Milton Keynes Levels of Need Framework

This guidance supports assessment, planning and decision-making to help children and families achieve positive outcomes.

This document is designed to provide guidance to professionals when they encounter children who they believe may be in need or at risk of harm. The overarching intention is to have an effective system in place to ensure that children get the right response from the right service at the time they need it, at any point in the journey from universal services to being at risk of harm.

Working Together to Safeguard Children 2026 sets out the expectation that local agencies work together to identify children with additional needs and provide support as early as possible. Providing help as problems emerge is more effective than reacting later when problems have become entrenched. Practice should be child-centred and based on a clear understanding of the child's needs and views within their family and community.

This framework helps professionals identify when a child may need additional support. It describes a continuum of help and support and gives examples of factors that may indicate different levels of need. Universal services (*eg* education and health) remain in place alongside targeted or specialist support.

The continuum of need matrix is not exhaustive. It provides examples to support assessment and should be considered alongside the child's wider needs.

The aim is the right support at the right time, in the right place, tailored to the child and family. This relies on critical thinking, collaboration and curiosity—not thresholds or single indicators. Risk cannot be removed from a child's life, but a consistent framework helps assess, understand and reduce risk in the context of the child, family and community.

In Milton Keynes, we work to a model of intervention that sets out **four levels of need**. Along the continuum, services become increasingly targeted and specialised. Needs can change over time and children may move between levels.

The tables detailed in the document are intended to provide a quick reference point for professionals. The lists are not exhaustive, and few cases will straightforwardly fit into any one category. There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements. It is important to consider age and context for example babies and young children are particularly vulnerable and at increased risk, especially when there is parental history of domestic abuse, substance misuse and mental ill-health.

Level 1 – Universal Services

Most children's needs are met by parents/carers with support from universal services (e.g., education and health). Universal services provide advice, guidance and signposting to community support.

Level 2 – Community Early Help

Children and families have additional needs that benefit from extra community-based support (e.g., education, parenting, behaviour, health, emotional wellbeing, or practical/financial pressures), including through Family Centres.

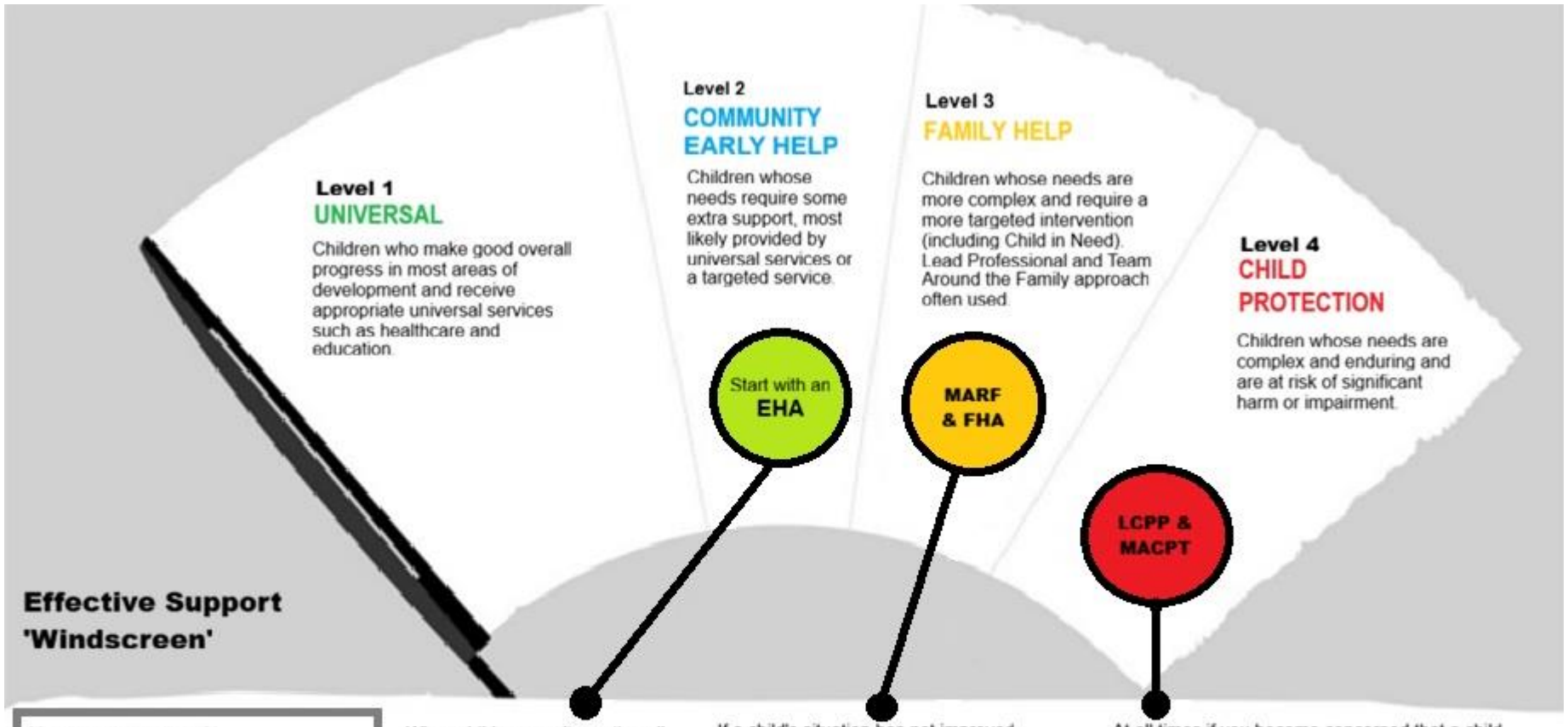
Level 3 – Family Help

Children and families have multiple or escalating needs requiring a coordinated multi-agency response. This may include complex disability-related needs, anti-social or challenging behaviour (including radicalised thoughts or intentions), neglect and/or strained family relationships. Families may not engage with key services (e.g., school or health) and support is typically provided through Family Help teams via a Family Help/Child in Need plan.

Level 4 – Child Protection

Children who have suffered, or are likely to suffer, significant harm due to abuse or neglect require statutory child protection intervention. Significant harm may be a single traumatic event or an accumulation over time (e.g., neglect) and includes physical, sexual and emotional abuse and neglect, including child sexual exploitation and child criminal exploitation. All professionals have a role in identifying and responding to significant harm.

This document should be used in conjunction with Milton Keynes Safeguarding Children Procedures Policies and procedures - children | mk-together



HEALTH			
Universal	**Community Early Help**	**Family Help**	**Child Protection**
Level 1	**Level 2**	**Level 3**	**Level 4**
Healthy child, no concerns regarding growth and development with access to health advice services (GP/Dentist)	Child has health needs and/or developmental needs (including language and independent skills) that need monitoring. Minor concerns regarding poor hygiene/diet/ clothing/soiling/ wetting self/weight. Child not registered with GP/Dentist.	Developmental milestones not reached due to neglect e.g. requires speech/ language interventions. Acute and /or chronic health problems with a severe impact on everyday functioning, including serious developmental delay and/or physical disability. May have a diagnosed life-limiting condition.	Complex health needs are not met which are attributable to parental non-engagement with health services leading to medical and/or dental neglect of the child. Suspected non-accidental injury/abuse /neglect. Bruise/injury in non-mobile child. Evidence of fabricated or induced illness.
Developmental checks and immunisations are up to date and other health appointments are attended.	Child not brought to routine and non-routine health appointments (e.g. missed immunisations).	Little or no engagement with health services, which may impact negatively on child's health/wellbeing.	Carer prevents professionals from seeing the child and/or accessing care. Frequent injuries and /or delay in seeking medical attention.
Pregnancy with no apparent safeguarding concerns. Mother attends all ante-natal check-ups and appointments.	Pregnancy in a young person or vulnerable adult who needs additional support. Attendance at ante natal care is inconsistent with irregular attendance and missed appointments.	Looked-after child (LAC), care leaver, or vulnerable young person who is pregnant. Little or no antenatal care, with significant concerns about parenting capacity resulting in the need for a pre-birth assessment	No ante-natal care and there are accumulative / increasing risk indicators raising concern about significant harm.
Sleeping arrangements are consistent with 'Safer Sleep for Babies' guidance.	Sleeping arrangements for the baby are not consistent with 'Safer Sleep for Babies' guidance.	Parents/carers continue unsafe sleeping arrangements that contravene 'Safer Sleep for Babies' guidance.	Parents/carers persist with unsafe sleeping arrangements despite advice and support, continuing to contravene 'Safer Sleep for Babies' guidance.

MENTAL HEALTH / EMOTIONAL WELLBEING

Universal Level 1	Community Early Help Level 2	Family Help Level 3	Child Protection Level 4
Parent(s) are coping well after the baby's birth and use universal support services when needed.	Parents are struggling to adjust; postnatal depression is affecting parenting ability.	Mother has postnatal depression. Baby shows poor growth (growth falling 2 centile ranges or more) with no apparent health cause.	Carer has severe postnatal depression, creating serious risk to themselves and their child(ren).
The child has warm, supportive relationships in and outside the family that respect their protected characteristics.	The child experiences discrimination at home, school, or in the community, leaving them disadvantaged.	The child experiences discrimination in daily life (home, school, or community), leading to disadvantage, exclusion, and distress.	The child experiences discrimination leading to acute distress, feelings of worthlessness, and concern they may self-harm.
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.	Carer is unable to engage emotionally with the child, and developmental milestones are not met. Family environment is volatile and unstable, negatively affecting the child and increasing vulnerability to exploitation. Parent/carer is unable to judge danger or set appropriate boundaries. There may be allegations of parents making verbal threats. Child is rarely comforted when distressed and/or under significant pressure to achieve.	Relationships between the child and carer have broken down to the extent the child is at risk of significant harm, is frequently exposed to danger, and development is significantly impaired. Child has suffered long-term neglect due to lack of emotional support.
Child has good mental health and psychological wellbeing.	Child has a mild mental health condition affecting everyday functioning, which can be managed in mainstream settings. Parent/carer engages with school/health services (including remote support) and follows agreed safety planning and follow-up. Some episodes of mental ill health (e.g. depression, PTSD, eating disorder) /self- harm but has access to appropriate support systems and is able to maintain daily activities.	Child has a mental health condition that significantly affects everyday functioning and requires specialist community intervention. Parent/carer does not consistently present the child for treatment, increasing risk of deterioration. Child may be accessing harmful online content related to self-harm, may self-harm (minor injury), and/or may express suicidal thoughts without a known plan or intent. Child is under the care of hospital and engaging with mental health services.	Risk of admission to psychiatric hospital. Deterioration of mental health leading to risk to self and/or others (including increased self-harming). Parent/carer is unable to manage behaviour linked to the child's mental health, increasing risk of significant harm.
Child engages in age-appropriate activities and behaviour and has a positive sense of self and abilities, reducing vulnerability to exploitation.	Child has low self-esteem and confidence, increasing vulnerability to exploitation and involvement in negative behaviour/activities.	Child has low self-esteem and confidence and is being exploited or groomed into negative behaviour/activities; early support has not reduced concerns.	Evidence of exploitation linked to the child's vulnerability. Child frequently exhibits negative behaviour/activities that place themselves or others at imminent risk.
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 local 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 experienced bereavement and is missing, self-harming, disclosing suicidal thoughts, at risk of exploitation, and/or involved in gang/criminal activity.
Local authority notified that the child is privately fostered by adults who can meet their needs and there are no safeguarding concerns.		Some concerns about the private fostering arrangement, including the carers' treatment of the child. The local authority has not been notified of the arrangement.	There is concern that the child is a victim of exploitation, domestic slavery, or being physically abused in their private foster placement.

SOCIAL DEVELOPMENT			
Universal	**Community Early Help**	**Family Help**	**Child Protection**
Level 1	**Level 2**	**Level 3**	**Level 4**
Child has secure early attachments, is confident socially, has strong friendships, and shows positive behaviour and respect for others.	Child has few friendships and limited peer interaction, including communication difficulties. May show aggressive, bullying, or destructive behaviour affecting peers, family, or the community; support is in place. Child may also be experiencing discrimination or bullying.	Child is socially isolated and refuses activities, and/or interacts negatively (e.g., aggression, bullying, or destructive behaviour). Early support has been refused or has not reduced the behaviour. Child may have persistent or severe bullying affecting daily functioning and/or significant communication difficulties.	Child is completely isolated and refuses all activities. Positive interaction is severely limited due to aggressive, bullying, or destructive behaviour affecting wellbeing or safety. Child may have experienced bullying so persistent or severe that their wellbeing is at risk. Child has little or no functional communication.
Family has a positive support network and the child has good friendships outside the home.	Limited support from the wider family network is impacting parenting capacity.	Family network is weak, negative, or unhelpfully involved. Child may have multiple carers and no stable, positive relationships.	Family network has broken down or is highly volatile, causing serious harm to the child.
Child uses the internet, gaming, and social media in an age-appropriate way.	Child has limited supervision online and is at risk of harmful internet, gaming, or social media use.	Child is involved in, or a victim of, harmful online behaviour (including obsessive gaming that affects social functioning). Sexual images/material may be shared without consent. Multiple SIMs/phones may indicate risk.	Child is secretive online and actively conceals internet/social media activity. There are serious concerns of online exploitation and significant risk of harm; devices may need to be removed and access tightly restricted. Child may be coerced into sharing indecent images and/or meeting others offline, indicating high risk of sexual exploitation.
Family feels included in the community.	Family is socially excluded and lacks supportive community networks.	Family is socially isolated to an extent that it is adversely affecting the child.	Family is excluded and the child is seriously affected; the family resists all attempts to build inclusion and isolates the child from support.
Neighbourhood is safe and supportive, promoting positive community involvement and awareness of crime and anti-social behaviour.	Child is affected by, and may be starting to engage in, low-level anti-social behaviour due to threatening or intimidating behaviour in the area.	Neighbourhood is having a negative impact: child regularly comes to police attention as a suspect and/or victim, and there are concerns about exploitation.	Neighbourhood is profoundly harmful: child is frequently known to police as a suspect and/or victim, with high risk of exploitation, grooming, or serious criminal activity
Child and family have indefinite leave to remain and full rights to work and access public funds.	Child and family have temporary immigration status and/or restricted access to public funds or work, creating stress and instability.	Immigration status places the family at risk of removal and/or no recourse to public funds, increasing vulnerability (including risk of exploitation or involvement in criminal activity).	Evidence the child has been exposed to, or involved in, criminal activity to generate income. Family members may be detained and at risk of deportation, or the child is an unaccompanied asylum seeker.
Young person engages positively with services, understands risks and grooming, and is motivated with a positive outlook.	Young person struggles or is reluctant to access mainstream support, including due to barriers linked to ethnicity, culture, being in care, identifying as LGBTQ+, and/or special educational needs (SEN).	Young person is isolated and refuses activities, with bullying or social isolation that may be exacerbated by identity, culture, sexuality, or SEN. They may be targeted by individuals or groups due to vulnerability or perceived reputation.	Young person is completely isolated and refuses activities, with a strongly negative sense of self that increases risk of harm. High levels of social isolation may be exacerbated by identity, culture, sexuality, or SEN

EDUCATION AND LEARNING			
Universal	**Community Early Help**	**Family Help**	**Child Protection**
Level 1	**Level 2**	**Level 3**	**Level 4**
Child is in education/training with no barriers to learning, with planned progression beyond school/college. Behaviour concerns are effectively managed by the school. Access to employment (including work- based learning) appropriate to age and ability, planning for career in adult life. Good links between home and school. Has experience of success and achievement.	Child has frequent school moves and/or there are professional concerns about elective home education. Bullying is reported but responded to appropriately; peer concerns are managed by the school. Patterns of regular school attendance but has some identified learning needs. Low motivation to learn and/or behaviour likely to lead to risk of exclusion Requires a modified curriculum and timetable but learning expectations are still not being met Not in education, employment or training post 16 Child is continually slow to develop age-appropriate skills Regular under achievement or not reaching educational potential	Child's attendance is inconsistent, with unexplained absence and/or exclusions. There are ongoing concerns about elective home education. Inappropriate behaviour by parent/carer and/or the school has not been effectively managed. Consistently poor attendance/ nonattendance (under 16) and punctuality with parental acceptance. Educational (or social or mental health needs) may result in educational placement out of school or away from home. Greater or equal to 3 fixed term exclusions or greater than 15 days excluded in any year or permanently excluded.	Child is not accessing any form of education or the child's achievement is seriously affected by lack of education. School placements break down regularly. Repeated concerns about the school's management of behaviour.
Child shows age-appropriate understanding and problem-solving and makes expected academic progress.	Understanding and problem-solving are impaired and the child is underachieving or making little/no academic progress.	Understanding and problem-solving are significantly impaired and the child is seriously underachieving or making no progress despite sustained learning support.	Severe difficulty with understanding and problem-solving is affecting all areas of development, creating risk of significant harm and raising concerns about carer neglect.
Parent/carer supports learning and aspirations and engages positively with the school.	Parent/carer does not support learning aspirations and/or does not engage with the school.	Parent/carer does not engage with the school and actively resists support and intervention.	Parent/carer actively discourages or prevents the child from learning and/or engaging with the school.

ABUSE AND NEGLECT			
Universal	**Community Early Help**	**Family Help**	**Child Protection**
Level 1	**Level 2**	**Level 3**	**Level 4**
Parent/carer protects their child from danger and significant harm.	At times, parent/carer does not protect the child; if unaddressed, this could increase risk.	Parent/carer frequently fails to protect the child from danger or significant harm, and persistently avoids contact or does not engage with professionals.	Parent/carer is unable to protect the child from harm, placing them at significant risk. Allegations of harm by a person in a position of trust.
No physical signs suggestive of neglect.	Occasional physical signs that could indicate neglect.	Consistent physical signs strongly suggestive of neglect.	Physical signs of neglect attributable to the care provided by parent/carer.
Injuries are consistent with normal childhood play and activities.	Occasional, less common accidental injuries with a consistent explanation; parent/carer accepts advice to reduce risk of recurrence.	Injuries are more frequent than expected for the child's age/needs. Injuries are unexplained, or the explanation is unclear or inconsistent.	Any allegation of abuse or neglect, or any injury suspected to be non-accidental (including in a pre-mobile child). Repeated allegations or reasonable suspicion of non-accidental injury, and/or injuries not accounted for where the child discloses and implicates a parent/carer or family member.
No physical harm, including physical chastisement.	Physical chastisement/assault is used as discipline (no injury), but parent/carer is willing to engage with support to manage behaviour.	Physical chastisement/assault is used as discipline (with injury), but parent/carer is willing to engage with support to manage behaviour.	An implement is used, causing significant physical harm.
No concerns about conflict or tension within the family.	Ongoing conflict between the child and family members.	Family crisis is likely to result in a breakdown of care arrangements, and the parent/carer indicates they can no longer care for the child.	Child has been rejected/abandoned/evicted by the family, has no available parent/carer, and is vulnerable to significant harm (not living with a family member).
No concerns about inappropriate self-sufficiency.	Emerging pattern of self-sufficiency that is not appropriate to the child/young person's age and stage of development.	High level of self-sufficiency that is not appropriate to the child/young person's age and stage of development.	High, age-inappropriate self-sufficiency is resulting in neglect.
No concerns about fabricated or induced illness.	Increased frequency of illness with no clear cause.	Suspicion that the child has suffered, or is at risk of, fabricated or induced illness.	Medical confirmation that the child has suffered significant harm due to fabricated or induced illness.

SEXUAL ABUSE/ ACTIVITY			
Universal	**Community Early Help**	**Family Help**	**Child Protection**
Level 1	**Level 2**	**Level 3**	**Level 4**
No indicators that the child is being sexually abused by a parent/carer.	Concerns about inappropriate sexual behaviour or possible abuse within the family/network that does not meet the threshold for a criminal offence.	Allegation of non-recent sexual abuse, with no current contact with the alleged perpetrator.	Concerns that a parent/carer may be engaging in sexually harmful behaviour towards the child, or that a person who poses a risk to children is in contact with the family (including as part of multi-agency public protection arrangements). Risk factors include a registered sexual offender or other high-risk offender moving into, or living in, the household.
Age-appropriate understanding of healthy relationships and sexual health.	Emerging concerns about possible sexual activity involving a child.	Concerns about peer-on-peer sexual activity involving a child aged 13+. Child under 16 is accessing sexual health/contraception services.	Suspected sexual abuse and/or sexual activity involving a child, including a direct allegation of sexual abuse/assault, with concern the child is at immediate risk and needs urgent protection.
Age-appropriate understanding of healthy relationships and sexual health.	A single incident of sexually inappropriate behaviour.	Sharing or receiving inappropriate sexual images/content via digital or social media (peer-on-peer abuse). Evidence of concerning sexual behaviour, including accessing harmful sexual content online.	Child is displaying harmful sexual behaviour. Early teenage pregnancy and/or high-risk sexual activity.
Age-appropriate understanding of healthy relationships and sexual health.	Age-appropriate attendance at a sexual health clinic.	Sexually transmitted infections (STIs). Consent may be unclear. Sexualised behaviour (verbal or non-contact). Previous referrals for concerning sexual behaviour.	Multiple and/or untreated STIs. Escalating or harmful sexual behaviour that is distressing to others. Allegations of sexual abuse. Child may be exploited to involve others in sexual activity. Repeated pregnancy, miscarriage and/or termination.

DRUG / SUBSTANCE MISUSE			
Universal	**Community Early Help**	**Family Help**	**Child Protection**
Level 1	**Level 2**	**Level 3**	**Level 4**
Child has no history of substance misuse or dependency.	Child uses drugs and/or alcohol frequently, with occasional impact on social wellbeing.	Child's substance use/dependency is affecting mental/physical health and social wellbeing (e.g., hospital presentation linked to drugs/alcohol). Parent/carer is indifferent to underage smoking, alcohol, or drug use.	Child's substance use/dependency places them at high risk and requires intensive specialist support.
Parents/carers and other household members do not use drugs/alcohol, or their use does not affect parenting.	Drug and/or alcohol use is affecting parenting, but adequate care and supervision keeps the child safe; concern risk may increase if use continues.	Drug/alcohol use has escalated and the child is worried about their parent/carer or another family member.	Parent/carer or other household members have problematic drug/alcohol use and are unable to provide safe care.
No signs or suspicion of drug use.	Child or household member found in possession of Class C drugs.	Previous concerns about drug involvement or supply, and/or a child/household member found in possession of Class A or Class B drugs; drug paraphernalia found in the home.	Family home is used for drug use, dealing, and/or other illegal activity.
No signs or suspicion of drug use.	Concerns about substance/drug use during pregnancy.	Evidence of substance/drug misuse during pregnancy (before 21 weeks' gestation).	Evidence of substance/drug misuse during pregnancy (after 21 weeks' gestation).

DOMESTIC ABUSE			
Universal	**Community Early Help**	**Family Help**	**Child Protection**
Level 1	**Level 2**	**Level 3**	**Level 4**
Expectant mother/parent is not experiencing domestic abuse.	Expectant mother/parent experiences occasional or low-level non-physical abuse.	Expectant mother/parent has a history of domestic abuse and is experiencing occasional or low-level non-physical abuse.	Expectant mother/parent is experiencing domestic abuse on a number of occasions.
No history or current incidents of domestic abuse in the family, including controlling/coercive behaviour or economic abuse.	Isolated incidents of domestic abuse (physical, emotional, controlling/coercive, and/or economic) with protective factors in place, even if children are reported not to have been present.	Children experience emotional harm from witnessing domestic abuse (physical, emotional, controlling/coercive, and/or economic). Perpetrator(s) show limited or no commitment to change and limited understanding of the impact on the child.	Evidence the child is directly subjected to verbal abuse, threats, and/or coercive control, and is harmed by domestic abuse in the family (including when trying to protect the adult victim). Incidents are increasing in frequency, severity and/or duration.
	Information indicates someone in the household may have been a perpetrator of domestic abuse, but there are no apparent signs of current or recent abuse.	Confirmed previous perpetrator of domestic abuse is living at the property. Carer minimises or denies domestic abuse despite evidence.	Serious threat to a parent's life or the child from a violent partner; and/or the child is injured in an incident. Child is traumatised or neglected following a serious incident of domestic abuse, including during pregnancy (unborn child).

RISK OUTSIDE OF THE HOME (ROTH)			
Universal	**Community Early Help**	**Family Help**	**Child Protection**
Level 1	**Level 2**	**Level 3**	**Level 4**
Places/Spaces			
Good local services; young person is aware of them and engages positively. Trusted adults in the community support young people's safety and wellbeing.	Child/young person spends time in areas linked to anti-social behaviour and/or where children are more vulnerable. They can identify unsafe locations and share this with professionals.	Neighbourhood/locality is having a negative impact. Child frequently spends time (including online) in locations where they can be anonymous and are at increased risk of harm, violence, or exploitation.	Found in places linked to exploitation or violence (including high-risk properties or temporary accommodation). Evidence the environment is having a profoundly harmful impact and the young person is at immediate risk of serious harm.
Peer group / external relationships			
Peer group engages in positive activities (e.g., clubs/community). Relationships are age-appropriate and safe, and the group understands risk and harm.	Some indications of contact with unknown adults and/or exploited children. Some evidence of negatively influential peers.	Unknown adults and/or exploited young people are associating with the child/young person. Peer behaviour is escalating. Child is found with an adult who is not their guardian and/or arrested with individuals linked to exploitation or violence.	Child/young person is staying with, or controlled by, someone believed to be exploiting them. They are found with high-risk adults (including out of area) and may be coerced to recruit others. Risk of immediate serious harm.
Professional engagement			
A trusted professional relationship is in place. Engagement is meaningful, curious and flexible.	Limited history of support. Professionals lack confidence that services can manage risk with adolescents. Multiple workers disagree about risk and response.	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 and escalating risk. Services report they are unable to keep the child/young person safe.
Missing			
Child returns home on time, does not go missing, and their whereabouts are known to carers. They respond to contact.	Child has gone missing on one or two occasions and/or returned late. There are concerns about what happened while they were away.	Child persistently goes missing. There are serious concerns about activity while away and limited explanation of whereabouts. Parent/carer does not consistently report them missing.	Child persistently goes missing and does not recognise the risks (including exploitation). Pattern of sofa surfing and/or prolonged periods where whereabouts are unknown.

POLICE ATTENTION			
Universal	**Community Early Help**	**Family Help**	**Child Protection**
Level 1	**Level 2**	**Level 3**	**Level 4**
No history of criminal offences within the family.	History of criminal activity within the family (including possible gang links). Child is occasionally involved in anti-social behaviour.	Family member has a record for serious/violent crime and/or known gang involvement. Child is involved in anti-social behaviour and may be at risk of gang involvement; early support has not reduced concerns. Child is starting to offend/re-offend and/or is a victim of crime.	Frequent police attendance at the family home. A household member's criminal activity is significantly impacting the child. Child is involved in persistent or serious offending and/or gang activity, with risk of serious injury.
Young person has no involvement with crime or anti-social behaviour.	Child is vulnerable and at risk of being targeted/groomed for criminal exploitation, gang activity, or other harmful association.	Child appears to be actively targeted or coerced with intent to exploit them for criminal gain.	Child is entrenched in criminal exploitation, with risk of imminent significant harm due to criminal associations. They may not recognise or may deny the exploitation.
Young person has no involvement with crime or anti-social behaviour.	Known to the ASB team or police. Talks about carrying a weapon. Reports link them to a named gang. Glamorises criminal or violent behaviour.	Arrested for offences such as possession of an offensive weapon, drugs, theft, going equipped, motoring offences, and/or non-compliance with conditions.	Charged or convicted of serious violence and/or serious offences involving weapons or Class A drugs. Evidence of intentional harm to others and/or 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 raise concern (e.g., time of day or those present), but there are no previous concerns.	Regular stop and search, indicating possible vulnerability, exploitation or criminality. Young person may be arrested following a stop and search.	Young person consistently stopped and searched with risk factors suggested they are being exploited.

YOUNG CARER			
Universal	**Community Early Help**	**Family Help**	**Child Protection**
Level 1	**Level 2**	**Level 3**	**Level 4**
Child does not have caring responsibilities.	Child has occasional caring responsibilities for family members, which sometimes affects their opportunities.	Child regularly provides care for a family member, adversely affecting their development and opportunities.	Child's outcomes are being adversely affected by unsupported caring responsibilities.

HARMFUL PRACTICES			
Universal	**Community Early Help**	**Family Help**	**Child Protection**
Level 1	**Level 2**	**Level 3**	**Level 4**
No concerns that the child may be subject to harmful traditional practices.	Child is from a community where harmful practices are known, but parents oppose these practices for their child.	Concern the child may be at risk of harmful traditional practices.	Evidence the child is at risk of, or may be subject to, harmful traditional practices.
No concerns the child is at risk of honour-based abuse.	Concerns the child may be at risk of honour-based abuse.	Evidence indicates the child is at risk of honour-based abuse.	Specific evidence the child has experienced honour-based abuse, or the child reports they have been subjected to it.
No concerns the child is at risk of female genital mutilation (FGM).	Risk indicators for FGM in the wider family/community (e.g., mother or close female relative has experienced FGM). Family describes strong influence of elders. Child has unexplained absence from education.	Concerns the child (or unborn child) is at risk of FGM, including where the mother has experienced FGM and the family/community considers FGM integral to cultural identity. Planned or confirmed travel to a country where FGM is prevalent increases risk.	Disclosure or strong evidence that FGM has occurred, or the child seeks help because they fear FGM. Concerns increase following travel to a country where FGM is prevalent, particularly if there are indications of harm. On return from travel, there are concerns about the child's wellbeing consistent with possible harm.
No concerns the child is at risk of forced marriage.		Concerns the child may be at risk of forced marriage.	Evidence the child is at risk of forced marriage, or has been subjected to forced marriage.
No concerns the child is at risk of abuse linked to beliefs in spirit possession or witchcraft.	Suspicion the child may be exposed to harmful beliefs about spirit possession or witchcraft.	Evidence the child is exposed to harmful beliefs about spirit possession or witchcraft.	Child discloses abuse linked to these beliefs, and/or parents/carers state they believe the child is possessed or affected by witchcraft.

DISABILITY			
Universal	**Community Early Help**	**Family Help**	**Child Protection**
Level 1	**Level 2**	**Level 3**	**Level 4**
Carers/other family members have disabilities that do not affect the care of their child.	Carers/other family members have disabilities that sometimes affect consistency of care, but the child remains safe; additional support is needed.	Carers/other family members have disabilities that are affecting the child's care.	Carers/other family members have disabilities that severely affect care and place the child at risk of significant harm.
Child has no apparent disabilities.	Additional help is needed to meet the health needs arising from the child's disability.	Parents/carers cannot fully meet the child's disability-related needs without significant support (e.g., under a Child in Need plan).	Child's disability-related needs are not being met, raising concerns about neglect.

EXTREMISM AND RADICALISATION			
Universal	**Community Early Help**	**Family Help**	**Child Protection**
Level 1	**Level 2**	**Level 3**	**Level 4**
Child and family's activities are lawful, with no known links to proscribed organisations.	Child makes reference to their own or family ideologies or beliefs.	Child expresses sympathy for ideologies linked to violent extremism, but is open to other views and/or loses interest quickly. Child/family may have indirect links to proscribed organisations.	Child expresses beliefs that endorse serious violence against others and/or support travel to conflict zones for extremist purposes. Child, family or close associates may have strong links to, or membership of, a proscribed organisation.
Child does not express support for extreme views, or is too young to express such views.	Child makes reference to their own or family extreme views.	Child lives with an adult or older child who holds extreme views and may inadvertently view extremist material.	Child is sent extremist material and/or taken to events where violent or age-inappropriate extremist messages are promoted. Child/carers/close family or associates promote violent extremism and/or have links to proscribed organisations.
Child uses the internet (including social media) in an age-appropriate way.	Child is at risk of harmful online activity that could expose them to extremist ideology and expresses casual support for extreme views.	Child has viewed extremist content online and says they share some views, but is open and able to discuss different perspectives.	Child has viewed extremist content online and is actively concealing internet/social media activity. They refuse to discuss views or clearly endorse extremist ideology. Significant concerns the child is being groomed into extremist involvement.
Child engages in age-appropriate activities and behaviour and demonstrates appropriate self-control.	Child expresses strongly held, intolerant views towards people who do not share their religious or political views.	Child refuses to engage with activities that challenge their views and is aggressive or intimidating towards others who disagree.	Child expresses support for killing or serious violence against people who hold different views and initiates verbal and/or physical conflict linked to these beliefs.
Child engages in age-appropriate activities and behaviour and demonstrates appropriate self-control.	Child expresses verbal support for extreme views, some of which may conflict with British law.	Concerns the child has connections to individuals/groups with extreme views and is being influenced or educated to hold intolerant, extremist views.	Child has strong links to, and is involved with, individuals or groups with extreme views and/or links to violent extremism.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