

**Newcastle
Children's
Social Care**

Child Centred

Working Together

Family Solutions

Safely at Home

Balanced Response

Challenge and Support



RISK OUTSIDE THE HOME – Newcastle Child Wellbeing Framework

Ever increasingly agencies and partnerships are having to respond to needs and risks that originate from problems and issues outside the home. Whilst many of the children concerned face risk of significant harm, our established Child Protection Procedures do not always prove effective and secure the necessary safety within the child's timeframe. Too often multi-agency working arrangements struggle to find an effective and proportionate response to risks created outside the home, where parents were not the subject of the concern.

We must be ready to recognise these different needs and risks and the context in which they occur and be equipped to respond in a way that brings help support and change. In doing so we cannot rely on the approaches we have established over decades of helping families deal with their internal challenges. We need to develop responses that address risk outside the home. In these cases, our focus needs to be on the extra-familial causes of the risk, whilst remaining child and family centred.

When families do require support, any intervention provided is guided by our working principles. These are centred on relational and restorative practice. Central to this is the notion that we only intervene in family life when it is

necessary. That may be through securing consent to provide early help and support or through statutory interventions when children are believed to be at risk of harm. In all cases we strive to provide the right support at the right time, and work with families to find their own solutions so that additional supports can be withdrawn when it is safe and appropriate to do so. We believe that most families; when offered the right support, at the right time, can build upon their strengths and resources to successfully resolve their difficulties.

This framework is designed to equip professionals working across the safeguarding partnership to know how to respond when they have a concern about a child in Newcastle, where the primary presenting concerns are based on issues, needs or risks outside the home. It has been developed in line with the statutory guidance Working Together to Safeguard Children (2023), which is clear about the responsibility of **all** agencies to safeguard and promote the welfare of the children. The guidance defines the shared multi-agency responsibility for:

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

In Newcastle, our partnerships and agencies recognise the importance of working with and supporting the whole family where possible. Children and young people do not exist in isolation, and it is important to promote whole family wellbeing. Our Partnership and agencies aim will respond to arising needs by working with the family network, acknowledging that children are best supported by their familial and community networks. Community resources are more targeted services invaluable to offering this wrap around support.

We are used to working with the concept of thresholds, which provide advice and aid decision making when we need to decide how to respond. Our model for ROTH is similar, the aim being to consider how and when we might respond and in what way. This guide aims to promote good practice. It is recognised that without the necessary tools and resources practice alone may not be sufficient to create safety for some children.

Definition:

Our Risk Outside the Home (ROTH) model seeks to identify and address risk to children / young people that:

- Is present within the context of the places relevant to the child
- Arises from their network – whether through voluntary associations or relationships shaped by means of grooming and threat. The network might involve children younger than themselves, peers and /or adults of concern.

Risk and associated harm can occur in a wide range of settings such as an educational establishment, in the community, both locally and across geographical and cultural boundaries, and across social media. It concerns any situation whereby the child interacts with others outside of their family. Our work may need to focus on an individual child or groups of children.

Many of these risks have been identified nationally and have been the subject of several learning reviews. This includes:

- Organised Criminal exploitation
- Organised Sexual exploitation
- Trafficking
- County Lines
- Home takeover

- Peer on Peer abuse
- Serious Youth Violence
- Gang culture

Relevant risk factors include:

- A child or young person who is not engaging in education or at risk of exclusion.
- Children with learning or additional needs
- Children in care
- Children living with abuse or neglect
- Children who go missing repeatedly from a home of safety
- exploitation by criminal gangs or other organised crime groups both locally and across county lines
- Children involved in antisocial behaviour

Research has shown that risk is greatest for children approaching and during their adolescent years, because at this age social networks widen as they transition from the relative safety of the family to the growing influences of the outside world. But there is no single definition of a child at risk, and what we do know is that those who wish to exploit children change their 'target group' as parents, agencies and communities respond and seek to safeguard those affected. This means our approach must evolve and respond to individual circumstances and changing threats.

What is this framework for?

These procedures have been developed to coordinate a multi-agency approach to safeguarding children at risk from factors outside their homes. They establish indicators of concern that help parents and those working with children and families identify potential signs that some intervention may be required. They set out expected responses and approaches and explain how this may be escalated should need or risk increase. They apply to children/young people at risk of harm outside the home. They should be cross referenced with our current Early Help, Child in Need and Child Protection procedures in Newcastle, located on the following links:

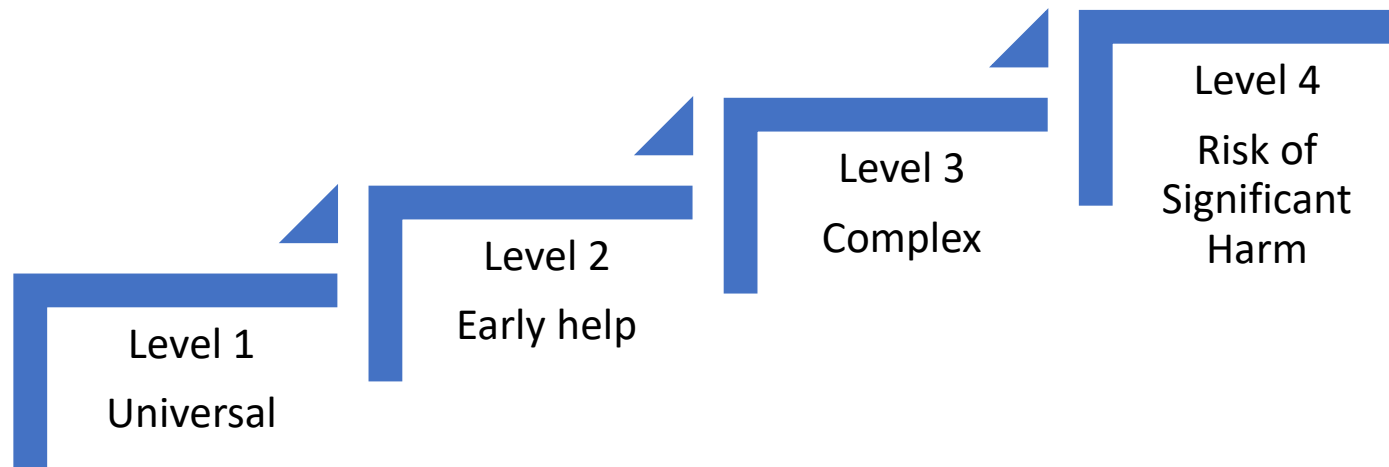
[Escalation Protocol – Resolving Professional Differences – Newcastle Safeguarding](#)

[Newcastle Children's Services Procedures Manual](#)

[Homepage – Newcastle Safeguarding](#)

[Welcome to the North and South of Tyne Safeguarding...](#)

This framework has been developed to draw on all of our knowledge and experiences to help to support our children and young people to be safe within their communities, and to help create the sharing of information between our communities to identify environments and children/young people who could be at risk or are already being exposed to risk of harm outside of the home.



Our Practice Principles for Responding to Child Exploitation and Extra-familial Harm.

- 1. Putting children and young people first**
 - Prioritize their safety and wellbeing.
 - Consider their diverse needs, including trauma and adverse childhood experiences.
- 2. Recognizing and challenging inequalities, exclusion, and discrimination**
 - Address discrimination in all forms.
 - Create an inclusive culture for professionals and those they support.
- 3. Respecting the voice, experience, and expertise of children and young people**
 - Involve them in decision-making.
 - Ensure their voices are heard at all levels of safeguarding systems.
- 4. Being strengths-based and relationship-based**

- Focus on the strengths and relationships of children and young people.
- Build trusting relationships to better engage them.
- 5. **Recognizing and responding to trauma**
 - Understand the impact of trauma on children and young people.
 - Provide trauma-informed support.
- 6. **Being curious, evidence-informed, and knowledgeable**
 - Use evidence-based practices.
 - Continuously seek knowledge and understanding.
- 7. **Approaching parents and carers as partners, wherever possible**
 - Work collaboratively with parents and carers.
 - Recognize their role in supporting children and young people.
- 8. **Creating safer spaces and places for children and young people**
 - Ensure environments are safe and supportive.

Language

If we are to be successful in working with families, then we must ensure we get our language right. The **Child Exploitation Appropriate Language Guide 2022** provides guidance for professionals on the appropriate use of language when discussing children and their experiences of exploitation. The document aims to influence both direct practice and wider organizational culture across safeguarding partnerships. The key points are summarised below.

Key points from the guide include:

1. **Importance of Appropriate Language:** It is crucial to use appropriate terminology when discussing children who have been exploited or are at risk of exploitation. Language implying that the child is responsible for the abuse must be avoided to ensure proper safeguarding.
2. **Impact of Language:** Victim-blaming language can reinforce shame and guilt, create barriers between professionals and young people, and contribute to compassion fatigue among staff. It is important to consider how language used in written information can alter the perspective and practice of professionals.
3. **Adultification:** This occurs when children are perceived as more adult-like, leading to assumptions about their agency and autonomy. Adultification disproportionately affects black boys and stems from bias and prejudice, leading to significant safeguarding failures¹.
4. **Modern Slavery:** The term "modern slavery" is used to describe organized criminal activity, but it is important to consider its historical connotations and how it might impact young people. Professionals should explore the term with young people and advocate for language changes where necessary.
5. **Language of Concern and Suggested Alternatives:** The guide provides a list of inappropriate terms and suggested alternatives to ensure language used does not imply consent or responsibility on the part of the child. For example, instead of saying "putting themselves at risk," professionals should consider phrases like "the child may have been groomed" or "there are concerns that the child may be being exploited"¹.
6. **Reframing Terms:** The guide suggests reframing terms like "money mules" to "child financial exploitation" to avoid dehumanizing language and focus on the exploitation and abuse experienced by the child.
7. **Engagement with Services:** Professionals should recognize the factors creating difficulty for young people to engage with services and navigate the suspicion and fear they may feel. It is important to build trust and provide support that meets the needs of the young person¹.

Overall, the guide emphasizes the importance of using language that accurately reflects the experiences of exploited children and avoids implying responsibility or consent on their part.

Our Approach... *It starts with a conversation.*

Relational practice is the corner stone of our approach. We need to work with families in identifying risks and in creating plans for safety and wellbeing. We must work with the family to identify their network, that they can rely on. Using the family's strengths along with additional supports. The option of holding a family network meeting must be pursued and where possible a Family Group Conference should be held (via the normal referral mechanism).

But we must begin by forming a relationship, holding open and honest conversation – every parent/carer has the right to information about them and their children.

In all cases, we want to work with parents and families as safeguarding partners. In ROTH cases in particular, 'parenting' may have no bearing on the cause of the risk or concern. Whilst we would never want to blame parents, research has shown that in ROTH cases our ability to identify the risk as being 'outside the home' is key to forging the crucial working relationship. It also helps us focus our attention on the actual risks and what it is we need to change.

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

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

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

Newcastle CSC have set up a specialist multi-agency service made up of a range of professionals from the statutory and voluntary sectors to provide advice, guidance and direct case support & oversight across all levels of intervention. This includes a monthly M/A panel overseen by the ROTH team manager to help develop diversion and disruption plans for children at risk of exploitation.

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

Step 1: The child's level of need (ROTH)

To determine the most appropriate level of support for a child at any given time, it is essential to match the presenting need with the identified level within the Continuum of Need. For further guidance on indicators of need please consult the detailed indicators (page 23 below).

Continuum of need	Definition	Partnership Response
Level 1 Universal	In general, the child is doing well. Attending school with no identified additional needs. May be early signs of low-level behaviour, typically managed on a single agency basis.	<p>In school:</p> <ul style="list-style-type: none"> • Children are taught about personal safety, the impact of anti-social behaviour and the dangers of extra-familial risk associated with gangs, exploitation, and serious youth violence. • Each child is known and understood. They can speak out, to share their views and concerns. • Police / VRU programmes in school PoEd resources/ Prevention through education Team delivery. <p>CSC:</p> <ul style="list-style-type: none"> • Specialist ROTH service providing training / advice to Schools & other community partners <p>Other universal settings:</p> <ul style="list-style-type: none"> • Offer positive activities help ensure children are diverted from people /

		<p>contexts that might draw them into potentially harmful scenarios.</p> <ul style="list-style-type: none"> • Work with parents so they feel confident about addressing these issues with their children. <p>Community:</p> <ul style="list-style-type: none"> • Safe spaces • Engagement – local businesses / community bodies • Shared sense of responsibility – everyone understands the issues and their roles...
Level 2 – Early Help	<p>These children may have some additional needs that mean they are vulnerable to achieving poor outcomes. This might be associated with increasing signs of behavioural difficulties that could lead to short term exclusion from school, disengagement from positive activities and links to other children known to engage in ASB. This MAY mean the child is at increased</p>	<p>In School:</p> <ul style="list-style-type: none"> • Targeted provision in school, especially around SALT / Communication • Deliberate provision of positive opportunities • Early engagement of parents in work to divert child from negative behaviour /manage behaviours (to reduce risk of relationship stress).

	<p>risk of being groomed by people wishing to exploit children. These children may benefit from multi-agency support. Consideration should be given to completing the ROTH risk assessment and taking this to ROTH panel for MA discussion & signposting.</p>	<ul style="list-style-type: none"> • Opportunities to talk / speak out. • Police / VRU school programmes/VRU student champion/In school Side step group work • Online safety. <p>CSC:</p> <ul style="list-style-type: none"> • Specialist ROTH service to provide advice & guidance at MA level via TAS/ TAF meetings etc <p>Health:</p> <ul style="list-style-type: none"> • Provision of advice and guidance around behaviour management • Consideration of CYPS <p>Other universal Settings:</p> <ul style="list-style-type: none"> • Providing educational support (outside school / in response to exclusion) • Positive activities <p>Community:</p> <ul style="list-style-type: none"> • Referral to community-based/voluntary groups • Active engagement with local businesses / services
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		<ul style="list-style-type: none"> • Creation of safe spaces <p>Local Authority:</p> <ul style="list-style-type: none"> • IFS / Family Partner <p>Multi-agency</p> <ul style="list-style-type: none"> • Completion of risk assessment • Co-ordinated multi-agency plan • Oversight from ROTH panel & risk assessment to develop diversion plan
Level 3 - Complex	Children with more complex needs / disabilities / learning needs / communication. Children who are more vulnerable and for whom some specialist support is needed to prevent them from experiencing harm. These children may be at increased risk of exploitation within their communities and given their needs they may be perceived to be more vulnerable to this risk. Consideration should be given to completing the ROTH risk assessment if this has not been completed already and taking this case for discussion to ROTH panel.	<p>School:</p> <ul style="list-style-type: none"> • Targeted provision in school, especially around SALT / Communication • Deliberate provision of positive opportunities • Early engagement of parents in work to divert child from negative behaviour /manage behaviours (to reduce risk of relationship stress). • Opportunities to talk / speak out. • Police / VRU school programmes. • Online safety.

		<ul style="list-style-type: none"> • Avoiding suspension / exclusion Alternatives to suspension and exclusions/ LIP Panel/ Advice Support Allocation Panel <p>Police:</p> <ul style="list-style-type: none"> • Mapping / sharing intelligence • Informed response to ASB <p>CSC:</p> <ul style="list-style-type: none"> • Assessment & CIN plan – focussed on managing potential needs and risks arising from outside the home. • Giving case-specific advice & guidance from specialist ROTH service to develop diversion/disruption plan <p>Community Based:</p> <ul style="list-style-type: none"> • Referral to Sidestep / SCARPA / Waythrough • Positive activities – diversion <p>Multi-agency:</p> <ul style="list-style-type: none"> • Mapping – understanding where the child goes / who they associate with and any related risks /
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		<ul style="list-style-type: none"> • ROTH panel oversight & risk assessment to develop a disruption plan
Level 4 – at risk of significant harm	<p>Children who are at risk of significant harm. This response will be necessary for only a minority of children in the city. These are children who can be safeguarded at home / in their communities via higher levels of intervention. Cold cases will be allocated to ROTH workers and existing cases will be co-worked.</p>	<p>Multi-agency:</p> <ul style="list-style-type: none"> • ROTH risk assessment and disruption plan via CP plan • CP/CiC Plan must be clear – what is it we are trying to change? • Application of contextual safeguarding principles and approaches to CIN / CIC plans • Sharing of intelligence. • Shared approach to community engagement / planning / creating safe spaces. • Identification of key local hotspots with partners • Consider referral to Partnership response to Exploitation and Missing meeting (PREM) • Shared responsibility for mapping / sharing intelligence and planning / intervening • Support for rehousing / move out of locality or even the city / region

		<p>CSC:</p> <ul style="list-style-type: none"> • Lead professional. • ROTH service oversight from panel and risk assessment to inform disruption • Consideration of DOLS application • Consideration of need to bring child into LA care / including a placement outside Newcastle. • Consideration of Secure accommodation. <p>Police:</p> <ul style="list-style-type: none"> • Active monitoring and Disruption tactics deployed • Focus on adult offenders as part of disruption • Diversion for child • Contribution to CP/CiC plan <p>School:</p> <ul style="list-style-type: none"> • Targeted provision in school, especially around SALT / Communication • Deliberate provision of positive opportunities
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		<ul style="list-style-type: none"> • Early engagement of parents in work to divert child from negative behaviour /manage behaviours (to reduce risk of relationship stress). • Opportunities to talk / speak out. • Police / VRU school programmes. • Online safety. • Avoiding / suspension / exclusion <p>Community based:</p> <ul style="list-style-type: none"> • Involvement from Sidestep / SCARPA / Waythrough • Community engagement with relevant bodies / groups
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If there is ever an immediate need to protect a child or young person, you must seek an emergency response from the police via 999. If not an emergency, please see below.

Where appropriate, make a request for a service on behalf of the family as per below

Level 2 – Early Help Support

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

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

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

Levels 3 and 4 – Safeguarding Concerns

Where you feel a safeguarding response may be required (Level 3 & 4 on the Continuum of Need), you must make a referral to the Multi-Agency Safeguarding Hub (MASH).

Multi-Agency Safeguarding Hub (MASH)

The agencies in Newcastle that work with children and families recognise the need for effective multi-agency working and information sharing to ensure best outcomes for the children and families we work with. Within

Newcastle the partner agencies that make up the MASH include Health Services, Education, Police, Early Help and Children's Social Care. When contact is made with the MASH, these agencies will work together to share relevant information and make multi-agency decisions to help ensure that the right support to a child and family is offered at the right time. See below for information on referring to the MASH.

Requests for Support

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

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

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

Where you are unsure about the presenting level of need, you can call the MASH for advice and guidance, on 0191 2772500 Monday-Friday, 9am – 5pm, prior to making a referral.

Information Sharing and Confidentiality

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

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

Note: *The Data Protection Act 2018 and GDPR do not prevent, or limit, the sharing of information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children. London Child Protection Procedures 1.5.8*

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

Professional Differences

There may be times when there is a difference of opinion amongst the professionals involved in providing support, assessment and intervention to children and families. Professionals should remain curious and maintain open lines of communication, exploring differences of opinion as they arise, always considering the voice of the child, the impact and likely outcome of any potential situation for the child or young person. Professionals are encouraged to

discuss these concerns with each other. Usually disagreements can be resolved through open dialogue, curiosity and respect for different beliefs, values and opinions, maintaining a clear view of what is needed for the child or young person. However, if any disagreement is not able to be resolved, staff are referred to Newcastle Children's Safeguarding Partnership's Escalation Policy.

Continuum of Need indicators

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

Level 1 – Universal

Level 2 – Early Help

Level 3 – Complex – section 17

Level 4 – Risk of harm – section 47

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

Level 1 - Universal

Health	Emotional Health, Wellbeing & Behaviour	Education	Social & Neighbourhood	Family & Environment	Parent/parenting
<p>Individual / Familial</p> <ul style="list-style-type: none"> -Child/young person is healthy and well – no physical or mental health conditions or disabilities -Has access to and makes use of appropriate health and health advice services as necessary -Meeting key developmental stages and milestones -Can manage own treatment for any condition e.g. asthma, and take part in everyday life -Child/young person's physical and dietary needs are adequately provided for -Child/young person shows no physical 	<p>Individual / Familial</p> <ul style="list-style-type: none"> -Good mental health and psychological wellbeing -Child/young person engages in age-appropriate activities and displays age-appropriate behaviours and understanding -Child/young person has a positive sense of self and abilities, can communicate respectfully with others - Good quality attachments and familial relationships - Low self-esteem is managed through community support - Child/young person demonstrates age- 	<p>Individual / Familial</p> <ul style="list-style-type: none"> -Child/young person attending education or training -Achieving key stages - No barriers to learning -Family engages appropriately with education provision - Low level concerns – lateness can be managed by the school <p>Extra-familial</p> <ul style="list-style-type: none"> -Protective school context -Clear safeguarding & referral policies in education establishment -Child/young person knows who to talk to at school if experiencing concerns 	<p>Individual / Familial</p> <ul style="list-style-type: none"> -Knowledgeable about the effects of crime & anti-social behaviour -Age-appropriate knowledge about sex & relationships -Age-appropriate independent living skills -Child/young person is exposed to a range of ideas and opportunities to give them choices about their lives -Child/Young person feels safe - Family context is supportive of social development <p>Extra Familial</p> <ul style="list-style-type: none"> -Development is stimulated through play and/or appropriate peer group interaction 	<p>Individual / Familial</p> <ul style="list-style-type: none"> -Family has income which is sufficient to meet basic family needs; maximising income and resources - Family and child/young person have access to community resources - Good family relationships where child/young person has a sense of belonging - Child/young person does not run away from home and their whereabouts are known to their carers -Family members are physically well and 	<p>Individual / Familial</p> <p>The parent/carers accesses ante- and/or postnatal care and is coping well emotionally</p> <ul style="list-style-type: none"> -Child/young person's emotional, social and physical needs are provided for in an age-appropriate way and are appropriately dressed - Consistent parenting providing appropriate guidance and boundaries and provides for appropriate material needs - Child/young person experiences care free from abuse or neglect or exposure to harm -Parent/carers positively support learning and aspirations, engaging with education

<p>symptoms which could be attributed to neglect</p> <p>Extra-familial</p> <ul style="list-style-type: none"> -Sexual activity is age appropriate, consensual, safe and in line with their mental capacity to make safe decisions -Child/young person has no history of substance misuse or dependency -Any injuries, e.g. bruising on shins, is consistent and attributed to normal children's play and activities 	<p>appropriate self-control</p> <p>Extra-Familial</p> <ul style="list-style-type: none"> - Good quality relationships with peers, professionals & community -Child/young person has supportive peer group relationships/friendships & access to regular physical activities -Child/young person has safe, healthy and age-appropriate digital activity 		<ul style="list-style-type: none"> -Child/young person has socially acceptable consensual relationships -Child/young person is aware of safe online behaviours and knows who to contact if they experience digital harm -The activities the child/young person engages with are legal 	<p>mentally stable; child/young person does not have caring responsibilities</p> <ul style="list-style-type: none"> -Family has positive relationships with the wider community, including extended family, friends, neighbours and services -Bereavement or loss can be managed within the family - An expectant mother is not in an identified high-risk group - No incidents of known domestic violence within the family -Home environment is free from drugs or alcohol misuse -Home environment is appropriately maintained and free from hazards or dangers - Child/young person is legally 	<ul style="list-style-type: none"> - Parents/carers do not use drugs or alcohol, or parental drug and alcohol use does not impact on parenting -Physical or mental health of the parent/carer does not affect the care of the child -Parent/carer learning disabilities do not affect the care of the child/young person -No concerns regarding physical, sexual, emotional abuse or neglect <p>Extra-familial</p> <ul style="list-style-type: none"> -Parents/carers aware of extra-familial risks in the community and are confident to raise concerns at an early stage -Parents/carers know who to contact to ensure appropriate supervision - Parents/carers appreciate the limited choice available within their circumstance's places on a child/young person and engage in protective support
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				<p>entitled to live in the country with full rights to education and public funds</p> <ul style="list-style-type: none"> -Family have no links to terrorist groups or organisations banned by UK law - There are no familial concerns around disabilities or physical or mental health concerns impacting the child -Family members are not involved in gangs <p>Extra-familial</p> <ul style="list-style-type: none"> -Family feels accepted by the community which supports positive home/family life -Family have access to good, age-appropriate facilities which support positive home/family life 	rather than blaming them
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				<p>-Family members feel safe in the local community</p> <p>-The child is not privately fostered OR the child is privately fostered by adults who are able to provide for his/her needs and there are no safeguarding concerns. The local authority has been notified as per the requirements of 'The Children (Private Arrangements for Fostering) Regulations 2005'.</p>	
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Level 2 – Early Help

Health	Emotional Health, Wellbeing & Behaviour	Education	Social & Neighbourhood	Family & Environment	Parent/parenting

Individual / Familial: -Long-term conditions or serious illnesses Mild level of disability requiring additional support to be maintained in a universal setting with or without an Educational Health Care Plan -Poor nutrition status impacting the child/young person's health -Non developmental delay -Non-immunised or rarely accessing health or health advice services -Child/young person has notably dropped in their placement and long 'settle' rate after being written without adequate explanation -Child/young person is notably delayed in speech/receptive/expressive communication or occasionally missing	Individual / Familial: -Low self-esteem, negative sense of self and abilities, withdrawal, anxious, stressed for a lot of time -Challenging behaviour that parents find difficult to manage -Non-life-threatening self-harm -Bullying or being bullied -Anxiety, low level depression or other difficult feelings -Child/young person appears to participate actively in vocalises harm to themselves or others and which suggests they have a limited range of behaviour choices available to them -Child/young person displaying persistent disruptive behaviours in the school, home or community -Relationship difficulties with family, friends or teachers -Child/young person is significantly delayed in speech/receptive	Individual / Familial: -Poor concentration - Out of school exclusion, at risk of exclusion or persistent absenteeism -Non-attendance when the reason has not been established -Not in Education, Employment or Training (NEET) -Has a mild physical or learning disability or SEN via an Educational Health Care Plan (EHCP) without complex needs -Child/young person has shown signs of developmental delay in the absence of other factors -Excluded during lessons for persistent disruptive behaviour and young person is not engaged with learning activities, toys, outdoor activities and/or current uniform is making academic progress difficult -Difficulties with attachments/separation from main carer and pressure to be linked to education provision when child/young person believes own family	Individual / Familial -Family and child/young person experience barriers to accessing community and economic resources. -Family and child/young person exposed to crime and violence through living in their neighbourhood. -Child/young person exposed to pro-offending behaviour within the local neighbourhood. -Child/young person involved in the Criminal Justice System. -Coming to the notice of police. -Engaging in substance misuse. -Increasing levels of anti-social behaviour/criminality in the environment. -Learning disability which is exploited by others leading to risk of harm. -Child/young person is displaying extremist views and behaviours. -Child/young person is being radicalised or	individual / Familial -Family homeless or live in inadequate housing -Family do not have access to adequate financial resources -Child/young person sometimes wears clothes which are inappropriate for the weather, appears unkempt -Child/young person is a young carer -Family routines not conducive to child's needs or individual needs of family members not met -Socially or physically isolated. -History of significant health problems in wider family network. -Scale 1 & 2 Domestic Violence as per Barnardo's Guidance -Home environment is not suitable for children where there are clear safety risks -The home is substantially cluttered.	Individual / Familial -The parent/carer misses appointments with health (including ante and postnatal care) and education provision -Parent/carer struggling to adjust to parenthood -Parent/carer has mental and/or physical health needs that affect care of children -Parent discourages person's education, prevents reading -Child/young person shows consistent failure to achieve age-appropriate independence due to parent boundaries, lack of consideration and guidance -Parental alcohol/substance
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<p>milestones due to lack of emotional support</p> <ul style="list-style-type: none"> -Frequent illness/accident -Significantly under / over weight - Multiple attendance at A&E or acute healthcare settings -Child/young person not brought to health appointments – routine and non-routine -Child/young person is not appropriately supervised -Occasionally the child presents signs of neglect -Child/young person undertakes no physical activity and/or has an unhealthy diet which is impacting on their health -Poor hygiene and/or tooth decay <p>Extra-familial</p> <ul style="list-style-type: none"> -Child/young person attending health services for sexually transmitted infections or unwanted 	<p>expressive communication</p> <ul style="list-style-type: none"> -Child/young person is hyper-vigilant or is experiencing effects of trauma -Child/young person has carried weapons -Child/young person carries weapons -Parent at family separation, illness or health problems requiring additional support -The child/young person has occasionally run away from home and there may be concerns about what happened to them or who they were staying with while away. -The child/young person expresses intolerant views towards others. -The child/young person occasionally displays a lack of self-control which is unusual in children of their age. -The child/young person demonstrates occasional delayed or impaired practical and independent living skills. <p>Extra-familial:</p>	<p>education provision is superior</p> <p>Extra-familial:</p> <ul style="list-style-type: none"> -Poor communication between home and authorities, few relationships outside immediate family/community network -Child/young person is not in education and is unsupervised for long periods of time -Child/young person experiences levels of school absence which places them under stress. 	<p>groomed for extremism or criminal activity.</p> <ul style="list-style-type: none"> -Child/young person normalises inappropriate sexualised behaviour, not appropriately supervised in the home or community. <p>Extra-familial:</p> <ul style="list-style-type: none"> -Poor community cohesion, few role models and authoritative adults. Neighbourhood/environment is unsafe, crime-ridden and lacks amenities. -Community is not used to supporting children with additional needs or issues are stigmatised. -Child/young person not exposed to new/stimulating experiences. -Being a victim of racism, bullying, or crime or at risk of or involved in anti-social behaviour, substance misuse; aggressive, bullying, or destructive behaviour towards peers, family or property. -Child/young person exposed to use of illegal substances. 	<ul style="list-style-type: none"> -Families entitlement to stay in the country is temporary or they have restricted access to public funds/work which causes stress -Family member(s) is gang involved. -lack of support from extended family impacting care received by the child -There are some concerns around familial disabilities physical or mental health requiring additional support -Inappropriate sexual behaviour within the wider family network <p>Extra-familial</p> <ul style="list-style-type: none"> -Child/young person has suffered a bereavement -Benefiting from short-term additional support Some concern about private fostering arrangements 	<p>use or mental ill health affecting care of child/young person but not at risk of significant harm</p> <ul style="list-style-type: none"> -Criminal/anti-social behaviour in the home -Parents/carers have disabilities that impact on their caring for the child/young person -Parent/carer is begging for food/money -Teenage parents who are struggling to cope with caring for their baby and encourage unsafe practices -Parents/carers do not ensure child attends health appointments or immunisations -Teenagers who are in situations where they are at risk from adults which
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<p>pregnancies and there are concerns that they are engaged in sexual relations due to peer pressure</p> <p>Attendance at A&E due to injuries or risks experienced in external settings</p>	<p>-The child/young person is being pressured to become gang-involved or is at risk of exploitation.</p> <p>-The child/young person is exposed to violence and trauma within their peer associations.</p>		<p>-Family are victims of crime for reasons and feel unable to themselves report experiencing harassment, abuse or are victims of anti-social behaviour.</p> <p>-Child/young person feels unsafe beyond neighbourhood spaces and immediate family.</p> <p>-Child/young person is known to be using drugs and alcohol recreationally but beginning to develop problematic use.</p> <p>-Child/young person displays sympathy for ideologies linked to violent extremism, but either views or loses interest quickly and/or may not have links with those who may hold extreme views.</p>		<p>are abusive or exploitative</p> <p>-Child/young person left alone without adequate supervision by parent under 16 years old</p> <p>-Parenting capacity is under stress due to family circumstances, e.g. poverty, unemployment, relationship breakdowns etc.</p> <p>-Parents/carers are caring with needs above universal services and require additional support to address them</p> <p>-Physical chastisement within legal limits but where concerns exist around impact on child/young person's emotional wellbeing</p> <p>Extra-familial:</p> <p>-Parent considers child/young person to be to blame for</p>
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					extra-familial harm (e.g., grooming) -Absence of appropriate concern to implement parental safeguards in relation to their child/young person's harmful digital activity -Unable to give a description of child/young person's peer group
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Level 3 Complex/Section 17 or Child in Need

Health	Emotional Health, Wellbeing & Behaviour	Education	Social & Neighbourhood	Family & Environment	Parent/parenting
Individual / Familial -Significant faltering growth of unknown cause -Significant developmental delays, disability or long-term	Individual / Familial -Complex mental health and learning disabilities issues requiring long term or specialist interventions and treatment	Individual / Familial -Statement of Special Educational Needs Educational health or care plan	Individual / Familial -Family and/or child/young person exposed to high levels of physical violence and highly intrusive	Individual / Familial -Chronic/serious problem concerning aspects of dirty clothing is inappropriate for climate	Individual / Familial -Failure to access pre/postnatal care -Parent/carer has sustained difficulties managing the child's

<p>condition; may or may not be linked to parental inability to emotionally engage with them</p> <ul style="list-style-type: none"> -Child/young person with a disability -Complex disability that cannot be maintained in a mainstream setting or without additional support -Child in infancy has lost weight without adequate explanation but no immediate risk of harm or loss of life -Child/young person in hospital setting continuously for 3 months -Consistently dirty/malodorous or in inappropriate clothing -Concerns of physical, emotional or sexual harm or neglect perpetrated by parents or adults connected to the family -Child or young person has conditions which because of parent/carers not adhering to treatment plan or delayed presentation for treatment cause 	<ul style="list-style-type: none"> -Severe impairment of functioning associated with mental health needs; severe depression, anxiety, severe OCD, Phobic panic disorders, ADHD, ASD, Tourette's syndrome -School refusal where mental health disorder plays a significant role -Conduct difficulties are such those which co-exist with other disorders where specialist interventions may influence outcomes. Including children and young people who present forensic risk -Young people often harmed themselves and pose a fresh risk. -Self-harm or expression of suicidal thoughts. -Severe or threatening mental health conditions (e.g. psychosis, risk of suicide or severe self-harm; severe depressive episode; anorexia nervosa). -Child/young person experiences negative sense of self impacting on daily life; experiencing 	<ul style="list-style-type: none"> - Child/young person who is being looked after in private fostering arrangements -Chronic nonattendance Persistent truanting - Problematic interactions with peers in education with risk of exclusion or permanently excluded due to behavioural or other issues. - Child/young person missing from education -Child/young person avoids school to stay safe -No parental support for education and child is significantly under achieving -Professional concerns about the safety or wellbeing of a child/young person whose family elected home education Extra-familial -Child/young person persistently exposed to physical or emotional harm outside school based networks 	<p>behaviours through their living environment.</p> <ul style="list-style-type: none"> -Family and/or child/young person living within an area where they or their family experience high levels of social exclusion (poverty, lack of access to food or money community resources). -Child/young person is begging/scavenging for food/money/resources. -Teenage parent under 16 -Child/young person being harmed through their own substance misuse -Child/young person in secure remand -Inappropriate or problematic sexual/sexualised behaviour displayed by young person -Child/young person in hospital setting continuously for 3 months. Extra-familial -Child/young person being exploited by a gang - Child/young person is a repeat Victim or perpetrator of bullying, 	<ul style="list-style-type: none"> -Child/young person living with unstable living arrangements outside of the immediate family or private fostering arrangement -Adult who poses risk to child/young person in contact with family -Drug taking, prostitution, and illegal activities by an adult impacting on the child/young person's family life that impacts on the safety of the child -Unstable or volatile environment or imminent family breakdown -Homeless and destitute in a family context i.e. parents/carers -Scale 3 Domestic Violence as per Barnardo's Guidance -There is insufficient/inadequate food for the child/young person to eat and/or poor use of financial resources meaning child has inconsistent access to food, warmth, essential clothing etc. -The child/young person exhibits aggressive, bullying or violent 	<p>basic care impacting on the child's care</p> <ul style="list-style-type: none"> -Drug or alcohol abuse seriously affecting the ability of parent/carers to function -Parent's inability to judge appropriate boundaries or supervise dangerous situations -Emotional neglect where earlier interventions have failed to be effective -Adult mental health is having an impact on the care of the child/young person and the child is subject to parental delusion -Parent/carers with learning disability affecting care of child/young person -Any parent/carers who attempts suicide or self-harms -Concerns around lack of supervision increasing a young person's risk of injury -The parent does not engage with school and actively resists suggestion of supportive intervention
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<p>unnecessary levels of suffering.</p> <ul style="list-style-type: none"> - Child/young person undertakes no physical activity and has a diet which seriously impacts health despite intensive support from early help services. -Child/young person's substance misuse dependency affecting their health <p>Extra-familial</p> <ul style="list-style-type: none"> -Evidence of physical, emotional or sexual harm 	<p>moderate to severe depression</p> <ul style="list-style-type: none"> -Child/young person perseverating on negative experiences - Child or young person persistently goes missing -Severe and/or complex difficulties in relationship communication notably leading to significant impairment of functioning and wellbeing -Missing child where push factors which come from the home environment -The child regularly displays a lack of self-control which would be unusual in other children of their age -Child/young person demonstrates delayed or impaired practical and independent living skills <p>Extra-familial</p> <ul style="list-style-type: none"> -Severe and/or complex relationship difficulties outside the home (i.e. peer group) leading to significant impairment of functioning and wellbeing -Missing child/young person primarily due to 		<p>including sexual or other targeted forms of bullying</p> <ul style="list-style-type: none"> - Child/young person who poses risk of harm to others -Young person in abusive romantic relationship (aged 16/17) -Possible concerns around radicalism - Evidence child/young person is being habitually criminally or sexually exploited where parental response is attempting to address risk -Child/young person is known to have viewed extremist sites and has stated they share some of those views but is open about this and can discuss the pros and cons of different viewpoints -Child/young person engaged in or a victim of problematic online behaviour including bullying, trolling, transmission of inappropriate images or is obsessively involved in gaming which interferes with social functioning 	<p>behaviour towards their peers, their parent/s and/or local community</p> <ul style="list-style-type: none"> -Persistently missing or run away from home/environment - Caring responsibilities adversely impacting outcomes -Family isolation impacting child's outcomes -The family home is consistently dirty constitutes health and safety hazards -The child/young person or family's legal status puts them at risk of involuntary removal from the country (e.g. asylum-seeking families or illegal workers); OR having limited financial resources/no recourse to public funds increases the vulnerability of the children to criminal activity (e.g. illegal employment, CSE, CCE) <p>Extra-familial</p> <ul style="list-style-type: none"> -Child/young person's sibling(s) role model behaviour that professionals consider to be exploitative 	<p>-Relationship difficulties between child/young person and parents causing significant inhibiting emotional behavioural or social development and if unaddressed could lead to relationship breakdown</p> <p>Extra-familial</p> <ul style="list-style-type: none"> -Parent blames child/young person for the harm they experience outside the home Eg Sexual or criminal exploitation
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	<p>'pull' factors outside the home</p> <ul style="list-style-type: none"> -Child/young person experiences persistent or severe bullying impacting their daily outcomes -The child/young person is becoming involved in negative behaviour/activities, for example, non-school attendance and as a result may be excluded short term from school. This increases their risk of being involved in anti-social behaviour, crime, substance misuse and puts them at risk of grooming and exploitative relationships with peers or adults 			<ul style="list-style-type: none"> -Child/young person is being educated to hold intolerant or extremist views and only mixing with others who hold similar views -Private Fostering arrangements that have not been assessed or concerns with arrangement 	
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Level 4 Risk of Serious Harm – Section 47

Health	Emotional Health, Wellbeing & Behaviour	Education	Social & Neighbourhood	Family & Environment	Parent/parenting
<p>Individual / Familial</p> <ul style="list-style-type: none"> -Child/young person at risk of significant harm or has a complex health problem because of inadequate access to primary and secondary healthcare -Child is born with indications of maternal substance misuse -Child in infancy has lost weight without adequate explanation and there is an immediate risk of harm or loss of life - Injuries not consistent with explanation given -Neglect resulting in significant harm due to obesity -Disclosure of abuse by a child/young person -Any allegation of abuse or neglect or suspicious 	<p>Individual / Familial</p> <ul style="list-style-type: none"> -Child/young person appears to participate in activity which causes imminent risk of harm to themselves or others and which suggest they have a limited range of behaviour choices available to them <p>Extra-familial</p> <ul style="list-style-type: none"> -Child/young person appears to have been Trafficked -Child/young person experiencing persistent or escalating severe bullying, including sexual bullying/harassment, and their wellbeing is at risk. 	<p>Individual / Familial</p> <ul style="list-style-type: none"> -The child frequently exhibits negative behaviour or activities that place self or others at imminent risk including chronic non-school attendance -Child/young person groomed into sexual or criminal exploitation as either victim or instigator at school/through school or peer-based networks 	<p>Individual / Familial</p> <ul style="list-style-type: none"> -Child/young person in custody with no family support or involvement -Immediate concerns around harm due to radicalisation -Allegation suggesting connections between sexually abuses children in different families or more than one abuser -Registered sex offender having contact with the child(ren) and family <p>Extra-familial</p> <ul style="list-style-type: none"> -Evidence child is being habitually criminally or sexually exploited where parental response is not mitigating the risk -Child/young person involved in persistent serious criminal activity and known to be engaging in gang activity 	<p>Individual / Familial</p> <ul style="list-style-type: none"> -Pregnancy in a child under 13 -Adult who poses risk to child/young person is in household - ‘Scale 4’ Domestic Violence as per Barnardo’s Guidance -Medicines or harmful products have been ingested by the child due to lack of supervision or neglect -Forced marriage or risk of forced marriage or honour-based violence -Repeated serious harmful or violent sexual behaviour to others -An admission about a clear non-accidental injury -Evidenced gang activity which is significantly 	<p>Individual / Familial</p> <ul style="list-style-type: none"> -Parent/carer misusing substances excessively during pregnancy and neglecting antenatal care or neglects antenatal care where there are complicating factors and risk to child -Parent/carer has sustained difficulties managing their child’s basic care and refuses to engage with support services or significantly impacting child or consistently fail to provide appropriate or adequate care -Very young or vulnerable child/young person left alone, or parent abandoned -Parent/carer unable to protect child/young person from harm placing

<p>injury in pre or non-mobile child</p> <p>-Two or more minor injuries in pre/non-mobile/vulnerable babies or children, including children with disabilities</p> <p>-Non-organic failure to thrive in under 5s</p> <p>-Evidence of physical, emotional or sexual abuse or exploitation or neglect perpetrated by parents or adults connected to the family</p> <p>-Serious concern regarding fabricated/induced illness or parental anxiety harming child's development</p> <p>-Direct allegation of sexual abuse</p> <p>-Child/young person has experienced or is at risk of experiencing Female Genital Mutilation (FGM) or harmful traditional practices</p> <p>Extra Familial</p> <p>-Disclosure of significant harm from child/young person which is caused by and/or takes place in an extra familial context</p>			<p>-Child/young person displays little or no self-control, seriously impacting relationships and putting themselves at risk.</p>	<p>impacting on the child and family</p> <p>-Family are excluded and actively resist attempt to achieve inclusion; child/young person isolated from support</p> <p>-Dirty home conditions with health and safety hazards for a second time; moving from place to place</p> <p>-Child/young person showing signs of being secretive, deceptive and is actively concealing internet and social media activities eg at risk of being groomed for child sexual exploitation is showing signs of addiction gaming and pornography or concerns around grooming into extremist activities.</p> <p>Extra-familial</p> <p>Child/young person is being educated by adults who are member of or linked to terrorist groups or organisations banned under UK law</p> <p>-Significant concerns regarding grooming for</p>	<p>child/young person at risk of significant harm</p> <p>- Parent incapacitated due to drug or alcohol use and or appropriate carer or parental substance misuse where parent/carer cannot carry out daily parenting.</p> <p>-Adult Mental Health immediately or significantly affecting parenting capacity, including severe postnatal depression causing serious risk to self or child/children</p> <p>-Parent/carer has serious Mental health condition and child/young person is subject to parental delusion causing concern of immediate risk of harm</p> <p>-Parent/carer's learning disabilities severely affecting care of child/young person</p> <p>-Parent/Carer has caused or is causing significant harm to child/young person</p> <p>- No one has parental responsibilities for the child</p> <p>-The parent/carer actively discourages or prevents</p>
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-Young Person has been victim of knife or gun related injury				<p>involvement in extremist activities</p> <p>-Registered sex offender who is in contact with the family –Family home used for illegal activities drug talking/dealing/prostitution</p>	<p>the child from learning or engaging with school</p> <p>-Relationship breakdown between child/young person and parent/carer where child at risk of significant harm; parent rejects child from the home</p> <p>-Parental inability to judge dangerous situations or set appropriate boundaries where child frequently exposed to dangerous situation in home/community</p> <p>Extra Familial</p> <p>-Parent/carer colludes with extra familial harm I.e. facilitating/supporting harmful peer activity through the provision of resources or declining to take action to reduce harm</p>
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Authors: Jen Dinsdale & Stafford Devine. June 2025