Child's Needs – 11 -18 years

Practitioners who are unsure when considering physical and emotional health thresholds in this age range should seek specialist advice from a Health Practitioner e.g. Midwife, Health Visitor, GP, Paediatrician, Paediatric Therapist, Primary Mental Health Worker. If you have serious concerns telephone First Response.

THESE MATRICIES ARE A GUIDE ONLY TO ASSIST PRACTIONERS IN ASSESSING THRESHOLDS

Physical Health				
Category	**Level 1 Universal**	**Level 1 Plus Additional**	**Level 2 Targeted**	**Level 3 Significant**
Height and weight (See NHS Choices for guidance)	Appropriate height and weight.	Weight or height not increasing at rate expected or unhealthily overweight. Parents are engaging with medical professionals and following advice.	Weight or height not increasing at rate expected or unhealthily overweight. Parents are not engaging consistently with medical professionals and are not following advice.	Serious clinical concern about Weight/height requiring medical support and monitoring. Parents are not engaging consistently with medical professionals and are not following advice. May be life threatening.
Medical Care	Immunisations up to date. Health Appointments kept (such as dentist and opticians). Good engagement with parent.	Inconsistent in attending medical/routine appointments. Engagement from parents inconsistent.	Frequently missed medical/routine appointments. Frequent difficulty engaging parent.	Missing essential health appointments. Refusing/avoiding medical care, endangering life of development. Unable to engage parent.

Accident, Injury and Safety	Appropriate visits to Emergency Department/Doctor. No concerns re cause or frequency. Accommodation is safe and risks of injury are minimised. Parents feel confident in undertaking care tasks. Child is provided with food and clothing appropriately. Child is supervised appropriately for their age.	The child has occasional, less common injuries which are consistent with the parents' account of accidental injury. The parents seek out or accept advice on how to avoid accidental injury eg. Unsafe electrics Early concerns about potential special educational needs. Child occasionally appears in inappropriate clothes or dirty. Parent/s require safety advice on the supervision of their child.	Inconsistent minor accidents/injuries. Frequency/cause of visits to doctor/emergency department becoming a concern. Parent/s leave child and often not at home for most of the day. Injuries from siblings. Significant time left in the care of an older adolescent. Child's environment is not as stimulating as required. House is excessively untidy/fire hazards	Serious violence from another family member (including other children) If you have any suspicion that illness is being fabricated by the parent/child, the practitioner should make a referral to First Response. Frequent accidents/injuries. Significant concerns re frequency/cause for visits to Emergency Department/Doctor. Non-accidental injury or accidental injury indicating lack of supervision. Self harming. Repeat Injuries from older siblings. Child is regularly left alone without parent monitoring (appropriate to age) eg. Left alone overnight. Child is not provided with appropriate food for their age and needs. Child's environment is dangerous including drugs and medications not in lockable storage, unsafe electrics, filthy

				surroundings
Sexual Awareness	Sexual knowledge, understanding and activity are age appropriate	Use the Brook Traffic Light tool to help identify and respond appropriately to sexual behaviours. The tool uses a traffic light system to categorise the sexual behaviours of young people		
Sexual Awareness/ Activity	Sexual activity, experimentation, understanding and development appropriate for age and sexuality	Potential or early engagement in risky sexual activity/ experimentation.	Unsafe/indiscriminate sexual activity. Violent sexual thoughts/views. Need for therapeutic or sexual health intervention. Sexually reactive behaviours towards others.	Sexual activity harmful to self and others. Early pregnancy/young father Sexual exploitation e.g. for money, drugs. Sexual abuse. Non-consensual activity. Repeated STI's. Local Safeguarding Children Board Child Protection procedure required.

Emotional Health, Wellbeing and Behaviour

Category	Level 1 Universal	Level 1 Plus Additional	Level 2 Targeted	Level 3 Significant
Emotions/Behaviour	Good emotional development/responses e.g. appropriate emotional expression, recognition, facial expression.	Infrequent, inconsistent emotional problems/responses e.g. with expression, recognition, facial expression. , emerging low mood, poor regulation.	Frequent emotional problems/responses e.g. with expression, recognition, facial expression. Frequently anxious,	Constant severe emotional problems/responses or disturbance e.g. with expression, recognition, facial expression. Head banging and smearing of faeces which do not stop after support is

	Stable affectionate relationships with caregivers. Positive relationships with peers/siblings. Demonstrates feeling of belonging. Through warmth to family members Usually complies with Age appropriate behavioural responses and actions e.g. impulse/temper. Accepts praise/sanctions/ constructive criticism.	Unduly anxious, angry, defiant or withdrawn. Inconsistent development of relationships with caregivers. Inconsistent ability in sustaining peer/sibling relationships. Emotional vulnerability, difficulty with attachments arising from separation, divorce, step parenting, bereavement Occasional difficulty with impulse/temper control. Some difficulties accepting praise/sanctions/constructive criticism.	angry, defiant or withdrawn. Head banging and smearing of faeces with limited other indicators of concern. Frequent obsessive/compulsive behaviours. Eating disorders, self injury, suicidal thoughts, self neglect, refusal of medicine. Child experience's acute difficulty accepting praise/age appropriate sanctions . Frequent disruptive/challenging behaviour at school, home or in locality. Clothing regularly unwashed and inappropriate.	received. Totally withdrawn. Constant persistent distress. Regular difficulty controlling impulse/temper Child's appearance reflects poor care, poor hygiene, dirty clothes, ill fitting shoes, lack of appropriate hair and skin care despite offer of support and advice. High risk of death linked to self injury.

Relationships	Stable affectionate relationships with caregivers. Positive relationships with peers/siblings. Demonstrates feeling of belonging. Good attachment	Inconsistent development of relationships with caregivers. Inconsistent ability in sustaining peer/sibling relationships. Emotional vulnerability, difficulty with attachments arising from separation, divorce, step parenting, bereavement. Infrequent, inconsistent emotional problems/responses.	Frequent difficulties in relationships with parent. Frequently, consistently poor peer/sibling relationships. Withdrawn/unwilling to engage. Displaying frequent emotional problems/attachment difficulties e.g. arising from potential/actual divorce/separation, step parenting, bereavement. Relationships characterised by rejection. May have previously had periods of Local Authority accommodation. Mental health deteriorating/ problems emerging e.g. conduct disorder, Attention/ Hyperactivity Disorder, anxiety, eating	Constant difficulties in relationships with parent eg. Repeat threats to be made homeless. No peer/sibling relationships maintained eg. Bully/bullied. Totally withdrawn. Rejection by alienation from others. Attachment issues related to ongoing abuse, neglect, conflict e.g. In acrimonious separation. Complete rejection/abandonment by parent. Threat of loss of main parent. Displaying constant emotional problems e.g. following divorce, bereavement. Acutely evident mental health problems, suicide threat, psychotic episode, severe depression. Self harming/attempted suicide

			disorders.	
Offending Behaviours	No involvement in offending behaviours	At risk of becoming involved in offending behaviours. Sometimes involved in pre offending behaviours. Acceptable Behaviour Contract (ABC). May be supported by the Youth I Support Services.	Starting to commit criminal offences and/or reoffend. May be supported by Youth Offending Team. Prosecution of offences resulting in court orders, Anti-Social Behaviour Order (ASBO). May be supported by the Youth Offending Team (YOT)	Prosecution of offences resulting in court orders, Anti-Social Behaviour Order (ASBO). May be supported by the Youth Offending Team (YOT).
Extremism	The child engages in age appropriate activities and displays age appropriate behaviours and self-control.	The child is at risk of becoming involved in negative behaviour/ activities. For example, the child is expressing strongly held and intolerant views towards people who do not share his/her religious or political views.	The child is becoming involved in negative behaviour/ activities. For example, the child is refusing to co-operate with activities at school that challenge their religious or political views. The child is aggressive and intimidating to peers and/or adults who do	The child expresses strongly held beliefs that people should be killed because they have a different view. The child is initiating verbal and sometimes physical conflict with people who do not share his/her religious or political views.

			not share his/her religious or political views.	
	The child engages in age appropriate use of internet, including social media.	The child is at risk of becoming involved in negative internet use that will expose them to extremist ideology. They have unsupervised access to the internet and have disclosed to adults or peers that they intend to research such ideologies. They express casual support for extremist views.	The child is engaged in negative and harmful behaviours associated with internet and social media use. The child is known to have viewed extremist websites and has said s/he shares some of those views but is open about this and can discuss the pros and cons or different viewpoints.	There are significant concerns that the child is being groomed for involvement in extremist activities. The 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.
		The child expresses sympathy for ideologies closely linked to violent extremism but is open to other views or loses interest quickly.	The child expresses beliefs that extreme violence should be used against people who disrespect their beliefs and values.	The child supports people travelling to conflict zones for extremist/ violent purposes or with intent to join terrorist groups The child expresses a generalised non-specific intent to go themselves.
Substance Misuse	Non-smoker, no substance misuse	Substance misuse thresholds vary significantly depending on age, they should be considered in relation to the 11-18 year old age range. All substance misuse in this age range has serious health implications.		
		Frequent smoker. Heavily addicted smoker in younger age range. Minor experimentation with illegal substances at older age range. Frequent and problematic substance misuse.		Persistent high-risk substance misuse. Significant impact on wellbeing.

Alcohol misuse	No alcohol use. Age appropriate awareness of alcohol and risks	Alcohol misuse thresholds vary significantly in relation to the 11-18 year old age range. All alcohol misuse in this age range has serious health implications.		
		Experimenting with alcohol at younger age range	Frequent and problematic alcohol misuse.	Persistent high-risk alcohol misuse. Significant impact on wellbeing.
Young Carer Role	Young person is not taking on a carer role in relation to parent/sibling/s. Has time to engage in own interests.	Young person is infrequently taking on carer role in relation to parents/sibling/s. Infrequently impacts on time to engage in own interests.	Young person is frequently taking on carer role in relation to parents/sibling/s. Frequently impacts on time to engage in own interests.	Young person is constantly in a carer role in relation to parents/sibling/s. Constantly impacts on time to engage in own interests.
Environmental Factors				
Category	**Level 1 Universal**	**Level 1 Plus Additional**	**Level 2 Targeted**	**Level 3 Significant**
Community Integration/ Financial Income/ Accommodation/ Immigration Status	The family has a reasonable income and financial resources are used appropriately to meet the family's needs. The family are living on a low income but the parents use their limited resources in the best interests of their child/children. The parents maximise their	There are concerns that the parents are unable to budget effectively and as a result the child occasionally does not have adequate food, warmth, or essential clothing. However, the parents are working with support services to address these issues. The family's accommodation is stable however the home itself	The family does not use its financial resources in the best interests of the child and the child regularly does not have adequate food, warmth, or essential clothing. The family does not use its financial resources in the best interests of the child and the child	The child consistently does not have adequate food, warmth, or essential clothing. The parents are consistently unable to budget effectively and are resisting engagement. For example, expenditure on drug, alcohol, gambling or other addictive behaviours means that there isn't enough money to meet the child's basic needs. The family's home is consistently dirty and constitutes health and safety hazards.

	income and resources. The parent / carer is able to manage their working or unemployment arrangements and do not perceive them as unduly stressful. The family's accommodation is stable, clean, warm, and tidy and there are no hazards which could impact the safety or wellbeing of the child. For example the parent/carer ensures access to balconies is restricted unless a young child is with an adult. The child is legally entitled to live in the country indefinitely and has full rights to education and public funds.	is not kept clean and tidy and is not always free of hazards which could impact on the safety and wellbeing of the child but the family are engaging with services. The child's legal entitlement to stay in the country is temporary and/or restricts access to public funds.	regularly does not have adequate food, warmth, or essential clothing. The family's home is dirty and health and safety hazards are present and the family are showing signs of not engaging. The family has no stable home, and is moving from place to place or 'sofa surfing'. The child's legal status as, for example, an asylum-seeker or an illegal migrant who may have been trafficked puts them at risk of involuntary removal from the country. Their immigration status means they have limited financial resources/no recourse to public funds and increases their vulnerability to criminal activity (e.g. illegal	The family have been sleeping rough. There is evidence that a child or their family have been exposed to or involved in criminal activity either as a result of being trafficked into the country or to support themselves (e.g. illegal employment, child labour, forced begging)

			employment, child labour, CSE)	
Parental Factors				
Category	**Level 1 Universal**	**Level 1 Plus Additional**	**Level 2 Targeted**	**Level 3 Significant**
Parenting after birth of child (sibling)	The parent/carer is coping well emotionally following the birth of their baby and accessing universal support services where required.	The parent/carer is struggling to adjust to the role of parenthood but engaging with services.	The parent/ carer is suffering from post-natal depression but engaging with services and the depression is being monitored and managed.	The parent/carer is suffering from severe post-natal depression which is causing serious risk to themselves and their child and other children.
Meeting the educational needs of a child **Extremism**	The child has an appropriate education and opportunities for social interaction with peers.	There is concern that the education the child is receiving does not teach them about different cultures, faiths and ideas or, if it does, is derogatory and dismissive of different faiths, cultures and ideas.	The child is being educated to hold intolerant, extremist views. They are not using public services, such as schools or youth clubs, and are only mixing with other children and adults who hold similar intolerant, extremist views.	The child is being educated by adults who are members of or have links to prescribed organisations – see link below for list of terrorist groups or organisations banned under UK law **www.gov.uk/government/publications/proscribed-terror-groups-or-organisations--2**
Meeting the emotional needs of a child	The child is provided with an emotionally warm and stable family environment. The	Parenting often lacks emotional warmth and/or can be overly critical and/or inconsistent.	The family environment is occasionally volatile and showing signs of being unstable. For	The child has suffered long term neglect of their emotional needs

	parenting generally demonstrates praise, emotional warmth and encouragement.		example, parenting is intolerant, critical, inconsistent, harsh or rejecting and this is starting to have a negative effect on the child who, due to the emotional neglect they have suffered	
Fostering Arrangements	The child is not privately fostered. OR The child is privately fostered by adults who are able to provide for his/her needs and there are no safeguarding concerns. The local authority has been notified as per the requirements of 'The Children (Private Arrangements For Fostering) Regulations 2005'.	There is emerging concerns about the private fostering arrangements in place for the child.		There is some concern about the private fostering arrangements in place for the child, and that there may be issues around the carers' treatment of the child. And/or the local authority hasn't been notified of the private fostering arrangement. There is concern or suspicion that the child is a victim of CSE, domestic slavery, or being neglected or abused in their private foster placement.
Domestic Abuse	There are no incidents of violence in the family and no history or previous assaults by family members.	There are isolated incidents of physical and/or emotional violence in the family. The harmful impact of such incidents is mitigated by other	One or more adult members of the family is physically and emotionally abusive to another adult	One or more adult members of the family is a perpetrator of persistent and/or serious physical violence which may also be increasing in severity, frequency or duration. The perpetrator is emotionally

		protective factors within the family such as supportive grandparents who are able to look after the child when there are arguments/disputes in the family home.	member/s of the family. The perpetrator/s show limited or no commitment to changing their behaviour and little or no understanding of the impact their violence has on the child. The perpetrator is emotionally harming the child/ren that witness or are otherwise aware of the violence.	harming the child/ren that witness or are otherwise aware of the violence. The children may also be at risk of physical violence if, for example, they seek to protect the adult victim.
Drug and Alcohol Use	Parents do not use drugs or alcohol. OR Parental drug and alcohol use does not impact on parenting. There is no evidence of siblings or other household members misusing drugs or alcohol.	Drug and/or alcohol use is impacting on parenting but adequate provision is made to ensure the child's safety. The child is currently meeting their developmental milestones but there are concerns that this might not continue if parental drug and alcohol use continues or increases. Siblings' or other household members' drug or alcohol misuse on the child, they	Drug/alcohol use is at a level where there is occasional impact on parenting and the ability to adequately ensure the child's safety is reduced. Parental drug and alcohol use has begun to impact on the child meeting their development milestones.	Parental drug and/or alcohol use is at a problematic level and the parent/ carer cannot carry out daily parenting or ensure the child's safety. This could include blackouts, confusion, severe mood swings, drug paraphernalia/opioid substitution medication not stored or disposed of, using drugs/ alcohol when their child is present, involving the child in procuring illegal substances, and dangers of overdose. Siblings' or other household members' drug or alcohol misuse is significantly adversely impacting on the child.

		accept support.	This may include drinking at harmful levels, drug paraphernalia in the home. The child feeling unable to invite friends to the home, the child worrying about their parent/carer. Siblings' or other household members' drug or alcohol misuse occasionally impacts on the child.	
Parental Mental Health	The parent/carer's mental health does not impact the child adversely.	Adult mental health impacts on the care of the child. The carer presents with mental health issues which have sporadic or low level impact on the child however there are protective factors in place.	Adult mental health impacts on the care of the child. The carer presents with mental health issues which have sporadic or low level impact on the child and there is an absence of supportive networks and extended family to prevent harm.	Adult mental health is significantly impacting on the care of the child. Any carer for the child presents as acutely mentally unwell and /or attempts significant self-harm and/or the child is the subject of parental delusions.
Protection from harm: physical and sexual abuse	The parent/carer does not sexually abuse their child. There is no evidence of	There is a history of sexual abuse within the family or network but the parents respond appropriately to the	There are concerns around possible inappropriate sexual language from the	The parent/ carer sexually abuses their child including through showing them explicit imagery or having sexual contact with another adult in front of the child.

	sexual abuse.	need to protect the child. There are concerns relating to inappropriate sexual behaviour in the wider family.	parent/carer toward their own or other children. The family home has in the past been used on occasion for drug taking /dealing or illegal activities.	There are concerns that an adult had sexually abused or assaulted another child or adult outside the home and is now having contact with a child. The family home is used for drug taking and/or dealing, sexual exploitation and illegal activities. The child is being sexually abused/exploited. An offender who is a serious risk is in contact with the family. A person posing a risk to children (sex offender) who is a serious risk is in contact with the family.
	The parent/carer does not physically harm their child. The parent uses reasonable physical chastisement that is within legal limits – that is they do not leave the child with visible bruising, grazes, scratches, minor	The parent/carer physically chastises their child within legal limits but there is concern that this is having a negative impact on the child's emotional wellbeing (for example, the child appears fearful of the parent). There is concern that it may escalate in frequency and/or	The parent/carer physically chastises the child but does not cause significant physical injury. This may result from a loss of control. The parent is willing to access professional support to help them manage their child's behaviour.	The parent/ carer significantly physically harms child. Household members subject to multi agency public protection arrangements (MAPPA) or multi agency risk assessment conference (MARAC) meetings

	swellings or cuts.	severity as the parent seems highly critical of their child and/or expresses the belief that only physical punishment will have the desired impact on the child's behaviour. However, The parent is willing to access professional support to help them manage their child's behaviour		
Female Genital Mutilation	There is no concern that the child may be subject of Female Genital Mutilation.	Anyone working with children who recognise any risks associated to FGM has a Statutory Duty to report this information to First Response. While the mandatory Duty to report is for 'Regulated Professions' the **'STATUTORY DUTY**' to safeguarding children applies to everyone.		There is concern that the child may be subject to Female Genital Mutilation. There is evidence that the child may be subject to Female Genital Mutilation and parents/carer are opposed to resisting these practices. There is an identified risk of FGM using the checklist
Honor Based Violence	There is no concern that the child may be subject to harmful traditional practices such Honour Based Violence and Forced Marriage.	There is concern that the child is in a culture where harmful practices are known to exist (in the community or by family or extended family) however parents are opposed to the practices in respect of their children.		There is concern that the child may be subject to harmful traditional practices There is evidence that the child may be subject to harmful traditional practices and parents/carer are opposed to resisting these practices.
Belief in Spiritual Possession	There is no concern that the child may be subject	There is concern that the child is in a culture where harmful		There is concern or evidence that the child may be subject to harmful

	to harmful practices due to parent / carer beliefs such as belief in spirit possession.	practices are known to have been performed (in the community or by family or extended family) however parents are opposed to the practices in respect of their children.		traditional practices and parents/carer are opposed to resisting these practices.
Criminal and Antisocial Behaviour Including online and gang behaviour.	There is no history of criminal offences within the family. The family members are not involved in gangs / organised crime	There is a history of criminal activity within the family. There is suspicion, or some evidence that the family are involved in gangs / organised crime	A criminal record relating to serious or violent crime is held by a member of the family which may impact on the children in the household. There is a known involvement in gang / organised crime activity.	A criminal record relating to serious or violent crime is held by a member of the family who continues to have contact with the child and whose offending is assessed by criminal justice professionals as likely to continue. There is a known involvement in gang / organised crime activity impacting significantly on the child and family. The family or child is at risk from other individuals within the community due to the family member's involvement.