an early help assessment to local authority children's services.** **An Early Help or**	Unborn babies, children, young people and their families with multiple needs or whose needs are more complex, such as children and families who: • Have a disability resulting in complex needs • Exhibit anti-social or challenging behaviour, including the expression of	Due to the complexity of needs, especially around behaviour and parenting, a shared multi-agency assessment and co-ordinated plan is developed with the family. The assessment and plan is usually led by the lead practitioner from Children's	The life chances of unborn babies, children, young people will be significantly impaired without co-ordinated multi-agency support.

Social Care Single Assessment would be completed with the family and a child's plan would be developed if required following the assessment. **The Lead Practitioner will usually be from Local Authority Children's Services via Early Help Teams, Multi Agency Teams or Social Care.**	radicalised thoughts or intentions • Where there are concerns about radicalisation or extremism with concerning additional features and risk is increased due to additional vulnerability (alongside Channel processes) • Have experienced neglect or poor family relationships • Have poor engagement with key services such as school and health • Are not in education or work long term This will include children at medium risk of exploitation e.g, sexual, financial, emotional and criminal. Concerns of child-on-child abuse. DDSCP Children who present a risk of harm to others Concerns where a child is harming a pet / animal.	Services. The service is provided ONLY with the consent of the parents/ carers. A wide range of services might be involved in meeting the child and family's needs, e.g. CAMHS, Emotional Health and Wellbeing, adult mental health, adult or young peoples' drug/alcohol team, domestic abuse services or local authority disabled children's service.	

Levels and Referral Routes	Needs	Suggested Services	Outcome
Level 4 Specialist **Access is mainly via completion of an online referral form, unless immediate Child Protection concerns when a telephone referral should be made.**	Unborn babies, children and young people who have suffered or are likely to suffer significant harm as a result of abuse or neglect. Bruising in non-mobile Babies – please refer to Keeping Babies Safe Guidance This will include children at medium to high risk of exploitation e.g. sexual, financial, emotional and criminal.	• Children's social care • Youth offending service • Criminal justice system • CAMHS tier 3 and 4 • In-patient and continuing health care for a child or parent • Drug and alcohol services for adults and young people • Fostering and	Unborn babies /children/ young people whose development would be significantly impaired if services are not provided. Unborn babies /children/ young people are likely to suffer

	Also: • Those at risk of female genital mutilation (FGM), honour based violence and forced marriage • Children with significant impairment of function /learning and/ or life limiting illness • Children whose parents and wider family are unable to care for them • Families involved in crime/misuse of drugs and/or alcohol/ domestic abuse at a significant level • Families with significant mental or physical health needs • Children whose care is significantly affected by parental involvement in terrorist ideology or activities where the child is likely to suffer harm by their own involvement in extremism	residential care • Health care for children with life limiting illness • Services for children with profound and enduring disability Referrals have to be made to services with the power to undertake statutory or non- voluntary intervention and services with specialist skills	significant harm/removal from home/ serious and lasting impairment without the intervention of specialist services, very often using their statutory powers