

ENFIELD CHILDREN'S SERVICES

# THRESHOLD GUIDANCE

**2022-2025**



[www.enfield.gov.uk](http://www.enfield.gov.uk)



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## 2022-2025

You can contact the Enfield Multi Agency Safeguarding Hub (MASH) on  
**020 8379 5555**

(Monday to Thursday 8.45am to 5pm and Friday 8.45am to 4.45pm)

Outside of normal office hours contact the Emergency Duty Team  
**020 8379 1000**

(select option 2 and you will be transferred to an advisor)

You can make a referral via  
**[www.enfield.gov.uk/childrensportal](http://www.enfield.gov.uk/childrensportal)**

You can email us at  
**[childrensMASH@enfield.gov.uk](mailto:childrensMASH@enfield.gov.uk)**

Professionals can contact the MASH for targeted or specialist support  
via the MASH consultation line  
**020 3855 6241**

If you have immediate child protection concerns contact us on  
**020 8379 5555** or call **999**



# INTRODUCTION

**Working Together 2018 outlined the introduction of a Children's Partnership. The Partnership is formed of the local authority, NHS Integrated Care Board (formerly the Clinical Commissioning Group) and the Police.**

The guidance states whilst it is parents and carers who have primary care responsibility for their children and young people, local authorities, working with safeguarding partners and relevant agencies, have specific duties to safeguard and promote the welfare of all children in their area.

We seek to support our safeguarding partners and relevant agencies by providing guidance to help them assess and identify the level of need and access the right support and service.

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

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

Maltreatment can be presented in many ways including abuse and neglect. This can involve inflicting harm and failing to prevent harm. Maltreatment could take place within the family, an institutional or community setting, by an adult or adults, child or children known to the child/young person or less frequently a stranger.

There are proportionately more children and young people under 20 in Enfield than in both London and England overall. Providing early help is known to be more effective in promoting the welfare of children and young people and keeping them safe – than reacting later when any problems may have become more entrenched.

The Enfield Safeguarding Children's Partnership is made up of a range of roles and statutory functions including promoting the welfare of children across Enfield and developing local safeguarding policies and procedures, local scrutiny arrangements and agreeing the action to be taken where there are concerns about a child or young person's safety or welfare.

This document, which will be reviewed yearly, highlights the safeguarding thresholds to be considered when there is a concern about a child or young person. In addition, it explains the criteria, referral process and level of need, for when a child or young person should be referred to the local authority for assessment and statutory services.

By working together, understanding the threshold for support and levels of need in this document, the Enfield Safeguarding Children's Partnership believe that we can identify the best support and help for children, young people and their families or carers across the continuum.

**Detective Superintendent Sebastian Adjei-Addoh**  
Head of Public Protection  
Chair of Executive Group



# HAVING THE RIGHT CONVERSATIONS

All services are responsible for promoting conversations, which are essential to provide an appropriate response to concerns.

When used with a Think Family approach, working in a way that co-ordinates support services, this will enable better delivery of support which is tailored around the child and their family. Having the right conversation with the family can help identify concerns and needs at an early stage and enable professionals and agencies to provide appropriate support for the child and their family.

Any professional and/or agency working with children, young people and their families are responsible for starting conversations and taking appropriate action. Communication with members of the family and other professionals and agencies, enables early identification and response to the needs of children and young people and their family. Listening, thinking, connecting and discussing the resources and services that can support a family will promote a shared responsibility, and collaborative working.

Some conversations may need to focus immediately upon what you are worried about, what's working well and what needs to change in order to build resilience or stabilise a situation. At the initial stage, professionals and agencies are expected to carry out an assessment of the concern and where appropriate, create a plan to support the child/young person and their family.

We recognise that sometimes conversations can be challenging and the complexity of the needs of each individual child and their family is unique. Clear, communication methods are essential to identify needs and risks to ensure the health and wellbeing of the child, while proactively building relationships, capacity, and resilience within families.

We encourage all conversations to be recorded appropriately to show that, they took place, agreed action was identified and progress tracked.

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## ENFIELD EARLY HELP

Enfield Early Help work with the whole family to improve wellbeing, relationships, behaviour and communication by offering advice, support and direct interventions at any point in a child or young person's life, from pre-birth to adulthood. The type of support offered will depend on the needs of the family.



We offer Individual 1-1 direct work to address issues that the family are experiencing. We also co-ordinate the Team Around the Family (TAF) to ensure that the right services are in place for families. Our approach to providing the services will be informed by and delivered using the Signs of Safety tool. This way of working enables all practitioners across different disciplines to work collaboratively and in partnership with children and families. These principles of Signs of Safety guide our work with families which includes their contributions and working towards a shared goal using the following headings:

- What are we worried about?
- What is working well
- What needs to happen?

# MAKING AN EFFECTIVE REFERRAL

Before making a referral the risk indicators in Appendix One, should be used as a tool to support the thinking process behind the concern.

The list of indicators is not exhaustive but serves as providing examples of children’s needs and circumstances that correspond to a certain level of vulnerability. It is likely that the level of worry or concern will be dependent on a number of factors and indicators and not reliant on just one indicator. Consideration should be made on whether the needs of the child can be met by services or professionals already involved or through a single agency referral.

Our MASH aims to ensure that we identify and assess need early and take action as quickly as possible by working closely with our partners. When making a referral to MASH it is essential that all

information about the child is shared. This will enable better decision making and allocation of support and intervention. We are dependent on the information in the referral in order to make safe decisions about the need to offer immediate protection from harm.

All referrals should be discussed with the parent or carer, unless doing so would place the child at immediate risk of harm. It is important to work together with families and be open and transparent about the concerns for their child. If a person is unsure or unclear about when it is safe to inform parents or carers they should contact the MASH, so we can advise.

We will inform referrers of the outcome of a referral, however, we would always encourage partner agencies to make contact where there are delays.

## CONSENT TO SHARE INFORMATION

We expect all professionals to follow consent guidance from the Data Protection Act (2018) which enacts the General Data Protection Regulation 2016 into EU law as the “applied GDPR”. Working Together to Safeguard Children (2018) provides support on when consent should be obtained and when it is appropriate to refer without it. [London MASH Information Sharing Guidance](#).



## OUR THRESHOLDS AND LEVELS OF NEED

Most children living in Enfield have their needs met through support from their own family or carers and by accessing universal services.

It is essential that during delivery of services to children, young people and their families, any additional needs are identified as early as possible and intervention is put in place with a focus on providing early help and preventing the need for specialist services.

It is vital that the journey of the child is considered while reflecting on the variety of services available.

The thresholds in this guidance are based on the London Continuum of Need.

<b>PREVENTION – Level 1 – Blue Universal Needs</b>
<b>EARLY HELP – Level 2 – Green Targeted Needs</b>
<b>CHILD IN NEED – Level 3 – Amber Complex Needs</b>
<b>CHILD PROTECTION – Level 4 – Red Acute Needs</b>

# APPENDIX ONE

Taken from London Continuum of Need model, the tables below provides examples of common risk triggers across the 4 level of needs, with the possible corresponding service intervention assessment process. Some of the indicators will depend on the child's age. These are guidelines to support practitioners in their decision-making. This is not intended to be a 'tick box' exercise and practitioners should use their professional judgement.

PREVENTION Level 1	EARLY HELP Level 2	CHILDREN IN NEED Level 3	CHILD PROTECTION Level 4
<p><b>Universal Needs</b></p> <p>These children have their health and developmental needs met by universal services. Such children are consistently receiving child focused caregiving from their parents or carers. Children are able to access universal services in the usual way.</p> <p>Universal services, sometimes referred to as public services or mainstream services, are available to all children, young people and their families. Such services are designed to meet needs that all children have, but can also provide advice, guidance and low-level support to families when they need it.</p>	<p>These children have low level additional needs that are not being met in the short term.</p>	<p>These children have complex needs requiring long term specialist support.</p>	<p><b>Children with Acute Needs</b></p> <p>These children are suffering or are likely to suffer significant harm which is the threshold for child protection. Some children are likely to have already experienced adverse effects and their needs may not be considered by their parents/primary caregivers. All children at this level may require some form of statutory interventions, e.g. child protection investigations or legal interventions to safeguard their wellbeing. There may also be times that these children may need to be accommodated by the Local Authority under Section 20 of the Children's Act 1989, by the way of court order or on a voluntary basis.</p>

PREVENTION Level 1	EARLY HELP Level 2	CHILDREN IN NEED Level 3	CHILD PROTECTION Level 4
KEY AGENCIES THAT MAY PROVIDE SUPPORT AT THIS LEVEL			
<ul style="list-style-type: none"> <li>• Schools and Nurseries</li> <li>• Children's Centres</li> <li>• Early Years</li> <li>• Health Visiting Service</li> <li>• School Nursing</li> <li>• GP</li> <li>• Young People's Service</li> <li>• Housing</li> <li>• Voluntary and Community Sector</li> <li>• Midwives</li> </ul>	<ul style="list-style-type: none"> <li>• Early Help</li> <li>• Schools and Nurseries</li> <li>• Children's Centres</li> <li>• Early Years</li> <li>• Education Welfare</li> <li>• Educational Psychology</li> <li>• Specialist Play Services</li> <li>• Health Visiting Service</li> <li>• School Nursing</li> <li>• GP</li> <li>• Integrated Youth Support Services</li> <li>• Housing</li> <li>• Voluntary and Community Sector</li> <li>• Family Support Services</li> </ul>	<ul style="list-style-type: none"> <li>• Children's Social Care</li> <li>• Early Help</li> <li>• Schools and Nurseries</li> <li>• Children's Centres</li> <li>• Early Years</li> <li>• Education Welfare</li> <li>• Educational Psychology</li> <li>• Specialist Play Services</li> <li>• Health Visiting Service</li> <li>• School Nursing</li> <li>• GP</li> <li>• Integrated Youth Support Services</li> <li>• Housing</li> <li>• Voluntary and Community Sector</li> <li>• Family Support Services</li> <li>• Youth Crime Prevention Services</li> <li>• Targeted Drug and Alcohol Services</li> </ul>	<ul style="list-style-type: none"> <li>• Children's Social Care</li> <li>• Early Help</li> <li>• Youth Offending Services</li> <li>• Mental Health Services</li> <li>• Targeted Drug and Alcohol Services</li> <li>• Police</li> </ul>

# APPENDIX TWO

PREVENTION Level 1	EARLY HELP Level 2	CHILDREN IN NEED Level 3	CHILD PROTECTION Level 4
CONCERN			
<b>Level 1 Universal</b> Child has no additional needs	<b>Level 2 Targeted</b> Child has low additional needs not met in short term  <b>Permission from parents to make a referral directly to Early Help is required.</b>	<b>Level 3 Specialist</b> Child has complex needs requiring long term specialist support  <b>It is not necessary to seek permission from parents before information sharing by way of making a referral.</b>	<b>Level 4 Statutory</b> Child has acute needs requiring intensive specialist/statutory involvement  <b>In situations where there are concerns that a child is suffering or is likely to suffer significant harm, information may be shared without consent</b>
BEHAVIOUR			
<ul style="list-style-type: none"> <li>• The child engages in age appropriate behaviours and self-control.</li> <li>• The child demonstrates appropriate responses in feelings and actions.</li> <li>• The child has positive and safe relationships with peers.</li> <li>• The child responds appropriately to boundaries and guidance.</li> </ul>	<ul style="list-style-type: none"> <li>• The child from time to time displays a lack of self-control which would be unusual in other children of their age.</li> <li>• The child displays some inappropriate responses/behaviour.</li> <li>• The child has some difficulties with family/adult and peer relationships.</li> <li>• The child struggles with managing change.</li> </ul>	<ul style="list-style-type: none"> <li>• The child regularly displays a lack of self-control which would be unusual in other children of their age.</li> <li>• The child becomes involved in negative, disruptive/challenging behaviours/activities.</li> <li>• The child displays abuse/neglect towards vulnerable adults or animals.</li> <li>• The child has poor family/adult relationships.</li> <li>• The child finds it difficult to cope with anger and frustration.</li> </ul>	<ul style="list-style-type: none"> <li>• The child displays little or no self-control which seriously impacts on relationships with those around them putting themselves/others at risk.</li> <li>• The child's challenging behaviour results in serious risk to themselves/others.</li> <li>• The parents/carers are not good role models and condones child's challenging behaviours.</li> <li>• The child cannot maintain relationships.</li> <li>• Parents unable to manage and risk of family breakdown.</li> </ul>



PREVENTION Level 1	EARLY HELP Level 2	CHILDREN IN NEED Level 3	CHILD PROTECTION Level 4
CHILD DEVELOPMENT			
<ul style="list-style-type: none"> <li>• The child is developing and growing well.</li> <li>• The child is healthy and does not have a physical or mental health condition or disability.</li> <li>• The child possesses age appropriate ability to understand and organise information and solve problems.</li> <li>• Good physical health and emotional wellbeing.</li> <li>• Registered with a GP and a dentist.</li> <li>• Adequate diet, hygiene and exercise.</li> <li>• Optical care is adequate.</li> <li>• Child has not suffered a significant loss e.g. close family member or friend.</li> </ul>	<ul style="list-style-type: none"> <li>• Some concerns on the growth and development of the child.</li> <li>• The child has a mild physical or mental health condition or disability which affects their everyday functioning but can be managed in mainstream schools.</li> <li>• Slow in reaching developmental milestones.</li> <li>• Missing immunisations or checks.</li> <li>• Minor concerns regarding health, diet, hygiene and clothing.</li> <li>• The child undertakes no physical activity and/or has an unhealthy diet which is impacting their health.</li> <li>• The child occasionally shows physical symptoms which could indicate neglect such as poor hygiene or tooth decay.</li> <li>• The child has experienced a significant loss e.g. close family member.</li> </ul>	<ul style="list-style-type: none"> <li>• Significant concerns that developmental milestones are not being met for the child.</li> <li>• The child has a physical or mental health condition, a chronic and recurrent health problem or a disability which significantly affects their everyday functioning and access to education.</li> <li>• Disability requiring specialist support to be maintained in mainstream setting.</li> <li>• Developmental milestones are unlikely to be met/concerns about weight, dental decay, and language development delays.</li> <li>• Child has some chronic/recurring health problems: not treated or badly managed/missed appointments.</li> <li>• Vulnerable to emotional problems in response to life events such as parental separation or bereavement.</li> </ul>	<ul style="list-style-type: none"> <li>• High level disability which cannot be maintained in a mainstream setting.</li> <li>• Serious physical and emotional health problems.</li> <li>• Developmental milestones are significantly delayed or impaired.</li> <li>• Despite support, the child undertakes no physical activity and has a diet which is adversely affecting their health and causing significant harm.</li> <li>• Refusing medical care placing the child's health and development at significant risk.</li> </ul>

<b>PREVENTION</b> <b>Level 1</b>	<b>EARLY HELP</b> <b>Level 2</b>	<b>CHILDREN IN NEED</b> <b>Level 3</b>	<b>CHILD PROTECTION</b> <b>Level 4</b>
<b>DEVELOPMENT OF PARENTS/CARER/EXTENDED FAMILY</b>			
<ul style="list-style-type: none"> <li>• Parent's provide for all child's physical needs.</li> <li>• Child protected from danger/ significant harm in/out of home.</li> <li>• Child shown warmth, praise and encouragement.</li> <li>• Parent provides appropriate guidance and boundaries.</li> <li>• The parent uses reasonable physical chastisement that is within legal limits – does not leave child with bruising, grazes, scratches, swelling or cuts.</li> <li>• The parent/carer accesses ante natal care.</li> <li>• The parent is coping well emotionally following the birth of their baby and accessing universal services where required.</li> <li>• The parent/carer can manage their child's sleeping feeding and crying and is appropriately responsive.</li> <li>• The parent/carer understands and is appropriately responsive to the health demands of their child.</li> <li>• All the child's needs are fully met by the parent.</li> </ul>	<ul style="list-style-type: none"> <li>• Affected by low income/ unemployment.</li> <li>• There are concerns that the parents are unable to budget effectively and as a result the child occasionally does not have adequate food, warmth, or essential clothing.</li> <li>• Inconsistent parental engagement with services.</li> <li>• The parents/carer physically chastises their child within legal limits but there is a concern of a negative impact on the child's emotional wellbeing (for example the child is fearful of their parent).</li> <li>• The parent labels their child negatively and seeks to punish them as they were punished as a child.</li> <li>• The parent is willing to access professional support to help them manage their child's behaviour.</li> <li>• The parent/carer demonstrates ambivalence to ante-natal and post-natal care.</li> <li>• Parent/s receive a diagnosis of disability of unborn baby.</li> <li>• The parent/carer is struggling to adjust to the role of parenthood and has sustained difficulties managing their child's sleeping, feeding or crying but accepts support to resolve these difficulties.</li> </ul>	<ul style="list-style-type: none"> <li>• Child's care impacted by extreme poverty/debt.</li> <li>• Privately fostered by distant relative/ other.</li> <li>• Abuse allegation with no injury in non-mobile child.</li> <li>• The parent/carer provides inconsistent parenting.</li> <li>• The parent/carer physically chastises the child leaving the child with visible bruising, grazes, scratches, minor swelling or cuts.</li> <li>• The parent/carer is not accessing ante natal or post-natal care.</li> <li>• The parent is suffering from post-natal depression and is not engaging with services or is unable to be a 'good enough' parent.</li> <li>• The parent/carer has sustained difficulties managing their child's sleeping, feeding or behaviour despite the intervention or services or refuses to engage with support services.</li> <li>• The parent/carer displays high levels of anxiety regarding their child's health and their response is impacting on the wellbeing of the child. For example, they are unnecessarily removed from school or prevented from socialising or playing sport.</li> </ul>	<ul style="list-style-type: none"> <li>• The parent/carer is unable to care for the child without support.</li> <li>• The parents/carer is unable to provide safe and adequate parenting.</li> <li>• Highly critical/apathetic towards the child.</li> <li>• The parent/carer significantly harms the child.</li> <li>• The parent neglects to access ante – natal care where there are complicating obstetric factors that may pose a risk to the unborn/ newborn child.</li> <li>• The parent/carer is suffering from severe post-natal depression which is causing serious risk to themselves and their child/ren.</li> <li>• The parent/carer is unable to manage their child's sleeping, behaviour, crying and is unable or unwilling to engage with health professionals to address this causing significant adverse impact on the child.</li> <li>• The parent/carers' level of anxiety regarding their child's health is significantly harming the child's development.</li> <li>• There are strong suspicions or evidence that the parent/carer is fabricating or inducing illness in their child.</li> </ul>

<b>PREVENTION</b> <b>Level 1</b>	<b>EARLY HELP</b> <b>Level 2</b>	<b>CHILDREN IN NEED</b> <b>Level 3</b>	<b>CHILD PROTECTION</b> <b>Level 4</b>
	<ul style="list-style-type: none"> <li>The parent/carer displays some levels of anxiety regarding their child's health and their response is beginning to impact on the child's wellbeing.</li> </ul>	<ul style="list-style-type: none"> <li>There are indications that the parent/ carers concern for the health of the child are unrelated to any physical or mental symptoms of illness.</li> <li>One or more child's needs are not always met by the parents, with additional support required, and this is impacting on the day to day life of the child/children/siblings/parents.</li> <li>The family does not use its financial resources to meet the basic needs of the child.</li> </ul>	<ul style="list-style-type: none"> <li>There is concern as the parents seems highly critical of their child and/or expresses the belief that only physical punishment will have the desired impact on the child's behaviour.</li> <li>The child consistently does not have adequate food, warmth or essential clothing. The parents are consistently unable to budget effectively and are resisting engagement.</li> </ul>
<b>DISABILITY (CHILD)</b>			
<ul style="list-style-type: none"> <li>The child has no disability.</li> <li>The child with disabilities is accessing universal services without support.</li> </ul>	<ul style="list-style-type: none"> <li>The child with disabilities who is accessing services may need additional support and/or advice.</li> </ul>	<ul style="list-style-type: none"> <li>The child has permanent and substantial disabilities which require targeted services and whose needs cannot be met by services without someone to support them.</li> </ul>	<ul style="list-style-type: none"> <li>Severe disability is identified ante-natally.</li> <li>The child has a complex physical or mental health condition or disability which is having an adverse impact on their physical, emotional or mental health and access to education.</li> <li>Parents consistently demonstrate an inability to meet the needs of the child.</li> </ul>

PREVENTION Level 1	EARLY HELP Level 2	CHILDREN IN NEED Level 3	CHILD PROTECTION Level 4
DISABILITY (PARENT/CARER/EXTENDED FAMILY) PARENTAL MENTAL HEALTH			
<ul style="list-style-type: none"> <li>Family members do not have disabilities/serious health conditions.</li> <li>The physical health/learning disabilities of the parent/carer does not affect the care of the child.</li> <li>There are low level or no reported mental health needs for the parent/carer. There is no evidence that the parent/carer needs impact on their ability to care for and meet the child's needs. Engagement with universal services is good.</li> </ul>	<ul style="list-style-type: none"> <li>The physical or mental health needs of the parent/carer impact upon the care of the child.</li> <li>The parents/carers learning difficulties occasionally impedes their ability to provide consistent patterns of care but without putting the child at risk.</li> <li>Family members have disabilities/serious health conditions which require additional support.</li> <li>Parents/carers have mental health needs that require additional support by relevant services in community (GP/Community Teams.). Parents/carers are willing to engage with services/or there is evidence of good engagement with services. There are other identified supportive factors (supportive family friends/child attends school regularly).</li> </ul>	<ul style="list-style-type: none"> <li>Physical or mental health needs of the parent/carer significantly impact upon the care of the child.</li> <li>The parents/carers learning disability are affecting the care of the child.</li> <li>Siblings or other members of the family have a disability/serious health condition which impact on the child.</li> <li>Engagement with services/compliance with medication is inconsistent.</li> </ul>	<ul style="list-style-type: none"> <li>Physical or mental health needs of the parent/carer significantly affect the care of their child placing significantly affect the care of their child placing them at risk of significant harm.</li> <li>The parents/carers learning disabilities are severely affecting the care of their child and placing them at risk of significant harm.</li> <li>Siblings or other members of the family have disabilities/health concerns that are seriously impacting on the child and putting them at risk of significant harm.</li> </ul>

<b>PREVENTION</b> <b>Level 1</b>	<b>EARLY HELP</b> <b>Level 2</b>	<b>CHILDREN IN NEED</b> <b>Level 3</b>	<b>CHILD PROTECTION</b> <b>Level 4</b>
<b>DOMESTIC ABUSE (Domestic Abuse Hub and freephone helpline 0800 923 9009)</b>			
<ul style="list-style-type: none"> <li>• The expectant mother/parent/carer is in a healthy relationship.</li> <li>• There are no incidents of violence or abuse in the family home or history of violence between family members or new partners.</li> </ul>	<ul style="list-style-type: none"> <li>• There are historic incidents of physical and/or emotional violence in the family.</li> <li>• The harmful impact of incidents is moderated by other protective factors within the family who are able to look after the child when there are arguments/disputes in the family home.</li> <li>• Information has been provided that a person living in the home may be a previous perpetrator of domestic abuse, although no signs of abuse are apparent.</li> <li>• Perpetrator shows insight and accepts support.</li> </ul>	<ul style="list-style-type: none"> <li>• The expectant mother/parent/carer has previously been a victim of domestic abuse and is a victim of increasing or more serious incidents of domestic abuse.</li> <li>• One or more adult family members is physically and emotionally abusive to another adult family member.</li> <li>• The perpetrator shows limited or no commitment to changing their behaviour and little understanding of the impact the abusive behaviour has on their child/ren.</li> <li>• The child has or continues to witness an adult in their household being physically or emotionally abused by another member of the household.</li> <li>• The child shows signs of being impacted by Domestic Abuse (aggression/passive behaviour for example).</li> <li>• Confirmation a previous perpetrator of domestic abuse resides at the property.</li> </ul>	<ul style="list-style-type: none"> <li>• The expectant mother/parent/carer is a current victim of domestic abuse which is increasing in severity, frequency or duration.</li> <li>• One or more adult members of the family is a perpetrator of persistent and/or serious physical and emotional violence which may also be increasing in severity, frequency or duration.</li> <li>• The perpetrator shows no commitment to changing their behaviour and no understanding of the impact their violence has on the child.</li> <li>• The perpetrator is emotionally harming the child/ren who witness or are otherwise aware of the violence/abuse.</li> <li>• The children are at risk of physical harm, if for example they seek to protect an adult victim.</li> <li>• The child is at high risk of, or already either a perpetrator or victim of serious abusive behaviour.</li> </ul>

PREVENTION Level 1	EARLY HELP Level 2	CHILDREN IN NEED Level 3	CHILD PROTECTION Level 4
EDUCATION & LEARNING			
<ul style="list-style-type: none"> <li>• Achieving key stages</li> <li>• Good attendance at school, college or training</li> <li>• The child makes adequate academic progress.</li> <li>• The young person is in education, employment or training.</li> </ul>	<ul style="list-style-type: none"> <li>• Occasional truanting or non-attendance, poor punctuality, poor links between home and school and child is not supported to reach educational potential</li> <li>• The child is under-achieving or is making limited academic progress.</li> <li>• Identifies language and communication difficulties</li> <li>• Developmental delay</li> <li>• Reduced access to books, toys or educational materials</li> <li>• Few or no qualifications</li> <li>• NEET</li> <li>• Mild learning or behavioural difficulties in education and other school activities</li> <li>• The child's ability to understand and organise information and solve problems is impaired and the child is making no academic progress</li> <li>• The child has a mild physical or mental health condition or disability which affects their everyday functioning but can be managed in mainstream schools. Child may be on school action or action plus/SEN or a child in hospital.</li> </ul>	<ul style="list-style-type: none"> <li>• Chronic or poor nursery/school attendance/punctuality/poor home and nursery or school link/no parental support for education.</li> <li>• Short term exclusion or at risk of permanent exclusion, persistent truanting, or no education provision.</li> <li>• Statement of Special Education Needs or on-going difficulty with learning and development.</li> <li>• No access to books, toys or education materials Is (or is at risk of becoming) not in education, employment, or training.</li> <li>• The child is not making any academic progress despite learning support strategies in place over a period of time.</li> <li>• The young person refuses to engage with educational or employment opportunities and are increasingly socially isolated.</li> <li>• The young person is not in education, employment or training (NEET) and they are not likely to reach their potential.</li> </ul>	<ul style="list-style-type: none"> <li>• Chronic non-attendance, truanting</li> <li>• Permanently excluded, frequent exclusions or no education provision</li> <li>• No parental support for education</li> <li>• Child's inability to understand and organise information and solve problems is adversely impacting on all areas of their development, creating risk of significant harm</li> <li>• Developmental milestones are significantly delayed or impaired</li> <li>• The child has complex health problems which are attributable to the lack of access to health services</li> <li>• Severe and complex learning difficulties requiring residential educational provision</li> </ul>

PREVENTION Level 1	EARLY HELP Level 2	CHILDREN IN NEED Level 3	CHILD PROTECTION Level 4
EMOTIONAL WELLBEING			
<ul style="list-style-type: none"> <li>• The child is provided with an emotionally warm and stable family environment.</li> <li>• The child engages in age appropriate activities and displays age appropriate behaviours.</li> <li>• The child has a positive sense of self and abilities.</li> <li>• Able to demonstrate empathy.</li> <li>• Secure early attachments are formed.</li> <li>• The child is confident in social situations.</li> </ul>	<ul style="list-style-type: none"> <li>• The child experiences parenting that shows a lack of emotional warmth and/or inconsistent.</li> <li>• The child is developing a negative sense of self and their abilities.</li> <li>• The child is at risk of becoming in negative behaviours such as Anti Social Behaviour or substance misuse.</li> <li>• The child has some difficulties with family/peer relationships including bullying.</li> <li>• The child presents with inappropriate responses and actions.</li> <li>• The child is not always able to understand how their actions impact on others.</li> <li>• The child experiences poor self-esteem lack of confidence, anxiety or is withdrawn.</li> <li>• Difficulties in expressing empathy, understanding impact of action on others or taking responsibility for actions.</li> </ul>	<ul style="list-style-type: none"> <li>• The child experiences a volatile and unstable home environment which is having a negative impact on them.</li> <li>• Family relationships or with other adults are a cause for concern.</li> <li>• The child has a negative sense of self and their abilities which impacts on their daily outcomes.</li> <li>• The child is becoming involved in negative behaviours/activities that increases the risk of them becoming involved in Anti Social Behaviour, crime, substance misuse, being groomed or exploited.</li> <li>• Child finds it difficult to cope with or express emotions.</li> <li>• Significant poor peer relationships/ difficult sustaining relationships/issues of attachment/isolation.</li> <li>• Appears regularly anxious or with low self-esteem, significantly impacting on all relationships.</li> <li>• There are concerns regarding behaviour development and the development of appropriate social skills.</li> </ul>	<ul style="list-style-type: none"> <li>• The child has experienced long term neglect of their emotional needs.</li> <li>• The child is at high risk of or already involved in a form of exploitation either as a victim or perpetrator.</li> <li>• The child has such a negative sense of self and abilities and there is evidence or likelihood this is causing harm.</li> <li>• The child frequently exhibits negative behaviour or engages in activities that place them or others at imminent risk.</li> <li>• The child is withdrawn/unwilling to engage.</li> <li>• Distorted self-image/the child's vulnerability resulting from their negative sense of self and low esteem has been exploited by others who are causing them harm.</li> <li>• Complex mental health issues requiring specialist interventions.</li> </ul>



PREVENTION Level 1	EARLY HELP Level 2	CHILDREN IN NEED Level 3	CHILD PROTECTION Level 4
EXTRA FAMILIAL HARM: GANGS/ORGANISED CRIME			
<ul style="list-style-type: none"> <li>• The child's activities are legal.</li> <li>• There is no history of criminal offences within the family.</li> <li>• The family members are not involved in gangs/organised crime.</li> </ul>	<ul style="list-style-type: none"> <li>• The child has from time to time been involved in challenging behaviour.</li> <li>• There is a history of criminal activity within the family.</li> <li>• There is suspicion, or some evidence that the family are involved in gangs/organised crime.</li> </ul>	<ul style="list-style-type: none"> <li>• The child is involved in challenging behaviour and may be at risk of gang involvement.</li> <li>• A criminal record relating to serious or violent crime is held by a family member which may impact on the children.</li> <li>• There is a known family involvement in gang/organised crime activity.</li> <li>• The child is starting to commit offences or coming to notice of the police on a regular basis/re-offend/victim of crime.</li> <li>• Evidence of disregard to risk.</li> <li>• Gang affiliation.</li> <li>• Any of the above has an adverse impact on siblings or other household members.</li> </ul>	<ul style="list-style-type: none"> <li>• The child is currently involved in persistent or serious criminal activity.</li> <li>• A criminal record relating to serious or violent crime is held by a family member which is impacting on the children.</li> <li>• There is a known involvement in gang/organised crime activity impacting significantly on the child and family.</li> <li>• The child is currently involved in persistent or serious criminal activity.</li> <li>• The child is found with large sums of cash, drugs, weapons.</li> <li>• The child or parents/carer is known to be part of a gang or post code derived collective.</li> <li>• Parents or carers are involved in criminal behaviour; child(ren) has no one to look after them.</li> <li>• Any of the above has an adverse impact on siblings or other household members.</li> <li>• There is evidence of involvement in County Lines.</li> </ul>



PREVENTION Level 1	EARLY HELP Level 2	CHILDREN IN NEED Level 3	CHILD PROTECTION Level 4
<b>EXTRA FAMILIAL HARM: CHILD SEXUAL EXPLOITATION</b>			
<ul style="list-style-type: none"> <li>No concerns of Child Sexual Exploitation.</li> <li>The child's positive sense of self and abilities reduces the risk that they will be targeted by peers or adults who wish to exploit them.</li> </ul>	<ul style="list-style-type: none"> <li>The child has a negative sense of self and abilities and suffers with low self-esteem which makes them vulnerable to peers and adults who pay them attention and/or show them affection but do so in order to exploit them.</li> <li>Can be overly friendly or withdrawn with strangers</li> </ul>	<ul style="list-style-type: none"> <li>The child's negative sense of self and low self-esteem has contributed to their involvement with peers and/or adults who are thought to be treating them badly and/or encouraging them to get involved in self-harm and/or criminal behaviour.</li> <li>The child regularly goes missing and family do not know where the child is.</li> </ul>	<ul style="list-style-type: none"> <li>The child's vulnerability resulting from their negative sense of self and low esteem has been exploited by others who are causing them harm.</li> <li>The child frequently goes missing and fails to account for their locations or discloses situations indicating risk of CSE.</li> <li>Child trafficked to UK for sexual exploitation.</li> <li>In a sexually exploitative relationship.</li> <li>Persistent and high-risk substance misuse/dangerous sexual activity and/or early teenage pregnancy/sexual exploitation/sexual abuse/self-harming</li> </ul>
<b>FEMALE GENITAL MUTILATION (FGM)</b>			
<ul style="list-style-type: none"> <li>There are no concerns that the child may be subject to FGM.</li> </ul>	<ul style="list-style-type: none"> <li>A female child's parents come from a community known to practice FGM.</li> <li>The family indicate there are strong levels of influence held by elders and/or elders are involved in raising female children.</li> <li>A female child from a practicing community is withdrawn from Personal Health Social and Economic (PHSE) education (or its equivalent).</li> <li>Increased emotional and psychological needs for example withdrawal or depression or significant change in behaviour.</li> <li>Female child missing from education for a period of time.</li> </ul>	<ul style="list-style-type: none"> <li>There is a concern that the family have a history of practising FGM.</li> <li>Female child is born to a woman who has undergone FGM.</li> <li>Female child has a sibling who has undergone FGM.</li> <li>A family believe FGM is integral to cultural or religious identity.</li> <li>A female child talks about a long holiday to her country of origin or another country where practice is prevalent.</li> <li>A female child or parent state that they or a relative will go out of the country for a prolonged period.</li> </ul>	<ul style="list-style-type: none"> <li>A female child or sibling confides that they will be having a 'special procedure' or attending a special occasion to 'become a woman'.</li> <li>A parent or family member expresses concern that FGM may be carried out or has been carried out.</li> <li>A female child requests help because she is aware or suspects she is at immediate risk of FGM.</li> <li>A family member discloses that a female child has had FGM.</li> </ul>

PREVENTION Level 1	EARLY HELP Level 2	CHILDREN IN NEED Level 3	CHILD PROTECTION Level 4
<b>FORCED MARRIAGE</b>			
<ul style="list-style-type: none"> <li>There are no concerns that the child may be subject to Forced Marriage.</li> </ul>	<ul style="list-style-type: none"> <li>There is a concern that the child may be subject to Forced Marriage.</li> </ul>	<ul style="list-style-type: none"> <li>An allegation of Forced Marriage or intended Forced Marriage is raised.</li> </ul>	<ul style="list-style-type: none"> <li>There is evidence that the child may be subject to Forced Marriage.</li> </ul>
<b>HONOUR BASED VIOLENCE (HBV)</b>			
<ul style="list-style-type: none"> <li>There are no concerns that the child may be subject to or exposed to HBV.</li> </ul>	<ul style="list-style-type: none"> <li>There is a concern that the child may be subject to or exposed to HBV.</li> </ul>	<ul style="list-style-type: none"> <li>An allegation of HBV is raised.</li> </ul>	<ul style="list-style-type: none"> <li>There is evidence that the child may be subject to or exposed/impacted by HBV.</li> </ul>
<b>HOUSING</b>			
<ul style="list-style-type: none"> <li>The family's accommodation is appropriate for their needs and has all basic amenities within.</li> <li>The neighbourhood is a safe and positive environment.</li> <li>The family is legally entitled to live in the country and have full rights to employment and public funds.</li> </ul>	<ul style="list-style-type: none"> <li>The family's accommodation is stable and appropriate for needs, however not kept clean and tidy and/or free of hazards.</li> <li>The family home would benefit from improvements to meet the needs of a child or parent/carer with a disability.</li> <li>The family home is overcrowded and does not meet the needs of the family.</li> <li>The child is affected by low level Anti Social Behaviour in the locality.</li> <li>The neighbourhood has groups of children and/or adults who engage in threatening or intimidating behaviour and the child feels threatened in the area.</li> <li>The parent/carer has low rent arrears/ accessing support for rent arrears.</li> <li>The family's legal entitlement to stay in the country restricts access to public funds and/or the right to work and this places the family under stress.</li> </ul>	<ul style="list-style-type: none"> <li>The family's home conditions are consistently poor and constitutes health and safety hazards including hoarding.</li> <li>The accommodation is not appropriate for a child or parent/carer with a disability.</li> <li>Risk of homelessness and eviction.</li> <li>The neighbourhood is having a negative impact on the child, for example, victim of crime, harassment, crime with risk of further victimisation.</li> <li>The family's legal status puts them at risk of involuntary removal from the country.</li> <li>The family have limited financial resources/No Recourse to Public Funds.</li> </ul>	<ul style="list-style-type: none"> <li>The family's home is not suitable for children to live in and presents an immediate risk.</li> <li>The neighbourhood is having a profoundly negative impact on the child who has been a repeated victim of Anti Social Behaviour, crime, high risk of exploitation.</li> <li>Family members are being detained and at risk of deportation or the child is an unaccompanied asylum seeker.</li> <li>There is evidence that a child has been exposed to or involved in criminal activity to generate income for the family.</li> <li>The child or family need immediate support and protection due to harassment/discrimination and have no access to community resources.</li> </ul>

<b>PREVENTION</b> <b>Level 1</b>	<b>EARLY HELP</b> <b>Level 2</b>	<b>CHILDREN IN NEED</b> <b>Level 3</b>	<b>CHILD PROTECTION</b> <b>Level 4</b>
	<ul style="list-style-type: none"> <li>• The child exhibits aggressive bullying or destructive behaviours which impacts on their peers, family and/or local community (support may be in place to manage this behaviour).</li> <li>• The child is affected by low level anti social behaviour in their locality.</li> <li>• Family is chronically socially excluded and/or there is an absence of supportive community networks.</li> </ul>		<ul style="list-style-type: none"> <li>• Challenging behaviour resulting in serious risk to the child and others, e.g. child exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community, impacting on their wellbeing and safety.</li> </ul>
<b>MISSING CHILDREN</b>			
<ul style="list-style-type: none"> <li>• The child does not run away or is absent from home/care/school.</li> <li>• The child's whereabouts are always known to their parents or carers.</li> </ul>	<ul style="list-style-type: none"> <li>• The child has run away from school, home/care on occasions or not returned at normal time.</li> <li>• There is concern about what happened to the child whilst they were away.</li> </ul>	<ul style="list-style-type: none"> <li>• The child is regularly missing from home/care/education.</li> <li>• The child is missing but whereabouts known and there is a concern about what happened to the child whilst missing,</li> <li>• The child is suspected of engaging in risk taking behaviour whilst missing.</li> </ul>	<ul style="list-style-type: none"> <li>• Th child is persistently missing from home/care/education.</li> <li>• The child frequently goes missing from home/care for long periods.</li> <li>• The child is engaging in risky behaviours whilst they are away.</li> <li>• There is concern the child might be being sexually exploited or being drawn into criminal behaviour.</li> </ul>

PREVENTION Level 1	EARLY HELP Level 2	CHILDREN IN NEED Level 3	CHILD PROTECTION Level 4
NEGLECT TACKLING (Child Neglect Strategy: 2022 - 2025)			
<ul style="list-style-type: none"> <li>The child is appropriately dressed, and health needs are met.</li> <li>The child is provided with an emotionally stable family environment.</li> <li>The child has injuries which are consistent with normal play and activities.</li> </ul>	<ul style="list-style-type: none"> <li>The child shows physical symptoms which could indicate neglect such as poor hygiene or dental care.</li> <li>The child or siblings sometimes attend school unkempt.</li> <li>The child has less common injuries which are consistent with the parent/carers explanation of accidental injury.</li> <li>On occasion the parent appears to prioritise their own needs before the child.</li> </ul>	<ul style="list-style-type: none"> <li>The child or siblings consistently attend school in dirty clothing, clothing that is inappropriate for the weather, unkempt or soiled.</li> <li>The parents/carers are reluctant or unable to address the concerns and put their own needs before the child.</li> <li>The child has injuries i.e. bruising, scalds, burns, scratches which are accounted for but are more frequent than would be expected.</li> <li>The child experiences a volatile and unstable family environment which is having a negative effect on the child.</li> <li>The child displays behaviour which is consistent with neglect.</li> </ul>	<ul style="list-style-type: none"> <li>The child shows severe physical signs of neglect such as prominent bones, thin/swollen stomach, poor hygiene or tooth decay, sores, rashes, which are attributable to the care provided by parents/carers.</li> <li>The child consistently wears dirty or inappropriate clothings and is suffering significant harm as a result e.g. physically unwell, being bullies, unable to fully participate in school.</li> <li>The child has injuries such as bruises, burns, scratches which are not accounted for.</li> <li>The child makes a disclosure and implicates parents/carers/extended family members.</li> <li>The child has suffered long term neglect of their emotional needs and now at high risk of, or is already involved in sexual or other forms of exploitation as either the perpetrator or victim.</li> <li>The parents/carer do not consider the child's needs.</li> </ul>

PREVENTION Level 1	EARLY HELP Level 2	CHILDREN IN NEED Level 3	CHILD PROTECTION Level 4
PHYSICAL ABUSE AND CHASTISEMENT			
<ul style="list-style-type: none"> <li>• Injuries caused by peers.</li> <li>• Injuries caused by an animal where concerns are apparent.</li> </ul>	<ul style="list-style-type: none"> <li>• Alleged physical chastisement.</li> <li>• Assault of a child by adult friend or extended family member.</li> <li>• Incidents of reasonable chastisement.</li> </ul>	<ul style="list-style-type: none"> <li>• Death of a child where cause is natural or accidental.</li> <li>• Injury or assault thought to be caused by an adult working with children – refer to LADO and Assessment team.</li> <li>• Bruising or marks to a non mobile (due to age or disability) child.</li> <li>• Injuries caused by parental restraint.</li> </ul>	<ul style="list-style-type: none"> <li>• Sudden unexpected death where non accidental or neglectful cause is suspected.</li> <li>• Professional concerns that a parent has deliberately over medicated their child.</li> <li>• Allegation of fabricated or induced illness.</li> <li>• Child has suspicious injury which does not fit the explanation given.</li> <li>• Non-accidental injuries.</li> <li>• The child has injuries for example, bruising, scalds, burns, scratches and the child implicates parents or another adult family member.</li> <li>• Disclosure of use of an implement.</li> </ul>
PRIVATE FOSTERING			
<ul style="list-style-type: none"> <li>• The child is not privately fostered.</li> <li>• The child is privately fostered by adults who can provide for their needs and the Local Authority</li> </ul>	<ul style="list-style-type: none"> <li>• There is some concern about the private fostering arrangements in place for the child.</li> <li>• The Local Authority has not been notified of the Private Fostering arrangement.</li> </ul>	<ul style="list-style-type: none"> <li>• There is some concern about the private fostering arrangements in place for the child, and that there may be issues around the carers treatment of the child.</li> <li>• The Local Authority has not been notified of the private fostering arrangement.</li> </ul>	<ul style="list-style-type: none"> <li>• There is a concern that the child is a victim of CSE, domestic slavery or being physically abused in their private foster placement.</li> </ul>

PREVENTION Level 1	EARLY HELP Level 2	CHILDREN IN NEED Level 3	CHILD PROTECTION Level 4
RADICALISATION			
<ul style="list-style-type: none"> <li>• The child and family have no links to proscribed terrorist organisations.</li> <li>• The child and family are open and accepting of differences.</li> <li>• The child accesses social media in an age appropriate manner.</li> </ul>	<ul style="list-style-type: none"> <li>• The child expresses sympathy for ideologies closely linked to violent extremism but is open to other views or loses interest quickly.</li> <li>• The child is at risk of becoming involved in negative internet use (may have disclosed to peers that they intend to research harmful ideologies although haven't done so yet).</li> <li>• The child is expressing verbal support for extreme views some of which may be in contradiction to British law (racist, sexist, homophobic or other prejudiced views).</li> <li>• The child and/or their parents/carers have indirect links to proscribed organisations, for example, have attended religious or social activities which are or have been attended by members of proscribed organisations.</li> <li>• The child expressed intolerant and prejudice views linked to extreme violent ideology.</li> <li>• The child is at risk of accessing extremist websites.</li> <li>• The child and/or their parents express strong support for an extremist organisation or movement but are not expressing being actively involved.</li> <li>• The child is expressing sympathy for inappropriate ideologies.</li> <li>• The child has expressed racist, sexist, homophobic or other prejudiced views and violent extremism.</li> </ul>	<ul style="list-style-type: none"> <li>• Family members, family or friends of the child have strong links with proscribed organisations.</li> <li>• The child/family are aggressive and intimidating towards others who do not share their political or religious views.</li> <li>• Child is open to extremist grooming through the internet or links with extremist individuals/groups.</li> <li>• The child expresses intolerant views towards peers leading to them being socially isolated.</li> <li>• The child is engaged in negative and harmful behaviours associated with internet and social media use.</li> <li>• The child often interacts negatively or has limited interaction with those they perceive as holding different views from them.</li> <li>• A child is receiving violent extremist imagery by family members/friends or being helped to access it.</li> <li>• The child and/or their parents/carers express strong support for extremist views.</li> </ul>	<ul style="list-style-type: none"> <li>• The child or close family members are members of a proscribed organisations.</li> <li>• There are confirmed or strong suspicions the child is linked to or involved with others who are known to have extreme views and have links to violent extremism.</li> <li>• The child expresses strongly held beliefs that people should be killed because they have a different view.</li> <li>• The child/parent/close family member is initiating verbal and/or physical conflict with people who do not share their religious or political views.</li> <li>• There are significant concerns that the child is being groomed for involvement in extremist activities.</li> <li>• The child is concealing their internet and social media activities and either makes clear their support for extremist views or declines to discuss their views.</li> <li>• A child or close family member is circulating extremist images and promoting the actions of violent extremists and/or expressing they will carry out violence in support of extremist views.</li> <li>• Parents/carers either do not challenge this behaviour or endorse it.</li> <li>• The child or family members are making plans to travel to a place in conflict with evidence to suggest they are doing so to support or participate in extremist activities.</li> </ul>

PREVENTION Level 1	EARLY HELP Level 2	CHILDREN IN NEED Level 3	CHILD PROTECTION Level 4
<b>SELF-CARE &amp; INDEPENDENCE</b>			
<ul style="list-style-type: none"> <li>Growing level of competencies in practical and emotional skills (e.g. feeding, dressing, developing age-appropriate independent living skills).</li> </ul>	<ul style="list-style-type: none"> <li>Lack of age appropriate independent living skills that increase vulnerability to social exclusion.</li> <li>The child's competencies in practical independent living skills are at times delayed.</li> </ul>	<ul style="list-style-type: none"> <li>Lack of age-appropriate independent living skills, likely to impair development or lead to alienation from peers.</li> </ul>	<ul style="list-style-type: none"> <li>Severe lack of age appropriate behaviour and independent living skills likely to result in significant harm e.g. bullying, isolation.</li> <li>Lack of age appropriate independent living skills, which may likely impair the development or lead to alienation from their peers.</li> <li>The parent/carer neglects their child physically and/or emotionally, for example providing dirty or inappropriate clothing and this causes the child severe distress and/or prevents them from meeting their developmental milestones.</li> </ul>
<b>SELF HARM</b>			
<ul style="list-style-type: none"> <li>The child has shown no indication to experiment with self-harm.</li> </ul>	<ul style="list-style-type: none"> <li>The child or young person has experimented with self-harm and has no intention to self-harm again.</li> <li>The child is accessing social media sites related to self-harm.</li> </ul>	<ul style="list-style-type: none"> <li>The child or young person continues to self-harm and there are underlying issues causing distress.</li> <li>The child is influenced through accessing self-harm sites on social media sites.</li> </ul>	<ul style="list-style-type: none"> <li>The child or young person needs immediate protection to avoid serious harm (e.g. self-harm is increasing, persistent suicidal thoughts, plans or means to suicide, suspected abuse or neglect).</li> </ul>



PREVENTION Level 1	EARLY HELP Level 2	CHILDREN IN NEED Level 3	CHILD PROTECTION Level 4
<b>SEXUAL ABUSE</b>			
<ul style="list-style-type: none"> <li>• There is no evidence of sexual abuse.</li> <li>• Sexual activity is appropriate for age.</li> </ul>	<ul style="list-style-type: none"> <li>• There is a history of sexual abuse within the family or network but the parents respond appropriately to the need to protect the child.</li> <li>• There are concerns relating to inappropriate sexual behaviour in the wider family.</li> <li>• Expressing wish to become pregnant at young age.</li> <li>• Early onset of sexual activity (13-14)</li> <li>• Sexually active (15+) with inconsistent use of contraception.</li> </ul>	<ul style="list-style-type: none"> <li>• The family home has in the past been used for drug taking/dealing, prostitution or other illegal activities.</li> <li>• Unsafe sexual activity e.g. age inappropriate relationships, no contraception.</li> </ul>	<ul style="list-style-type: none"> <li>• There are concerns around possible inappropriate sexual behaviour from the parent/carer.</li> <li>• The parent/carer/family member/visitor to the home abuses the child.</li> <li>• There is a risk the parent/carer may sexually abuse the child and he/she does not accept therapeutic interventions.</li> <li>• The family home is used for drug taking and/or dealing, prostitution and illegal activities.</li> <li>• The child is being sexually abused/exploited.</li> <li>• An offender who has a risk to children status is in contact with the family.</li> <li>• Teenage parent under 16.</li> <li>• Under-13 engaged in sexual activity.</li> </ul>
<b>SUBSTANCE/ALCOHOL MISUSE</b>			
<ul style="list-style-type: none"> <li>• The child has no history of substance misuse or dependency.</li> <li>• There is no evidence of parents, siblings or other household members misusing substances or alcohol.</li> <li>• Parental substance and alcohol use does not impact on parenting.</li> </ul>	<ul style="list-style-type: none"> <li>• The child is known to be using substances and/or alcohol.</li> <li>• Substance and/or alcohol use is impacting on parenting, but appropriate steps are being made to ensure the child's safety.</li> <li>• The child is meeting developmental milestones but there are concerns this may not continue if parental substance/alcohol use continues or increases.</li> </ul>	<ul style="list-style-type: none"> <li>• Drug/alcohol use has escalated.</li> <li>• The frequency of the child's drug/alcohol misuse is affecting their mental or physical health and social wellbeing.</li> <li>• Parental drug/alcohol use of paraphernalia in the home prevents the child from inviting friends to the home or the child is too worried about their parent/carer.</li> </ul>	<ul style="list-style-type: none"> <li>• The child's dependency on substances is putting them at risk and intensive specialist support is required.</li> <li>• Parental substance/alcohol use is at a level meaning they cannot meet the child's care needs.</li> <li>• The substance misuse of siblings or other household members is significantly adversely impacting the child.</li> <li>• Young people experiencing current harm through their use of substances.</li> </ul>



PREVENTION Level 1	EARLY HELP Level 2	CHILDREN IN NEED Level 3	CHILD PROTECTION Level 4
	<ul style="list-style-type: none"> <li>The substance/alcohol misuse of siblings or other household members occasionally impacts on the child.</li> </ul>	<ul style="list-style-type: none"> <li>Siblings or other household members drug/alcohol misuse is increasingly impacting on the child.</li> </ul>	<ul style="list-style-type: none"> <li>Young people with complicated substance problems requiring specific interventions and/or child protection.</li> <li>Young people with complex needs whose issues are exacerbated by substance abuse.</li> </ul>
TRAFFICKING			
<ul style="list-style-type: none"> <li>The child/family are legally entitled to live in the country and have rights to education and public funds.</li> </ul>	<ul style="list-style-type: none"> <li>The child/family's legal entitlement to stay in the country is temporary and/or restricts access to public funds placing the family under stress.</li> </ul>	<ul style="list-style-type: none"> <li>The child/family's legal status puts them at risk of involuntary removal from the country e.g. asylum-seeking families or illegal migrants/workers who may have been trafficked.</li> <li>The immigration status means the family have limited resources or no recourse to public funds which increases the family's vulnerability.</li> </ul>	<ul style="list-style-type: none"> <li>Family members are being detained and are at risk of deportation or the child is an unaccompanied asylum seeker.</li> <li>There is evidence that a child has been trafficked, exposed to or involved in criminal activity to support themselves or their family.</li> </ul>
YOUNG CARER			
<ul style="list-style-type: none"> <li>Child does not have any caring responsibilities.</li> </ul>	<ul style="list-style-type: none"> <li>The child occasionally has caring responsibilities for members of their family and this impacts on their opportunities.</li> <li>The family are accessing support through Enfield Young Carers or another organisation.</li> </ul>	<ul style="list-style-type: none"> <li>The child's outcomes are being adversely impacted by their caring responsibilities.</li> <li>The family refuse to access support services.</li> </ul>	<ul style="list-style-type: none"> <li>The child's outcomes are being adversely impacted by their unsupported caring responsibilities which have occurred over a lengthy period and are unlikely to end soon.</li> </ul>

# APPENDIX 3

## USEFUL WEBSITE LINKS AND GUIDANCE

[Central Government's Information Sharing Advice for Practitioners](#)

[Safeguarding Enfield](#)

[London Child Protection Procedures](#)

[Keeping Children Safe In Education \(2022\)](#)

[SEND Code of Practice](#)

[Working Together to Safeguard Children 2018](#)

[NSPCC](#)

[Barnardos](#)

[London Borough of Enfield](#)



**Website**

[www.safeguardingenfield.org](http://www.safeguardingenfield.org)

**Facebook**

Safeguarding Enfield

**Telephone**

020 8379 2270 or 020 8379 2578

**Twitter**

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