Pan Bedfordshire

Effective support meeting the needs of children guidance

Bedford Borough
Safeguarding Children Partnership

Central Bedfordshire
Safeguarding Children Partnership

Luton
Safeguarding
Children
Partnership

Introduction

Pan Bedfordshire refers to the following areas: Bedford Borough, Central Bedfordshire, and Luton.

A child is anyone who has not yet reached their 18th birthday. 'Children' therefore means 'children and young people' throughout this guidance.

This guidance provides a framework for practitioners who are working with children and families. It aims to help identify when a child may need additional support to achieve their full potential. It provides information on the levels of need and gives examples of some of the factors that may indicate a child requires additional support. By undertaking assessments and offering services on a continuum of help and support, practitioners can be flexible and respond to different levels of need in different children and families. The framework recognises that however complex a child's needs, universal services e.g. education and health, will always be provided alongside any specialist additional service.

The continuum of need matrix is not an exhaustive list. It provides examples that can be used as a tool to assist assessment, planning and decision making for practitioners working to safeguard and promote the welfare of children. Safeguarding indicators should always be considered alongside a child's other needs.

Remember that some children will have additional vulnerabilities because of a disability or complex needs; the parental response to the vulnerability of the child must be considered when assessing needs and risks.

The indicators on the following pages are designed to provide practitioners with an overarching view of what tier of support and / or intervention a family might need. This is not intended to be a 'tick box' exercise, but to give a quick-reference guide to support practitioners in their decision making, including conducting further assessments, referring to other services, and understanding the likely effective support for higher levels of intervention.

At the heart of child protection is the need to really understand what life is like for a child, especially when adults are trying to obscure this. This is complex work and children who are experiencing abuse and neglect may be reticent or unable to speak out about their experiences. Practitioners need to have the right skills and expertise to develop a trusting and respectful relationship with the child, ask the right questions, and to critically reflect on what the child is saying through their words, actions, or behaviours. Effective practice also necessitates understanding the impact that the history of parents and other significant adults may have on the child's experiences. Effective child protection practice requires practitioners to understand the significant relationships in that child's life, including their extended family or peer network, and to build a picture of the child's experiences that draws on their views and listens to their concerns; listen to the views of family / friends and recognise that they may be able to provide important insights into what the child is experiencing. There is no legal requirement for a parent or other adult to be present or provide consent when speaking to a child; it is good practice to seek parental cooperation. When parents refuse to cooperate, guidance is clear that this should not inhibit "communication with the child in order to determine their welfare and demonstrate kindness and reassurance."

Child protection work requires sophisticated relational skills. Practitioners need to build trust and cooperation with families who can be, or appear to be, reluctant to engage with them, whilst being authoritative and challenging where needed. Analysing the engagement of families critically, understanding the signs of parental disengagement and being able to interpret the significance of this when making decisions about a child's safety. Practitioners also need good knowledge and understanding of the factors that might impact on engagement, for example, different types of domestic abuse including coercive controlling behaviour. Critical thinking in supervision and management can help practitioners to identify a 'pattern of closure' whereby families try to minimise contact with the external world. Equally, it can bring a more forensic lens to situations where a parent seems to be co-operating in order to allay concerns; an issue that practitioners can lack confidence in identifying.

Effective child protection work requires practitioners to be aware of inequalities, biases and assumptions that may impact on how they, their agency, or the tools they use, perceive, and assess the risk to a child. This includes assumptions and biases that relate to different facets of identity, including ethnicity, religion, disability, gender, and sexuality. Practitioners need to be confident working with diverse communities exploring how discrimination may affect parenting and a child's lived experience and to be supported and challenged through supervision to reflect on these issues.

There are many biases that can impact on work to safeguard and promote the welfare of children, both within and between agencies, including:

Adultification – when children are perceived as being adult-like and not acknowledged as vulnerable and in need of protection.

Diffusion of responsibility - when people who need to make a decision wait for someone else to act instead.

Source bias - the tendency to interpret information depending on its source not substance.

Confirmation bias - tendency to search for, interpret, favour, and recall information or evidence in a way that confirms or supports your prior beliefs or values.

Risk aversion - preference for certain/safer options over risky options even when an uncertain option could be of greater benefit.

Critical thinking, training and cognitive learning and robust challenge with and between agencies can support the overcoming of biases. Good child protection practice requires practitioners to consider a wide range of evidence from many sources, and to synthesise it into meaningful working hypotheses within a very short time frame. This relies on practitioners engaging in critical thinking both individually and as a collective and having the right support and opportunities to do this well, for example, manageable case numbers, supervisor stability, and good quality supervision.

Child protection decision making is a highly skilled and intrinsically complicated activity. It involves complex risk assessment in an ever-changing context, requiring analytical skill to collate and distil evidence forensically, recognising patterns; focussing on key information rather than treating all information as equal; spotting missing information; and triangulating wider information with their own observations and intuition.

There is a need to retain a stance of 'respectful uncertainty' when conducting child protection investigations – a process involving critical evaluation of all information gathered and keeping an open mind.

For practitioners to make good decisions about children in need of protection, they must have a full picture of what is happening in a child's life. Part of this is about having access to all the information known about the child. But just as important is seeking out missing information, considering disparate pieces of information in the round, and asking what bigger picture is being painted about a child's experience. In child protection, 'abuse and neglect rarely present with a clear, unequivocal picture. It is often the totality of information, the overall pattern of the child's story, which raises suspicions of possible abuse or neglect.'

This document should be used in conjunction with the Bedford Borough, Central Bedfordshire and Luton Safeguarding Children Partnership Procedures.

Please click on the appropriate link below to report your concerns about a child living in the following areas.

Bedford Borough

Central Bedfordshire

Luton

HEALTH			
Level 1	**Level 2**	**Level 3**	**Level 4**
The child appears healthy, and has access to and makes use of appropriate health and health advice services	The child rarely accesses appropriate health and health advice services, missing immunisations.	There is no evidence that the child has accessed health and health advice services and suffers chronic and recurrent health problems as a result. Diagnosed with a life-limiting illness.	The child has complex health problems which are attributable to the lack of access to health services. Carer denying professional staff access to the child.
Parents meet all child's health needs.	Additional help required to meet health demands of the child including disability or long-term serious illness requiring support services.	With additional support, parent not meeting needs of child's health. Carer displays high levels of anxiety regarding child's health.	Carers' level of anxiety regarding their child's health is significantly harming the child's development. Strong suspicions / evidence of fabricating or inducing illness in their child.
Carer does not have any additional needs	Needs of the carers are affecting the care and development of the child	Needs of the carer / other family members significantly affect the care of child.	
Parent accesses ante-natal and/or post-natal care	The carer demonstrates ambivalence to ante-natal and post-natal care with irregular attendance and missed appointments.	The carer is not accessing antenatal and/ or post-natal care, significant concern about prospective parenting ability, resulting in the need for a prebirth assessment.	The carer neglects to access ante-natal care and there are accumulative risk indicators.
The parent is coping well emotionally following the birth of their baby and accessing universal support services where required.	The parent is struggling to adjust to the role of parenthood; postnatal depression is affecting parenting ability.	The parent is suffering from postnatal depression. Child appears to have poor growth - Growth falling two centile ranges or more, without an apparent health problem. Newborn affected by maternal substance misuse.	The carer is suffering from severe post-natal depression which is causing serious risk to themselves and their child/ children.
Pregnancy with no apparent safeguarding concerns	Pregnancy in a child/vulnerable adult who is deemed in need of support.	LAC or Care Leaver or vulnerable child who is pregnant.	Pregnancy in a child under 13 or parent with significant learning needs. Young inexperienced parents with additional concerns that could place the unborn child at risk of significant harm.
Sleeping Arrangements consistent with **'Safer Sleep for Babies'** guidance.	Parent/Parenting Sleeping arrangements for babies not consistent with **'Safer Sleep for Babies'** guidance.	Parent/Parenting Parents persist with unsafe sleeping arrangements for baby contravening **'Safer Sleep for Babies'** guidance.	Parent/Parenting Parents persist with unsafe sleeping arrangements for baby contravening **'Safer Sleep for Babies'** guidance.

MENTAL/EMOTIONAL HEALTH			
Level 1	**Level 2**	**Level 3**	**Level 4**
The child has warm and supportive relationships within and outside of their family environment which respect their protected characteristics	The child experiences discrimination in their day-to-day life either in their family environment, at school or in their community resulting in them being disadvantaged	The child experiences discrimination in their day-to-day life either in their family environment, at school or in their community resulting in disadvantage, exclusion, and distress	The child experiences discrimination in their day to day life either in their family environment, at school or in their community resulting in acute distress, feelings of worthlessness and leading to a concern that they may harm themselves
The child is provided with an emotionally warm, supportive relationship and stable family environment providing consistent boundaries and guidance, meeting developmental milestones to the best of their abilities.	Parenting often lacks emotional warmth and/or can be overly critical and/or inconsistent, occasional relationship difficulties impacting on the child's development. Struggles with setting age-appropriate boundaries, occasionally not meeting developmental milestones and occasionally prioritises their own needs before child's.	Carers inability to engage emotionally with child leads to developmental milestones not met. Family environment is volatile and unstable resulting in a negative impact on the child, leading to possible vulnerabilities and exploitative relationships, parent/ carer unable to judge dangerous situations / set appropriate boundaries. Allegations parents making verbal threats to children. Child rarely comforted when distressed/under significant pressure to achieve/aspire.	Relationships between the child and carer have broken down to the extent that the child is at risk of significant harm/frequently exposed to dangerous situations and development significantly impaired. Child has suffered long term neglect due to lack of emotional support from parents.
Child has good mental health and psychological wellbeing.	The child has a mild a mental health condition which affects their everyday functioning but can be managed in mainstream schools and parents are engaged with school/health services including accessing remote support services to address this. Child is accessing social media sites related to self-harm, has expressed thoughts of self-harm but no evidence of self-harm incidences.	The child has a mental health condition which significantly affects their everyday functioning and requires specialist intervention in the community. Parent is not presenting child for treatment increasing risk of mental health deterioration problems as a result. No evidence child has accessed mental health advice services and suffers recurrent mental health problems as a result.	Child expressed suicidal ideation with intent or psychotic episode or other significant mental health symptoms. Refuses medical care or is in hospital following episode of self-harm or suicide attempt or significant mental health issues. Carer unable to manage child's behaviours related to their mental health increasing the risk of the child suffering significant harm.

MENTAL/EMOTIONAL HEALTH			
	History of mental health condition but have been assessed and discharged home with safety plan and follow up.	Child is known to be accessing harmful social media sites to facilitate self-harming. Child self-harms causing minor injury and parent responds appropriately. Child has expressed suicidal ideation with no known plan of intent. Child is under the care of hospital engaging with mental health services.	Child has ongoing suicidal ideation following attempt or is in hospital following episode of self-harm or suicide attempt.
The child engages in age-appropriate activities and displays age-appropriate behaviours, having a positive sense of self and abilities reducing the risk of those wanting to exploit them.	Child has a negative sense of self and abilities, suffering with low self-esteem and confidence making them vulnerable to those who wish to exploit them resulting in becoming involved in negative behaviour/activities.	Child has a negative sense of self and abilities, suffering with low self-esteem and confidence which results in child becoming involved in negative behaviour/activities by those exploiting/ grooming them.	Evidence of exploitation linked to child's vulnerability. Child frequently exhibits negative behaviour/activities that place self or others at imminent risk.
Mental health of the carer does not affect/impact care of the child.	Sporadic/low level mental health of carer impacts care of child, however, protective factors in place.	Mental health needs of the carer (subject to a section under MHA) is impacting on the care of their child and there are no supportive networks and extended family to prevent harm. Carer has expressed suicidal ideation with no known plan of intent.	Mental health needs of the carer significantly impacting the care of their child placing them at risk of significant harm. Carer has ongoing suicidal ideation following attempt or is in hospital following episode of self-harm or suicide attempt.
Child has not suffered the loss of a close family member or friend	Child has suffered a bereavement recently or in the past and is distressed but receives support from family and friends and appears to be coping reasonably well – would benefit from short term additional support from early help services.	Child has suffered bereavement recently or in the past and recent there has been a deterioration in their behaviour. Low level support has not assisted, long term intervention required.	Child has suffered bereavement and is missing, self-harming, disclosing suicidal thoughts, risk of exploitation, involvement in gang/criminal activity.
LA notified the child is privately fostered by adults who can provide for his/her needs and there are no safeguarding concerns.		Some concern about the private fostering arrangements in place for the child, there may be issues around the carers' treatment of the child. The local authority has not been notified of the private fostering arrangement.	There is concern that the child is a victim of exploitation, domestic slavery, or being physically abused in their private foster placement

EDUCATION			
Level 1	**Level 2**	**Level 3**	**Level 4**
Child is in education/training with no barriers to learning. Planned progressions beyond school/college. The school manages behaviour issues.	Child experiences frequent moves between schools or professional concerns re home education. Reports of bullying but responded to appropriately. Peer concerns managed by the school.	Child's attendance is varied with missing absences and exclusions. Recurring issues raised about child's home education. Inappropriate behaviour from carer/ school has not been managed.	Child's achievement is seriously impacted by lack of education. Regular breakdown of school placements. Lack of trust in education system. Repeated concerns about school's management of behaviour
Developmental milestones met.	Some developmental milestones are not being met which will be supported by universal services.	Some developmental milestones are not being met which will require support of targeted/specialist services	Developmental milestones are significantly delayed or impaired causing concerns regarding ongoing neglect (not in the case of those with a disability.
The child possesses age-appropriate ability to understand and organise information, solve problems, and makes adequate academic progress.	The child's ability to understand and organise information and solve problems is impaired and the child is under-achieving or is making no academic progress.	The child's ability to understand and organise information and solve problems is very significantly impaired and the child is seriously under-achieving or is making no academic progress despite learning support strategies over a period of time.	The child's inability to understand and organise information and solve problems is adversely impacting on all areas of his/her development creating risk of significant harm, concerns of carer neglect.
The carer positively supports learning and aspirations and engages with school	The carer is not engaged in supporting learning aspirations and/or is not engaging with the school.	The carer does not engage with the school and actively resists suggestions of supportive interventions.	The carer actively discourages or prevents the child from learning or engaging with the school

ABUSE AND NEGLECT			
Level 1	**Level 2**	**Level 3**	**Level 4**
Carer protects their family from danger/ significant harm.	Carer on occasion does not protect their family which if unaddressed could lead to risk or danger	Carer frequently neglects/is unable to protect their family from danger/ significant harm. Parents or carers persistently avoid contact / do not engage with childcare professionals.	Carer is unable to protect their child from harm, placing their child at significant risk. Allegations of harm by a person in a position of trust.
Child shows no physical symptoms which could be attributed to neglect.	Child occasionally shows physical symptoms which could indicate neglect.	Child consistently shows physical symptoms which clearly indicate neglect.	Child shows physical signs of neglect which are attributable to the care provided by their carers.
Child has injuries which are consistent with normal childish play and activities.	Child has occasional, less common injuries which are consistent with the parents' account of accidental injury - carers seek out or accept advice on how to avoid accidental injury.	Child has injuries which are accounted for but are more frequent than would be expected for a child of a similar age/ needs. Carer does not know how injuries occurred, or explanation unclear.	Any allegations of abuse or neglect or any injury suspected to be nonaccidental injury to a child. Repeated allegations or reasonable suspicion of nonaccidental injury. Any allegation of abuse/suspicious injury in a pre-mobile or non-mobile child. Child has injuries more frequently which are not accounted, and the child makes disclosure and implicates parents or older family members.
Carer does not physically harm their child including physical chastisement.	Carer uses physical assault (no injuries) as discipline but is willing to access professional support to help them manage the child's behaviour.	Carer uses physical assault (injuries) as discipline but is willing to access professional support to help them manage the child's behaviour.	Carer uses an implement causing significant physical harm to a child.
No concerns re conflict / tensions within the family.	Concerns re ongoing conflict between family and child.	Family is experiencing a crisis likely to result in the breakdown of care arrangements - no longer want to care for child.	Family have rejected, abandoned, and/or evicted the child. Child has no available parent, and the child is vulnerable to significant harm. Child not living with a family member.
No concerns of inappropriate self-sufficiency.	Pattern emerging of self-sufficiency which is not proportionate to a child's age and stage of development.	High level of self-sufficiency is observed in a child that is not proportionate to a child's age and stage of development.	Inappropriate, high level of self-sufficiency for child's age and stage of development resulting in neglect.
No concerns of fabricated or induced illness.	Child has an increased level of illnesses with the causes unknown	Suspicion child has suffered or is at risk of fabricated or induced illness.	Medical confirmation that a child has suffered significant harm due to fabricated or induced illness.

SEXUAL ABUSE / ACTIVITY			
Level 1	**Level 2**	**Level 3**	**Level 4**
Nothing to indicate child is being sexually abused by their carer.	Concerns relating to inappropriate sexual behaviour, abuse within the family/network but does not amount to a criminal offence.	Allegation of non-recent sexual abuse but no longer in contact with perpetrator.	Concerns re possible inappropriate sexual behaviour from carer and/ or carer sexually abuses their child. Offender who has risk to children status is in contact with Family. Child who lives in a household into which a registered sex offender or convicted violent offender subject to MAPPA moves.
Good knowledge of healthy relationships and sexual health.	Emerging concerns of possible sexual activity of a child.	Suspicions of peer-on-peer sexual activity in a child over 13 years old. Child under 16 is accessing sexual health and contraceptive services.	Suspicions of sexual abuse and/ or sexually activity of a child. Direct allegation of sexual abuse/assault by child and belief. that child is in imminent danger and in need of immediate protection.
Good knowledge of healthy relationships and sexual health.	Single instance of sexually inappropriate behaviour.	Send/receive inappropriate sexual material produced by themselves or other children via digital or social media, considered as peer-on-peer abuse. Evidence of concerning sexual behaviour – accessing violent and/or exploitative pornography.	Child is exhibiting harmful, sexual behaviour. Early teen pregnancy. Risk taking sexual activity.
Good knowledge of healthy relationships and sexual health.	Age-appropriate attendance at sexual health clinic.	Sexually transmitted infections (STI's). Consent issues may be unclear. Verbal or non-contact sexualised behaviour. Historic referrals in regard concerning sexual behaviour.	Multiple / untreated sexually transmitted infections (STI's). Concerning sexual activity (behaviour that is upsetting to others). Allegations of nonpenetrative abuse. Harmful sexual behaviour. Child exploited to recruit others into sexual activity. Repeated pregnancy, miscarriages, and/ or terminations. Increase in severity of concerning sexual behaviour.

POLICE ATTENTION			
Level 1	**Level 2**	**Level 3**	**Level 4**
There is no history of criminal offences within the family.	History of criminal activity within the family including gang involvement, child has from time to time been involved in anti-social behaviour.	Family member has a criminal record relating to serious or violent crime, known gang involvement, child is involved in anti-social behaviour and may be at risk of gang involvement, early support not having the desired impact. Starting to commit offences/re-offend or be a victim of crime.	Re-occurring and/or frequent attendances by the police to the family home. Family member within household's criminal activity significantly impacting on the child, child is currently involved in persistent or serious criminal activity and/or is known to be engaging in gang activities leading to injury caused by a weapon.
Child is not involved with crime or antisocial behaviour.	Child is vulnerable and at potential risk of being targeted and/or groomed for criminal exploitation, gang activity or other criminal groups and associations.	Child appears to be actively targeted/ coerced with the intention of exploiting the child for criminal gain.	Child habitually entrenched / actively criminally exploited. There is a risk of imminent significant harm to the child because of their criminal associations and activities. They may not recognise they are being exploited and/or are in denial about the nature of their abuse.
Child is not involved with crime or antisocial behaviour.	Attention of ASB team or police. Talks about carrying a weapon. Reports from others that involved in named gang. Glamorises criminal or violent behaviour.	Arrested for possession of offensive weapon, drugs, multiple thefts/going equipped/motoring offences. Non-compliance of conditions.	Charged or convicted of Aggravated Robbery/Use of offensive weapon/ possession of large quantities of Class A drugs. Intentional harm of others/ animals.
Child has been stopped but not searched. Child has been stopped and searched with no obvious safeguarding concerns or criminality.	Child has been stopped and searched in circumstances that cause concern such as time of day and others present but no previous concerns.	Child regularly stopped and searched indicating vulnerability, exploitation, or criminality. Child arrested because of a stop and search.	Child consistently stopped and searched with risk factors suggested they are being exploited.

HARMFUL PRACTICES			
Level 1	**Level 2**	**Level 3**	**Level 4**
There is no concern the child may be subject to harmful traditional practices.	Concern the child is in a culture where harmful practices are known to have been performed however parents are opposed to the practices in respect of their children.	Concern the child may be subject to harmful traditional practices.	Evidence the child may be subject to harmful traditional practices.
There are no concerns that the child is at risk of Honour Based Violence.	There are concerns that a child may be subjected to Honour Based Violence.	There is evidence to indicate the child is at risk of Honour Based Violence.	There is specific evidence to indicate a child has been subjected to Honour Based Violence or the child has reported they have been subjected to Honour Based Violence.
There are no concerns that the child is at risk of Female Genital Mutilation.	History of practising Female Genital Mutilation within the family including female child is born to a woman who has undergone Female Genital Mutilation, older sibling/cousin who has undergone Female Genital Mutilation. Family indicates that there are strong levels of influence held by elders and/ or elders are involved in bringing up female children. Female child where Female Genital Mutilation is known to be practiced is missing from education for a period without school's approval.	Any female child born/unborn to a mother who has had Female Genital Mutilation and is from a prevalent country, family believe Female Genital Mutilation is integral to cultural or religious identity. Female child talks about a long holiday / confirmed travel to her country of origin or another country where the practice is prevalent. Female child or parent from household where Female Genital Mutilation is known or suspected to have previously been a factor state that they or a relative will go out of the country for a prolonged period with female child.	Reports that female child has had Female Genital Mutilation/ child requests help as suspects she is at risk of Female Genital Mutilation. Upon return from country where practice is prevalent, noticeable changes in child – dress code, excusing from PE, discomfort in walking, frequenting toilet facilities.
There are no concerns a child is at risk of Forced Marriage.		There are concerns that a child may be subjected to Forced Marriage.	Evidence child may be subject to forced marriage or has been subjected to Forced Marriage.
There are no concerns that the child is at risk of witchcraft.	Suspicion child is exposed to issues of spirit possession or witchcraft.	Evidence child is exposed to issues of spirit possession or witchcraft.	Disclosure from child about spirit possession or witchcraft, parental view that child is believed to be possessed.

EXTREMISM & RADICALISATION			
Level 1	**Level 2**	**Level 3**	**Level 4**
Child and family's activities are legal with no links to proscribed organisations	Child refers to own and family ideologies.	The child expresses sympathy for ideologies closely linked to violent extremism but is open to other views or loses interest quickly. Child and family have indirect links to proscribed organisations.	The child expresses beliefs that extreme violence should be used against people who disrespect their beliefs and values. The child supports people travelling to conflict zones for extremist/ violent purposes or with intent to join terrorist groups The child expresses a generalised nonspecific intent to go themselves. Child, family, and friends have strong links / are members of proscribed organisations.
Child does not express support for extreme views or is too young to express such views themselves.	Child refers to own and family extreme views.	A child is known to live with an adult or older child who has extreme views. Child may inadvertently view extremist imagery.	A child is sent extreme imagery and/or taken to demonstrations or marches where violent, extremist and/ or age-inappropriate imagery or language is used. The child, carers, close family members, friends are members of prescribed organisations, promoting the actions of violent extremists and/or saying that they will carry out violence in support of extremist views including child circulating violent extremist images.
Child engages in age-appropriate use of internet, including social media	Child is at risk of becoming involved in negative internet use that will expose them to extremist ideology, expressing casual support for extremist views.	Child is known to have viewed extremist websites and has said s/he shares some of those views but is open about this and can discuss the pros and cons or different viewpoints.	Child is known to have viewed extremist websites and is actively concealing internet and social media activities. They either refuse to discuss their views or make clear their support for extremist views. Significant concerns that the child is being groomed for involvement in extremist activities.
Child engages in age-appropriate activities and displays age-appropriate behaviours and self- control.	Child is expressing strongly held and intolerant views towards people who do not share their religious or political views.	Child is refusing to co-operate with activities at school that challenge their religious or political views, they are ag-gressive and intimidating to others who do not share their religious or political views.	Child expresses strongly held beliefs that people should be killed because they have a different view. Child is initiating verbal and sometimes physical conflict with people who do not share their religious or political views.
Child engages in age-appropriate activities and displays age-appropriate behaviours and self- control.	The child is expressing verbal support for extreme views some of which may be in contradiction to British law.	Concerns child has connections to individuals or groups known to have extreme views and they are being educated to hold intolerant, extremist views	Child has strong links and involved in activities and being educated by those with individuals or groups who are known to have extreme views / links to violent extremism.

DRUG / SUBSTANCE MISUSE			
Level 1	**Level 2**	**Level 3**	**Level 4**
The child has no history of substance misuse or dependency.	The child is known to be using drugs and alcohol frequently with occasional impact on their social wellbeing.	The child's substance misuse dependency is affecting their mental and physical health and social wellbeing - Child presents at hospital due to substance/alcohol misuse. Carer indifferent to underage smoking/alcohol/ drugs, etc.	The child's substance misuse dependency is putting the child at such risk that intensive specialist resources are required.
Carers/other family members do not use drugs or alcohol, or the use does not impact on parenting.	Drug and/or alcohol use is impacting on parenting, but adequate provision is made to ensure the child's safety, concerns this may increase if continues.	Drug/alcohol use has escalated to the point where the child is worrying about their carer/family member.	Carer/other family members drug and/ or alcohol use is at a problematic level and are unable to provide care to child.
No signs or suspicion of drug usage.	Child or household member found in possession of Class C drugs.	Previous concerns of drug involvement/ drug supply and child or household member found in possession of Class A or Class B drugs/drug paraphernalia found in home.	Family home is used for drug taking/ dealing/illegal activities.
No signs or suspicion of drug usage.	Concerns of drug usage during pregnancy.	Evidence of substance/drug misuse during pregnancy – pre 21 weeks gestation.	Evidence of substance/drug misuse during pregnancy – post 21 weeks gestation.

DISABILITY			
Level 1	**Level 2**	**Level 3**	**Level 4**
Carers/other family members have disabilities which do not affect the care of their child.	Carers/other family members have disabilities which occasionally impedes their ability to provide consistent patterns of care but without putting the child at risk, additional support required.	Carers/other family members have disabilities which are affecting the care of the child.	Carers/other family members have disabilities which are severely affecting the care of the child and placing them at risk of significant harm
Child has no apparent disabilities.	Additional help required to meet health demands of the child's disabilities.	Parents unable to fully meet the child's needs due disability needs, requiring significant support under CIN Plan.	Carers Child's disability needs not being met – neglectful.

YOUNG CARER			
Level 1	**Level 2**	**Level 3**	**Level 4**
Child does not have caring responsibilities.	Child occasionally has caring responsibilities for members of their family and this sometimes impacts on their opportunities.	Child is regularly caring for another family member resulting in their development and opportunities being adversely impacted by their caring responsibilities.	Child's outcomes are being adversely impacted by their unsupported caring responsibilities.

DOMESTIC ABUSE			
Level 1	**Level 2**	**Level 3**	**Level 4**
Expectant mother or parent is not in an abusive relationship.	Expectant mother or parent is a victim of occasional or low-level non-physical abuse.	Expectant mother or parent has previously been a victim of domestic abuse and is a victim of occasional or low-level non-physical abuse.	Expectant mother or parent is a victim of domestic abuse which has taken place on a number of occasions.
No history or incidents of violence, emotional abuse/economic control or controlling or coercive behaviour in the family.	There are isolated incidents of physical/ emotional abuse/economic control or controlling or coercive behaviour in the family, however mitigating protective factors within the family are in place. Even if children reported not to be present when incidents have occurred.	Children suffering emotional harm when witnessing physical/emotional abuse/economic control/coercive and controlling behaviour within the family. Perpetrator/s show limited or no commitment to changing their behaviour and little or no understanding of the impact their behaviour has on the child.	Evidence suggesting child is directly subjected to verbal abuse, derogatory titles, threatening and/or coercive adult behaviours. Child suffering emotional harm and possibly physical harm when witnessing/involved with physical/ emotional abuse/economic control/ coercive and controlling behaviour within the family especially if they are trying to protect the adult victim. Frequency of incidents increasing in severity/duration.
	Information has become known that a person living in the house may be a previous perpetrator of domestic abuse, although no sign of current or recent abuse is apparent.	Confirmation previous domestic abuse perpetrator residing at property. Carer minimises presence of domestic abuse in the household contrary to evidence of its existence.	Serious threat to parent's life or to child by violent partner. Child injured in domestic violence incident. Child traumatised or neglected due to a serious incident of DV, or child is unborn.

SOCIAL DEVELOPMENT			
Level 1	**Level 2**	**Level 3**	**Level 4**
Child has good quality early attachments, confident in social situations with strong friendships and positive social interaction with a range of peers, demonstrating positive behaviour and respect for others.	Child has few friendships and limited social interaction with their peers. Child has communication difficulties and poor interaction with others. Child exhibits aggressive, bullying, or destructive behaviours which impacts on their peers, family, and/or local community. Support is in place to manage this behaviour. Child is a victim of discrimination or bullying.	Child is isolated and refuses to participate in social activities, interacting negatively with others including aggressive, bullying, or destructive behaviours, early support has been refused, or been inadequate to manage this behaviour. Child has experienced persistent or severe bullying which has impacted on his/her daily outcomes. Child has significant communication difficulties.	Child is completely isolated, refusing to participate in any activities, positive interaction with others is severely limited due to displays of aggressive, bullying, or destructive behaviours impacting on their wellbeing or safety. Child has experienced such persistent or severe bullying that his/her wellbeing is at risk. Child has little or no communication skills.
There is a positive family network and good friendships outside the family unit.	There is a significant lack of support from the extended family network which is impacting on the parent's capacity.	There is a weak or negative family network. There is destructive or unhelpful involvement from the extended family. Child has multiple carers; may have no significant or positive relationship with any of them/ child has no other positive relationships.	The family network has broken down or is highly volatile and is causing serious adverse impact to the child.
Child engages in age-appropriate use of internet, gaming, and social media.	Child is at risk of becoming involved in negative internet use, lacks control and is unsupervised in gaming and social media applications.	Child is engaged in, or victim of negative and harmful behaviours associated with internet and social media use or is obsessively involved in gaming which interferes with social functioning. Evidence of sexual material being shared without consent. Multiple SIMs or phones.	Child is showing signs of being secretive, deceptive and is actively concealing internet and social media activities. Regularly coerced to send/receive indecent images. Coerced to meet in person for sexual activity. Devices need to be removed, and/or access restricted at all times.
The family feels integrated into the community.	The family is chronically socially excluded and/ or there is an absence of supportive community networks.	The family is socially excluded and isolated to the extent that it has an adverse impact on the child	The family is excluded, and the child is seriously affected but the family actively resists all attempts to achieve inclusion and isolates the child from sources of support

SOCIAL DEVELOPMENT			
The neighbourhood is a safe and positive environment encouraging good citizenship and knowledgeable about the effects of crime and anti-social behaviour.	Child is affected and possibly becoming involved in low level anti-social behaviour in the locality due to others engaging in threatening and intimidating behaviour	The neighbourhood or locality is having a negative impact on the child resulting in the child coming to notice of the police on a regular basis both as a suspect and a victim, concerns by others re exploitation.	The neighbourhood or locality is having a profoundly negative impact on the child resulting in the child coming to notice of the police on a regular basis both as a suspect and a victim, concerns by others re high risk of exploitation, being groomed and any other criminal activity.
Child and family is legally entitled to live in the country indefinitely and has full rights to employment and public funds.	Child and family's legal entitlement to stay in the country is temporary and/or restricts access to public funds and/or the right to work placing the child and family under stress.	Child and family's legal status puts them at risk of involuntary removal from the country/having limited financial resources/no recourse to public funds increases the vulnerability of the children to criminal activity.	Evidence a child has been exposed or involved in criminal activity to generate income for the family/family members are being detained and at risk of deportation or the child is an unaccompanied asylum-seeker.
Child is positively engaging with services. Has awareness of the risks and grooming processes. Motivated and positive outlook.	Perceived inability or reluctance to access more mainstream support. Reduced access due to their ethnicity/cultural background/being in care/Identifying as LGBTQ/Educational Needs (SEN).	Isolated and refuses to participate in activities. Experiencing bullying or social isolation that may be exacerbated by personal, cultural, sexual identity or education needs. Targeted by groups or individuals due to their vulnerability or perceived reputation.	Negative sense of self and abilities that risk of causing harm. Completely isolated, refusing activities. High levels of social isolation that may be exacerbated by personal, cultural, sexual identity or education needs.

EXTRA-FAMILIAL HARM			
Level 1	**Level 2**	**Level 3**	**Level 4**
Places/Spaces			
Good services in area and the child is aware/engaging positively. Guardians in area ensure physical and psychological wellbeing of children.	Spending time in areas known for antisocial behaviour or where more vulnerable. Child identifies and informs professionals of unsafe locations and reason for this.	The neighbourhood or locality is having a negative impact on the child. Frequently spending time in locations, including online, where they can be anonymous or at risk of experience harm, violence, and/or exploitation.	Found in areas/properties known for exploitation/violence. Taken to hotel/B&B/property with intention of being harmed or harming others. Area having profoundly negative effect on the child.
Peer Group / External Relationships			
Peer group engage in positive activities/clubs/communities. The group understands risk and harm. Age appropriate and safe. Peers that have 'turned around' in their journey.	Some indications that unknown adults and/or other exploited children have contact with the child. Some indications of negatively influential peers.	Unknown adults and/or other exploited children associating with the child. Escalation in behaviour of peer group. Accompanied by an adult who is not a legal guardian. Arrested with individuals who at risk of exploitation/violence.	Staying with someone believed to be exploiting them. Person with significant relationship is coercing child to meet and child is sexually or physically abused. Found with adults/high risk individuals out of borough. Is being exploited to 'recruit' others.
Practitioner Engagement			
Trusted adult in practitioner network. Impactful engagement. Curious and flexible.	Limited referral history with services. Lack of confidence in worker/service to manage risk or work with adolescents. Multiple workers confused or disagreeing on risk.	Services previously involved and closed; new referral received for similar concerns. Despite attempts, practitioner have been unable to engage the child to date. Several services involved but little change.	History of multiple services/referrals with little change or escalation in risk. Services report unable to keep children safe.
Missing			
Child comes homes on time and does not run away from home. Their whereabouts are always known to their carers, and they answer their phone.	Child has run away from home on one or two occasions or not returned at the normal time. Concerns about what happened to them whilst they were away, whereabouts unknown.	Child persistently runs away and/or goes missing, serious concerns about their activity whilst away. Parent does not report them missing. Unable to give explanations for whereabouts.	Child persistently runs away and/or goes missing and does not recognise that he/she is putting him/herself at risk of exploitation, criminal behaviour etc. Pattern of sofa surfing, whereabouts unknown.

Adopted from the London Safeguarding Partnership – Threshold - Continuum of need matrix (2022)

Bedford Borough Council - Understanding Levels of Need and Support

Bedford Borough are establishing a "Family Help Service" to support children and families with multiple needs who are eligible for or receiving Child in Need (CIN) or 'targeted early help' services. The Family Help service will build on best practice in early help that Local Authorities and partners have driven through programmes such as Supporting Families and Strengthening Families, Protecting Children and Young People and, more recently, Family Hubs.

This community-based service will build on the strong partnerships that exist and support further collaboration across services to facilitate access to more effective help for families in the short to medium term. This will help to address needs before they escalate and will avoid unhelpful and unnecessary handovers.

This framework is a guide to inform thinking, not a checklist. Professional judgment is essential. Practitioners should consider the child's lived experience, the balance of needs and risks, protective factors, and historical patterns. For example:

- A child may present with several Level 2 indicators, but the most effective response could be a Family Practitioner coordinating support, rather than escalating to statutory services.
- A child may experience a significant event that initially appears to require intensive intervention, but after assessment, it may be clear that universal services are sufficient.

The aim is to ensure the right support, at the right time, in the right place, tailored to the child and family. This requires critical thinking, collaboration, and curiosity, rather than relying solely on thresholds or single indicators.

Level 1 – Universal Services

Children and families whose needs can be met through universal provision such as education, health, and community services. These families may require advice or signposting but do not need intervention.

Level 2 – Emerging Needs

Children and families with additional needs who would benefit from or who require extra help to improve education, parenting, and/or behaviour, or to meet specific health or emotional needs or to improve their material situation.

Level 3 – Family Help

Children and families with multiple or escalating needs requiring a coordinated, multi-agency response. Children in this category are likely to be supported via our Family Help - This includes Children in Need (CIN) and targeted early help where risks are increasing but can still be managed without statutory intervention.

Level 4 – Child Protection

Children and young people who have suffered or are likely to suffer significant harm because of abuse or neglect. This will include children at high risk of sexual and criminal exploitation and those at high risk of female genital mutilation (FGM), children with significant impairment of function/learning and/or life limiting illness, children whose parents and wider family are unable to care for them. Families involved in crime/misuse of drugs at a significant level. Families with significant mental or physical health needs and those at risk of forced marriage.

Central Bedfordshire Council - Understanding Levels of Need and Support

The levels of need are designed to help practitioners identify the right support for children and families at the right time. This is not about assigning a child to a fixed category or assuming that Level 4 automatically means social worker involvement. Instead, it is about understanding the complexity of needs and planning long-term, proportionate support that promotes safety, stability, and positive outcomes.

This framework is a guide to inform thinking, not a checklist. Professional judgment is essential. Practitioners should consider the child's lived experience, the balance of needs and risks, protective factors, and historical patterns. For example:

- A child may present with several Level 2 indicators, but the most effective response could be a Family Practitioner coordinating support, rather than escalating to statutory services.
- A child may experience a significant event that initially appears to require intensive intervention, but after assessment, it may be clear that universal services are sufficient.

The aim is to ensure the right support, at the right time, in the right place, tailored to the child and family. This requires critical thinking, collaboration, and curiosity, rather than relying solely on thresholds or single indicators.

Level 1 – Universal Services

Children and families whose needs can be met through universal provision such as education, health, and community services. These families may require advice or signposting but do not need targeted intervention.

Level 2 – Targeted Support

Children and families who need additional help beyond universal services. This may include early help or targeted services to address emerging concerns, such as parenting support or help with school attendance. Children in this category are likely to receive targeted support from Youth Workers, Children's Centres or Family Hubs or early help in the community co-ordinated.

Level 3 – Complex Needs

Children and families with multiple or escalating needs requiring a coordinated, multi-agency response. Children in this category are likely to be supported via our Family Help - This includes Children in Need (CIN) and targeted early help where risks are increasing but can still be managed without statutory intervention.

Level 4 – Child Protection

Children who are at risk of significant harm and require statutory intervention under child protection procedures. This level involves safeguarding measures and may include care proceedings where necessary. Children in this category are likely to be supported via our Family Help or Corporate Parenting Service.

Luton Council - Understanding Levels of Need and Support

Luton have established a targeted "Family Help Service" to support children and families with multiple needs who are eligible for or receiving Child in Need (CIN) or 'targeted early help' services. This approach will build on best practice in early help that Local Authorities and partners have driven through programmes such as Supporting Families and Strengthening Families, Protecting Children and Young People and, more recently, Family Hubs.

This community-based service will bring together previously separate teams, who will work closely together to facilitate access to more effective help in the short to medium term. This will help to address children and families' needs before they escalate and avoids unhelpful handovers between practitioners.

This framework is a guide to inform thinking, not a checklist. Professional judgment is essential. Practitioners should consider the child's lived experience, the balance of needs and risks, protective factors, and historical patterns. For example:

- A child may present with several Level 2 indicators, but the most effective response could be a Family Practitioner coordinating support, rather than escalating to statutory services.
- A child may experience a significant event that initially appears to require intensive intervention, but after assessment, it may be clear that universal services are sufficient.

The aim is to ensure the right support, at the right time, in the right place, tailored to the child and family. This requires critical thinking, collaboration, and curiosity, rather than relying solely on thresholds or single indicators.

Level 1 – Universal Services

All children and families who live in the area have core needs such as parenting, health, and education.

Level 2 – Emerging Needs

Children and families with additional needs who would benefit from or who require extra help to improve education, parenting, and/or behaviour, or to meet specific health or emotional needs or to improve their material situation.

Level 3 – Family Help

Vulnerable children and their families with multiple needs or whose needs are more complex, such as children and families who:

- have a disability resulting in complex needs.
- exhibit anti-social or challenging behaviour, including the expression of radicalised thoughts or intentions.
- suffer some neglect or poor family relationships.
- have poor engagement with key services such as school and health.
- are not in education or work long-term.

Level 4 – Child Protection

Children and young people who have suffered or are likely to suffer significant harm because of abuse or neglect. This will include children at high risk of sexual and criminal exploitation and those at high risk of female genital mutilation (FGM), children with significant impairment of function/learning and/or life limiting illness, children whose parents and wider family are unable to care for them. Families involved in crime/misuse of drugs at a significant level. Families with significant mental or physical health needs and those at risk of forced marriage.