



2026

Threshold - Continuum of need matrix

Introduction

This document 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 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 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 cooperating 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 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 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 its 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, 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; focusing 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.’

This document should be used in conjunction with the London Safeguarding Children Procedures.

1	HEALTH (Physical, Emotional or Mental Health)	3
2	EDUCATION	6
3	ABUSE AND NEGLECT	7
4	SEXUAL ABUSE / ACTIVITY	9
5	POLICE ATTENTION	10
6	HARMFUL PRACTICES	11
7	EXTREMISM & RADICALISATION	12
8	DRUG / SUBSTANCE MISUSE	13
9	DISABILITY	14
10	YOUNG CARER	15
11	DOMESTIC ABUSE	16
12	SOCIAL DEVELOPMENT	18
		20
13	EXTRA-FAMILIAL HARM	20

1 HEALTH (Physical, Emotional or Mental Health)				
Universal / Community Based Support		Family Help		Child Protection
Early Help	Targeted Early Help	Child In Need	Significant Harm	
1.1	The child is generally healthy and usually makes use of appropriate health / health advisory services. Parent(s) / carer(s) sometimes need prompting or support to make the best use of services. With some prompting, parent(s) / carer(s) have confirmed whether they are accepting or declining the vaccination schedule for their child(ren).	The child rarely accesses health services and may not be taken to health appointments. This increases the risk of illnesses, or significant developmental issues not being diagnosed or treated. Immunisations appear incomplete with no confirmation of whether the parent(s) / carer(s) are accepting or declining the vaccination schedule for the child(ren).	The child never accesses health services and / or is not taken to health appointments. The child may suffer recurrent or chronic problems as their health status is neither being detected nor monitored by health agencies. This increases the risk of potential severe, life limiting illnesses, or significant developmental issues not being diagnosed or treated. Immunisations are incomplete with no confirmation of whether the parent(s) / carer(s) are accepting or declining the vaccination schedule for the child(ren).	The child has untreated complex health or developmental issues which are attributable to lack of access to health services including those not brought to health appointments. Parent(s) / carer(s) deny professionals staff effective access to the child for necessary treatment.
1.2	Most of the child's health needs are usually met by parent(s) / carer(s). Additional support is sometimes required, particularly if a health condition is severe or complex.	Additional support is required to meet the health needs of the child, which may include support for a disability or long-term serious illness.	Even with additional support parent(s) / carer(s) are not meeting the child's developmental or health needs, which may include support for a disability or long-term serious illness. Parent(s) / Carer(s) may be displaying high levels of anxiety in relation to the child's health or developmental needs.	The child's health and / or development is being significantly impacted by the parent(s)/ carer(s)'s anxieties. There are strong suspicions or evidence of fabricating, inducing illness or medical neglect of their child.
1.3	With support, the parent(s) / carer(s) with addition needs is able to look after the child.	The needs of the parent(s) / carer(s) are impacting on the care and development of the child. The impact is becoming increasingly significant	The needs of the parent(s) / carer(s) or other family members are impacting on the care and development of the child. The impact is increasingly significant	Needs of the parent(s) / carer(s) or other family members are significantly impacting on the care and development of the child and causing significant harm.
1.4	The expectant parent accesses ante-natal and / or post-natal care with support / encouragement	The expectant parent is ambivalent towards ante-natal and / or post-natal care; attendance is irregular and appointments are missed.	The expectant parent is ambivalent towards ante-natal and / or post-natal care; attendance is irregular and multiple appointments are missed. Increasing ambivalence leads to a failure to fully access antenatal and / or post-natal care giving rise to concerns about prospective parenting ability, and a need for further assessment.	Expectant parent neglects to access antenatal and / or postnatal care, no evidence of accessing alternative provision and no response to attempts to engage with care. Significant concerns about unborn / baby's health and wellbeing and prospective parenting ability, resulting in the need for a prebirth assessment.

1.5	Parent(s) / carer(s) try to adjust the parenting role but need some support to do so. Following the birth of the baby there is some evidence of depression / mental health issues for which support is requested. Family accessing universal services / universal plus services appropriately.	Parent(s) / carer(s) are struggling to adjust to the role of parenthood. There are signs of postnatal depression and /or other mental health issues which are impacting parenting ability. There are concerns that the child's health and development may be compromised.	Parent(s) / carer(s) are increasingly struggling to adjust to the role of parenthood. There are signs of postnatal depression and /or other mental health issues which are increasingly impacting parenting ability. There are additional indicators that the child's health and development is being impacted, e.g. attachment concerns, the baby not regaining their birth weight, or child has potential failure to thrive with no apparent cause.	The parent(s) / carer(s) is suffering from severe post-natal depression, psychosis or other significant mental health illnesses postnatally. Parental mental health issues are causing significant risks to themselves, their child / children and others. The child is failing to thrive.
1.6	Pregnancy with no apparent safeguarding concerns but the expectant person lacks confidence and / or support in the community	Pregnancy in a child / vulnerable adult who is thought to be in need of support themselves.	Pregnancy in a child / vulnerable adult who is likely to be in need of support, especially if they are in an identified vulnerable group i.e. have been exploited, care experienced	Pregnancy in a child under 13. Parent(s) / carer(s) with significant learning needs or disability. Inexperienced parent(s) / carer(s) with additional vulnerabilities that could place the unborn child at risk of significant harm. Parent(s) / carer(s) who are engaging in significant criminality or are currently known to be victims of exploitation.
1.7	Parent(s) / carer(s) need some support to understand and comply with safer sleeping arrangements that are consistent with ' Safer Sleep for Babies ' guidance.	Sleeping arrangements for babies not always consistent with ' Safer Sleep for Babies ' guidance; when those guidelines are brought to the attention of the parent(s)/ carer(s), they do not consistently follow the guidance. The family's housing impacts on the parent(s) / carer(s)' ability to implement the guidance	Sleeping arrangements for babies not consistent with ' Safer Sleep for Babies ' guidance; when those guidelines are brought to the attention of the parent(s)/ carer(s), they persistently fail to follow the guidance. The family's housing impacts on the parent(s) / carer(s)' ability to implement the guidance	Parent(s) / carer(s) routinely engage in unsafe sleeping arrangements for baby contravening " Safer Sleep for Babies " guidance, putting baby at risk of SIDS.
1.8	The child has generally warm and supportive relationships within and outside of their family environment which respect their protected characteristics. When discrimination arises, parent(s) / carer(s) seek support to address it.	The child experiences discrimination in their daily life either in their family environment, at school or in the wider community resulting in them being disadvantaged.	The child experiences increasing discrimination in their daily life either in their family environment, at school or in the wider community resulting in the child experiencing distress, isolation, exclusion and other disadvantages.	The child experiences increasing discrimination in their daily life, in their family environment, at school or in the wider community resulting in significant distress, feelings of worthlessness and concerns they may harm themselves. There has been a significant deterioration in the child's mental health.
1.9	The child is provided with generally warm, supportive relationships and stable family environment providing consistent boundaries and guidance, meeting developmental milestones to the best of their abilities. Where there are concerns, the parent(s) / carer(s) seek support for themselves and the child.	Parent(s) / carer(s) often lack emotional warmth and / or can be overly critical and / or inconsistent, occasional relationship difficulties impact on the child's development / sometimes the child doesn't meet developmental milestones. Parent(s) / carer(s) struggle with setting age appropriate boundaries, and occasionally prioritise their own needs before child's.	Parent(s) / carer(s) inability to engage emotionally with child leads to developmental milestones not being met. Family environment is volatile and unstable resulting in a negative impact on the child, leading to possible vulnerabilities and exploitative relationships, parent(s) / carer(s) unable to judge dangerous situations / set appropriate boundaries. It is alleged that the parent(s) / carer(s) make verbal threats to children. Child rarely comforted when distressed / under significant pressure to achieve / aspire.	Relationships between the child and parent(s) / carer(s) 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.

1.10	Child has good mental health and psychological wellbeing. Where they need support, parent(s) / carer(s) proactively seek out additional services.	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 occurring. There may be a history of mental health condition but have been assessed and discharged home with safety plan and follow up. Child is under the care of hospital engaging with mental health services.	The child has a mental health condition which significantly affects their everyday functioning and requires specialist intervention in the community. Parent(s) / carer(s) 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. No evidence child has accessed mental health advice services and suffers recurrent mental health problems as a result. Child is accessing social media sites related to self-harm, has expressed thoughts of self-harm which is escalating to suicidal ideation with no known plan of intent or to incidents of self harm causing minor injury and parent responds appropriately.	Child expressed suicidal ideation with intent or psychotic episode or other significant mental health symptoms. Child refuses medical care or is in hospital following episode of self-harm or suicide attempt or significant mental health issues. Parent / Carer unable to manage child's behaviours related to their mental health increasing the risk of the child suffering significant harm. Child has ongoing suicidal ideation following attempt or is in hospital following episode of self-harm or suicide attempt.
1.11	The child usually engages in age-appropriate activities and age-appropriate behaviours, sometimes benefits from support to reinforce their behaviours. Usually, the child has a positive sense of self and their abilities which reduces the risk of exploitation although sometimes they need support to maintain that.	Child has a negative sense of self and their 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 their 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.
1.12	With support, the mental health of the parent(s) / carer(s) does not affect / impact care of the child.	Sporadic / low level mental health of carer impacts care of child, however, protective factors in place.	The mental health needs of the carer (which may escalate to a section under Mental Health Act) impacts on the care of their child and there are no supportive networks and extended family to prevent harm. Parent(s) / carer(s) has expressed suicidal ideation with no known plan of intent.	Mental health needs of the parent(s) / carer(s) significantly impacting the care of their child placing them at risk of significant harm and there are no supportive networks and extended family to prevent harm. Parent(s) / carer(s) has ongoing suicidal ideation following attempt or is in hospital following episode of self-harm or suicide attempt.
1.13	Child has suffered the loss of a close family member or friend but parents have sought out relevant support for them.	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.
1.14	LA notified the child is privately fostered by adults who are generally able to provide for his / her needs and there are no safeguarding concerns. Carer(s) make appropriate use of support services.	LA notified the child is privately fostered by adults who need support to provide for his / her needs and there are no safeguarding concerns.	LA has not been notified about the private fostering arrangement. There are some concern about the private fostering arrangements in place for the child, there may be issues around the carers' treatment of the child..	The LA has not been notified of the private fostering arrangement. There is concern that the child is a victim of exploitation, domestic slavery, or being physically abused in their private foster placement

2 EDUCATION				
Universal / Community Based Support		Family Help		Child Protection
Early Help	Targeted Early Help	Child In Need	Significant Harm	
2.1	Child is in education/training with few barriers to learning. Planned progressions beyond school/college. Behaviour issues are managed by the school and / or with community-based support.	Reports of bullying but responded to appropriately. Peer concerns managed by the school. Child's attendance can be variable with a concern that the child maybe sometimes be intentionally avoiding school.	Child's attendance is varied with missing absences and exclusions. Concerns that the child maybe intentionally avoiding school. Recurring concerns 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 (child or parent(s) / carer(s)). Whilst nominally home educated, the child is not receiving any education. Repeated concerns about school's management of behaviour
2.2	Most developmental milestones met. Parent(s) / carer(s) seek support when their child needs additional support.	Some developmental milestones are not being met which may require support of targeted / specialist services	Some developmental milestones are not being met, requiring support of targeted / specialist services but the parent(s) / carer(s) are not routinely engaging.	Developmental milestones are significantly delayed or impaired causing concerns regarding ongoing neglect. (not in the case of those with a disability). Parent(s) carer(s) are dismissive and not supporting their child to engage.
2.3	With support, the child possesses an 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 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.
2.4	With support, the parent(s) / carer(s) are able to positively support learning and aspirations and engage with school	The parent(s) / carer(s) are not fully engaged in supporting learning aspirations and / or is not engaging with the school. The parent(s) / carer(s) actively resists suggestions of supportive interventions.	The parent(s) / carer(s) are seldom engaged in supporting learning aspirations and / or is not engaging with the school. The parent(s) / carer(s) actively resists suggestions of supportive interventions.	The parent(s) / carer(s) actively discourages or prevents the child from learning or engaging with the school

3 ABUSE AND NEGLECT				
Universal / Community Based Support		Family Help		Child Protection
Early Help	Targeted Early Help	Child In Need		Significant Harm
3.1	With advice and support, parent(s) / carer(s) are able to protect their family from danger / significant harm.	Parent(s) / Carer(s) sometimes fails to protect their family from danger / significant harm which if unaddressed could lead to risk or danger. Parent(s) / carer(s) do not always engage with childcare professionals.	Parent(s) / Carer(s) frequently neglect or are unable to protect their family from danger / significant harm. Parent(s) / Carer(s) persistently avoid contact with or do not engage with childcare professionals.	Parent(s) / Carer(s) are unable to protect their child from harm, placing their child at significant risk. Allegations of harm by a person in a position of trust.
3.2	Day to day care of the child is good enough most of the time but the parent(s) / carer(s) would benefit from advice / support to avoid the child showing any physical symptoms which could be attributed to neglect –	Child occasionally shows physical symptoms which could indicate neglect.	Child regularly shows physical symptoms which indicate neglect.	Child shows physical signs of neglect which are attributable to the care provided by their parent(s) / carer(s)
3.3	Child has injuries which are usually consistent with play and activities. Parent(s) / Carer(s) seek out advice on how to safely monitor the child's play and activities and avoid accidental injury.	Child has occasional, less common injuries which are consistent with the parent(s) / carer(s) account of accidental injury - parent(s) / carer(s) would benefit from advice on how to avoid accidental injury.	Child has injuries which are consistent with the parent(s) / carer(s) account of accidental injury but more frequent than would be expected for a child of a similar age / needs or the parent(s) / carer(s) do not know how injuries occurred or their explanation unclear.	Any allegations of abuse or neglect or any injury suspected to be nonaccidental injury to a child. Repeated allegations or reasonable suspicion of nonaccidental injury. Any allegation of abuse/suspicious injury in a pre-mobile or non-mobile child. Child has injuries more frequently which are not accounted for and the child makes disclosure and implicates parent(s) / carer(s) or older family members.
3.4	Parent(s) / carer(s) do not usually physically harm their child nor physically chastise them although would benefit from advice on how best to set boundaries for their children.	Parent(s) / carer(s) use physical chastisement (assault), usually without causing injury, as discipline but are willing to access professional support to help them manage the child's behaviour.	Parent(s) / carer(s) use physical chastisement (assault), sometimes causing injury in the past, as discipline but are willing to access professional support to help them manage the child's behaviour.	Parent(s) / carer(s) frequently physically chastises the child, causing injury, with or without the use of an implement, causing significant physical harm to the child
3.5	There are not usually any concerns re conflict / tensions within the family but parent(s) / carer(s) would benefit from advice on how to diffuse conflict / tensions when it arises.	Concerns re ongoing conflict between parent(s) / carer(s) and the child although not placing the current care arrangements at risk	Concerns re ongoing conflict between parent(s) / carer(s) and the child and the child which could result in the breakdown of the care arrangements and / or the parent(s) / carer(s) no longer wanting to care for the child.	Family have rejected / abandoned / evicted child. Child has no available parent(s) / carer(s) and the child is vulnerable to significant harm. Child not living with a family member
3.6	The child is usually appropriately self-sufficient, in line with their age and stage of development although their parent(s) / carer(s) are not always consistent in their expectations.	Emerging pattern of self-sufficiency which is not proportionate to a child's age and stage of development	Child has a pattern of self-sufficiency which is not proportionate to their age and stage of development	The child exhibits an inappropriate, high level of self-sufficiency for their age and stage of development, resulting in neglect.

3.7	With support, parent(s) / carer(s) respond appropriately to concerns about their child's health especially when an illness is unexplained.	Child has an increased level of illnesses where the causes are unknown	Child has an increased level of illnesses with the causes unknown which may lead to a suspicion that they have suffered or are at risk of suffering a fabricated or induced illness.	Medical confirmation that a child has suffered significant harm due to fabricated or induced illness.
3.8	The child's home is not usually cluttered; all rooms and facilities can be used but the parent(s) / carer(s) would benefit from advice on how best to maintain the family home. See LFB hoarding - clutter levels 3 to 4	The child's home can be cluttered but with support from family or friends, it is possible to locate clean clothing and make all rooms and facilities available for use. See LFB hoarding - clutter levels 5 to 6	The child's home can be cluttered but with support from family or friends, it is usually possible to locate clean clothing and make all rooms and facilities available for use. A formal plan / professional support may be required to ensure that the child has access to clothing and is able to use all rooms and facilities in the home. See LFB hoarding - clutter levels 6 to 7	The child's home is regularly cluttered and, despite support, the parent(s) / carer(s) are unable to maintain the home meaning that the child does not have access to a change of clothing, does not have a proper bed for sleeping and / or is unable to use all of the rooms / facilities in the home / the home presents a fire risk. See LFB hoarding - clutter levels 8 to 9

4 SEXUAL ABUSE / ACTIVITY				
Universal / Community Based Support		Family Help		Child Protection
Early Help	Targeted Early Help	Child In Need	Significant Harm	
4.1	Parent(s) / carer(s) need guidance on their child's sexual development - nothing to indicate child is being sexually abused by their parents / carers.	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 parent / carer or a parent / 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.
4.2	Parent(s) / carer(s) need support to help to reinforce the child's knowledge of healthy relationships and sexual health.	Emerging concerns of possible sexual activity of a child which may include suspicions of peer on peer sexual activity in a child over 13 years old.	Suspicion of peer on peer sexual activity in a child over 13 years old. Child under 16 is accessing sexual health and contraceptive services.	Suspicion of sexual abuse / sexually activity of a child. Direct allegation of sexual abuse / assault by child, belief that child is in imminent danger and in need of immediate protection.
4.3	Parent(s) / carer(s) need support to help to reinforce the child's knowledge of healthy relationships and sexual health.	Single instance of sexually inappropriate behaviour.	Child sends / receives 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 teenage pregnancy. Risk taking sexual activity.
4.4	Parent(s) / carer(s) need support to help to reinforce the child's 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.

5 POLICE ATTENTION				
	Universal / Community Based Support	Family Help		Child Protection
	Early Help	Targeted Early Help	Child In Need	Significant Harm
5.1	There is a history of minor criminal offences within the family, parent(s) / carer(s) seek support to avoid reoccurrence / involvement of their child	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 increasingly involved in anti-social behaviour and may be at risk of gang involvement. Early support not having the desired impact. and the child is 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 is engaged in criminal activity which is 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 which may lead to injury caused by a weapon.
5.2	Child is thought to be on the periphery of crime or antisocial behaviour, parent(s) / carer(s) seek support to divert child into positive activities.	Child is vulnerable and at potential risk of being targeted and / or groomed for criminal exploitation, gang activity or other criminal groups / associations	Over time, the child appears to be actively targeted / coerced with the intention of exploiting them for criminal gain.	Child habitually entrenched / actively criminally exploited. There is a risk of 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.
5.3	Child is thought to be on the periphery or crime or antisocial behaviour, parent(s) / carer(s) seek support to divert child into positive activities.	Child comes to the attention of the anti-social behaviour team or police. Talks about carrying a weapon. Is reported by others to be involved in named gang. Glamorises criminal or violent behaviour.	Child's involvement may be confirmed when arrested for possession of offensive weapon, drugs, multiple thefts / going equipped / motoring offences. Non-compliance with conditions	Charged or convicted of Aggravated Robbery / Use of offensive weapon / possession of large quantities of Class A drugs / motoring offences.. Intentional harm of others / animals.
5.4	Child has been stopped but not searched or stopped and searched with no obvious safeguarding concerns or criminality. Parent(s) / carer(s) seek support to divert child into positive activities.	Child has been stopped and searched in circumstances that cause concern (e.g. time of day, others present) but no previous concerns.	The child is regularly stopped and searched indicating vulnerability, exploitation or criminality. Eventually, the child is arrested as a result of a stop and search	Young person consistently stopped and searched with risk factors suggested they are being exploited.

6 HARMFUL PRACTICES				
	Universal / Community Based Support	Family Help		Child Protection
	Early Help	Targeted Early Help	Child In Need	Significant Harm
6.1	The child has grown up in a culture where harmful practices are known to be undertaken, however parent(s) / carer(s) are opposed to the practices but need support to address pressures from their community	The child has grown up in a culture where harmful practices are known to have been performed. Parent(s) / carer(s) are ambivalent about the practices in respect of their children.	The child has grown up in a culture where harmful practices are known to have been performed. Parent(s) / carer(s) are ambivalent about the practices in respect of their children and there is a concern the child may be subject to harmful practices.	Evidence the child may be subject to harmful traditional practices.
6.2	Whilst there are no concerns that the child is at immediate risk of Honour Based Violence, parent(s) / carer(s) need support.	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.
6.3	Whilst there are no concerns that the child is at immediate risk of Female Genital Mutilation, parent(s) / carer(s) need support to counter community pressure.	Female child is born in a family with a history of practicing Female Genital Mutilation e.g. mother / older sibling / cousin has undergone FGM, the family comes from a country where FGM is prevalent. Family indicate that there are strong levels of influence held by elders and / or elders are involved in bringing up female children. Family believes that FGM is integral to cultural or religious identity Female child where Female Genital Mutilation is known to be practiced is missing from education for a period of time without school's approval.	Female child is born in a family with a history of practicing Female Genital Mutilation e.g. mother / older sibling / cousin has undergone FGM, the family comes from a country where FGM is prevalent. Family believe Female Genital Mutilation is integral to cultural or religious identity. Female child where FGM is known to be practiced is missing from education for a period without school's approval, especially where the female child has talked about a long holiday / confirmed travel to her country of origin or another country where the practice is prevalent. A parent(s) / carer(s) may 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.
6.4	Whilst there are no concerns that the child is at immediate risk of Forced Marriage, parent(s) / carer(s) need support to counter community pressure.	There are concerns that a child may be subjected to Forced Marriage.	There are concerns that a child may be subjected to Forced Marriage and some evidence that the parent(s) / carer(s) may be considering a forced marriage.	Evidence child may be or has been subjected to Forced Marriage.
6.5	Whilst there are no concerns that the child is at immediate risk from witchcraft, parent(s) / carer(s) need support to counter community pressure.	Suspicion that a child is exposed to issues of spirit possession or witchcraft.	Evidence that a child is exposed to issues of spirit possession or witchcraft.	Disclosure from child about spirit possession or witchcraft, parent(s) / carer(s) believe that child is possessed.

7 EXTREMISM & RADICALISATION				
Universal / Community Based Support		Family Help		Child Protection
Early Help	Targeted Early Help	Child In Need	Significant Harm	
7.1	Child and family's activities are legal with no links to proscribed organisations. Where concerns arise, parent(s) / carer(s) seek sought from community or faith-based organisations	Child makes frequent reference to ideologies which are linked to violent extremism which may also reflect the views of parent(s) / carer(s) or other family members.	The child expresses sympathy for ideologies closely linked to violent extremism but is open to other views or loses interest quickly. Child and family have indirect links to proscribed organisations	The child expresses beliefs that extreme violence should be used against people who disrespect their beliefs and values. The child supports people travelling to conflict zones for extremist/ violent purposes or with intent to join terrorist groups The child expresses a generalised, nonspecific intent to go themselves. Child, family and friends have strong links / are members of proscribed organisations.
7.2	Child doesn't express support for extreme views or is too young to express such views themselves. Where concerns arise, parent(s) / carer(s) seek sought from community or faith-based organisations	Child makes frequent reference to ideologies which are linked to violent extremism which may also reflect the views of parent(s) / carer(s) or other family members	The child is known to live with parent(s) / carer(s) or other family members who have 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 / parent(s) / carer(s) / 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.
7.3	Child engages in age-appropriate use of internet, including social media under the guidance of community or faith-based organisations.	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 they share 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.
7.4	Child engages in age appropriate activities and displays age appropriate behaviours and self-control. Engages with community or faith-based organisations.	Child is expressing strongly held and intolerant views towards people who do not share their religious or political views.	The 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.
7.5	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 contrary to UK law.	Concerns that the 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.

8 DRUG / SUBSTANCE MISUSE				
Universal / Community Based Support		Family Help		Child Protection
Early Help	Targeted Early Help	Child In Need	Significant Harm	
8.1	The child has no history of substance misuse or dependency. Where concerns arise, parent(s) / carer(s) seek sought from community organisations or health services	The child is known to be using drugs and alcohol regularly with occasional impact on their social wellbeing.	The child is known to be using drugs and alcohol frequently with frequent impact on their social wellbeing and the substance misuse dependency is affecting their mental and physical health and social wellbeing Child presents at hospital due to substance / alcohol misuse. Parent(s) / carer(s) 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
8.2	Parent(s) / carer(s) / other family members do not use drugs or alcohol or their use does not impact on parenting. Where concerns arise, parent(s) / carer(s) seek sought from community organisations or health services	Parent(s) / carer(s) / family member's drug and / or alcohol use is impacting on their parenting but adequate provision is made to ensure the child's safety, concerns this may increase if continues..	Parent(s) / carer(s) / family member's drug / alcohol use has escalated to the point where the child is worrying about their parent(s) / carer(s) / family member	Parent(s) / carer(s) / family member's drug and / or alcohol use is at a problematic level and is having a significant impact on the wellbeing of the child.
8.3	No signs or suspicion of drug usage. Where concerns arise, parent(s) / carer(s) seek sought from community organisations or health services	Child / parent(s) / carer(s) / household member found in possession of Class C drugs	Previous concerns of drug involvement / drug supply and child / parent(s) / carer(s) / 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.
8.4	No signs or suspicion of drug usage by (prospective) parent(s) / carer(s). Where concerns arise, parent(s) / carer(s) seek sought from community organisations or health services	Concerns or evidence of illicit drug or alcohol usage during pregnancy by (prospective) parent(s) / carer(s).	Evidence of substance misuse during pregnancy especially pre-21 weeks' gestation. Newborn is affected by parental substance misuse	Evidence of illicit drug or alcohol misuse during pregnancy – post 21 weeks gestation. Newborn is significantly affected by maternal / parental substance misuse.

	9 DISABILITY			
	Universal / Community Based Support	Family Help		Child Protection
	Early Help	Targeted Early Help	Child In Need	Significant Harm
9.1	Parent(s) / carer(s) / other family members have disabilities which, with support, has a minimal impact on the care of their child.	Parent(s) / carer(s) / other family members have disabilities which occasionally impede their ability to provide consistent patterns of care but without putting the child at risk, although additional support is required.	Parent(s) / carer(s) / other family members have disabilities which impedes their ability to provide consistent patterns of care, support is required. Without the additional support, the child may be at risk.	Parent(s) / carer(s) / other family members have disabilities which are severely affecting the care of the child and placing them at risk of significant harm
9.2	The child's parent(s) / carer(s) have a learning disability and can provide consistent parenting with support from their family / community network.	The child's parent(s) / carer(s) have a learning disability and can usually provide consistent parenting with regular support from their family / community network and targeted family support services.	The child's parent(s) / carer(s) have a learning disability and can sometimes provide consistent parenting with regular support from their family / community network and targeted family support services. From time to time, formal plans are required to ensure that the parent(s) / carer(s) provide consistent care and that the child's welfare is safeguarded.	The child's parent(s) / carers(s) have a learning disability but are unable to provide safe and consistent care to the child resulting in the child being at risk of significant harm.
9.3	Child has a disability. The parent(s) / carer(s) are unable to fully meet the child's needs requiring support	Child has a disability. Additional help is required to meet the child's health needs. The parent(s) / carer(s) are unable to fully meet the child's needs and require significant support	Child has a disability. Additional help is required to meet health needs. The parent(s) / carer(s) are unable to meet the child's needs, requiring significant support	Child has a disability – their additional needs are not being met and they are at risk of significant harm

	10 YOUNG CARER			
	Universal / Community Based Support	Family Help		Child Protection
	Early Help	Targeted Early Help	Child In Need	Significant Harm
10.1	Prent(s) / carer(s) concerned about potential reliance on a child to have caring responsibilities.	Child occasionally has caring responsibilities for members of their family which sometimes impacts on their development and life chances.	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 significantly adversely impacted by their unsupported caring responsibilities.

11 DOMESTIC ABUSE				
Universal / Community Based Support		Family Help		Child Protection
Early Help	Targeted Early Help	Child In Need	Significant Harm	
11.1	Expectant person - Domestic abuse is evident, but pregnancy is not yet viable to be assessed via family help or child protection services. Victims / survivors can be supported by community services in the interim (midwifery, children centers, women support groups)	Expectant person – Victim / survivor has made a disclosure of domestic abuse which may feature the following types of abuse: • Coercive controlling behaviour • Verbal • Emotional • Economic/Financial • Technology-facilitated abuse • Threatening behaviour • Harassment	Expectant person - Victim/survivor has made a disclosure of domestic abuse which may feature the following types of abuse: • Coercive controlling behaviour • Verbal • Emotional • Economic/Financial • Technology-facilitated abuse • Threatening behaviour • Harassment There is a concern that the unborn baby may experience physical harm and emotional trauma.	Expectant person - Victim/survivor has experienced high levels of domestic abuse. This may include a pattern of coercive control and/or the following types of abuse: • Non-fatal strangulation • Threats to harm or kill • Sexual abuse and/or rape • Honour-based abuse • Morbid jealousy • Stalking • Considerations should be given to external factors such as mental health/substance use Unborn baby is likely to experience physical harm and emotional trauma.
11.2	Domestic abuse is not usually present in the family. There are isolated incidents of domestic abuse.	The victim / survivor is occasionally experiencing standard to medium risk of domestic abuse which may include some form of verbal and emotional abuse and non-high risk physical abuse such as pushing, shoving, assault, alongside other indicators of coercive control. Mitigating factors such as support networks are present. Children are not directly abused but may have witnessed the non-abusive parent being directly harmed or abused. Child might be experiencing coercive control but there is no evidence it has impacted on their health or development. Some perpetrators may show meaningful willingness to acknowledge their harmful behaviours and receive support. Others may show limited insight and no commitment to change. Due to abuse and trauma, the victim / survivor may not recognise the abuse and the impact that is having on themselves or the children	The victim / survivor is frequently experiencing standard to medium risk of domestic abuse which may include some form of verbal and emotional abuse and non-high risk physical abuse such as pushing, shoving, assault, alongside other indicators of coercive control. Children are not directly abused but may have witnessed the non-abusive parent being directly harmed or abused. Child might be experiencing coercive control but there is no evidence it has impacted on their health or development. Some perpetrators may show meaningful willingness to acknowledge their harmful behaviours and receive support. Others may show limited insight and no commitment to change. Due to abuse and trauma, the victim/survivor may not recognise the abuse and the impact that is having on themselves or the children	Children are subject to physical abuse, and their behaviour is escalating due to the abuse; children are experiencing regular repeated, verbal and emotional abuse. Children are experiencing coercive control. They live in an environment with instilled fear, compliance and control. Child is intervening in incidents to protect themselves, siblings and / or the victim / survivor. They may have been harmed or injured or have harmed the perpetrator to protect the victim/survivor. There is a persistent, severe and escalating pattern of domestic abuse and coercive control that has significantly impacted the children's safety, stability and wellbeing. Increased risk for pre-mobile babies. Perpetrator/s show no commitment or change in their behaviour and little to no understanding of the impact of their harmful behaviour.

11.3	Domestic abuse is not present in the family	It is suspected that a person who has previously perpetrated domestic abuse is a member of the household, although there may be no sign of current or recent abuse The non abusive parent / carer is unable to acknowledge the presence of domestic abuse in the household contrary to suspicion evidence of its existence	It is known that a previous perpetrator of domestic abuse is a member of the household, although there may be no sign of current or recent abuse The non abusive parent / carer is unable to acknowledge the presence of domestic abuse in the household contrary to evidence of its existence	Serious threat to parent(s)s / carer(s)'s life or to child by violent partner. Child injured in domestic abuse incident. Child traumatised or neglected due to a serious incident of domestic abuse or child is unborn.
------	---	--	--	---

12 SOCIAL DEVELOPMENT				
Universal / Community Based Support		Family Help		Child Protection
Early Help	Targeted Early Help	Child In Need	Significant Harm	
12.1	Child usually has good quality early attachments, generally confident in social situations with friendships and positive social interaction with a range of peers. However, would benefit from additional support within the community.	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
12.2	The family network is usually positive with some friendships outside the family unit but benefits from support within the community.	There is a significant lack of support from the extended family network which is impacting on the parent(s)'s / carer(s)'s capacity. Involvement of the extended family may be unhelpful	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
12.3	Child usually engages in age-appropriate use of internet, gaming and social media. Parent(s) / carer(s) concerned about the risks / extent of use and seek support.	Child is at risk of or becoming engaged with negative internet use, lacking control and is unsupervised in gaming and social media applications.	Child is engaged in or a 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.
12.4	The family needs support to fully integrate into the community.	The family is socially excluded and / or there is an absence of supportive community networks. The extent of the exclusion / isolation has an adverse impact on the child	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.
12.5	The locality is generally a safe and positive environment. Support is needed to encourage good citizenship and knowledge about the effects of crime and anti-social behaviour.	Child is influenced by, and possibly becoming involved in, low level anti-social behaviour in the locality due to others engaging in threatening and intimidating behaviour.	Child is influenced by, and becoming involved in, low level anti-social behaviour in the locality due to others engaging in threatening and intimidating behaviour. The negative impact on the child results in them coming to notice of the police periodically both as a suspect and a victim; there are concerns about possible exploitation.	The 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.

12.6	Child and family needs support to ensure that they are legally entitled to live in the country indefinitely and to ensure that they have 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 to, or involved in, criminal activity to generate income for the family / family members are being detained and at risk of deportation
12.7	With support, the child is positively engaging with services. Has a developing awareness of the risks and grooming processes. With support, can be motivated and develop a positive outlook.	Perceived inability or reluctance to access mainstream support. Reduced access due to their ethnicity / cultural background / being in care / sexual orientation / Special Educational Needs (SEN).	The child is 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.
12.8	The child resides in suitable, stable accommodation and is able to engage with peers, schools, other services and the community in their local area. Parent(s) / carer(s) seek advice / support if the stability or suitability of their accommodation is threatened.	The child (and their family) do not have suitable, permanent accommodation which may mean that they do not have adequate sleeping space and / or have had to move more than twice within the preceding 5 years resulting in changes of school, loss of friends and lack of opportunity to engage with local services.	The child (and their family) do not have suitable, permanent accommodation which may mean that they do not have adequate sleeping space and / or have had to move more than twice within the preceding 5 years resulting in changes of school, loss of friends and lack of opportunity to engage with local services. The accommodation is in a poor state of repair / is damp / infested.	The child (and their family) is homeless or subject to very frequent moves between unsuitable accommodation resulting in few, if any, peer group relationships, frequent changes in school / non attendance at school, no engagement with local services or the community The condition of the family home is causing a negative impact on the health and development of the child.

	13 EXTRA-FAMILIAL HARM			
	Universal / Community Based Support	Family Help		Child Protection
	Early Help	Targeted Early Help	Child In Need	Significant Harm
Places / Spaces				
13.1	There are good services in the area and child is aware of them / engaging positively. Adults in area ensure physical and psychological wellbeing of children	Child spends time in areas known for antisocial behaviour or where they will be more vulnerable. The locality is having a negative impact on the child. Child may identify and informs professionals of unsafe locations and reason for this.	Child frequently spends time in locations, including online, where they can be anonymous or at risk of experiencing 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				
13.2	Peer group engage in positive activities / clubs / community activities. The group understands risk and harm. Age appropriate and safe. May include peers that have 'turned around' in their journey.	Some indications that unknown adults and / or other exploited children have contact / associate with the child. Some indications of negatively influential peers.	Child is associating with unknown adults and / or other exploited children. Escalation in behaviour of peer group. Arrested with individuals who at risk of exploitation / violence.	Child is staying with someone believed to be exploiting them. Person with significant relationship is coercing child to meet and child is sexually or physically abused. Found with adults / high risk individuals out of borough. Is being exploited to 'recruit' others.
Professional Engagement				
13.3	Child has a trusted adult in a professional network. Impactful engagement. Curious and flexible.	Limited referral history with services which may have closed after limited involvement. Repeat referrals. Lack of confidence in worker / service to manage risk or work with adolescents. Multiple workers confused or disagreeing on risk	Limited referral history with services which may have closed after limited involvement. Repeat referrals. Lack of confidence in worker / service to manage risk or work with adolescents. Multiple workers confused or disagreeing on risk - professionals have been unable to engage the child to date. Several services involved but little change	History of multiple services / referrals with little change or escalation in risk. Services report unable to keep child safe.
Missing				
13.4	Child comes home on time or soon after. 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 frequently failed to return home when expected. Concerns about what happened to them whilst they were away and their whereabouts unknown.	Child persistently going missing and there are serious concerns about their activity whilst away. Parent(s) / carer(s) does not report them missing. Child is unable or unwilling to give explanations for whereabouts.	Child persistently runs away and / or goes missing and does not recognise that they are putting themselves at risk of exploitation, criminal behaviour etc. Pattern of sofa surfing, whereabouts unknown. Child is unable or unwilling to give explanations for whereabouts