RSCP
Redbridge Safeguarding Children Partnership

Redbridge Safeguarding Children Partnership (RSCP)

Multi-Agency Safeguarding Referrals & Threshold Guidance

How to access early help, and thresholds for referral to children's social care

December 2023

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Introduction

This document provides information and guidance for agencies working with children in Redbridge when considering making a safeguarding referral.

It has been agreed by the Redbridge Safeguarding Children Partnership (RSCP) that partners will follow the London Safeguarding Children Procedures, including adoption of the Threshold Document: Continuum of Help and Support to ensure consistency in responding to concerns about a child's safety or welfare across London. It reflects the importance of the need for agencies to work together to safeguard children in line with the statutory guidance Working Together to Safeguard Children 2023.

It describes the 'levels of need' (page 4) which will be applied to determine whether the child and family can be appropriately and safely helped by early intervention and family support services, or whether the level of need and risk is such that statutory social care involvement is required. It describes how to access services for children with different levels of need, and what kind of response can be expected (pages 6 – 10). A child whose level of need is identified as Level 2, 3 or 4 should also be able to access the services and support described in the lower levels, as appropriate.

The document includes a copy of the London Threshold – Continuum of Need Matrix (pages 13 - 23). However, it must be emphasised that these threshold criteria can only be indicative. They give examples of what is meant by different levels of need but are in no way intended to be exhaustive. They cannot describe every issue or combination of issues which may arise. They do not replace professional judgement, either on the part of referrers or of those considering the appropriate response to a referral. They are intended to provide helpful guidance for those wishing to share a concern about a child or young person and to progress the provision of services to the child or young person and family, and to give some clarity about what response can be expected.

Levels of Need

Level 1: Children with no additional needs

Children with no additional needs are children whose health and developmental needs will be met by good parental care and the universal services available to all children (health services, education etc.).

Level 2: Children with additional needs

Children with additional needs are children who require additional support to ensure their health and developmental needs are met. They may be vulnerable and showing early signs of abuse and/or neglect, but often their needs are not clear, not known or not being met. Additional support may be provided by a single agency or by several different agencies working together, with a lead professional co-ordinating the work. Additional services from providers such as family support services, parenting programmes and children's centres may be required. This kind of support is described as 'early help' or 'early intervention', as it seeks to provide help and support to children, young people, and their families in the early stages when concerns are identified, and to avoid those concerns escalating. However, the level of need or risk is not such that involvement by statutory children's social care services is required.

Level 3: Children with complex multiple needs

These children require specialist services to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled. They may require longer term intervention from specialist services. This is the threshold for a children and families' assessment led by a qualified social worker under Section 17 of the Children Act 1989, although the assessments and services required may come from a range of provision outside of children's social care. If the conclusion of the assessment is that continued social care involvement is required to prevent impairment of the child's health or suffering, a 'child in need plan' setting out the contribution of all agencies to meeting the child's needs will be drawn up and implemented.

Level 4: Children with acute needs

These are children where there is reasonable cause to suspect they are suffering, or are likely to suffer, significant harm. For further discussion of the concept of 'significant harm', you should refer to London Safeguarding Children Procedures, 1.1. Enquiries under Section 47 of the Children Act 1989 will be undertaken, and if necessary emergency action to secure the child's safety will be taken. If the suspicion of significant harm is substantiated, a multi-agency child protection case conference will consider what further action is required to protect the child. This level also includes children in Level 4 health services which are very specialised services in residential, day patient or outpatient settings for children and adolescents with severe and /or complex health problems, and children remanded into custody.

Levels of Need Diagram

How to access services at Levels of Need 1, 2, 3 and 4

Level 1 – Universal Services

Universal services are those that can be accessed by all families directly and are not targeted at specific children with additional needs. Information about these and other resources available to families can be through the Redbridge Family Services Directory FIND. Families can also contact the NELFT 0-19 Universal Services via their website https://www.nelft.nhs.uk/services-redbridge-0-19-universal-children-services/ or 0-19 Central Duty Desk Tel: 0300 300 1579 Option 1, or email Redbridge0-19universaldutydesk@nelft.nhs.uk.

Level 2 – children with additional needs

If it appears that the need for support can be met by your agency, discuss it with the child and their family, and put agreed support in place.

If it appears that the need for support can be met by another single agency or requires a multi-agency package of support, discuss with child/young person and/or parents or carers. Having obtained consent to share information with other agencies, an enquiry should be sent to the CAF Administration Team via cafadmin@redbridge.gov.uk. Once a response has been received and there is no current social care involvement and the case is not open to Families Together Hub you will be notified to complete the Common Assessment Framework (CAF). This process ensures there is no duplication of work and all agencies involved work together to provide a clearly defined package of support known at Team Around the Family (TAF).
Once the CAF is completed, it should be sent to the Redbridge CAF Team via cafadmin@redbridge.gov.uk. The CAF Team can support you with Review Meeting(s) to ensure that the package of support is driven forwards. CAFs can be completed on the Early Help Module (EHM) by those with access, or by downloading the CAF Template. For guidance and support in considering or completing a CAF, please contact your individual CAF Co-ordinator, if you do not know who this is please contact CAF Administration Team cafadmin@redbridge.gov.uk.

If at any point in the CAF process it appears that a child or young person meets the Level 3 or Level 4 threshold, the CAF will be referred to Children's Social Care.

If the concerns relate to suspected neglect, use of the RSCP Multi-Agency Neglect Toolkit can support the identification and analysis of any neglect.

Another route for children and young people with additional needs to access Families Together Hub support services is by completing a referral form (available to download from the RSCP website) and sending it to Early.Intervention@redbridge.gov.uk . Should you require a discussion in relation to the case and it is unlikely to meet the threshold for Statutory Children's Social Care, you can contact the Families Together Hub on 020 8708 2208 (Monday – Friday, 09:00 – 17:00).

There is in addition the Early Intervention (Complex Cases) Panel which is a multi-disciplinary meeting for a case discussion. Cases can be discussed by a multi-agency panel and a support package arranged as appropriate. If the referral is sparse, the multi- agency panel may decide

further information is required and the referring agency could be requested to complete a CAF to clearly identify the support needs of the child or family being referred before a package of support is agreed. Therefore, if a CAF is attached to the referral this will provide a fuller picture for the panel to agree a more robust package for the family, it is also often helpful if the case worker presents the case so that any queries can be responded to at the panel. The Early Intervention Panel Referral Form can be accessed on request from the Early.Intervention@redbridge.gov.uk.

The CAF Team is part of the Families Together Hub (FTH). The FTH provides the following services:

- **Triage Team** – FTH staff screen all Level 2 cases that would benefit from early help intervention at the point of contact. They are collocated in the MASH. The offer is short interventions, advice, guidance, and signposting.
- **Family Support Worker Team** – provides dedicated whole family support for a period of 3-6 months.
- **No Recourse to Public Funds (NRPF) and Housing Support Team** – Family Support Workers provide support to intentionally homeless families and those with NRFP, support with employment, adult learning, housing, benefits, and personal finances.
- **Parenting Team** - Family Support Workers and a Senior Parenting Practitioner deliver a range of accredited and non-accredited evidenced based parenting programmes.
- **CAF (Common Assessment Framework) Team** - The CAF Coordinators lead on work with schools, alongside a Family Support Worker seconded from the Children with Disabilities Team.
- **Harmony Team** – Social Work Team working with Level 3 cases diverted from statutory social care offering whole family support.
- **Junior FIT Team** – working with the whole family where a child is at risk of criminal or sexual exploitation. They offer diversionary activities and support for young people, tackling the difficult issues they might face in their lives.
- **Family Group Conference (FGC)** - a family-led meeting in which the family and friends network come together to make a plan for a child. The process is supported by our FGC Co-ordinators. who helps the family prepare for the FGC. Participation by families is on a voluntary basis.
- **Free Your Mind -** A trauma informed service to provide support for young people who have experienced and witness childhood domestic abuse.
- **Parental Conflict -** Family Support Workers are trained to deliver Healthy Parental Relationship Intervention to support communication between couples in conflict for improved outcomes for their children.
- **Freedom Programme (Women) -** primarily designed for women victim survivors of domestic abuse (DA), the Freedom Programme examines the roles played by attitudes and beliefs on the actions of the abusive men and the responses of victims and

survivors. The aim is to help them to make sense of and understand what has happened to them, instead of the whole experience just feeling like a “horrible mess”.

- **Freedom Programme (Children)** This programme is targeted specifically at Primary School age children (5-10) who are often the forgotten and hidden victims of domestic abuse. This is designed to provide support to help children heal from the trauma of witnessing and being exposed to DA. The programme aims to break the cycle of abuse continuing into adult life either as a victim of domestic abuse or becoming a perpetrator of DA.
- **Supporting Families Employment advisors –** Job Centre Plus seconded staff provide support ensuring financial stability in families and taking parents on the journey into employment.
- **Voluntary and community partners**: Mentoring (Evolve and Adapt), REFUGE, BoxUp Crime, Lifeline, The Welcome Centre, Awaaz, Salvation Army and Serving Humanity.
- **Parenting Assessment Service** - The parenting assessment service (PAS) undertake assessments of families who are in the Public Law Outline (PLO) or Care Proceedings.

Redbridge Children’s Centres

Redbridge Children’s Centres are part of the Borough’s Early Years’ Service. They are here for pregnant mothers, their partners and families with young children who live in the London Borough of Redbridge. This includes families with No Recourse to Public Fund (NRTPF) and who have refugee status. These centres are places where families can go and meet up with other parents and carers to access information, advice and support during tough times; sessions and training courses on child development and parenting; volunteering opportunities and much more. They are here also to give ideas and tips on things families can do at home to help them to give their child the best start in life. Families can attend any of the centres. All Centres offer support for new mums, and the same core activities and courses with lots of inside and outside play sessions for the little ones. Some Centres have additional activities too.

Children’s Centres can help and support families with:

- infant feeding and breast feeding advice;
- financial difficulties;
- bonding and attachment with their child;
- improving children and parents’/carers’ well-being, and making new friends;
- their child’s happy and healthy development;
- parenting such as potty training, routine and positive behaviour;
- accessing volunteering opportunities;
- and much more.

To attend a service in Children’s Centres, the family must first register with Children’s Centres. They ONLY need to register once and let the service know of any changes such changes to their contact details or birth of a new baby. More information on registering can be found here.

Each day there is a range of activities and courses available from the Children's Centres, with the timetables available on the FiND website. Families are advised to book in advance online, alternatively they can drop-in to a Children's Centre and the friendly staff will help them to book.

Financial Difficulties

If families have any financial concerns or want to know about how to apply for support, they can come to one of our Information and Advice sessions to speak to a Family Support Worker. Staff can check if they are missing out on any benefits. For example, Turn-2-Us, Healthy Start Scheme, funding for childcare for two-year olds etc. They can also provide families with information on other local services such as support with cost-of-living increases, Foodbanks, Baby/Toddler Banks and much more.

Families can get in touch by emailing at: Childrens.Centres@redbridge.gov.uk or phone, or visit their local Children's Centre. Alternatively, they be referred by a professional or refer themselves using the Children's Centres Referral Form and emailing to: Childrens.Centres@redbridge.gov.uk .

Level 3 – children with multiple needs

You should discuss your concerns with the child or young person's parents or carers and seek their consent to share information, which is good practice, **unless you have reasonable cause to believe that to do so would place the child at risk of significant harm**. Guidance in relation to information sharing is available in the Government publication Information sharing – Advice for practitioners providing safeguarding services to children, young people, parents and carers, July 2018 (due to be re-issued in late 2023/early 2024).

If you believe a child has needs at Level 3, which must be met if the child is to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development, you should refer to children's social care via a Multi-Agency Referral Form (MARF), sent via CPAT.Referrals@redbridge.gov.uk to the Redbridge MASH (Multi-Agency Safeguarding Hub), or call 0208 708 3885 **without delay**. If, following consideration of all the information available, including multi-agency information obtained via the MASH, the referral is judged to meet the Level 3 threshold a social worker will undertake a children and families' assessment under Section 17 of the Children Act 1989. You will receive a confirmation of receipt of your referral and then within 24 working hours, feedback on the outcome of your referral. If you do not receive this, it is the referrer's responsibility to follow up to ensure it has been received and that appropriate action is being taken. If as a referrer you have concerns about the response to a referral, please refer to the RSCP Multi-Agency Escalation and Resolution Policy.

You may also consider a referral to MARAC (Multi Agency Risk Assessment Conference) which is a forum wherein information about high risk domestic abuse victims is shared between agencies and a risk focused, co-ordinated safety plan is drawn up to support the victim. To refer, you should send a completed SafeLives DASH Risk Assessment Form and MARAC Referral Form to the MARAC Coordinator, via marac@redbridge.gov.uk. Support with the referral can be obtained via 0208 708 5082.

Following referral, if a case needs to be taken to MAPPA (Multi-Agency Public Protection Arrangements), this will be co-ordinated by CPAT and discussed with the MAPPA Chair.

Guidance on safeguarding children and young people who may be at risk from of being radicalised can be provided by calling the Prevent Team via 020 8708 5971 or 020 8708 3098. Referrals relating to the risk of radicalisation should be made into the MASH via a MARF. A discussion will then take place with the Prevent Co-ordinator to ascertain whether a referral needs to be made to Prevent or Channel.

If a situation includes suspected harmful sexual behaviour by a child or young person, such as in peer-on-peer abuse, the Brook Sexual Behaviours Traffic Light Tool, available following attendance on a relevant training course, can help with identification and decision making.

You may also consider a referral to the Emotional Well Being and Mental Health Service (EWMHS) in Redbridge, provided by NELFT. The EWMHS, is Redbridge's area-based specialist mental health team providing support to children, young people, and their families, from birth to their 18th birthday. The service offers help to children and young people who are experiencing emotional, behavioural, or mental health difficulties including anxiety disorders, depression,

Obsessive Compulsive Disorder (OCD), Post-Traumatic Stress Disorder (PTSD), and self-harm. Support is offered in a variety of settings such as specialist community clinics, home visits, school visits and support to hospital children's wards and Emergency Departments (EDs). EWMHS works in a variety of ways, which includes face to face, telephone and video assessments, individual face to face talking therapies, family therapy and group work with EWMHS clinicians. During a child or young person's development, there may be periods when their or their family's ability to cope with difficult emotions or behaviour can put extreme pressures on relationships. EWMHS works with children and young people as early on as possible experiencing difficulties to turn the situation around. Referrals should be made to the Single Point of Access (SPA) using this referral form: Redbridge Specialist Children's Service Referral Form.doc . The service can be contacted via SPAreferrals.Redbridge@nelft.nhs.uk or on 0300 555 1182.

Level 4 – children with acute needs, at risk of significant harm

If the child is at immediate risk, contact the police by calling 999.

You should discuss your concerns with the child or young person's parents or carers and seek their consent to share information, **unless you have reasonable cause to believe that to do so would place the child at risk of significant harm**. If a child is at risk of significant harm information can be shared even if the parent refuses consent. Again, note the Government's July 2018 guidance, Information sharing: Advice for practitioners and managers providing safeguarding services to children, young people, parents and carers.

You should make a referral **without delay** to children's social care via a Multi-Agency Referral Form (MARF) sent to the Redbridge MASH via CPAT.referrals@redbridge.gov.uk, followed up by a telephone call for very urgent referrals to **0208 708 3885**. Additional contact information can be found on page 14 and guidance on making a referral can be found in the London Safeguarding Children Procedures, 2. Referral and Assessment. Outside of office hours i.e. evenings, weekends and public holidays, in an emergency where a case cannot wait, contact should be made with the Emergency Duty Team (EDT) via 0208 708 5897 and ChildrensEDT@redbridge.gov.uk .

If, following consideration of all the information available, including multi-agency information obtained via the Multi-Agency Safeguarding Hub (MASH), the referral is judged to meet the Level 4 threshold, a multi-agency strategy meeting will be held to plan an inquiry under Section 47 of the Children Act 1989. Emergency action will be taken if necessary to protect the child. You will receive feedback on the outcome of your referral.

London Threshold – Continuum of Need Matrix

The Continuum of Need Matrix provides a framework for professionals who are working with children, young people 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 or young person requires additional support.

By undertaking assessments and offering services on a continuum of help and support, professionals can be flexible and respond to different levels of need 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 professionals 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 professionals in their decision making, including conducting further assessments, referring to other services and understanding the likely thresholds 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 professionals 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 professionals 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 professionals 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 professionals 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 carrying out child protection investigations – a process involving critical evaluation of all information gathered and keeping an open mind. In order for professionals to make good decisions about children in need of protection, they have to 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, that raises suspicions of possible abuse or neglect.'

The London Threshold - Continuum of Need Matrix should be used in conjunction with the London Safeguarding Children Procedures and Practice Guidance.

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.
All child's health needs are met by parents.	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 ante-natal and/ or post-natal care, significant concern about prospective parenting ability, resulting in the need for a pre-birth 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, post-natal depression is affecting parenting ability.	The parent is suffering from post-natal depression. Infant / child appears to have poor growth - Growth falling 2 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 young person / vulnerable adult who is deemed in need of support.	LAC or Care Leaver or vulnerable young person 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.

MENTAL / EMOTIONAL HEALTH			
Level 1	**Level 2**	**Level 3**	**Level 4**
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. History of mental health condition but have been assessed and discharged home with safety plan and follow up.	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 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 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. Child or young person 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 are able to 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 hasn't 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. Behaviour issues are managed by the school.	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 (young person or parents/carers). 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 and 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 non-accidental injury to a child. Repeated allegations or reasonable suspicion of non-accidental 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 / evicted 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/young person's age and stage of development	High level of self-sufficiency is observed in a child/young person that is not proportionate to a child/young person's age and stage of development.	Inappropriate, high level of self-sufficiency for child/young person's age and stage of development resulting in neglect.
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 / 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	Suspicions of sexual abuse / sexually activity of a child. Direct allegation of sexual abuse/assault by child and belief

		accessing sexual health and contraceptive services.	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 young people via digital or social media, considered as peer-on-peer abuse. Evidence of concerning sexual behaviour – accessing violent / 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 non-penetrative 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 / 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.
Young person has no involvement with crime or anti-social behaviour.	Child is vulnerable and at potential risk of being targeted and/or groomed for criminal exploitation, gang activity or other criminal groups/associations.	Child appears to be actively targeted/coerced with the intention of exploiting the child for criminal gain.	Child habitually entrenched / actively criminally exploited. There is a risk of imminent significant harm to the child as a result of their criminal associations and activities. They may not recognise they are being exploited and/or are in denial about the nature of their abuse.
Young person has no involvement with crime or anti-social 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.
Young person has been stopped but not searched. Young person has been stopped and searched with no obvious safeguarding concerns or criminality.	Young person has been stopped and searched in circumstances that cause concern such as time of day and others present but no previous concerns.	Young person regularly stopped and searched indicating vulnerability, exploitation or criminality. Young person arrested as a result of a stop and search.	Young person 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 indicate 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 makes reference to own and family ideologies.	The child expresses sympathy for ideologies closely linked to violent extremism but is open to other views or loses interest quickly. Child and family have indirect links to proscribed organisations.	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 non-specific intent to go themselves. Child, family and friends have strong links / are members of proscribed organisations.
Child doesn't express support for extreme views or is too young to express such views themselves.	Child makes reference to own and family extreme views.	A child is known to live with an adult or older child who has extreme views. Child may inadvertently view extremist imagery.	A child is sent extreme imagery / taken to demonstrations or marches where violent, extremist and/or age inappropriate imagery or language is used. The child/carers/ close family members / friends are members of 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 aggressive 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 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.
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.
Young person 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 young person is aware / engaging positively. Guardians in area ensure physical and psychological wellbeing of young people.	Spending time in areas known for antisocial behaviour or where more vulnerable. Child/ young person identifies and informs professionals of unsafe locations and reason for this.	The neighbourhood or locality is having a negative impact on the child. Frequently spending time in locations, including online, where they can be anonymous or at risk of experience harm / violence / exploitation.	Found in areas/properties known for exploitation / violence. Taken to hotel / B&B / property with intention of being harmed or harming others. Area having profoundly negative effect on the child.
Peer Group / External Relationships			
Peer group engage in positive activities / clubs / communities. The group understands risk and harm. Age appropriate and safe. Peers that have 'turned around' in their journey.	Some indications that unknown adults and/or other exploited children have contact with the child/young person. Some indications of negatively influential peers.	Unknown adults and/or other exploited children/young people associating with the child/young person. 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 / young person to meet and child is sexually or physically abused. Found with adults / high risk individuals out of borough. Is being exploited to 'recruit' others.
Professional Engagement			
Trusted adult in professional 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, professionals have been unable to engage the young person 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 child / young person 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.

Contact Information

London Safeguarding Children Policies and Practice Guidance, 7th Edition, 2022	https://www.londonsafeguardingchildrenprocedures.co.uk/	
Working Together to Safeguard Children, 2023	https://assets.publishing.service.gov.uk/media/657b183d0467eb001355f870/Working_together_to_safeguard_children_2023_-_statutory_guidance.pdf	
Keeping Children Safe in Education (KSCIE)	https://www.gov.uk/government/publications/keeping-children-safe-in-education--2	
Redbridge Children and Families Policies and Procedures	http://redbridgechildcare.proceduresonline.com/chapters/contents.html	
Redbridge Safeguarding Children Partnership (RSCP) RSCP Escalation and Resolution Policy	http://www.redbridgeSCP.org.uk/ https://www.redbridgescp.org.uk/wp-content/uploads/2019/06/Redbridge-LSCB-Escalation-and-Resolution-Policy-3rd-Edition-May-2019-Final.pdf	
Redbridge Early Intervention and Common Assessment Framework (CAF) Guidance CAF Co-ordinator	http://redbridgechildcare.proceduresonline.com/hub/early.html	
	Telephone	0208 708 3150
	E-mail	cafadmin@redbridge.gov.uk
Redbridge Multi-Agency Safeguarding Hub (MASH)	Telephone	0208 708 3885 (09:00 – 17:00) 0208 708 5897 (Emergencies during evenings and weekends)
	Email	CPAT.referrals@redbridge.gov.uk ChildrensEDT@redbridge.gov.uk
Local Authority Designated Officer (LADO)	Telephone	0208 708 5350
	E-mail	LADO@redbridge.gov.uk
Multi-Agency Risk Assessment Conference (MARAC) Coordinator (for professionals only)	Telephone	0208 708 5082
	Email	marac@redbridge.gov.uk
Families Together Hub (early intervention)	Telephone	0208 708 2611
	Email	Early.Intervention@redbridge.gov.uk
Children's Centres		Contact information available via the Families Services Directory.

Emotional Well Being and Mental Health Service (EWMHS) - NELFT	Email	Redbridge EWMHS E-mail: SPAreferrals.Redbridge@nelft.nhs.uk
	Telephone	0300 555 1182
	Website	https://www.nelft.nhs.uk/services-redbridge-camhs-service
Prevent Team	Email	Prevent@redbridge.gov.uk
	Telephone	020 8708 5230
Refuge – Redbridge Violence against Women and Girls (VAWG) Service Support to women, children and young people experiencing domestic violence via the provision of services, protection, and prevention work. Residents needing support with domestic abuse can contact the Reach Out Service direct via reachout@redbridge.gov.uk or 0800 1456510. **NB:** Professionals making enquiries about the Reach Out Service should contact the MASH via 0208 708 3885.	Telephone	0800 169 7759
	Email	redbridgevawg@refuge.org.uk
	National Website	http://www.refuge.org.uk/