

Framework of Need

Providing the right support to Meet a Child's Needs

Purpose of the Framework

The Framework of need is for everyone who works with children and their families across Hartlepool, Redcar and Cleveland and Stockton-on-Tees and has been developed to provide clear thresholds that should be applied consistently to ensure the right help is given at the right time. We have adopted a model in which there are **four levels of need** and this document outlines the services that will be most appropriate at each level. (For professionals working within Middlesbrough Local authority area please refer to Middlesbrough's Threshold of Need document).

The vast majority of children will have their needs met through universal services such as those provided by early years, education and health. However, some children will need extra help to be healthy and safe and to achieve their potential.

When agencies and services working with children and families identify that a child has additional needs and vulnerabilities, we want to offer help and support that is proportionate and timely; provided at the earliest opportunity and in a voluntary way with parents, carers and children. Effective early intervention can help to prevent a child's needs escalating to the point where specialist or statutory services are needed and we recognise that the most effective support is tailored to the family's needs and provided at the lowest level necessary to ensure desirable outcomes are achieved, with as little disruption to family life as possible.

Levels of Need and Vulnerability

The four levels of need model has been designed to support services to identify where an individual child's needs lie and the level of response that should be provided. The four levels of need are:

Level 1 – Children whose needs are met by universal services.

Level 2 – Children with additional needs which can be met from one other agency.

Level 3 – Children with a range of additional needs that require a multi-agency response.

Level 4 – Children with complex/significant needs that require specialist or statutory intervention.



Level 1 – Children whose needs are met by universal services

Most children will have their needs met by their families, universal services and informal support networks. Children who fall within this level are making good overall progress in all areas of their development.

Universal services are available to all children and families with the most easily identifiable being primary health and education. They are services that anyone can access and there are no pre-requisites. Universal services and settings are often the places where emerging difficulties can first be spotted, or where a child or parent can first ask for help. They are also often the most appropriate setting to source and deliver any extra help that may be needed but this will generally be time limited and lead to continued positive outcomes.

Professionals working within universal services support families to identify their own solutions to problems and reduce the likelihood of children developing additional needs. They promote achievement, resilience and healthy lifestyles, maximise life chances and minimise risk.

Examples of needs and circumstances at Level 1:

- ➡ A new born baby is provided with post-natal care through midwifery services
- ➡ A mother having problems with her child's sleep patterns and feeding difficulties seeks support and guidance from health visiting services

For some children, universal provision will not be sufficient to meet their needs and additional services will be required. When this is the case, the extent of the child's needs determine whether they fall within Level 2, 3 or 4.

If any person working with children and families has concerns about a child they should consult their line manager or designated safeguarding officer about the most appropriate course of action bearing in mind the principles set out in this document.

Level 2 – Children with additional needs that can be met from one other agency







Professionals working with some children or families may identify that they have some emerging or low level needs which if ignored, could develop and lead to adverse outcomes. Often, one service working with a family for a limited period at a particular point in time is all that is required to address needs at this level.

An Early Help Assessment (EHA) (formally known as the Common Assessment Framework or CAF) is a holistic assessment tool that helps identify and assess need early and looks at the family's strengths, needs and goals after considering all aspects of the child's life, family and environment.

The assessment process is underpinned by collaborative partnership working with family and the child or young person. The assessment is designed to be shared between professionals and used as a starting point for planning a response for support and prevent escalation of need.

There are a range of early help services that can be accessed to help support children and their families. Initial advice and guidance to support children and families should be sought via an individual's own organisation.

Examples of needs and circumstances at Level 2:

-  A child is struggling to communicate at nursery. Speech and language therapy services are accessed and the assessed need is met.
-  A class teacher identifies that a child has problems accessing the curriculum and the school SENCO requests a service from another education professional for example, a specialist teacher or educational psychologist.
-  A health visitor assesses a child as having additional health needs and refers to a paediatrician who meets the need.
-  A housing officer assesses that a family has financial difficulties, accesses welfare benefit advice and the need is met.
-  A youth worker assesses a child as being at risk of becoming involved in anti-social behaviour and accesses specific activities to successfully divert the child from risky behaviour.
-  A child has experienced the loss of a significant adult through bereavement and is provided with bereavement counselling.

It is important to remember that some children identified within Level 2 that are disabled as defined by s17(11) of the Children Act will be entitled to assessment and this must be supported should the parent and/or child request this.

A referral to children's social care should be made by a professional if they have the consent of a parent (or other person with parental responsibility) or, where appropriate, the child. In addition, the parent can refer themselves.

Level 3 – Children with a range of additional needs that require a coordinated response from multiple agencies






In the majority of cases, effective early intervention at level 2 will prevent a child's needs escalating to the point where a more co-ordinated response from multiple agencies is required.

However there will be circumstances where an EHA identifies that a child has a range of additional needs where a co-ordinated multi-agency response, within or between agencies, will be needed. In these circumstances a lead professional must be identified to co-ordinate any intervention through a Team Around the Family (TAF). The range of needs will often influence one another and may be associated with:

- Disruptive or anti-social behaviour;
- Parental conflict or lack of parental support / boundaries;
- Risk taking behaviour;
- Involvement in, or risk of, offending;
- Poor school attendance, truancy or exclusion;
- Bullying;
- Poverty;
- Ill health;
- Substance misuse;
- Domestic abuse;
- Mental health problems;
- Housing issues.

Agencies and professionals working with a child and their family at this level will need to be aware of the range of universal and targeted services available and know how to link with them, including engaging with adult services where relevant to ensure a whole family approach. If an individual needs advice and guidance it should be sought in the first instance from their own organisation. If further advice and guidance is needed, contact can be made with the Hartlepool & Stockton-on-Tees Children's Hub or the Middlesbrough Multi-agency Hub or the Redcar & Cleveland Multi-agency Hub.

Examples of needs and circumstances at level 3:

-  A family where the children have complex needs, there is no extended family and one of the parents has a life limiting illness.
-  A child who is displaying a range of anti-social behaviours and is not attending school.
-  A single unsupported parent who continues to miss their child's hospital appointments.
-  A child who has engaged in criminal activity and is being supported by the Youth Offending Team.
-  A child whose needs are being met through an education, health and care plan due to their special educational needs or disability.

It is recognised that some children with needs at this level may require assessment under Section 17 (Child in Need) of the Children Act 1989. In particular, this may apply to a child who is disabled as identified under section 17 (10)(c) and (11) of the Children Act 1989. Examples within the Children Act include:

- 'a child is disabled if he is blind, deaf or dumb or suffers from a mental disorder of any kind or is substantially handicapped by illness, injury or congenital deformity or such disability as may be prescribed'
- a child 'with chronic/ recurring health problems'
- a child 'with mental health issues / self harm' or 'significant disruptive and challenging behaviour'.

A referral to children's social care should be made by a professional if they have the consent of a parent (or other person with parental responsibility) or, where appropriate, the child.

Level 4 – Children with complex / significant needs that require specialist or statutory intervention

Specialist services are needed by a small number of children where there are urgent and/or complex problems that are likely to have a significant impact on their health and development without the provision of services.

It is highly likely that children with needs at this level will require assessment under Section 17 (Child in Need) or Section 47 (Child in Need of Protection) of the Children Act 1989. These children may become subject to a child protection plan and/or need to become a looked after child either under Section 20 (voluntary accommodation) or Section 31 (Care Order) of the Children Act 1989.

A referral to children's social care should be made by a professional if they have the consent of a parent (or other person with parental responsibility) or, where appropriate, the child. The exception to this is where gaining consent would place the child at risk of significant harm or where it might interfere with a police investigation. Where consent is sought and refused, the professional working with the family must make a decision about whether to make the referral regardless. This should be done where they believe that the child may be suffering, or be at risk of suffering significant harm. The rationale for their decision to make this referral must be recorded on their own agency files.

It is important to remember that children's social care cannot compel parents to allow an assessment or to accept services although careful consideration about how to proceed will need to be given where a refusal might raise the level of risk posed to the child.

There are no absolute criteria on which to rely when judging what constitutes significant harm. Significant harm was introduced by the Children Act 1989 as the threshold that justifies compulsory intervention in family life in the best interests of children. Physical abuse, sexual abuse, emotional abuse and neglect are all categories of significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, and the severity of the emotional and physical impact on the child. It is important to consider age and context – babies and young children are particularly vulnerable – and the impact of parental factors such as history of significant domestic abuse, substance misuse or mental ill-health.

Significant harm could occur where there is a single event, such as a violent physical or sexual assault or where there have been a number of events which have compromised the child's physical and psychological wellbeing; for example a child whose health and development is severely impaired through neglect.

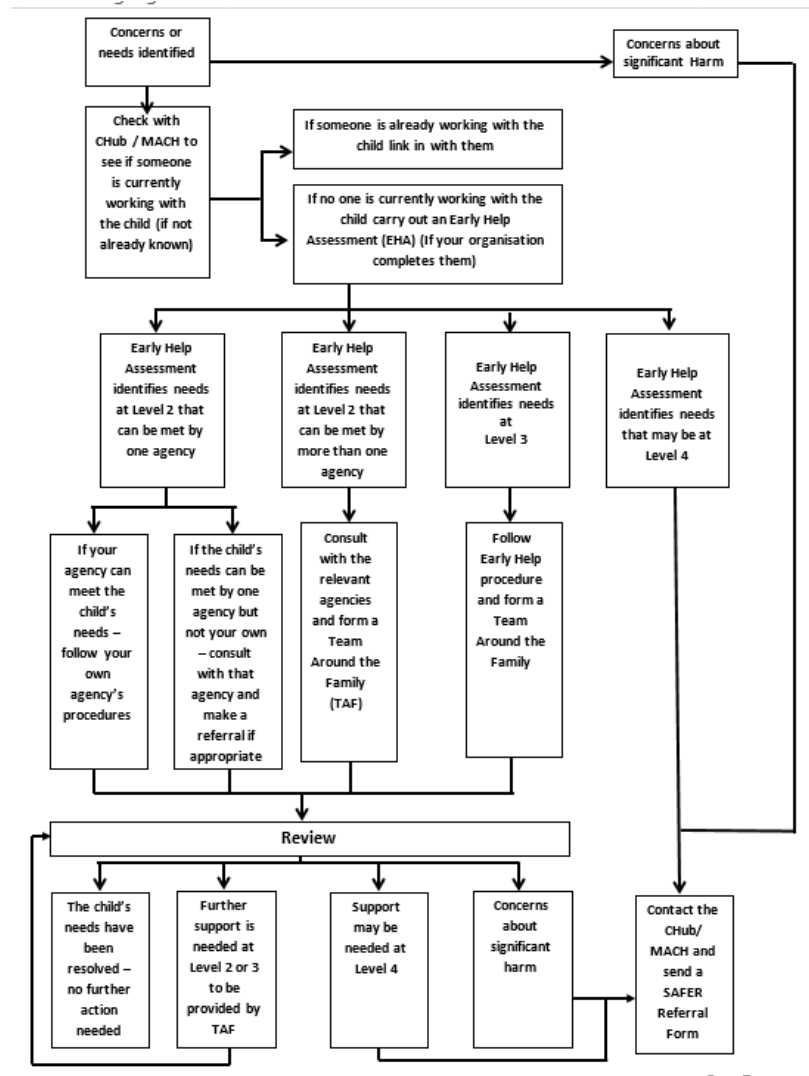
Examples of needs and circumstances which may indicate a child is in need of specialist services at Level 4:

- ➡ All of the examples from level 3 where there has been ongoing multi-agency support under through an Early Help but no observed improvement to the child's outcomes or where there has been an escalation of risk.
- ➡ A child who is in need because their health or development is likely to be significantly impaired or further impaired without the provision of services.
- ➡ A child who is in need because they are unlikely to have or don't have the opportunity to achieve or maintain a reasonable standard of health or development without the provision of services.
- ➡ A child who is in need because they are disabled.
- ➡ A child who needs protection from harm, including an unborn child.
- ➡ A child who is at significant risk of, or who has suffered, sexual exploitation.
- ➡ A child who needs to be accommodated by the Local Authority.
- ➡ A child who makes an allegation of abuse.
- ➡ A child with a serious and persistent eating disorder who refuses, or is refused, treatment.
- ➡ A child whose behaviour places themselves at risk of significant harm.
- ➡ A child who is at risk of harm from radicalisation or from being taken into conflict zones.
- ➡ A child at risk of female genital mutilation (FGM)

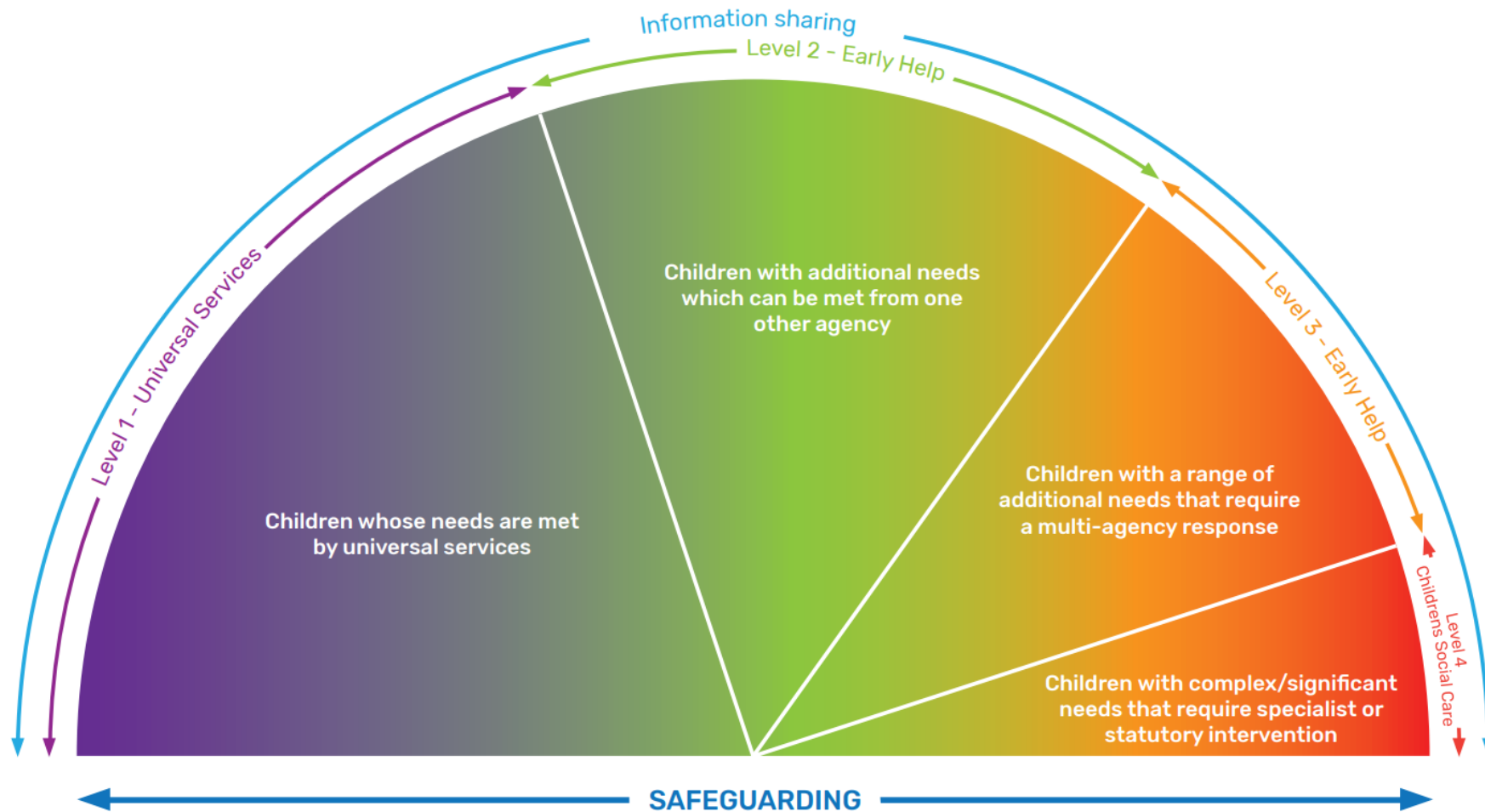
The Tees Child Protection Procedures Website

An up-to-date copy of The SAFER referral form can be downloaded from www.teescpp.org.uk.

This website also contains information about Teeswide child protection procedures and updates on good practice in relation to child



Continuum of Need



Indicators of Possible Need

Practitioners must use common sense when using the matrix to help in their assessment of need i.e. one issue in level 4 will not always demand a level 4 service and multiple issues in level 3 when considered together might demand a level 4 service. Also consider a child's age and stage of development.

	Level 2 Additional needs that can be met from one other agency	Level 3 Additional needs that require a coordinated response from multiple agencies	Level 4 Complex needs requiring specialist or statutory intervention
HEALTH	Factors contributing to risk of vulnerability: <ul style="list-style-type: none"> Chronic / recurring health problems Mild disability requiring additional support to be maintained Concerns about developmental progress Limited / restricted diet or hungry Under or over weight Substance/alcohol misuse which may impact on health 'Unsafe' sexual activity which can be addressed through education / advice Teenage pregnancy Sexually transmitted infections Minor speech / communication issues Poor hygiene Frequent A&E attendance Smoking Missing immunisations / checks Bedwetting / soiling Little / no responsibility for age appropriate self-care tasks Disability prevents self-care in a range of tasks which cannot be met by the parent / carer 	Factors contributing to risk of vulnerability: <ul style="list-style-type: none"> Multiple chronic / recurring health problems Developmental delays, disability or long term condition Increasingly harmful drug misuse Mental health issues including self-harm Child is mostly unintelligible at an age when they shouldn't be More significant communication issues Poor self-care which is impacting on health Health issues as a result of obesity or malnutrition Bedwetting where previously dry and no organic cause evident Soiling where no organic cause evident 	Factors contributing to risk of vulnerability: <ul style="list-style-type: none"> Sexual activity in children aged under 13 Severe / multiple chronic health problems Significant developmental delay Failure to thrive without organic cause Seriously obese / underweight Non-accidental or unexplained injury Bruises, bites and suspicious marks on babies and children Evidence of fabricated or induced illness Disabled child requiring specialist services including short breaks Problematic substance misuse requiring detox and rehabilitation Significant mental health problems e.g. threat of suicide, psychotic episode, severe depression, significant self-harm including those children detained under the Mental Health Act 1983 Very significant communication issues e.g. child being unable to express themselves, interact with peers
	Familial factors contributing to risk-of vulnerability: <ul style="list-style-type: none"> Persistent failure to address the child's health / oral health needs Persistently missing health appointments – impact on the child's health and wellbeing will be minor Child/young person is not appropriately supervised 	Familial factors contributing to risk-of vulnerability: <ul style="list-style-type: none"> Neglect of oral health resulting in significant tooth decay Neglect of physical health / failure to address health conditions 	Familial factors contributing to risk-of vulnerability: <ul style="list-style-type: none"> Child/young person has experienced or is at risk of experiencing Female Genital Mutilation Persistently missing health appointments - impacting on health and wellbeing Refusing medical care which might endanger life / development
	Extra-familial factors contributing to vulnerability: <ul style="list-style-type: none"> Child/young person attending sexual health services and there are concerns that they are engaging in sexual relations due to peer pressure Attendance at A&E due to injuries or risks experienced away from the home 	Extra-familial factors contributing to vulnerability: <ul style="list-style-type: none"> Evidence of grooming for the purposes of sexual / criminal exploitation Recurring attendance at A&E due to injuries or risks experienced away from the home 	Extra-familial factors contributing to vulnerability <ul style="list-style-type: none"> Evidence of physical, emotional or sexual harm/ exploitation or neglect perpetrated by individuals not connected to the family Disclosure of significant harm from child/young person which is caused by and/or takes place in an extra-familial context Victim of knife or gun related injury

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EDUCATION	Factors contributing to risk of vulnerability: <ul style="list-style-type: none"> Below 85% school attendance Fixed-period exclusions NEET post 16 Mild/Moderate learning needs Poor punctuality Pattern of absences Poor engagement in learning e.g. poor concentration, low motivation or interest No stimulation at home e.g. no books, internet, toys Low aspirations Disruptive behaviour Not reaching potential 	Factors contributing to risk of vulnerability: <ul style="list-style-type: none"> Has an Education, Health and Care Plan Continued poor attendance despite intervention Lack of basic literacy skills School refuser Persistent lateness Extra support needed by schools to meet behavioural / healthcare needs of the child Permanent exclusion Significant disruptive and challenging behaviour 	Factors contributing to risk of vulnerability: <ul style="list-style-type: none"> Severe and complex learning needs Significant amounts of education missed Chronic non-attendance, truanting Child/young person missing from education
	Familial factors contributing to risk-of vulnerability: <ul style="list-style-type: none"> Poor access to books, toys, educational materials, and/or correct uniform Educated at home with engagement from family but child / young person is not developing appropriately 	Familial factors contributing to risk-of vulnerability: <ul style="list-style-type: none"> No parental support for education 	Familial factors contributing to risk-of vulnerability: <ul style="list-style-type: none"> Parents prevent the child from accessing any education Professional concerns about the safety or wellbeing of a child/young person whose family has elected home education
	Extra-familial factors contributing to risk of vulnerability: <ul style="list-style-type: none"> Difficult peer relationships within education Child/young person is bullied within education provision Academic pressure placing child/young person under stress 	Extra-familial factors contributing to risk of vulnerability: <ul style="list-style-type: none"> Child/young person is being pressured to become gang involved via peers linked to their educational provision / through school based networks Child/young person not responding to educational support in place from school / parents. 	Extra-familial factors contributing to risk of vulnerability: <ul style="list-style-type: none"> Child/young person groomed into sexual or criminal exploitation as either victim or instigator at school/ through school based networks Child/young person exposed to physical or sexual violence at school or through school based networks

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EMOTIONAL & BEHAVIOURAL DEVELOPMENT	Factors contributing to risk of vulnerability: <ul style="list-style-type: none"> • Anger and frustration issues • Low self-esteem / Lack of confidence • Sexualised behaviour inappropriate to age and development • Unusually withdrawn / unwilling to engage or anxious • Evidence of persistent attachment difficulties • Bully / Bullied • Challenging behaviour that parents find difficult to manage • Starting to offend • Running and missing from home or care • Accessing inappropriate pornography • Some difficulties with family relationships • Poor appearance: poor hygiene, dirty or ill-fitting clothes/shoes, poor hair or skin care • Makes unsafe choices putting themselves at risk of harm • Non-life-threatening self-harm • Experiences discrimination on the basis of ethnicity, race, religion, sexual orientation or disability • Victim of hate crime requiring additional support 	Factors contributing to risk of vulnerability: <ul style="list-style-type: none"> • Child to parent / sibling violence • Persistent missing from home or care • Regularly involved in anti-social or criminal activities and/or making threats of violence • Cruelty to animals • Suffering emotional distress by seeing or hearing the abuse of another including domestic abuse • Significant eating disorder • Expression of suicidal thoughts • Bedwetting where previously dry and no organic cause evident • Soiling where no organic cause evident • Presentation (including hygiene) significantly impacts on relationships • Experiences persistent discrimination which is internalised and reflected in poor self-esteem • Lacks sense of safety / puts self in danger • Increased withdrawal from support offered 	Factors contributing to risk of vulnerability: <ul style="list-style-type: none"> • Significant mental health problems e.g. threat of suicide, psychotic episode, severe depression, significant self-harm • Frozen watchfulness • Behaviour puts self or others at risk of harm • Beyond parental control • At risk of being taken into conflict zones • At risk of or involved in extremism
	Familial factors contributing to risk-of vulnerability: <ul style="list-style-type: none"> • Child/young person has caring responsibilities that impact on behaviour/development 	Familial factors contributing to risk-of vulnerability: <ul style="list-style-type: none"> • Persistent running and missing from home or care due to 'push' factors which come from the home environment 	Familial factors contributing to risk-of vulnerability: <ul style="list-style-type: none"> • Emotional abuse • Sexual abuse • Physical abuse • Significant neglect • Missing or trafficked child/young person primarily due to 'push' factors from the home environment
	Extra-familial factors contributing to risk of vulnerability: <ul style="list-style-type: none"> • Child/young person exposed to violence and trauma within their peer associations • Child/young person behaves in a threatening way towards peers 	Extra-familial factors contributing to risk of vulnerability <ul style="list-style-type: none"> • Child pressured to become gang-involved • Persistent running / missing from home /or care due to 'pull' factors from outside the home • Child/young person carrying weapons 	Extra-familial factors contributing to risk of vulnerability: <ul style="list-style-type: none"> • Missing or trafficked child/young person primarily due to 'pull' factors outside the home • Sexual exploitation • Criminal exploitation • Modern slavery – servitude

	Level 2 Additional needs that can be met from one other agency	Level 3 Additional needs that require a coordinated response from multiple agencies	Level 4 Complex needs requiring specialist or statutory intervention
FAMILY & FAMILY ENVIRONMENT	Factors contributing to risk of vulnerability: <ul style="list-style-type: none"> Disabled child's care needs prevents them from participating in family or community activities which impairs their social or emotional development No positive role models Unresolved issues arising from loss Parents request advice to help them manage their child's behaviour Child affected by difficult family relationships or bullying in the home Family require advice about social exclusion / hate crime Housing in poor state of repair, temporary or overcrowded Intentionally homeless (child choosing not to return home) Rent arrears put family at risk of eviction 	Factors contributing to risk of vulnerability: <ul style="list-style-type: none"> Often left at home for long periods of time (judgement needed re age and home alone issues) Relationship with carers is characterised by unpredictability 	Factors contributing to risk of vulnerability: <ul style="list-style-type: none"> Family breakdown leaves child without accommodation Traumatised, injured or neglected as a result of domestic abuse or persistent serious verbal threats Radicalisation Extreme poverty / debt impacting on ability to care for the child Home conditions are dangerous and pose a risk of harm to the child
	Familial factors contributing to risk-of vulnerability or harm: <ul style="list-style-type: none"> Family thinks it is acceptable to use illegal substances in front of children Parents have relationship /health difficulties which impact on the child but are willing to accept help 	Familial factors contributing to risk-of vulnerability: <ul style="list-style-type: none"> Drug taking and illegal activities by a person in the child/ young person's family home that impacts on child 	Familial factors contributing to risk-of vulnerability: <ul style="list-style-type: none"> Adult posing risk to child / young person is in household or in contact with family Drug taking and illegal activities by a person in the child/ young person's family home that significantly impacts on child
	Extra-familial factors contributing to risk of vulnerability: <ul style="list-style-type: none"> Family experiencing harassment, discrimination or are victims of crime 	Extra-familial factors contributing to risk of vulnerability: <ul style="list-style-type: none"> Peers of sibling or parent increase risk of grooming / criminal / sexual exploitation Child may be receiving food/accommodation, drugs, alcohol, cigarettes, affection, gifts, money from outside home / unknown sources 	Extra-familial factors contributing to risk of vulnerability: <ul style="list-style-type: none"> Peers of sibling or parent have known involvement in grooming / criminal / sexual exploitation/organised crime group

	Level 2 Additional needs that can be met from one other agency	Level 3 Additional needs that require a coordinated response from multiple agencies	Level 4 Complex needs requiring specialist or statutory intervention
Parenting Capacity	Factors contributing to risk of vulnerability: <ul style="list-style-type: none"> Parents need additional support to meet the child's needs Basic care and / routines are inconsistent and impacts on the child Food, warmth and other basics not always available Poor supervision and attention to safety Chaotic family life/complex family dynamics Parent's mental and/or physical health impact on their care of the child – use of PAMIC tool recommended https://www.teescpp.org.uk/specific-issues-that-affect-children/parental-mental-illness-procedure/ Child is not often exposed to new experiences; has limited access to leisure activities 	Factors contributing to risk of vulnerability: <ul style="list-style-type: none"> Children left home alone, beyond their ability to be allowed to do so, or with another child who is not capable enough to care for the home alone child Parents struggle / refuse to set effective boundaries e.g. too loose / tight / physical chastisement 	Factors contributing to risk of vulnerability: <ul style="list-style-type: none"> Parents have or may have abused / neglected the child Previous children have been permanently removed from parental care Non-abusing parent unable to protect the child from another person who poses a risk of harm Domestic abuse which poses a risk to the child where the parents are not willing to engage with support services Multiple inappropriate carers Unborn babies meeting the criteria for children's social care referral in the Tees Child Protection Procedures http://www.teescpp.org.uk/safeguarding-the-unborn-baby
	Familial factors contributing to risk of vulnerability: <ul style="list-style-type: none"> Domestic abuse where parent is seeking support Postnatal depression Criminal or anti-social behaviour in family context 	Familial factors contributing to risk of vulnerability: <ul style="list-style-type: none"> Substance and or alcohol misuse affecting parenting Parental mental health or disability affecting parenting Child not being brought by parent/carer to support services 	Familial factors contributing to risk of vulnerability: <ul style="list-style-type: none"> Drug or alcohol abuse seriously affecting the ability of parent/carer to function Child/young person rejected from home Parental inability to judge dangerous situations Parental inability to protect child from harm Adult mental health significantly impacting on the care of the child or young person Parent/carer with significant learning disability seriously affecting ability to parent Parent/carer who attempts suicide or self-harm Parent causing significant harm to child/young person Parent/carer victim of exploitation impacting on the care of child
	Extra-familial factors contributing to risk of vulnerability: <ul style="list-style-type: none"> Parent blames child/ young person for extra-familial harm Parental inability to safeguard their child from harmful digital activity Unable to give a picture of child/young person's peer group 	Extra-familial factors contributing to risk of vulnerability: <ul style="list-style-type: none"> Parent blames child/ young person for the harm they experience outside the home 	Extra-familial factors contributing to risk of vulnerability: <ul style="list-style-type: none"> Parent seems to collude with extra-familial harm, i.e. facilitating/supporting harmful peer activity through the provision of resources

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Social and Neighbourhood	Factors contributing to risk of vulnerability: <ul style="list-style-type: none"> Engaging in substance misuse Difficulties with peer relationships High levels of anti-social behaviour/criminality in the environment 	Factors contributing to risk of vulnerability: <ul style="list-style-type: none"> Child/young person being harmed through their own substance misuse Child/young person is displaying extremist views and behaviours Learning disability which is exploited by others leading to risk or harm 	Factors contributing to risk of vulnerability: <ul style="list-style-type: none"> Family and child/young person exposed to high levels of physical violence and highly intrusive behaviours through their living environment
	Familial factors contributing to risk-of vulnerability: <ul style="list-style-type: none"> Child/young person is not appropriately supervised in the home or community 	Familial factors contributing to risk-of vulnerability: <ul style="list-style-type: none"> Family and child/young person experience high levels of social exclusion (poverty, lack of access to community resources) 	Familial factors contributing to risk-of vulnerability: <ul style="list-style-type: none"> Suspected rape of a child/young person – perpetrated by a family member or someone connected to the family
	Extra-familial factors contributing to vulnerability: <ul style="list-style-type: none"> Socialises with inappropriate peer group Illegal employment Child/young person exposed to the selling or use of illegal substances Child/young person is aware of others carrying weapons and feel compelled to do so themselves Child/young person feels unsafe to go into neighbourhood spaces beyond their immediate environment Child/young person sighted at location of interest / area of risk / concern 	Extra-familial factors contributing to vulnerability: <ul style="list-style-type: none"> Child may be receiving food/accommodation, drugs, alcohol, cigarettes, affection, gifts, money from outside home / unknown sources Child/young person is undertaking activities that evidences coercion into criminal activity Child identifies themselves with a known group of concern Community are hostile to the family Repeated arrests that result in NFA Child/young person receiving direct / indirect threats of violence 	Extra-familial factors contributing to vulnerability: <ul style="list-style-type: none"> Suspected rape of a child perpetrated by another child or adult not connected to the family Child being: <ul style="list-style-type: none"> groomed into violent extremism sexually exploited exploited for criminal purposes involved in group sexual offence trafficked radicalised identified as a victim of modern slavery Harmful relationship outside the home (i.e. peer group) significantly impairment wellbeing Child is a victim of a knife or gun related injury Child/young person who poses a risk of harm to others Arrests for serious youth violence matters Missing from Home episodes where children are found in locations of concern for exploitation