

Thresholds Document / Indicators of need

Document control and record of amendments

| Version | Reason for amendment | Amended by/date |
|---------|--|----------------------------|
| V4 | New document | Ratified by LSCB JUNE 2018 |
| V5 | Review: minor amendments – including links to WT2018 | SP / February 2019 |

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INTRODUCTION

This document describes levels of concern for children, young people and their families. The Threshold Guidance supports consistent application of definitions and promotion and maintenance of good practice. The document also supports key principles underpinning [Working Together to Safeguard Children 2018](#) and practitioners are strongly advised to access this national guidance.

This document should be used to inform good practice. It is not a definitive statement of thresholds for concern. **If you have serious concerns telephone: Referral & Assessment 0191 433 2653 (office hours) or Emergency Duty Team on 0191 477 0844 (out of hours).**

There may be circumstances that are not covered, or professional judgement of individual circumstances may lead to a different conclusion. All organisations should have suitable supervisory or advisory arrangements for staff involved in identifying and supporting children and young people with additional needs and considering whether there are safeguarding concerns.

Safeguarding training should be undertaken in line with your organisation's minimum requirement (An advisory recommendation would be at least once every 3 years). Details of face-to face and online training can be found on the [LSCB website](#).

Safeguarding is everyone's responsibility: everyone who comes into contact with (children) has a role to play in identifying concerns, sharing information and taking prompt action. A child centred approach: Anyone working with children should see and speak to the child; listen to what they say; take their views seriously

Early help

Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early help can also prevent further problems arising; for example, if it is provided as part of a support plan where a child has returned home to their family from care, or in families where there are emerging parental mental health issues or drug and alcohol misuse ([Working Together 2018](#))

Effective early help relies upon local organisations and agencies working together to:

- Identify children and families who would benefit from early help;
- Undertake an assessment of the need for early help;
- Provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child.

Early help assessments and interventions are for families, or individual children, who are displaying a combination of emerging or escalating needs who may benefit from a coordinated multi-agency response. Interventions at this level require consent from the family. For more information about early help or parenting support, including referral forms, visit <https://www.gateshead.gov.uk/article/4023/Early-Help-Service> or call 0191 433 3319 or email earlyhelpservice@gateshead.gov.uk

HOW TO USE THE GUIDANCE

Use the guidance as a guide, not a prescription. You should apply your own professional judgement when using the guidance as the lists and scenarios included here are not exhaustive. Use it to prompt your thinking when interpreting a situation. If in doubt about your level of concern, check it out!

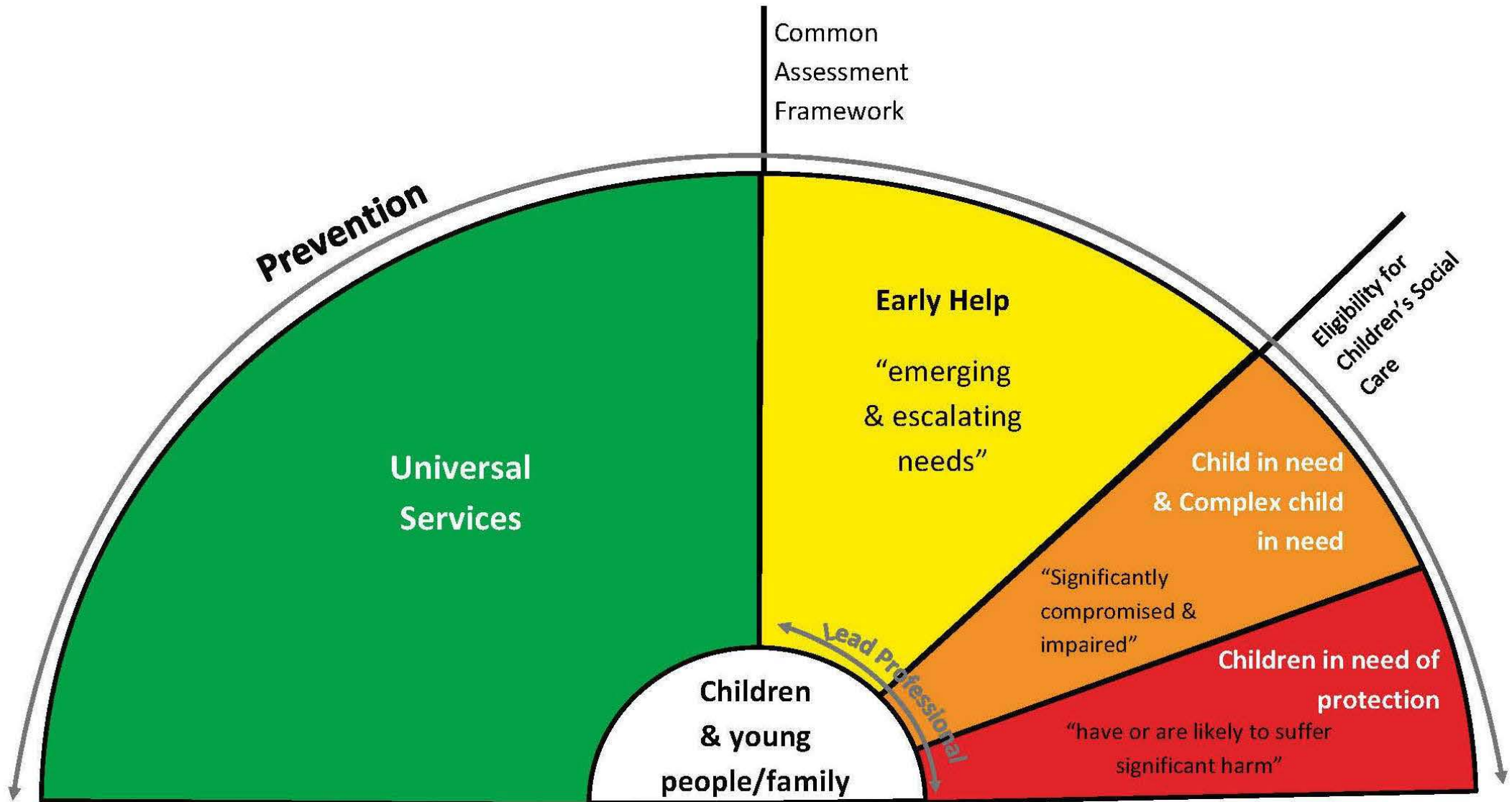
- Aim to consider the whole situation and all the related concerns.
- **THINK FAMILY** - always consider the needs of every child, young person or adult within the family and the impact of those needs on other family members.
- Share the thresholds with families as a way to express and support ideas, concerns and interventions (unless sharing your concerns puts anyone at risk.)
- Seek advice when you are unsure. This could be from your line manager, the person responsible for Child Protection in your organisation, the Referral and Assessment Team (Social Care) or, for example from a Health Practitioner or the Domestic Abuse Co-ordinator.
- Throughout this document the use of the word 'parent' means the person who is the primary carer for the child and who has responsibility for the child's welfare and development. This may mean the mother, father, step-parent, grandparent, foster parent or parent-to-be, or any combination of the above.

The guidance is divided into 5 sections. The descriptors should all be considered in relation to the age and developmental stage of the child/young person.

- Child's Developmental Needs 0-4 Years
- Child's Developmental Needs 5-11 Years
- Child's Developmental Needs 11-18 Years
- Parenting
- Family and Environmental Factors

On the following page is the spectrum of need / risk which can help you decide the level at which your interventions and concerns lie.

Spectrum of need / risk



The needs of children and families change, which means that children can move from one level to another, sometimes very quickly. Universal and early help services (level 1 and 2) aim to support a child early in order to prevent them from requiring complex or statutory involvement (level 3)

CHILD'S DEVELOPMENTAL NEEDS 0-4 YEARS

PHYSICAL HEALTH

Practitioners who are unsure when considering physical and emotional health thresholds in this young age range should seek specialist advice from a Health Practitioner e.g. Midwife, Health Visitor, GP, Paediatrician, Paediatric Therapist, Primary Mental Health Worker. If you have serious concerns telephone: Referral & Assessment on 0191 433 2653 or email R&Aduty@gateshead.gcsx.gov.uk or Emergency Duty Team on 0191 477 0844.

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|------------------------------|--|---|---|--|
| Height and weight | Appropriate height and weight. | Weight or height not increasing at rate expected or unhealthily overweight. | Weight or height becoming a significant concern. Significantly below or far exceeding healthy weight : height ratio. | Serious clinical concern about weight/height requiring medical support and monitoring. May be life threatening. |
| Physical Health | Physically healthy. | Persistent minor health problems. Continence problems. | Chronic health problems. Failure to thrive due to organic reasons. Severe disability. | Life limiting illness. Failure to thrive due to maltreatment or neglect. Poor weight gain and physical growth failure over an extended period of time in infancy. Sudden onset continence problems without clinical explanation. |
| Diet/Feeding/ Weaning | Adequate and nutritious diet. Parents confident with feeding routines, breast and or bottle. Feeding routines established and appropriate to age. Usually eats appropriate food for age/developmental stage. | Inconsistent diet. Infrequent difficulties with breast/bottle feeding routines Infrequent stress related to food/diet. Diet, portions, nutritional value, feeding style not always appropriate for age/ developmental stage. | Significantly/constantly limited or restricted diet, No/limited routine established in relation to breast and/or bottle feeding/meals. Diet frequently/constantly inappropriate for age and developmental stage. Feeding style inappropriate for age/developmental stage. Child frequently/constantly refuses meals. Feeding/diet causing frequent/constant stress in | Food deliberately being withheld from child. Parents not implementing appropriate professional advice regarding their child's feeding with evidence of this causing harm or difficulties for the child. |

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|-------------------------------------|---|--|--|---|
| Medical Care | Immunisations up to date. Good engagement with parent. | Inconsistent in attending medical/routine appointments (was not brought). Engagement from parents inconsistent. | Frequently missed medical/routine appointments. Frequent difficulty engaging parent. | Missing essential health appointments. Refusing/avoiding medical care causing a negative impact on the health or development of the child.. Unable to engage parent. |
| Milestones | Developmental milestones within normal range. | Minor delay in reaching developmental milestones | Significant concerns about developmental progress. Has involvement with relevant professionals eg Speech and Language therapy, physiotherapy, Occupational therapy, | Significant concerns about developmental milestones and that this may be a result of factors in the parent/family/home environment. |
| Dental/Vision | Regular dental and optical care | Inconsistent dental and optical care. | Frequently missed dental/optical care contributes to decay/deterioration. | dental/visual decay/deterioration and not accessing any treatment or evidence that this has or will cause long-term harm. |
| Accident, Injury and Illness | Appropriate visits to Emergency Department/Doctor. No concerns re cause or frequency. | Inconsistent minor accidents/injuries. Frequency/cause of visits to doctor/emergency department becoming a concern. | If you have any suspicion that illness is being fabricated by the parent/child, the practitioner should seek advice from Children's Social Care tel. 0191 43326f53 Frequent accidents/injuries. Significant concerns re frequency/cause for visits to Emergency Department/Doctor. | Non-accidental injury or accidental injury indicating lack of supervision. Self harming. |
| Sexual Awareness | Sexual awareness thresholds should be considered in relation to the age of the child. Practitioners who are considering sexual awareness thresholds in relation to this young age range should seek specialist advice from Children's Social Care. If you have serious concerns, telephone: Referral & Assessment: 0191 4332653 or Emergency Duty Team on 0191 4770844 | | | |

| Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|--|--|--------------------|----------------------------|
| Age developmentally appropriate sexual awareness and use of language | Exhibiting age/developmentally inappropriate sexual awareness/language. May indicate having heard/seen inappropriate discussion/material Inappropriate sexually provocative behaviour/appearance. Sexual abuse/sexual exploitation. Exhibiting/disclosing sexual behaviours/experiences. | | |

EMOTIONAL HEALTH DEVELOPMENT

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|----------------------------------|--|---|---|---|
| Emotions | Good emotional development/responses e.g appropriate emotional expression, recognition, facial expression. | Infrequent, inconsistent emotional problems/responses e.g with expression, recognition, facial expression. Unduly anxious, angry, defiant or withdrawn. | Frequent significant emotional problems/responses e.g with expression, recognition, facial expression. Frequently anxious, angry, defiant or withdrawn. | Constant severe emotional problems/responses or disturbance and concern that this relates to factors in the parents/family or home environment |
| Relationships | Stable affectionate relationships with caregivers. Positive relationships with peers/siblings. | Inconsistent development of relationships with caregivers. Inconsistent ability in sustaining peer/sibling relationships. | Frequent difficulties in relationships with parent. Frequently, consistently poor peer/sibling relationships. Withdrawn/unwilling to engage. | Constant difficulties in relationships with parent eg. Low warmth, high constant criticism, isolation. No peer/sibling relationships maintained eg. Bully/bullied. Totally withdrawn. |
| Young Carer Role | Children in this young age range should not be taking responsibility for caring for siblings or parents. | | | |
| Social Skills/Friendships | Able to socialise appropriately eg. Friendships, peer/adult interactions, cooperative working/sharing. | Inconsistent ability to socialise appropriately e.g. friendships, peer/adult interactions, cooperative working/sharing. | Frequently unable to socialise appropriately e.g. friendships, peer/adult interactions, cooperative working/sharing. | |

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|------------------------------|---|---|--|---|
| Attachment Behaviours | Good quality early attachment | Emotional vulnerability, difficulty with attachments eg arising from separation, divorce, step parenting, bereavement. | Displaying frequent emotional problems/attachment difficulties e.g. arising from potential/actual divorce/separation, step parenting, bereavement. Relationships characterised by rejection. May have previously had periods of Local Authority accommodation. | Attachment issues related to ongoing abuse, neglect, conflict eg. an acrimonious separation. Complete rejection/abandonment by parent. Threat of loss of main parent. Displaying constant emotional problems e.g. following divorce, bereavement. |
| Discrimination | Strong sense of belonging and acceptance by others | Subjected to a low level or escalating discrimination i.e. racial, sexual, disability, appearance, gender, faith. Significant others have been victim of crime. | Subjected to frequent discrimination e.g. racial, sexual, disability, appearance, gender, faith. Child is victim of crime. | Subjected to constant discrimination e.g racial, sexual, disability, appearance, gender, faith. Child is victim of serious crime. |
| Responses | Demonstrates appropriate responses, feelings, actions | Inconsistent inappropriate responses, feelings, actions. | Frequent difficulty expressing emotion. Frequent difficulty coping with anger/frustration. Frequent distress without apparent cause. Frequent obsessive/compulsive behaviours. | Persistent distress or anxiety Constant problematic obsessive/compulsive behaviours and concern that this relates to factors in the parents/family or home environment |
| Adapting to Change | Able to adapt to change | Inconsistent response when coping with change | Frequently unable to cope with change. Disproportionately disturbed by change. | Always highly disturbed by change/ unable to cope with change and concern that this relates to factors in the parents/family or home environment |

BEHAVIOUR DEVELOPMENT

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|------------------------|--|--|---|---|
| Role Models | Positive role models. | Lack of positive role models. | Peers/role models engage in anti-social behaviours. | Dangerous or worrying role models |
| Behaviour | <p>Consistent home/nursery/ play group/school setting behaviour and boundaries.</p> <p>Usually complies with Age appropriate behavioural responses and actions eg impulse/temper.</p> <p>Demonstrates appropriate remorse. Accepts praise/sanctions/</p> | <p>Some inconsistency in home/ nursery/playgroup/school setting behaviour/discipline. Some difficulty complying with ??</p> <p>Inconsistent inappropriate behavioural responses and actions.</p> <p>Occasional difficulty with impulse/temper control. Some difficulties accepting praise/sanctions/</p> | <p>Frequent disruptive/challenging behaviour at nursery / playgroup / school, home or in locality.</p> <p>Poor or frequently inconsistent Frequent difficulty controlling impulse/temper.</p> <p>Obsessive behaviour, inconsolable tantrums. Frequent difficulties accepting praise/sanctions/constructive criticism.</p> | <p>Constant impulse/temper. Unable to connect cause/effect of own actions. Unable to determine boundaries, roles and concern that this relates to factors in the parents/family or home environment</p> |
| Personal Safety | Can discriminate between safe and unsafe behaviours and contacts. | Infrequent unsafe behaviours. Can be over friendly, withdrawn or isolated. | Frequently engages in unsafe behaviours. May not discriminate effectively with strangers. | Constantly engages in unsafe behaviours which parents are having difficulty in managing at home or in the community. |

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|------------------|--|--|--|---|
| Self Care | Age appropriate self care skill e.g feeding, dressing, personal hygiene tasks. | Delayed development of age appropriate self care skills. Disability limits amount of self care possible. | Takes little or no responsibility for self care tasks in comparison to peers. Disability prevents self care in a significant range of tasks. | Engaged in activities which impact on self care. Severe disability. Totally reliant on other people to meet care needs. |

EDUCATION, SKILLS AND INTERESTS

Nursery, playgroup, education attendance is not statutory in this age range. However it is important to consider whether attendance in an educational setting is part of an arranged package of support to meet the specific needs of the individual child. All areas of learning and development are connected and of equal importance.

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|--------------------------------|--|---|---|--|
| Attendance/ Punctuality | Regular school/nursery attendance, achieving or bettering the average for the school /college/Local Authority average Good punctuality. | Inconsistent attendance at school/nursery is worse than school/ Local Authority average but not yet Persistent Absentee level (10% or more absence). Inconsistent punctuality. | Not consistently accessing education appropriate to their developmental needs with a negative impact on the child’s wellbeing and learning. | |
| Home Educated Child | Good contact with parent. Visits/assessments take place and demonstrate the child is receiving appropriate education. | Good contact with parent. Visits/assessments take place. Some areas for improvement in the education the child receives. | Irregular contact takes place. Parent does not always engage with visits/assessments. Little evidence that the child is receiving an appropriate education. | Little or no contact with the parent. No evidence of the child receiving any education. |

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|--|---|--|--|---|
| Finance | Accessing adequate financial support for education/training Claiming benefits appropriate to circumstances. Able to manage personal finances. | Some difficulties managing personal finances or accessing adequate financial support or claiming appropriate benefits | Some difficulties managing personal finances or accessing adequate financial support or claiming appropriate benefits Some difficulties managing personal finances or accessing | Unable to manage personal finances with a negative impact on the child.. Not accessing any financial support or claiming benefits appropriate to circumstances Significant personal debt accrued. |
| Engagement | Consistent engagement with learning. | Inconsistent engagement with learning i.e. poor concentration, fatigue, low motivation. Health problems beginning to impact on learning. | Learning significantly affected by complex health or social problems. | |
| Special Educational Needs & Disability (SEND) | No additional educational needs identified. | Has involvement with the Early Years Assessment and Intervention Team or the High/Low Incidence Needs teams within educational setting | Education, Health and Care (EHC) needs assessment in process. Has Education, Health and Care Plan (EHCP) | |
| Home/school/college links | Good home/school/college/training links. | Irregular home/school/nursery/training links. | Frequently poor home school/nursery | No/constantly acrimonious home school/nursery links. |
| Stimuli | Appropriate regular access to educational/social/leisure opportunities. | Inconsistent access to educational/ social/leisure opportunities. | Frequently unable to access educational/social/leisure opportunities. | No access to educational/social/leisure opportunities. |

PHYSICAL HEALTH

Thresholds for 5-11 year olds should be considered in relation to the age and developmental stage of the child/young person. Practitioners who are unsure when considering physical and emotional health thresholds should seek specialist advice from a Health Practitioner e.g. School Nurse, GP, Paediatrician, Paediatric Therapist, Primary Mental Health Worker – please note they can give general advice to agencies however may not be able to discuss named children without consent. If you have serious concerns telephone: Referral & Assessment on 0191 433 2653 or email R&Aduty@gateshead.gcsx.gov.uk or Emergency Duty Team on 0191 477 0844.

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|--------------------------|--|--|--|--|
| Health | Physically healthy | Persistent minor health problems. Continence problems. | Chronic health problems. Severe disability. Failure to thrive due to organic reasons. | Not accessing medical care with a significant impact on health or development. Failure to thrive due to maltreatment or neglect. Sudden onset continence problems without clinical explanation. |
| Height and Weight | Appropriate height and weight | Weight or height not increasing at rate expected. Unhealthily overweight. Young person becoming preoccupied with weight/appearance. | Weight or height becoming significant concern. Below or far exceeding healthy weight: height ratio. Young person developing eating disorder. | Serious clinical concern about weight/height requiring medical support and monitoring. May be life threatening. Chronic eating disorder. Clinically obese with evidence of secondary impact on health/well-being. |
| Medical Care | Developmental checks and immunisations up to date Good engagement with Parent. | Inconsistent in attending medical/routine appointments (was not brought) Engagement from parent inconsistent. | Frequently missed medical/routine appointments. Frequent difficulty engaging Parent. | Missing essential health appointments. Refusing/avoiding medical care endangering life or development. Unable to engage parent. |
| Dental/Vision | Regular dental and optical care. | Inconsistent dental or optical care | Frequently missed dental /optical care contribute to decay/deterioration | Dental decay/visual deterioration and not accessing any treatment |

| Universal | | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|---------------------------------|---|---|--|--|
| Developmental milestones | Developmental milestones within normal range. Motor skills within normal range. | Minor delay in reaching developmental milestones. | Significant concerns about developmental progress. | Developmental milestones not met. and concern that this relates to factors in the parents/family or home environment |
| Sexual Awareness | Sexual knowledge, understanding and activity are age appropriate | <p>Sexual awareness thresholds should be considered in relation to the age of the child in the 5-11 age range. Practitioners who are unsure should seek specialist advice from Children's Social Care. If you have serious concerns telephone: Referral & Assessment 0191 4332653 or Emergency Duty Team on 0191 4770844.</p> <p>Early sexual awareness and behaviours greater than expected of a similar aged child. Unsafe/indiscriminate sexual activity. Age inappropriate sexual knowledge/provocative behaviour/appearance. Sexually reactive behaviours towards others. Sexually high risk behaviour harmful to self and others. Early pregnancy/young father. Sexual exploitation. Sexual abuse. Local Safeguarding Children Board child protection procedure may be required.</p> | | |
| Substance Misuse | Non smoker, no substance misuse | <p>Substance misuse thresholds should be considered in relation to the 5 – 11 year old age range. All substance misuse in this age range has serious health implications.</p> | | |
| | | Inconsistent or occasional experimentation with tobacco. Frequent smoker, experimenting with substance misuse. | Heavy/addicted smoker. Regular substance misuse. | |
| Alcohol misuse | No alcohol use. | <p>Alcohol misuse thresholds should be considered in relation to the 5 – 11 year old age range. All alcohol misuse in this age range has serious health implications.</p> | | |
| | | Infrequent experimentation with alcohol. Frequently experimenting with alcohol. | Regularly consuming alcohol. | |

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|--------------------------------------|--|--|--|--|
| Diet | Adequate nutritious diet. Healthy lifestyle. | Inconsistent diet. Occasional dieting and overeating. | Significantly limited / restricted diet eg dieting or significant overeating. | Lack of food /overeating may be linked with neglect. Seriously underweight or overweight. |
| Accident, injury and illness. | Appropriate visits to Emergency Department/Doctor. No concerns re: cause or frequency. | Inconsistent minor accidents/injuries. Inappropriate visits to Emergency Department/Doctor | If you have any suspicion that illness is being fabricated by the parent or child then the practitioner should seek advice from Referral & Assessment 0191 4332653 | |
| | | | Frequent accidents/injuries or visits to Emergency Department/Doctor. | Non accidental injury. Self harming. |

EMOTIONAL HEALTH DEVELOPMENT

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|-------------------|---|---|---|--|
| Emotions | Good mental health, emotional development and responses e.g appropriate emotional expression, recognition, facial expression. | Vulnerable to emotional problems May arise from divorce, separation or bereavement. Unduly anxious, angry, defiant or withdrawn. Infrequent, inconsistent emotional problems/responses. | Frequent significant emotional problems. May arise from divorce, step parenting, separation, bereavement. Mental health deteriorating/ problems emerging e.g conduct disorder, Attention/ Hyperactivity Disorder, anxiety, eating disorders. | Constant severe emotional problems May arise from divorce, separation or bereavement. Acutely evident mental health problems, suicide threat, psychotic episode, severe depression. Self harming / attempted suicide. |
| Self Image | Positive sense of self and own abilities | Some insecurities around identity. Limited self confidence | Low self confidence. Withdrawn, reluctant to engage or isolated. | Very poor/distorted self image/child has internal discrimination. Fears persecution by others. Total lack of self confidence. |

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|--|---|--|--|--|
| Social Skills | Confident in social situations. Able to socialise appropriately. | Inconsistent ability to socialise appropriately eg. Friendships, peer/adult interactions, cooperative working/sharing. May be unnecessarily fearful. Infrequent victim or perpetrator of bullying. | Frequently unable to socialise appropriately eg. Friendships, peer/adult interactions, cooperative working/sharing. Low self confidence. Withdrawn, unwilling to engage, isolated. Frequently bullied or frequent perpetrator of bullying. | No ability to socialise appropriately Alienates self from school/social situations. Constant victim or perpetrator of bullying. |
| Attachments/Attachment Behaviours | . Appropriate good quality attachments. Stable, affectionate, positive relationships with caregivers/peers. | Infrequently forms inappropriate attachments. Infrequent difficulties with attachments. | Frequent forms of inappropriate attachments. Frequently poor quality attachments. Withdrawn/unwilling to engage. May have had bad periods of Local Authority accommodation. | Constantly forms inappropriate attachments. Socially isolated. Complete rejection/abandonment by parent. Low warmth/high constant criticism relationships. Constantly unable to maintain relationships. Threat of loss of main parent. |
| Relationships | Stable, affectionate relationships with parent. Positive relationships with peers/siblings. | Inconsistent development of relationships with parent. Inconsistent ability in sustaining peer/sibling relationships. | Frequent difficulties/conflict in relationship with parent. Frequently poor peer/sibling relationships. Withdrawn/unwilling to engage. | Constant difficulties in relationships with parent i.e. low warmth, high constant criticism. Isolation, totally withdrawn. No peers/sibling relationships maintained e.g. bully/bullied. Rejection by alienation from others. |

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|---------------------------|---|---|--|---|
| Discrimination | Strong sense of belonging and acceptance by others. | Subjected to low level or escalating discrimination eg racial, sexual, disability, appearance, gender, faith. Significant others have been victim of crime. | Subjected to frequent discrimination eg. racial, sexual, disability, appearance, gender, faith. Child/young person is victim of crime. | Should be same as 0-5s?typo |
| Responses | Demonstrates appropriate emotional responses in feelings and actions i.e. empathy. Age appropriate/emerging emotional independence. | Infrequent inappropriate emotional responses and actions. Infrequent difficulty with development of age appropriate emotional independence. | Frequent difficulty expressing emotion. Frequent difficulty coping with anger, frustration. Frequent distress without apparent cause. Frequent obsessive/compulsive behaviours. Frequent difficulty developing age appropriate emotional independence. | Unable to display empathy. Lack of emotional independence. Frequent problematic obsessive behaviours and concern that this relates to factors in the parents/family or home environment Self harming. |
| Adapting to Change | Able to adapt and cope with change. | Inconsistent difficulty/response when coping with/managing change. | Frequent difficulties/unable to cope when faced with change. Disproportionately disturbed by change. | Unable to cope with any change and concern that this relates to factors in the parents/family or home environment |

BEHAVIOURAL DEVELOPMENT

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|--------------------|-----------------------|---|--|--|
| Role Models | Positive role models. | Sometimes lacks positive role models/peers. | Peers/role models frequently engage in challenging behaviours. | Dangerous or worrying role models. Constantly associates with negative role models. |

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|-----------------------|--|--|--|---|
| Self Awareness | Understands impact of own actions on others. | Inconsistent understanding of how own actions impact on others. | Frequent difficulty understanding impact of own actions on others. | Unable to connect cause and effect of own actions. |
| Behaviour | Consistent home school behaviour and boundaries. Usually complies with routines/expectations/sanctions. Some pushing of boundaries/experimentation. Identifies right from wrong. | Some inconsistency in home school behaviour/discipline. Some difficulty complying with routines/sanctions. Some difficulty identifying right from wrong. | Frequently disruptive challenging behaviour at school /home/locality. Poor or frequently inconsistent home/school behaviour and discipline. Frequent difficulty complying with routines/expectations/sanctions. Frequent difficulty identifying right from wrong. | Constantly disruptive, challenging behaviour at school, home or in locality. Extreme behaviour makes learning almost impossible. Unable to comply with routines/expectations/sanctions. Behaviours put self or other peers in danger/at risk. Regularly involved in antisocial/ criminal activity. Aggressive or a bully. |
| Exclusions | No exclusions and not at risk of exclusion. | At risk of fixed term exclusion or low incidence of fixed term exclusion. | Multiple fixed term exclusions or first permanent exclusion or 'Managed Move'. | Second permanent exclusion or imminent second permanent exclusion or 'Managed Move'. |

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|--|--|---|--|--|
| Behaviour Responses and Actions | Age appropriate behavioural responses and actions eg impulse/temper. Demonstrates appropriate remorse. Accept praise/sanctions/constructive criticism. | Inconsistent inappropriate behavioural responses and actions. Occasional difficulty with impulse/temper control. Some difficulties accepting praise/sanctions/constructive criticism. | Frequent difficulty controlling impulse/temper. Obsessive behaviour. Inconsolable distress. Limited response to support and intervention. Frequent difficulties accepting praise/sanctions/constructive criticism. | Constant difficulty controlling impulse/temper. Unable to connect cause/effect of own actions. Unable to determine boundaries, roles and responsibilities. Resistant to intervention. Constant difficulty accepting praise/sanctions/constructive criticism. |
| Offending Behaviours | No involvement in offending behaviours | At risk of becoming involved in offending behaviours. Sometimes involved in pre offending behaviours. Acceptable Behaviour Contract (ABC). | Starting to commit criminal offences and/or reoffend. May be supported by Youth Offending Team. Prosecution of offences resulting in court orders, Anti Social Behaviour injunctons. | Prosecution of offences resulting in court orders, Anti Social Behaviour injunctons. |
| Personal Safety | Can discriminate sufficiently between safe and unsafe behaviours and contacts | Infrequent unsafe behaviours. Can be over friendly, withdrawnor isolated. | Frequently engages in unsafe behaviours. May not discriminate effectively with strangers. | Constantly engages in unsafe behaviours. Unable to discriminate and likely to put self at risk. Aggressive or sexually provocative behaviour/appearance puts self at risk |

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|------------------|---|---|--|---|
| Self Care | Competent in self care skills i.e. feeding, dressing, personal hygiene. | Slow in developing age appropriate self care skills. Poor personal hygiene. Disability limits amount of self care possible. | Takes little responsibility for self care tasks in comparison with peers. Disability prevents self care in a range of tasks. | Total neglect of personal self care tasks in comparison with peers. Activities impact on self care ie substance misuse. Behaviours prevent self care and impact on vulnerability to exploitation. Severe disability – dependent on others for all self care |

EDUCATION SKILLS/INTERESTS

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|--------------------------------|---|--|---|--|
| Attendance/ Punctuality | Regular school attendance, achieving or bettering the average for the LA. Good punctuality. | Inconsistent attendance at school. Attendance is worse than Local Authority average but not yet Persistent Absentee level. Inconsistent punctuality. | Frequent absences: attendance has reached level where pupil is deemed to be a Persistent Absentee (10% or more absence). Frequently late. Not educated at school (or at home by parents). | Constant absences, attendance is significantly worse than Persistent Absentee level (10% or more absence). Constantly late. No school placement. |
| Home Educated Child | Good contact with parent. Visits/assessments take place and demonstrate the child is receiving appropriate education. | Good contact with parent. Visits/ assessments take place. Some areas for improvement in the education the child receives. | Irregular contact takes place Parent does not always engage with visits/assessments. Little evidence that the child is receiving an appropriate education. | Little or no contact with the parent. No evidence of the child receiving any education. |

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|--|---|--|---|---|
| Special Educational Needs & Disability (SEND) | No additional educational needs identified. | School Action or School Action Plus. Involvement from the High/Low Incidence Needs Team. | Education, Health and Care (EHC) needs assessment in process. Has Education, Health and Care Plan (EHCP) | |
| Engagement | Consistent engagement with learning. | Inconsistent engagement with learning i.e. poor concentration, fatigue, low motivation. Health problems beginning to impact on learning. | Frequently disengages from learning. Learning significantly affected by complex health or social problems. | |
| Skills/Interests | Acquiring a range of skills/interests. | Inconsistent acquisition of range of skills/interests. | Significant delay in acquisition of range of skills/interests. | Unable to access learning due to health/social problems. |
| Young Carer Role | Children in this age range should not be taking responsibility in caring for siblings/parent. Any caring roles and activities should be age appropriate. | | | |
| | Child/young person is not taking on a carer role in relation to parent / sibling/s. Has time to engage in own interests. | Child/young person is infrequently taking on carer role/activity in relation to parent/sibling/s. Infrequently impacts on time to engage in own interests. | Child/young person is frequently taking on carer role in relation to parent/sibling/s. Frequently impacts on time to engage in own interests. | Child/young person is frequently taking on carer role in relation to parent/sibling/s. Frequently impacts on time to engage in own interests. |
| Attainment | Achieving personal potential. Consistent level of attainment. | Not reaching anticipated potential. Varied level of attainment. | Significant underperformance in relation to potential and/or deterioration in attainment. | Little/no attainment. Learning potential unmet. Extreme behaviour may have made learning almost impossible. |
| Achievement | Experiences success/Achievement. | Inconsistent experience of success/achievement. | Infrequent experience of success/achievement. | Few/no experience of success/achievement |

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|--------------------------|--|---|--|--|
| Exclusion | No exclusions and not at risk of exclusion. | At risk of fixed term exclusion or low incidence of fixed term exclusion. | Multiple fixed term exclusions or first permanent exclusion. | Second permanent exclusion or imminent second permanent exclusion. |
| Home/School Links | Good home/school links. | Irregular home/school links. | Frequently poor home school links. | No/constantly acrimonious home school links. |
| Stimuli | Appropriate and regular access to books, toys, play /social opportunities. | Inconsistent access to books, toys, play/social opportunities. | Frequently unable to access books, toys, play /social opportunities. | No access to books, toys, play/social. |

CHILD'S DEVELOPMENTAL NEEDS 11-18 YEARS

PHYSICAL HEALTH

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|---|--|---|---|--|
| Height/Weight | Appropriate height and weight. | Weight or height not increasing at rate expected or unhealthy overweight. Weight becoming a concern e.g. unhealthy underweight or overweight. Young person becoming preoccupied with weight/appearance. | Weight or height becoming a significant concern. Significantly below or far exceeding healthy weight:height ratio. Young person developing eating disorder. | Serious clinical concern about weight/height requiring medical support and monitoring. May be life threatening. Chronic eating disorder. Clinically obese with evidence of secondary complications on health and wellbeing. |
| Physical health and access to Medical Care | Physically well. Medical checks immunisations up to date. Good engagement with young person or parent. | Inconsistent in attending medical/routine appointments (was not brought). Engagement from young person or parent inconsistent. | Frequently missed medical/routine appointments Frequent difficulty engaging young person or parent. | Missing essential health appointments. Refusing/avoiding medical care endangering life or development Unable to engage young person or parent. |

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|-------------------------|---|--|--|--|
| Dental/Vision | Regular dental and optical care. | Inconsistent dental or optical care. | Frequently missed dental/optical care contribute to decay/deterioration. | Dental decay/visual deterioration and not accessing any treatment. |
| Diet | Adequate nutritious diet. Healthy lifestyle. | Inconsistent diet. Occasional dieting or overeating. | Significantly limited /restricted diet e.g Frequent dieting, missing meals, or significant overeating. Developing an eating disorder | Lack of food/overeating may be linked with neglect. Seriously overweight. Chronic eating disorder. Clinically obese with |
| Substance Misuse | Non smoker. No substance misuse. | Substance misuse thresholds should be considered in relation to the 11 - 18 year old age range. All substance misuse has serious health implications. | | |
| | Age appropriate awareness of substances and risks. | Frequent smoker. Heavily addicted smoker in younger age range. Minor experimentation with illegal substances at older age range. | | Frequent and problematic substance misuse. Significant impact on wellbeing. |
| Alcohol Misuse | No alcohol misuse. Age appropriate awareness of alcohol and risks. | Alcohol misuse thresholds should be considered in relation to the 11 - 18 year old age range. All alcohol misuse has serious health implications. | | |
| | | Experimenting with alcohol at younger age range. | Frequent and problematic alcohol misuse. | Persistent high-risk alcohol misuse. Significant impact on wellbeing. |
| Sexual Activity | Sexual activity thresholds should be considered in relation to the age of the child in the 11-18 age range. Practitioners who are unsure should seek specialist advice from Children's Social Care. If you have serious concerns telephone: Referral & Assessment 0191 4332653 or Emergency Duty Team on 0191 4770844. | | | |

| Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|---|--|---|---|
| Sexual activity, experimentation, understanding and development appropriate for age and sexuality | Potential or early engagement in risky sexual activity/ experimentation. | Unsafe/indiscriminate sexual activity. Need for therapeutic or sexual health intervention. Sexually reactive behaviours towards others. | Sexual activity harmful to self and others. Early pregnancy/young father Sexual exploitation e.g. for money, drugs. Sexual abuse. Engaging in sexual activity under the age of 13 requires referral to police and social care. Local Safeguarding Children Board Child Protection procedure required. |

EMOTIONAL HEALTH AND DEVELOPMENT

| Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|--|--|--|---|
| Emotional Health Good state of emotional health. Good emotional development and responses. Appropriate expression/ recognition of emotions. Appropriate facial expression. | Infrequent, inconsistent emotional problems/responses Vulnerable to emotional problems e.g following divorce, separation or bereavement, relationship/friendship breakdown. Unduly anxious, angry, defiant or withdrawn. | Frequent significant emotional problems/responses e.g. arising from divorce, separation, step-parenting, bereavement, relationship /friendship breakdown. Emotional health /appearance deteriorating/problems emerging e.g conduct disorder, Attention Deficit Hyperactivity Disorder, anxiety, eating disorders. | Constant severe emotional health problems/responses/ disturbance e.g following divorce, separation, bereavement etc. Acutely evident mental health problems, suicide threat, psychotic episode, severe depression. Self harming. Attempted suicide. |

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|--------------------------------------|--|---|---|--|
| Emotional Response | Demonstrates appropriate emotional responses and actions e.g empathy | Infrequent evidence of inappropriate emotional responses and actions. | Frequent difficulty managing emotional responses and actions e.g. anger, frustration. | Constant difficulty coping with emotions. Unable to display empathy. Lack of emotional independence. |
| Relationships and Attachments | Good quality attachments and relationships. Stable affectionate positive relationships with parent/ peers/siblings. | Infrequent difficulties with family and peer group relationships. Does respond to intervention. Lacks appropriate role models. Infrequently forms inappropriate attachments. | Frequent difficulty/conflict with family and peer relationships. Often does not respond to intervention. Establishes inappropriate attachments and relationships. May have previously had periods of LA accommodation. Frequently forms inappropriate attachments. | Significant relationship issues Constantly unable to establish and maintain positive family/ peer relationships. Constantly forms inappropriate attachments. Experiencing rejection in other relationships. Low warmth/high criticism relationships. Parent breakdown threatened. Family no longer want to care for/have abandoned child/ young person. No peer/sibling relationships maintained e.g bully/bullied. Totally withdrawn. Rejection by/alienation from others. |
| Self Awareness | Positive sense of self and abilities | Infrequent insecurity with identity, limited self esteem, limited aspirations, low self confidence. | Significantly low self confidence. Frequently significantly low self esteem in a range of situations. | May be victim of serious crime Constant absence of self confidence. |

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|---------------------------|--|--|---|--|
| Discrimination | Strong sense of belonging and acceptance by others. | May be subject to discrimination e.g racial, sexual, disability, social presentation, sexual orientation. Significant others have been victim of crime. | Increasingly withdrawn, reluctant to engage. Young person is a victim of crime. May experience persistent discrimination re ethnicity, sexual orientation, appearance, disability. | Experience of discrimination may be reflected in poor self image/poor behaviour. Fears persecution by others. Watchful/wary of others. Totally withdrawn. Child/young person is victim of serious crime. |
| Adapting to Change | Able to adapt and cope with change | Inconsistent difficulty in managing change. | Frequent difficulties when faced with change. | Unable to cope with any change. |
| Responses | Demonstrates appropriate emotional responses in feelings and actions e.g. empathy. | Infrequent inappropriate emotional responses and actions. | Frequent difficulty coping with emotions e.g anger, frustration. | Constant difficulty coping with emotions. Unable to display empathy. Lack of emotional independence. |

BEHAVIOURAL DEVELOPMENT

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|-----------------------|--|--|--|--|
| Role Models | Positive role models. | Lack of positive role models Identifies with inappropriate role models. | Peers/role models frequently engage in challenging behaviours. | Constantly associates with negative role models. Dangerous or worrying role models. |
| Self Awareness | Understands impact of own actions on others. | Inconsistent understanding of how own actions impact on others. | Frequent difficulty understanding impact of own actions on others. | unable to connect cause and effect of own actions. |

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|------------------|---|--|--|--|
| Behaviour | Consistent home/school/college behaviour and boundaries. Usually complies with routines/expectations/sanctions. Some pushing of boundaries and experimentation. | Inconsistent low level defiance challenging or aggressive behaviour at school, home, college or locality. Inconsistent home/school/college behaviour/discipline. Some difficulty complying with routines/sanctions. Some difficulty identifying right from wrong. | Frequently disruptive challenging behaviour at school, home, college or locality. Poor or frequently inconsistent home/school/college behaviour and discipline. Frequent difficulty complying with routines, expectation or sanctions. Frequent difficulty identifying right from wrong. Bullying behaviour. Frequently aggressive in behaviour/appearance. | Constantly disruptive, challenging behaviour at school, home, college, locality. Extreme behaviours make learning almost impossible. Unable to comply with routines, expectations, sanctions. Behaviours put self or other peers in danger/at risk Significant behavioural disturbance. High risk, offending, inappropriate, harmful, dangerous or threatening. Regular involvement in antisocial/criminal activity. Perpetrator of domestic abuse or sexually harmful behaviours including child on parent abuse. |
| Self Care | Competent in self care skills e.g. feeding, dressing, personal hygiene. | Slow in developing appropriate self care skills. Not always adequate self care e.g. poor personal hygiene. Disability limits amount of self care possible. | Takes little responsibility for self care tasks in comparison with peers. Disability prevents self care in a range of tasks. | Total neglect of personal self care tasks. Activities impact on self care e.g. substance misuse. Behaviours prevent self care and impacts on vulnerability to exploitation. Sever disability – dependent on others for all self care needs. |

EDUCATION OR TRAINING AND INTERESTS

Education is not statutory for young people in the older age range and should be considered in relation to age and development.

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|------------------------------------|--|--|--|--|
| Attendance/ Punctuality | Regular school/college attendance, achieving or bettering the average for the school/college/local authority. Good punctuality. | Inconsistent attendance at school/college/training: attendance is worse than school/local authority average but not yet persistent absentee level. (20% or more absence). Inconsistent punctuality. Unauthorised absences. | Frequent absences: attendance has reached level where pupil is deemed to be a Persistent Absentee (20% or more absences). Frequently late. Not being educated/trained at school/college (or at home by parents). | Constant absences, attendance is significantly worse than Persistent Absentee level (20% or more absence) Constantly late. No school/college/training placement. |
| Home Educated Child | Good contact with parent. Visits/assessments take place and demonstrate the child is receiving appropriate education. | Good contact with parents. Visits/assessments take place. Some areas for improvement in the education the child receives. | Irregular contact takes place. Parent does not always engage with visits/assessments. Little evidence that the child is receiving an appropriate education. | Little or no contact with the parent. No evidence of the child receiving any education. |
| Self Care | Competent in self care skills e.g. feeding, dressing, personal hygiene. | Slow in developing appropriate self care skills. Not always adequate self care e.g poor personal hygiene. Disability limits amount of self care possible. | Takes little responsibility for self care tasks in comparison with peers. Disability prevents self care in a range of tasks. | Total neglect of personal self care tasks. Activities impact on self care e.g substance misuse. Behaviours prevent self care and impacts on vulnerability to exploitation. Severe disability – dependent on others for all self care needs. |

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|-------------------------|---|--|---|--|
| Progression | Planned progression and aspirations beyond statutory education. | Limited evidence/engagement in progression/transition/career planning. Low aspirations. Vulnerable to ill informed/inappropriate progression decisions. | Limited participation in education, employment or training post 16. | Not in education, employment or training post 16. |
| Finance | Accessing adequate financial support for education/training circumstances. Able to manage personal finances. | Some difficulties managing personal finances or accessing adequate financial support or claiming appropriate benefits | Frequent difficulties in managing personal finances, accessing adequate financial support or claiming appropriate benefits. May be starting to accrue personal debt. | Unable to manage personal finances. Not accessing any financial support or claiming benefits appropriate to circumstances Significant personal debt accrued. |
| Engagement | Consistent engagement with learning. | Inconsistent engagement with learning i.e. poor concentration, fatigue, low motivation. Health problems beginning to impact on learning. | Frequently disengages from learning. Learning significantly affected by complex health or social problems. | Constantly unable to engage with learning. Unable to access learning due to health problems. |
| Skills/Interests | Acquiring a range of skills/interests. | Inconsistent acquisition of range of skills/interests. | Significant delay in acquisition of range of skills/interests. | Not acquiring any skills/interests. Obsessional/restricted skills/interests. |

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|--|---|---|--|--|
| Young Carer Role | Young person is not taking on a carer role in relation to parents /sibling/s. Has time to engage in own interests. | Young person is infrequently taking on carer role in relation to parents/sibling/s. Infrequently impacts on time to engage in own interests. | Young person is frequently taking on carer role in relation to parents /sibling/s. Frequently impacts on time to engage in own interests. | Young person is constantly in a carer role in relation to parents /sibling/s. Constantly impacts on time to engage in own interests. |
| Attainment | Achieving personal potential Consistent level of attainment/success. | Not reaching anticipated personal potential. Varied level of attainment/success. | Significant underperforming in relation to personal potential and/or deterioration in attainment/success. | Little/no personal attainment. Potential unmet. Extreme difficulties or behaviours result in significant barriers to learning/ achievement/work/ training progress. |
| Achievement | Experiences success/ achievement. | Inconsistent experience of success/achievement. | Infrequently experiences success/ achievement. | Few/no experience of success /achievement. |
| Special Educational Needs & Disability (SEND) | No additional educational needs identified. | School Action or School Action Plus. Has involvement from high/low incidence needs team. | Education, Health and Care (EHC) needs assessment in process. Has Education, Health and Care Plan (EHCP) | |
| Participation | Accesses and participates in educational/school/college/ employment activities. | Unable to access education/ training/ employment activities without some support /adaptation. | Unable to access education /training/employment activities without considerable support /adaptation. | |

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|----------------------------------|--|---|---|---|
| Home/school/college links | Good home/school/college/training links. | Irregular home/school/college/training links. | Frequently poor home school/ college/training links. | No/constantly acrimonious home school/college/training links. |
| Stimuli | Apropriate regular access to educational/social/leisure opportunities. | Inconsistent access to educational/ social/leisure opportunities. | Frequently unable to access educational/social/leisure opportunities. | No access to educational/social/leisure opportunities. |

PARENTING

Parenting thresholds refer to all children and young people 0-18

BASIC CARE

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|------------------------|--|---|--|--|
| Physical Needs | Physical care needs are met e.g. food, clothing, shelter, medical care, financial support. | Inconsistent physical care e.g. food, clothing, shelter, warmth, medical care e.g. due to poverty, inadequate parental support. | Frequent inattention to physical care needs. e.g. food, clothing, shelter, warmth, medical care. Needs frequently unmet despite attempts by agencies to alleviate/ improve/ support situation. | unmet needs result in significant impact on child/young person's well being despite efforts of agencies to support. Serious abuse / neglect. |
| Parental Health | Parental health issues do not impact on ability to care and protect. | Parental health infrequently affects ability to care and protect e.g. physical disability, mental health. Child / young person is taking on parent role in relation to parental health. | Parental health frequently affects ability to care and protect e.g. physical disability, mental health. | Parent unable to care and protect due to own physical / mental health needs. |

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|---------------------------------------|--|---|--|--|
| Parental substance misuse | Parental substance misuse is not impacting on ability to care and protect. | Parental substance misuse infrequently affects ability to care and protect. | Parental substance misuse frequently affects ability to care and protect. | Parent unable to care and protect due to substance misuse. |
| Basic skills and experience | Competent and experienced parent. | Young or inexperienced parent. | Very young or inexperienced parent. Other factors impact on basic skills e.g. learning difficulty, disability, health, substance misuse. Large family with poor basic coping skills. | Absence of basic skills with a significant impact on the wellbeing of the child despite appropriate support from agencies. |
| Skills, knowledge and support. | Adequate level of skill, knowledge and support resources. | Inconsistent level of skills, knowledge, support, resources. | Frequent difficulties with level of skills, knowledge, support and resources. | Absence of skills, knowledge, support, resources. |
| Information and Support | Parent is able to access appropriate information/support independently. | Parent ability to access appropriate information and support is inconsistent. May need low level help, guidance or signposting. | Parent frequently unable to access appropriate information and support without additional help. | Parent is unable to access information and support without significant help. |

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|--------------------------|---|--|--|--|
| Parenting history | No previous concerns re ability to care and protect child/ren or self | Some previous concerns re ability to care and protect child/ren or self. Concerns were improved/ alleviated with agency support. | Significant previous concerns re ability to care and protect Parent has previously struggled to care and protect child/ren or self but is engaged with support services. | Child/young person previously removed from the parental home. History of serious abuse/neglect/failure to care and protect. Parent has previously struggled to care and protect child/ren or self and is not engaging with support services. |

SAFETY AND PROTECTION

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|-------------------------|---|---|---|---|
| Supervision | Consistently protected from danger of significant harm | Inconsistent supervision | Inconsistent absence of appropriate supervision with some evidence of risk to child | inadequate supervision for child /young person's age regularly puts the child at risk of harm or a single serious episode of harm due to lack of supervision. |
| Safety Awareness | Parents aware of potential dangers and hazards. | Inconsistent awareness of potential dangers and hazards. | Frequent lack of awareness of potential dangers and hazards. | Parent's own needs mean they cannot keep child/young person safe. |
| Safety Equipment | Consistent use of appropriate child /home safety equipment. | Inconsistent use of child / home safety equipment e.g. care seat, stair gate. | Child / home safety equipment required but rarely used. | Absence of essential child / home / equipment. |

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|-------------------------------|------------------------------------|---|---|--|
| Childcare arrangements | Consistent childcare arrangements. | Inconsistent /inappropriate childcare arrangements. | Frequently change of parent or inappropriate care arrangements e.g. succession of parent. | Dangerous / inappropriate adults caring for child / young person. Unrestricted access to home by dangerous adults. |

EDUCATION, PLAY AND LEISURE

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|--------------------|--|---|--|--|
| Stimulation | Frequent positive age appropriate interaction and play / leisure facilities development. | Infrequent interaction and stimulation; child / young person may spend considerable time alone. Infrequent exposure to new experiences or activities. | Child / young person rarely receives positive interaction and play. Lack of new experiences or activities. | Np relevant stimulation and interaction or age inappropriate interaction. |
| Leisure | Regular access to age/ interest appropriate leisure facilities. | Infrequent / limited access to leisure facilities /activities. | Restricted, if any access to leisure facilities / activities. | No access to leisure facilities. No constructive leisure time or activities. |

RELATIONSHIPS

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|---|--|---|---|---|
| Emotional warmth and encouragement | Consistent responses to child/ young person. Constant warmth, regard, praise and encouragement. | Inconsistent response to child/ young person. Inconsistent warmth, praise and encouragement. | Frequently erratic responses to child/young person. Frequent lack of warmth, praise and encouragement. | Absence of consistent responses to child/young person. Constant low warmth, high criticism. Constantly apathetic/dismissive attitude towards child/young person's emotional needs. |
| Relationships with parents | Child/young person has positive relationship with parent. | Infrequent relationship difficulties between child/young person and parent. | Frequent relationship difficulties between child/young person and parent. | Constantly difficult relationship between child/young person and parent. Relationships characterised by rejection or overprotection. |
| Relationship stability / security | Child/young person has secure relationships. | Relationships with key family members not always maintained Child /young person is privately fostered, adopted or living with kinship parent. | Multiple or frequently changing parent/cares. | Multiple or frequently changing parent/cares. |
| Parental emotional stability | Emotionally stable parent. | Parent occasionally struggling to have own emotional needs met. | Parent's own emotional needs frequently compromise those of child /young person. Parental instability affecting capacity to nurture. | Parent's own emotional experiences and/or instability often impacting on ability to meet child/young person's needs. |

STABILITY, GUIDANCE BOUNDARIES

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|-----------------------------------|---|---|--|---|
| Routines | Established, consistent home routines | Infrequent, inconsistent routines at home. Complex family dynamic occasionally contributes to instability. | Frequent absence of any quality routines at home. Complex family dynamic frequently contributes to instability. | No home routines. Family life/dynamic may be complex and chaotic. |
| Boundaries | Consistent, effective parent boundaries established. | Parent boundaries are inconsistent. | Parent has difficulty setting, or refusing to set effective boundaries or offer positive role models. | Absence of effective boundaries and parent role models. |
| Guidance | Appropriate guidance is provided to enable effective behaviour and responses. | Guidance is occasionally inconsistent or inadequate. Inconsistent behaviour and responses from child/young person. | Guidance is frequently erratic or inadequate. Frequent inappropriate behaviour and responses from child/young person. | Absence of appropriate parental guidance. Child/young person's behaviour does not respond to or is beyond parental control. |
| Behaviour outside the home | Behaviour in community is effectively controlled by parent. Parent provides age appropriate guidance. | Infrequent anti-social and pre offending behaviours in the community or low level crime. Guidance provided by parent may occasionally be age inappropriate. | Child/young person frequently engaged in anti-social or criminal behaviour in the community. Guidance provided by parent is age inappropriate. | Child/young person's anti social or criminal behaviour is uncontrolled in the community. Parent provides no appropriate guidance. |

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|----------------|---|---|--|---|
| Content | Aged appropriate and supervised access and content. | Supervision is occasionally inadequate. Occasional access to inappropriate /illegal content. | Supervision is frequently inadequate. Frequent access to Inappropriate/illegal content. | No supervision of access Constant access to inappropriate/illegal content. |
| Contact | Contacts and relationships using the Internet and digital technology are appropriate. | Contacts may include infrequent cyber bullying. | Contacts may include frequent cyber bullying. Contact may include contact from inappropriate adults. | Constant cyber bullying Online 'grooming' and contact for potential abuse. |
| Conduct | Parent support in age appropriate responsible use of the Internet and Digital technologies. | Occasionally or frequently irresponsible or deliberate use of the Internet and/or other digital technologies to bully, intimidate, embarrass or humiliate. Parent and children/young people may be unaware of the legal implications. | | Deliberately/knowingly making, manipulating, posting, receiving or sending images or messages to intimidate, bully, embarrass or humiliate. May be cyberbullying. May be sexually explicit. |

FAMILY AND ENVIRONMENTAL FACTORS

Family and environmental thresholds refer to all children and young people 0-18. Practitioners may also need to refer to the Domestic Abuse Thresholds.

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|---------------------------------------|--|---|-----------------------------------|---|
| Family History and Functioning | Good relationships in family. Few significant changes in family composition. | Infrequent parental /family conflict/difficulties involving child/young person. | Frequent parental/family discord. | Family characterised by conflict and serious chronic relationship difficulties. |

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|--|--|---|--|---|
| Separation | Amicable divorce/separation. | Acrimonious divorce/separation infrequently impacting on child/young person. Parents are considering separation. | Acrimonious divorce/separation frequently involving/impacting on young person's well being. | Acrimonious divorce/separation constantly impacting on young person's well being. |
| Extended family / Community | Consistent extended reliable network of family/community support. | In consistent/small network of family/community support not always consistent or reliable. | Infrequent and unreliable extended family/community support. | Absence of extended family/community support. |
| Discrimination in the community | Family has a strong sense of belonging and acceptance within the local Community. | Family may be subject to discrimination in the local Community e.g racial, sexual, disability, social presentation, sexual orientation, faith. | Family may be increasingly reluctant to engage with the local community. Family may be a victim of crime. Family may experience persistent discrimination re ethnicity, sexual orientation, appearance, disability, faith. | Family fears persecution by others. Watchful/wary of others within the local community. Repeated victim of targeted crime motivated by discrimination. Family has totally withdrawn from any engagement with local community. |
| Bereavement and separation | The family are appropriately supported as they anticipate or experience bereavement and/or separation. The support needs and impact for children/young people in the family are recognised and met. | The family has experienced or is anticipating bereavement or separation. The family is receiving some support. The family does not always recognise or meet the support needs with negative impact for children/young people in the family. | The family has experienced or is experiencing bereavement or separation. The family is not receiving support which meets their needs. The impact and support needs for the children/young people are poorly recognised or met by the family. | The family has experienced or is anticipating bereavement or separation and has no support or is not engaging with support. The impact and support needs for the children/young people are not recognised or met by the family. |

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|--------------------------|---|------------------|--------------------|----------------------------|
| Arranged Marriage | Arranged marriages have worked well in society for many years. Families of both spouses take a leading role in arranging the marriage but the choice whether or not to accept the arrangement remains with the prospective spouses. | | | |
| Forced Marriage | One or more partners do not (or in the case of some vulnerable adults, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure. Forced Marriage is an abuse of Human Rights and cannot be justified on any grounds. | | | |

HOUSING / COMMUNITY / FINANCE

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|---|--|---|---|----------------------------|
| State of repair | Good stable accommodation in good repair. Meets the needs of the family. | Accommodation adequate/poor quality. Some problems with basic facilities not meeting | Accommodation in poor state or unsafe for children. Overcrowded accommodation. Risk of eviction due to state of property. | |
| Security of tenancy/ accommodation | Accommodation/Tenancy is stable and secure. | Potential risk to security/stability of accommodation or tenancy May be beginning to accrue rent/mortgage arrears. Frequent moves/changes in accommodation. | Imminent risk of losing secure accommodation /tenancy Temporary, interim housing/ accommodation. Frequent moves: may be due to short term tenancy/family breakdown/ arrears. Significant rent/mortgage arrears result in risk of eviction or prosecution. | Homelessness/eviction. |

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|-----------------------------|---|---|---|---|
| Employment status | Parent able to manage their working or unemployment arrangements. | Infrequent periods of unemployment for the wage earning parent i.e. redundancy/ short term contracts. | Parent has frequent difficulty obtaining or retaining employment i.e. due to skill deficit, health needs. | Unable to gain employment due to lack of skills or long term difficulties/health/disability No expectation that young people in household will work in there own adulthood. |
| Work/ life balance | Parent does not find working/unemployment unduly stressful. | Stress from overworking or unemployment infrequently impacting on family. | Stress from overworking or unemployment significantly impacting on family/ relationships. | Chronic unemployment or overwork seriously impacting on parent health or identity. |
| Finance | Reasonable income. Resources used appropriately to meet family needs. | Stress from overworking or unemployment infrequently impacting on family. | Stress from overworking or unemployment significantly impacting on family/relationships. | Chronic unemployment or overwork seriously impacting on parental health or identity. |
| Financial capability | Parent able to manage finances effectively. | Financial/debt difficulties are developing/increasing. | Financial difficulties causing significant stress for parent. | Chronic debt and arrears. |
| Social and Community | Family well integrated into community. | Limited contact with community. | Isolation of family within the community. | Whole family chronically socially excluded. |
| Friendship Networks | Good social and friendship networks. | Limited social and friendship networks. May be new to area. | Parent socially excluded. | Community are hostile to family. May want family to move. |
| Community Support | Community generally supportive towards family/ children/young people. | Some conflict within the community. Negativity/intolerance towards children/young people/families. | Acrimonious relationships within the community. | High level of community conflict and volatility. |
| Universal Services | Good universal services in neighbourhood. | Adequate universal services but may be difficult for family to access. | Poor quality universal resources and targeted services. Difficult to access. | Inadequate access/unable to access all local services and resources. |

DOMESTIC ABUSE

Domestic Violence happens across all cultures, religions and communities and it is not condoned by any culture, religion or community.

Domestic abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between adults (aged 16 or over) who are or have been in a relationship, or between family members. It can affect anybody, regardless of their gender or sexuality. The abuse can be psychological, physical, sexual, financial or emotional. It can include so called ‘honour based violence’, female genital mutilation, and forced marriage.

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

So called ‘Honour Based Violence (HBV) is a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has ‘shamed’ the family and/or community by breaking their ‘honour’ code or not conforming. This type of violence can be distinguished from other forms of violence, as it is often committed with some degree of approval and/or collusion from the family and/or community.

| | Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|--|---|--|--------------------|----------------------------|
| Domestic Abuse Domestic instability | Domestic stability No domestic abuse | <p>Where there is potential or actual Domestic Abuse disclosed, practitioner should complete a SafeLives Risk Indicator Checklist.</p> <p>If the assessment suggests that there is high risk of significant harm the practitioner should discuss the case with the MARAC (Multi Agency Risk Assessment Conference) Single Point of Contact for their agency and submit a referral, also copying in the local Independent Domestic Violence (IDVA) Service.</p> <p>Where children are part of the household, a Child Concern Notice should also be submitted. Where the risk is assessed as being medium or standard, use the RIC to develop a safety plan and discuss with the client a referral to a specialist service locally.</p> | | |

| Universal | Level 2 Emerging | Level 2 Escalating | Level 3 Statutory Services |
|-----------|---|--|----------------------------|
| | <p>Single incident, or infrequent domestic abuse/instability not significantly involving or experienced by child/young person. May be affecting physical/emotional wellbeing.</p> | <p>Frequent domestic abuse and/or domestic instability experienced by or involving child/young person. Domestic abuse is significantly affecting physical/emotional wellbeing.</p> | |