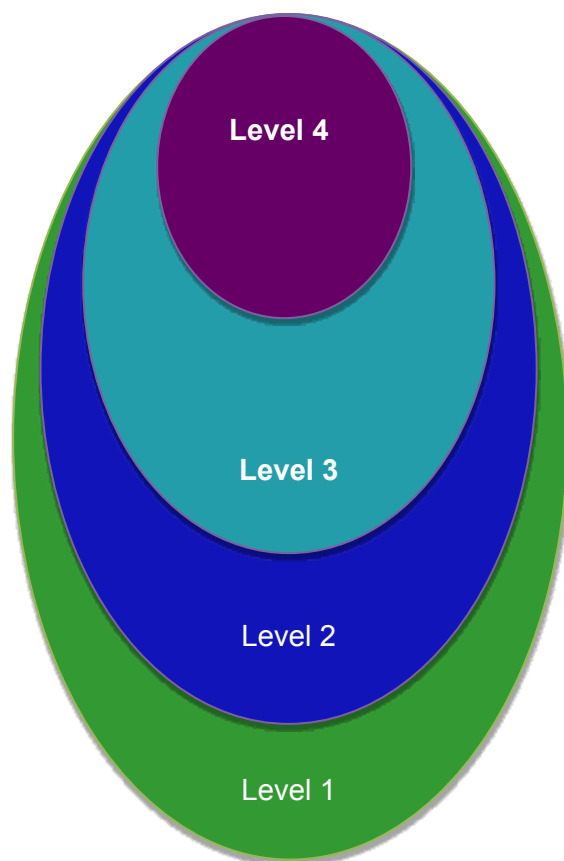




# Herefordshire Levels of Need Threshold Guidance

Multi - agency guidance on meeting the needs of children,  
young people and their families in Herefordshire.



|               |  |
|---------------|--|
| Written by    | <b>Herefordshire Safeguarding Children Board</b> |
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## Introduction

The vision of Herefordshire Safeguarding Children Board is that children and young people in Herefordshire grow up in an environment in which their well-being needs are met and where they are safe from harm. Herefordshire Safeguarding Children Board's aspiration is that children, young people and families receive the right support at the right level at the right time.

**This guidance replaces all previous guidance and meets the requirements of the statutory guidance in Working Together to Safeguard Children, 2015 which states:**

The Local Safeguarding Children's Board (LSCB) should publish a threshold document that includes:

- the process for the early help assessment and the type and level of early help services to be provided;
- the criteria, including the level of need, for when a case should be referred to local authority children's social care for assessment and for statutory services under:
  - section 17 of the Children Act 1989 (children in need);
  - section 47 of the Children Act 1989 (reasonable cause to suspect children suffering or likely to suffer significant harm);
  - section 31 (care orders); and
  - section 20 (duty to accommodate a child) of the Children Act 1989.
- clear procedures and processes for cases relating to the sexual exploitation of children and young people

LSCBs with youth secure establishments in their area should ensure that thresholds and criteria for referral and assessment take account of the needs of young people in these establishments.

This document is intended to support practitioners at all levels, working in statutory, public, voluntary and independent sectors working with children, young people and families. It allows them to make decisions about how to respond to the needs of children and young people and their families they are working with. The framework is designed to help everyone to:

- ✎ Focus on the lived experience of the child and hear their voice
- ✎ Understand the child and young person in the context of their family and the wider community
- ✎ Think clearly and achieve a holistic approach
- ✎ Develop relationship based practice
- ✎ Be non-discriminatory on the grounds of age, ethnicity, religious belief, faith, culture, class, sexual orientation gender or disability.

When thresholds are understood by all professionals and applied consistently this will ensure that the right help is given to the child at the right time. However the levels of need are not prescriptive and allow for practitioner judgement and decision making nor does it replace assessment analysis and planning. Throughout the electronic version of this document you will find links to Herefordshire's to support your decision making around a case, as well as supporting guidance from alternative sources.

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## A Shared Responsibility

Working Together to Safeguard Children states that ultimately, effective safeguarding of children can only be achieved by putting children at the centre of the system and by every individual and agency playing their full part, working together to meet the needs of our most vulnerable children.

All staff who are aware of concerns about the welfare or safety of a child should know:

- What services are available locally
- How to gain access to services
- Who to contact in what circumstances
- When and how to make a referral to Children's Social Care.

When you have concerns you should:

- Discuss with a manager or designated lead in your agency/service
- Discuss with the child/family where it is appropriate to do so (unless this will lead to risk of significant harm)
- Seek consent to disclose and share information
- Talk to other agencies/services involved
- Discuss an Early Help Assessment with the child/family

**If you are concerned that a child is suffering, or is at risk of suffering, significant harm always contact the Multi Agency Safeguarding Hub (MASH) -Tel: (01432) 260800**

MASH contact details are available on the [3 Steps to Safeguard Children](#) page of HSCB's website.



Commented [LM2]: Full title would be better rather than HSCB's

## What is a threshold?

**For this guidance a threshold is a point at which something might happen, stop happening or change, in relation to support services for children and families. For example it describes the step when professionals are determining whether the criteria are met for statutory intervention in family life, or when a child should be receiving a specific type of support. It is also a way of describing transitions between different levels of needs and types of services.**

## The Herefordshire 4 Levels of Need Threshold

There are four levels of need described which range from Thriving (no unmet needs); May need extra help (which is usually available from professionals already involved); May need further help (which is required from a number of services), and, In need of serious help (requiring statutory and specialist services). This is illustrated in the diagram on page 7, and Appendix 1 gives more detail about the model including examples.

**How to use the Herefordshire 4 levels of need framework:** The majority of parents and carer's are able to meet their child's needs accessing universal services, such as health and education as required. These services are often able to identify and offer additional support if the child develops additional needs or the family circumstances change. The Herefordshire 4 Levels of need should be then be used;

- ✧ To consider and discuss the child and family's situation as an individual practitioner or as part of an Early Help Assessment or Team around the family
- ✧ To consider whether to make a referral to Children's Social Care
- ✧ To understand if an Early Help Assessment should be initiated
- ✧ To support a referral by helping describe concerns about a child, complemented where necessary by specific risk identification tools e.g. around CSE; FGM; Domestic Abuse referrals.
- ✧ To challenge the practice or decision making in another agency and support the escalation of your concerns.
- ✧ As a reflective tool when measuring the change in a child and family's situation, to understand if the intervention has had an impact on the child's outcomes, if the child's needs have been met and the risk managed and reduced.
- ✧ To consider if the risk identified has been managed so that the case can be 'stepped down' to a lower service response.

To identify where a managed 'step-up' to a more intensive response is required as the risk to the child or young person has increased. It should be read in conjunction with [HSCB's Multi Agency Child Protection Procedures](#) and used in conjunction with the Multi Agency Referral Form Guidance.

Wherever possible please refer to the electronic version of this document available at [Multi Agency Referral Form Guidance](#)

## Child Sexual Exploitation

Where a Child Sexual Exploitation concern has been identified a pre-checklist will need to be completed which can be found at <https://herefordshiresafeguardingboards.org.uk/herefordshire-safeguarding-children-board/child-sexual-exploitation-and-missing-sub-group/> accompanied with guidance? Please see the corresponding actions below:

[Child Sexual Exploitation](#) - Regional Procedures

[Child Sexual Exploitation](#) – Local Procedures

[Child Sexual Exploitation Risk Assessment](#) – Local Procedures

|   | Description   | Associated actions   |
|---|---|--|
| ☐ | <p><b>No/Low risk</b></p> <p>A child who is at risk of being groomed for sexual exploitation.</p> | <ol style="list-style-type: none"> <li>1. Liaise with Agency Designated Safeguarding Advisor for any advice/guidance.</li> <li>2. Inform CSE Coordinator of young person considered at risk of CSE (so information about the extent and profile of CSE is captured by LSCB).</li> <li>3. Work with child, young person and family to develop an awareness of the risks that can lead to a situation in which they may be exposed to sexual exploitation - delivered on a single agency basis or integrated into existing multi-agency plan. .</li> <li>4. Ongoing review of risk required particularly if there are any changes in circumstances.</li> </ol> |

|   |  |  |
|---|--|--|
| □ | <p><b>Medium risk</b></p> <p>A child who is targeted for abuse through exchange of sex for affection, drugs, accommodation and goods etc.</p> <p>The likelihood of coercion and control is significant</p>             | <ol style="list-style-type: none"> <li>1. A multi-agency approach will be needed to promote child's safety and well-being.</li> <li>2. Follow local procedures including referral to MASH who will lead the completion of a specialist CSE Risk Assessment on a multi-agency basis. If concerns are substantiated, a CSE Risk Management meeting should be held to devise a safeguarding and support plan or such activity should be integrated into an existing multi-agency plan. The plan should include actions in relation to disrupting, investigating and prosecuting perpetrators. Risk should be closely monitored and regularly assessed as part of the risk management process.</li> <li>3. Inform CSE Coordinator of young person considered at risk of CSE (so information about the extent and profile of CSE is captured by LSCB).</li> </ol> |
| □ | <p><b>Significant risk</b></p> <p>A child who is entrenched in sexual exploitation, but often does not recognise or self denies the nature of their abuse often in denial, and where coercion/control is implicit.</p> | <ol style="list-style-type: none"> <li>1. A multi-agency approach will be needed to promote child's safety and well-being.</li> <li>2. Follow local procedures including referral to MASH who will lead the completion of a specialist CSE Risk Assessment on a multi-agency basis. If concerns are substantiated, a CSE Risk Management meeting should be held to devise a safeguarding and support plan or such activity should be integrated into an existing multi-agency plan. The plan should include actions in relation to disrupting, investigating and prosecuting perpetrators. Risk should be closely monitored and regularly assessed as part of the risk management process.</li> <li>3. Inform CSE Coordinator of young person considered at risk of CSE (so information about the extent and profile of CSE is captured by LSCB).</li> </ol> |

## Resolution of Professional Disagreements

Occasionally situations arise when workers within one agency feel that the decision made by a worker from another agency on a child protection or child in need case is not a safe decision. The safety of individual children is the paramount consideration in any professional disagreement and any unresolved issues should be addressed with due consideration to the risks that might exist for the child.

All workers should feel able to challenge decision-making and to see this as their right and responsibility in order to promote the best multi-agency safeguarding practice. This procedure provides a means to raise concerns about decisions made by other professionals or agencies by:

- a) avoiding professional disputes that put children at risk or obscure the focus on the child
- b) resolving the difficulties within and between agencies quickly and openly.

Effective working together depends on an open approach and honest relationships between agencies. Problem resolution is an integral part of professional co-operation and joint working to safeguard children.

This additional guidance has been produced to support the West Midlands Procedures for the [Resolution of Professional Disagreements](#).



**CHILD OR FAMILY'S SITUATION**

**HOW PROFESSIONALS RESPOND**

**...IN NEED OF SERIOUS HELP**

**Level 4**  
**Immediate intervention or Assessment required from MASH**

**REALLY CONCERNED, AND NEED TO TALK TO THE MASH TEAM**

Children or young people with very complex needs or I am extremely concerned for their safety based on evidence of abuse or neglect or disclosure by the child.  
 Referral to MASH.

**...COMPLEX NEEDS – WILL NEED FURTHER HELP**

**Level 3**  
**Multiple Agency Intervention Required**

**NEED TO WORK WITH OTHER AGENCIES**

Children or young people with identified vulnerabilities and needs that require a multi-agency co-ordinated approach.  
 Undertake an Early Help Assessment.

**...ADDITIONAL NEEDS - MAY NEED SOME EXTRA HELP**

**Level 2**  
**Relevant Agency Intervention Required**

**NEED TO OFFER SUPPORT, CAN DO THIS WITHIN OUR AGENCY**

Children and young people with emerging vulnerabilities whose needs require targeted support.  
 Consider an Early Help Assessment.

**...THRIVING**

**Level 1**  
**No Intervention or Support Required.**

**NO EXTRA SUPPORT REQUIRED**

Children making good overall progress in all areas of their development, broadly receiving appropriate universal services such as health care and education. They may also use leisure and play facilities, housing or voluntary sector services.



## Level 1: Thriving - No additional support needs beyond those which are universally available

### Level 1 of vulnerability:

Children and young people making good overall progress in all areas of their development, broadly receiving appropriate universal services such as health care and education. They may also use leisure and play facilities, housing or voluntary sector services. They may be living in circumstances where there may be worries, concerns or conflicts but these are infrequent, short lived and quickly resolved by the family or with support from extended family, community or the professionals with whom they usually have contact.

Universal services, working with communities, are those most likely to identify that a problem is emerging for the child or within a family.

### CHILD

- Child is accessing universal services, such as schools, leisure centres, GP surgeries, other primary health care services, youth centres, etc.
- Child is accessing and being included in social activities
- The child has a secure relationship and is shown warmth and consistently is praised and encouraged
- The child is physically / psychologically healthy
- Has a nutritious diet, has appropriate clean clothing and is taken to health and dental appointments
- No substance misuse
- Sexual activity/ behaviour appropriate to age
- Good attendance at nursery, school and college or other educational setting.
- Age appropriate independent living skills
- Child is meeting their developmental milestones, including speech and language

### PARENTS/CARERS

- The family unit usually functions well even during times of crisis
- The unborn is a wanted child, with parent(s) accessing ante natal care and preparing for the birth and is unaffected by parental substance misuse/ domestic abuse or mental ill health
- Parents / Carers provide appropriate guidance and boundaries to help protect the child from harm and to develop appropriate values.

### HOME / ENVIRONMENT

- The facilities and hygiene within the child's accommodation are appropriate

## Level 2: Additional Needs - Consider an Early Help Assessment to identify additional needs and how best to meet them.

### Early Help Assessment Guidance

#### Level 2 of Vulnerability:

Children and young people with emerging vulnerabilities whose needs require additional supporting the form of advice, direction and sometimes planned intervention or additional resources; these would usually be provided by professionals who are already involved such as health, early years or education staff .

| <p style="text-align: center;"><b>Potential Indicators</b><br/>– this is not an exhaustive list</p>  | <p style="text-align: center;"><b>Further Policy and Guidance</b></p> |
|--|---|
| <p style="text-align: center;"><b>CHILD</b></p> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>⌘ Slow in reaching milestones including delayed speech and language</li> <li>⌘ Missing occasional routine health checks/appointments</li> <li>⌘ Persistent minor health problems</li> <li>⌘ Pre-natal health needs</li> <li>⌘ Issues of poor bonding /attachment</li> <li>⌘ Minor concerns re healthy diet/hygiene/ weight /dental health</li> <li>⌘ Children with Disabilities</li> </ul> <p><b>Education and Learning</b></p> <ul style="list-style-type: none"> <li>⌘ Occasionally unpunctual or absent from school</li> <li>⌘ Escalating behavioural issues</li> <li>⌘ Not reaching educational potential / expected attainment</li> <li>⌘ Limited opportunities for social interaction and play</li> </ul> <p><b>Emotional and Behavioural Development</b></p> <ul style="list-style-type: none"> <li>⌘ Signs of deteriorating mental health /self-harm</li> <li>⌘ Poor self-esteem /withdrawn unwilling to engage</li> <li>⌘ Some concern / occasional substance misuse</li> <li>⌘ Some difficulty with peers- May be experiencing bullying or bully others</li> </ul> |   |

|   |  |
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| <p><b>Parents and Carers</b></p> <ul style="list-style-type: none"> <li>⌘ Inconsistent boundaries – parents require advice on parenting issues</li> <li>⌘ Can behave in anti-social way</li> <li>⌘ Relationship between carers and child not always stable</li> <li>⌘ Acrimonious relationships impacting upon the child</li> <li>⌘ Parental health difficulties / additional needs or vulnerabilities</li> <li>⌘ Poor home routine</li> <li>⌘ Child has caring responsibilities</li> <li>⌘ Poor / inappropriate housing</li> <li>⌘ Low income / unemployment</li> <li>⌘ Low level parental substance misuse</li> </ul> |  |
| <p><b>HOME /ENVIRONMENT</b></p> <ul style="list-style-type: none"> <li>⌘ Environment not always appropriate</li> <li>⌘ Family isolated socially and / or geographically</li> </ul>  |  |

## Level 3: Complex Needs - Threshold to initiate an Early Help Assessment (EHA): Multiple Agency Intervention Required

### [Early Help Assessment Guidance](#)

**Level of Vulnerability:** Children or young people with complex vulnerabilities and needs that require a multi-agency co-ordinated approach supported by a clear co-ordinated action / care plan. Undertake the Early Help Assessment and develop a co-ordinated package of intervention

| Potential Indicators<br>– this is not an exhaustive list  | Further Policy and Guidance  |
|---|--|
| <b>CHILD</b>  |  |
| 🔗 Child/young person who is consistently failing to reach their developmental milestones and concerns exist about their parent’s ability to care for them | Recognising Neglect and using the Graded Care Profile  |
| 🔗 Experiencing chronic / life limiting health condition   |  |
| 🔗 Children with Disabilities  | Recognising Neglect and using the Graded Care Profile  |
| 🔗 Unsafe sexual behaviour / at risk of CSE  | Child Sexual Exploitation Risk Assessment (local)<br>Child Sexual Exploitation (National)<br>Sexually Active Children & Young People (Including Under Age Sexual Activity) |
| 🔗 Failure to attend medical appointments on a regular basis   |  |
| 🔗 Problematic substance misuse  |  |
| 🔗 Persistent truanting / short term exclusion / poor school attendance  | Children missing from care, home & education   |
| 🔗 Appearance reflects poor care / hygiene despite offering of advice and support  | Recognising Neglect and using the Graded Care Profile  |
| 🔗 Child is expected to undertake caring role for others in the family   |  |
| 🔗 Missing from home on occasions  | Children missing from care, home & education   |
| 🔗 Puts self or others in danger   | Self-harm and suicidal behaviour   |

|  |   |
|--|---|
| ⚡ Non engagement with ante natal appointments  |   |
| ⚡ Conception under 16 years  |   |
| ⚡ Education and Health Care plan required.   |   |
| ⚡ Children who are young carers and wish to access their right to an assessment  |   |
| <b>PARENTS/CARERS</b>  |   |
| ⚡ Parents or carers are experiencing, on an on-going basis, one or more of the following problems significantly affecting their parenting: mental ill-health, substance dependency or domestic abuse / potential honour based violence / forced marriage / learning disability | Recognising Neglect and using the Graded Care Profile (Local)<br>Neglect (Regional) |
| ⚡ Parents negative, critical or rejecting  |   |
| ⚡ Parental involvement in crime  |   |
| ⚡ Chronic / serious relationship problems between carers   | Domestic Violence and Abuse   |
| <b>HOME /ENVIRONMENT</b>   |   |
| ⚡ Family is socially excluded / very isolated  | Recognising Neglect and using the Graded Care Profile (Local)<br>Neglect (Regional) |
| ⚡ Overcrowded housing  |   |
| ⚡ Risk of eviction / homelessness  |   |
| ⚡ Home in poor state repair / poor hygiene<br>⚡ within home  |   |
| ⚡ Debts / poverty  |   |
| ⚡ Family seek asylum / refuge  |   |

If help and support is refused, consideration must be given as to whether this will adversely impact the child's safety, health and / or development and, therefore, meet the threshold for Statutory Assessment at Level 4.

## Level 4: Threshold to refer to Children's Social Care:

## Immediate Intervention or Assessment Required from the Multi Agency Safeguarding Hub (MASH)

### Multi-Agency Referral; Reporting Concerns (MARF)

#### Level of Vulnerability:

Children or young people with very complex needs OR I am extremely concerned for their safety based on evidence of abuse or neglect or disclosure by the child. The child's health and development is being adversely affected.

| <b>Potential Indicators</b><br><b>– this is not an exhaustive list</b>  | <b>Further Policy and Guidance</b>  |
|---|---|
| <p>🔗 Children where there has been a disclosure / allegation of harm or where children are identified at risk of suffering serious harm through physical, sexual, emotional abuse and neglect</p> | <p><a href="#">Recognising Neglect and using the Graded Care Profile</a><br/> <a href="#">Bruising non mobile babies</a><br/> <a href="#">Strategy Discussions / Meeting</a><br/> <a href="#">Quick guide to CP medicals and CP health assessments</a><br/> <a href="#">Child Protection Procedures – Additional Guidance</a></p> |
| <p><b>Children where the following is suspected:</b></p>  |   |
| <p>🔗 Fabricated illness</p>   | <p><a href="#">Fabricated or induced Illness</a></p>  |
| <p>🔗 Allegations of harm by a person in a position of trust</p>   | <p><a href="#">Person posing risk to children</a><br/> <a href="#">Allegations about a Colleague / Professional</a><br/> <a href="#">Allegations against Staff or Volunteers</a></p>  |
| <p>🔗 Female genital mutilation (FGM)</p>  | <p><a href="#">Female Genital Mutilation</a></p>  |
| <p>🔗 Honour based violence</p>  | <p><a href="#">Honour based violence</a></p>  |
| <p>🔗 Forced marriage</p>  | <p><a href="#">Forced marriage</a></p>  |
| <p>🔗 Sexual exploitation and trafficking</p>  | <p><a href="#">Child Sexual Exploitation Risk Assessment</a><br/> <a href="#">Trafficked children</a><br/> <a href="#">ESafety: Children exposed to abuse through digital media</a></p>   |
| <p>🔗 Sexual activity under age of 13 years</p>  | <p><a href="#">Child Sexual Exploitation Risk Assessment (local)</a><br/> <a href="#">Child Sexual Exploitation (National)</a><br/> <a href="#">Sexually Active Children &amp; Young People (Including Under Age Sexual Activity)</a></p>   |

|   |  |
|---|--|
| <p>🔗 Children whose parents are unable to provide care, for whatever reason</p>   | <p>Children of parents with mental health problems<br/>Parental substance misuse, hidden harm and the impact on children and young people<br/>Domestic Violence and Abuse</p>  |
| <p>🔗 Children who disappear or are missing from home or care regularly or for long periods</p>  | <p>Children missing from care, home &amp; education</p>  |
| <p>🔗 Children who are in contact with persons who have been assessed as Posing a Risk to Children (PPRC)</p>  | <p>Person posing risk to children</p>  |
| <p>🔗 Children whose health and development are adversely impacted / significantly impaired because parenting is compromised as a consequence of:</p> <ul style="list-style-type: none"> <li>○ Mental health issues;</li> <li>○ Substance misuse ;</li> <li>○ Domestic abuse</li> <li>○ Learning difficulties</li> <li>○ Poverty</li> <li>○ Prolific offending / in custody</li> <li>○ despite interventions and support at Level 2 and 3</li> </ul> | <p>Children of parents with mental health problems<br/>Parental substance misuse, hidden harm and the impact on children and young people<br/>Domestic Violence and Abuse<br/>Recognising Neglect and using the Graded Care Profile<br/>Neglect (Regional)</p> |
| <p>🔗 Children whose behaviour is so extreme they are at risk of removal from home e.g. control issues, risk taking, dangerous behaviour</p>   | <p>Children affected by gang activity &amp; youth violence<br/>Self-harm and suicidal behaviour</p>  |
| <p>🔗 Children who are experiencing extreme forms of bullying that adversely impact upon their health and development</p>  | <p>Bullying<br/>Self-harm and suicidal behaviour</p>   |
| <p>🔗 Children who are abandoned, rejected , become subject of police protection or Children aged 16 and 17 who present as homeless</p> <p>🔗 Adoption breakdown</p>  |  |
| <p>🔗 Children whose health and development is being adversely impacted through parental non-engagement with services despite interventions at Level 2 and 3 including parents who are unable to protect their</p>   | <p>Recognising Neglect and using the Graded Care Profile<br/>Families who resist change including disguised compliance</p>   |

|   |   |
|---|---|
| children and to prioritise the needs of their children above their own  |   |
| <ul style="list-style-type: none"> <li>⌘ Where a pre-birth assessment has identified an unborn child's health or development is being adversely impacted</li> <li>⌘ Unborn to parents unable to care for previous children</li> </ul> | <a href="#">Quick guide to CP medicals and CP health assessments</a><br><a href="#">Pre Birth Assessment</a><br><a href="#">Recognising Neglect and using the Graded Care Profile</a> |
| <ul style="list-style-type: none"> <li>⌘ Children with Disabilities requiring significant support</li> </ul>  | <a href="#">Children with disabilities</a>  |
| <ul style="list-style-type: none"> <li>⌘ Children who are Privately Fostered</li> </ul>   | <a href="#">Children living away from home</a>  |
| <ul style="list-style-type: none"> <li>⌘ Children subject to care proceedings including children / young people subject to care order, wardship, EPO, supervision order or remanded to LA care</li> </ul>                             |   |
| <ul style="list-style-type: none"> <li>⌘ Unaccompanied Asylum Seeking Children</li> </ul>   | <a href="#">Children from abroad</a>  |
| <ul style="list-style-type: none"> <li>⌘ Children Who Harm / abuse Others</li> </ul>  |   |
| <ul style="list-style-type: none"> <li>⌘ High Risk / Experiencing CSE</li> </ul>  | <a href="#">Child Sexual Exploitation Risk Assessment (local)</a>   |
| <ul style="list-style-type: none"> <li>⌘ Persistently displays extremist views / radicalisation</li> </ul>  | <a href="#">Safeguarding Children and young people against radicalisation and violent extremism</a>   |

**Support will be offered to children and families at Level 3 as part of the Step-Down Process from Level 4**