



## The Continuum of Children's Needs

**Practice guidance for improving outcomes for children through the early identification of need, risk and vulnerability**

DOCUMENT PROFILE	
<b>Short Title</b>	Continuum of Children's Needs
<b>Document Purpose</b>	Guidance to help agencies identify a child's level of need and respond appropriately
<b>Target Audience</b>	Workforce that works directly or indirectly with children and their families
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## 1. Introduction

This guidance is aimed at every agency; statutory, voluntary, private and independent which works directly or indirectly with children and families. Its purpose is to help agencies identify a child's level of need and respond appropriately- the right help at the right time.

The guidance does not remove the need for workers to make professional judgement when considering the identified needs of children.

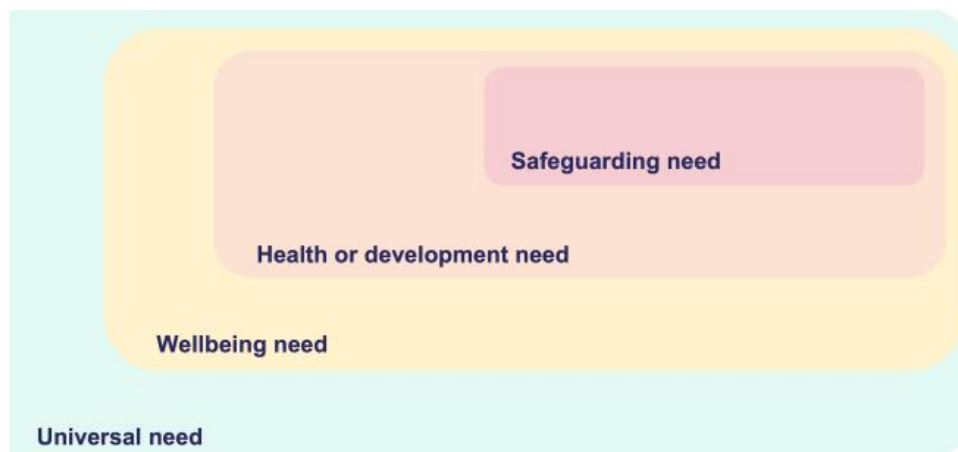
The guidance:

- describes the four levels of vulnerability, risk and need set out in the Children (Jersey) Law 2002 and Children and Young People (Jersey) Law 2022 Statutory Guidance
- outlines the role of the Children and Families Hub and the Multi-Agency Safeguarding Hub (MASH) in working with partner agencies to ensure that children access appropriate support in line with their level of need
- summarises the process to promote seamless transfer of support between Children's Social Care and Early Help
- provides a set of indicators for use by partner agencies to develop a shared understanding of levels of need, risk and vulnerability and provide an evidence base for professional judgement and decision making; and
- provides key guidance on child neglect, domestic abuse and child exploitation

Multi-agency communication is the key to developing a full picture of the child and their family circumstances. It is important that all involvement with a child and their family is recorded in your own agency's recording system. If you have any queries about using the Continuum of Children's Needs to inform your response, you should seek advice and support from the Safeguarding Leads within your own organisation. You can also request advice from the Children and Families Hub or the Multi Agency Safeguarding Hub (MASH).

## 2. Levels of Vulnerability, Risk and Need

Informed by the Children (Jersey) Law 2002 and Children and Young People (Jersey) Law 2022 Statutory Guidance, the Continuum Tool identifies four levels of vulnerability, risk and need to assist practitioners to identify the most appropriate service response for children and their families. These are:



The table below summarises the presentation for each of these levels and the response.

Level of Need and Presentation	Presentation	Response
<b>Universal Need</b>	Children who make good overall progress in all areas of development and require no additional support beyond that which is universally available.	Access to appropriate universal services e.g. access to antenatal care, GP, dentist, healthy child programme, nursery, pre-school, school and college settings.
<b>Wellbeing Need</b>	Children whose wellbeing is, or is at risk of being, adversely affected by any matter.	<p>If a wellbeing need is identified, an early help wellbeing assessment can be requested.</p> <p>Children with emerging needs are best supported by those who already work with them, such as health visitors, youth services, early years settings, schools and colleges, community and voluntary sector services. These services can undertake an early help wellbeing assessment to determine what additional support may be needed, whether this is single or multi-agency.</p> <p>Multi-agency support should be coordinated as needed with a team around the child and family in line with the Jersey's Children First<sup>1</sup> practice model.</p> <p>When a child's or family's needs are so complex that they would benefit from a designated lead worker, a Family Partnership Worker from the Children and Families Hub teams may be allocated.</p> <p>This level of need is equivalent to 'Early Help'.</p>

<sup>1</sup> [Jersey's Children First \(gov.je\)](http://gov.je)

Level of Need and Presentation	Presentation	Response
<p style="text-align: center;"><b>Health or Development Need</b></p>	<p>Children with considerable or complex needs. A child has a health or development need if any of the following apply:</p> <ul style="list-style-type: none"> <li>• They are unlikely to achieve or maintain, or to have the opportunity to achieve or maintain, a reasonable level of health or development without the provision of service support.</li> <li>• Their health or development is likely to be significantly impaired, or further impaired, without the provision to that child of those services.</li> <li>• Their disability or the disability of any other person living with the child is adversely affecting the child’s health or development; or</li> <li>• They are an in-patient at a hospital or an approved establishment for the purpose of receiving treatment in respect of the child’s mental health.</li> </ul>	<p>If a health or development need is identified, a wellbeing assessment <i>must</i> be made.</p> <p>At this higher level of need, a social worker, paediatrician or practitioner from Child and Adolescent Mental Health Services (CAMHS) is best placed to carry out a wellbeing assessment.</p> <p>This level of need is equivalent to ‘<b>Child in Need</b>’.</p>
<p style="text-align: center;"><b>Safeguarding Need</b></p>	<p>Children with acute or significant needs, where there is reasonable cause to suspect that the child is suffering, or is likely to suffer, significant harm. These children require timely statutory and / or specialist intervention to safeguard their welfare.</p>	<p>If a safeguarding need is identified, enquiries must be made by a social worker to determine whether and what action is required to safeguard the child’s welfare.</p> <p>This level of need is equivalent to ‘<b>Child Protection</b>’.</p> <p>Specialist or statutory intervention includes the Children’s Service – including the Children’s Social Work Service and the Child and Adolescent Mental Health Service (CAMHS) Tier 4.</p>

A child’s level of need can move between the levels. This highlights the importance of practitioners working together using the Jersey’s Children First practice model<sup>2</sup> to provide a seamless process that gives continuity of care when a child moves between different levels of support, with a lead worker co-ordinating the team around the child and family with a single integrated plan when a multi-agency response is required.

The indicators are not definitive but will help to provide an evidence base for professional judgement and decision making and support a multi-agency, whole system approach to assessment and intervention for children. This dynamic model provides a needs-led, outcome focused matrix of need and vulnerability which, when used effectively, promotes a child’s needs being met through appropriate assessment and intervention underpinned by the Jersey’s Children First practice model.

<sup>2</sup> [Jersey’s Children First \(gov.je\)](http://www.gov.je/childrenfirst)

### 3. The role of the Children and Families Hub and MASH

The Children and Families Hub and MASH undertake work with partner agencies to ensure that children access appropriate support in line with their level of need. The Children and Families Hub receives requests for support from members of the public and practitioners and triages requests guided by the indicators set out in this document as requiring:

- an early help response (including support from universal services);
- consideration of a specialist service response (e.g. specialist short break request or complex needs social work assessment);
- a MASH response;
- a Child and Adolescent Mental Health Service (CAMHS) response; or
- a combination of the above

Effective sharing of information between individuals, agencies and groups is essential for early identification of need, assessment and the delivery of services to keep children and young people safe and promote their wellbeing. Serious case reviews have highlighted that missed opportunities to record, understand the significance of and share information in a timely manner can have severe consequences for the safety and welfare of children. Practitioners should be proactive in sharing information as early as possible to help promote and support children and young people's wellbeing and to help identify, assess and respond to risks or concerns about the safety and welfare of children and young people. Practitioners should be alert to sharing important information about any adults with whom that child or young person has contact, which may impact on their safety or welfare.

Information sharing may support the following public functions:

- the promotion and support of wellbeing
- meeting a health or development need
- safeguarding welfare
- corporate parenting

The Children and Young People (Jersey) Law 2022 Statutory Guidance provides an overview of the relevant data protection and human right principles and the lawful basis for sharing information at each level of need.

Where you are considering whether to share information through a Children and Families Hub submission for a function related to **the promotion and support of wellbeing**, you must seek the consent of the individual whose information is being shared before you share that information. In these cases, the lawful basis for sharing the information is the consent of the individual.

The consent given by the individual must be informed, explicit and freely given. If the individual does not consent to information being shared, you must not share the information.

Where you are considering whether to share information through a Children and Families Hub submission for a function related to **meeting a health or development need**, or related to **safeguarding welfare**, you may share the information if you consider that sharing the information is necessary to fulfil functions outlined in the Law relating to these purposes. In these cases, the lawful basis for sharing the information is the performance of a public function. You may share the information even though the individual whose information is being shared has not provided consent.

For a function related to meeting a health or development need, or related to safeguarding welfare, the sharing of information is likely to be necessary to achieve a legitimate aim, namely the protection of health and this provides a lawful basis for interference with Article 8 (Right to respect for private and family life, home and correspondence).

You should not seek consent to share information when you have another lawful basis to do so and it is necessary to share the information. This would be a false use of the mechanism because the individual does not have a choice. You should consider how the child or family may feel and how it may impact on your working relationship if they are asked for consent, they refuse it, and you then decide to share the information anyway.

In those cases where you do not need consent to share information, you should feel confident to share information and be able to explain why you do not need the parties' consent in these circumstances because sharing information without consent is permitted under the Data Protection (Jersey) Law 2018 if there is another lawful basis for doing so.

The sharing of information must be in accordance with the data protection principles under the Data Protection (Jersey) Law 2018:

- lawful basis, fairness and transparency: data must be processed lawfully, fairly and in a transparent manner
- purpose limitation: data must be processed for a specific, explicit and legitimate purpose
- data minimisation: data must be adequate, relevant, and limited to what is necessary in relation to the purposes for which they are processed
- accuracy: data must be accurate and - where necessary, kept up to date
- storage limitation: data must not be kept longer than is needed
- data security, integrity and confidentiality: data must be held securely

As set out above, you must consider fairness and transparency when you process data (lawful, fairness and transparency principle). You are expected to consider:

- you must have a lawful basis to share the data
- you should only share data in ways that people would reasonably expect. If people are deceived or misled when personal data is shared, then they are likely to think that the information sharing is wrong

- you should be transparent with the child, young person and family from the outset about why, what, how and with whom information will, or could be shared unless it is unsafe to do so
- there are some situations where being transparent about information sharing may put children at increased and, or further risk. You must consider whether it is appropriate to be transparent about the sharing in those circumstances and if not, document your reasons for not telling individuals about the fact information is to be shared
- your communications with children, young people and families need to be clear that there may be circumstances, such as if there is a safeguarding concern or where there is a health or development need, where you do not require consent to share information because it is necessary to fulfil a public function under the law. You should be clear, open and honest that this is a possibility from the outset of your engagement with the child, young person and, or their family

It is best practice to notify children and young people, and their families, of any likely or potential outcomes as a result of sharing their information. This should be communicated to the individual's as soon as possible after a decision has been reached.

The data must be collected for a specific, explicit and legitimate purpose. You cannot collect data for one purpose and then use it for another. This is called the purpose limitation.

The data must be adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed. To be confident that the information you are sharing is necessary and relevant, you must only share the information that will allow others to perform their own legal responsibilities. You must also ensure that the information is of sufficient quality to allow others to understand and use the information. This is called data minimisation.

The information must be accurate and, where necessary, kept up to date. You must distinguish between fact and opinion, opinions may be shared so long as they are recorded as such and are able to be understood and interpreted correctly by others. This is about ensuring accuracy.

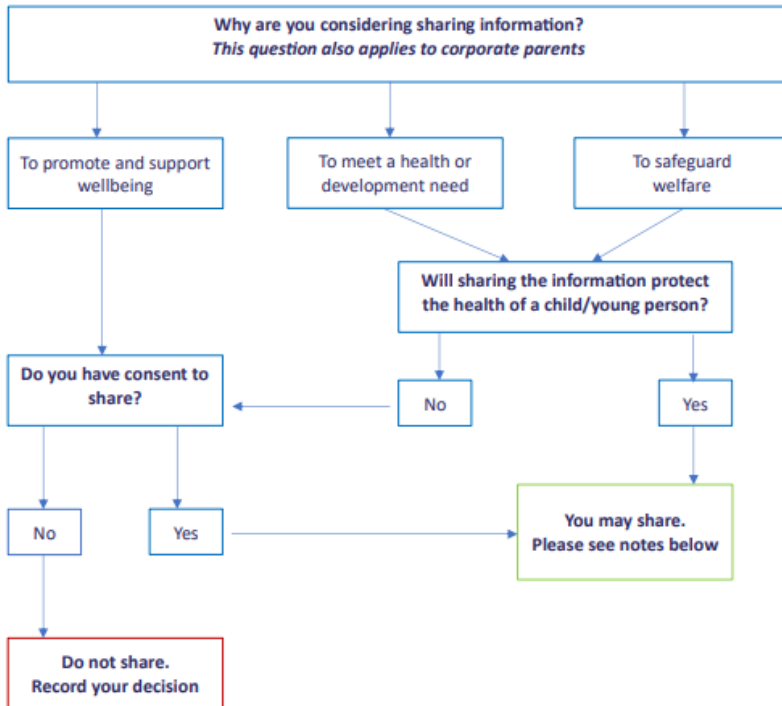
The information must not be kept longer than is needed - partners should be able to justify how long they keep data. This is called the storage limitation.

You must have appropriate measures to protect the security of the data shared. This promotes data security, integrity and confidentiality.

The flowchart below from the Statutory Guidance summarises what you should consider before you share information.



Information sharing flowchart



- Before you share:**
- Consider the data protection principles
  - Consider the individual's right to privacy
  - Only share the information necessary for your purpose
  - Distinguish fact from opinion
  - Ensure that you are giving the right information to the right individual
  - Ensure you are sharing the information securely
  - Consider how you have engaged with the child/young person and their family and how you will continue to engage to maintain respect for their rights
  - Record your decision

When submitting a request for support form to the Children and Families Hub, if there is a current or has been a previous early help team around the child and family in place, the practitioner is asked to submit copies of the early help wellbeing assessment, plan, reviews and chronology with their request for support. Sharing this information reduces the need for the family to repeat their story. It ensures the Children and Families Hub and MASH have a clear understanding of the practitioners already working with the child and family and the work that has already been undertaken. It also promotes continuity of support across the continuum of need if, following initial triage and research by MASH to understand the needs and risks, a transfer to a children’s social care response is provided. It ensures that the social worker can build on the assessment that has already been completed and has knowledge of who is or has been supporting the family and what work has already been completed with them.

Following Children and Families Hub triage or MASH research, if a recommendation is made for an early help team around the child and family, the Children and Families Hub decision maker or MASH worker discusses with the family and the practitioners currently working with them to agree which practitioner will undertake the early help wellbeing assessment and/or which practitioner will be the lead worker.

You are encouraged to professionally raise concerns and escalate those concerns with other agencies if you feel in your judgement that a child's needs or safety are being overlooked. If you disagree with a triage decision at the Children and Families Hub, you can request a consultation with the Children and Families Hub or MASH Decision Makers and use The Safeguarding Partnership Board's Resolving Professional Differences / Escalation policy<sup>3</sup>.

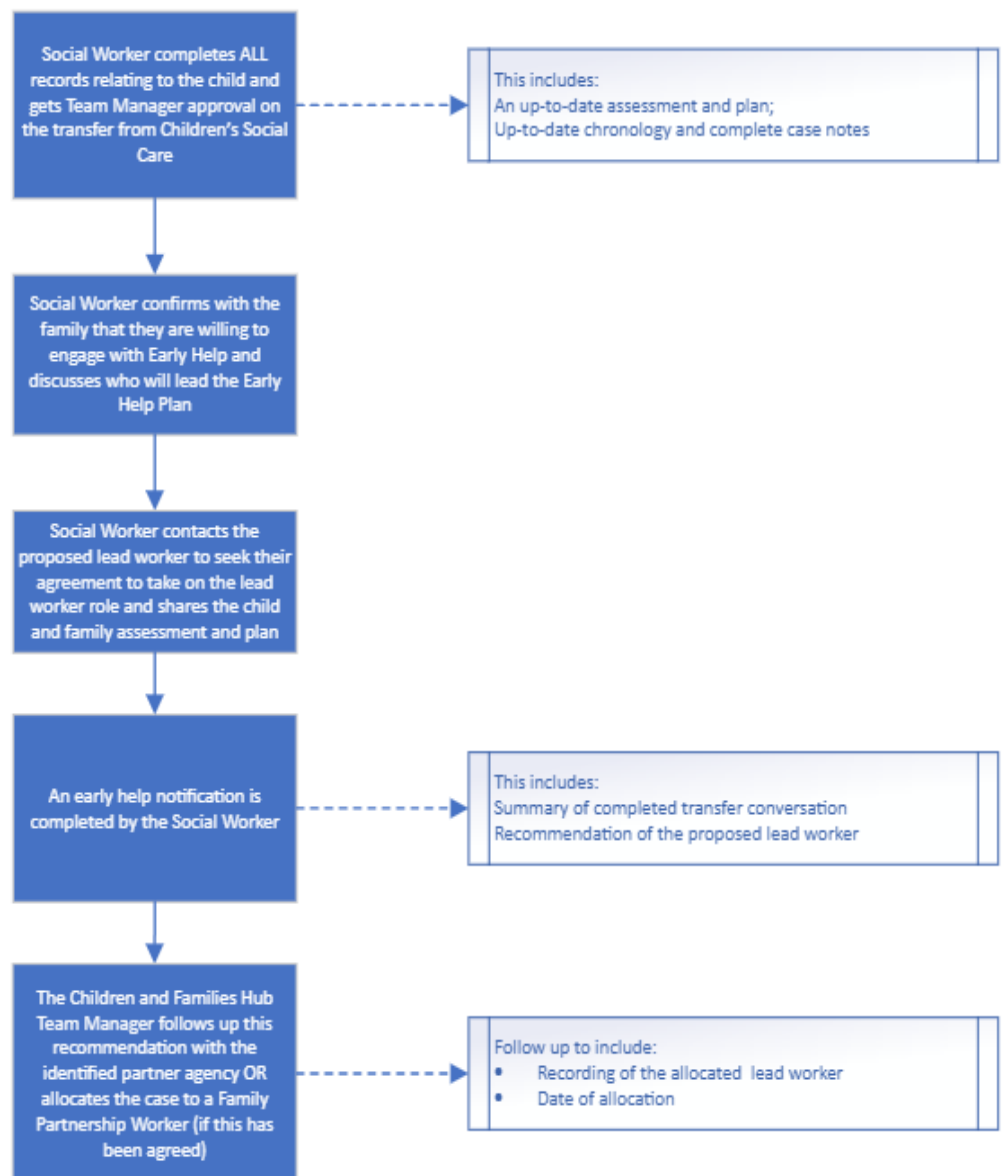
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<sup>3</sup> [Policies | Jersey Safeguarding Partnership Board](#)

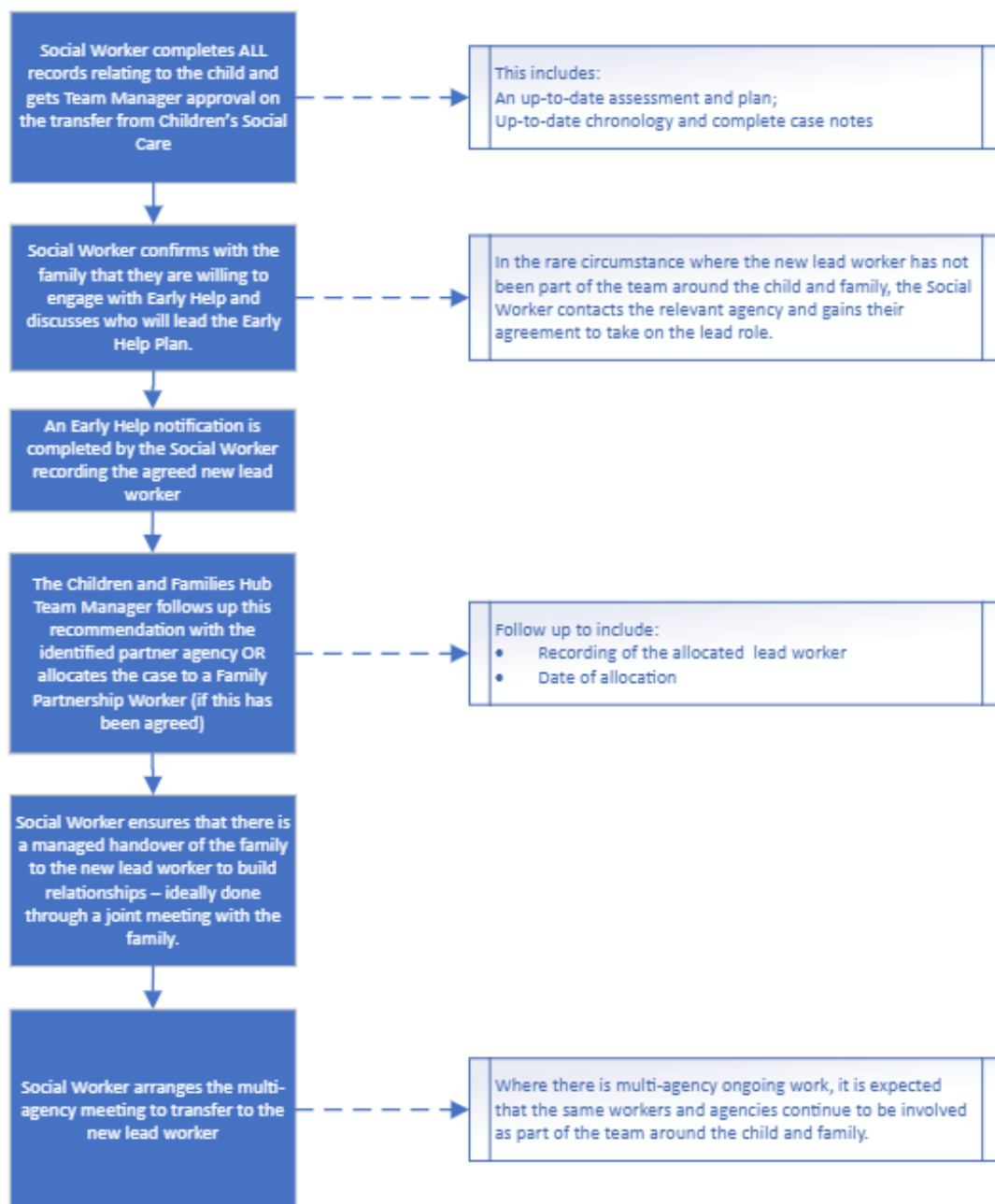
#### 4. Ensuring seamless transfer of support between Children’s Social Care and Early Help

When the level of risk and need has decreased following social care intervention, and where multi-agency early help support is required to promote the child’s wellbeing, the following processes are followed:

##### Transfer to Early Help support following social care assessment where no further social work involvement is required



## Transfer to Early Help support following a plan led by Social Care



Where there is no agency willing to take on the lead worker role, the Children and Families Hub team manager seeks line manager support and uses the Resolving Professional Differences / Escalation policy.

## 5. Indicators

A set of indicators are provided in sections 6 – 10 of three key domains:

- The child's developmental needs in health, social development and learning
- Parent and carer factors
- Family and environmental factors

The indicators provide partner agencies with a tool to develop a shared understanding of levels of need, risk and vulnerability. They help practitioners to provide an evidence base for professional judgement and decision making.

The indicators cannot reflect or predict sudden changes in the child's world and any changes in a child's presentation should be explored to establish if there is a cause for concern. In addition, the age of the child and any protective factors that may enhance resilience need to be taken into account in planning a response. Furthermore, the lack of impact of previous or current service involvement should also be considered as a concern.

## 6. Indicators of Need: Development of Child - Health

	Universal	Wellbeing Needs (Early Help)	Health or Development Needs (Child in Need of Support)	Safeguarding Needs (Child in Need of Protection)
<b>General health, physical and sensory development</b>	<ul style="list-style-type: none"> <li>• Physically and emotionally well</li> <li>• Adequate diet, hygiene and clothing</li> <li>• Developmental assessments and immunisations up to date</li> <li>• Health appointments are attended</li> <li>• Regular medical/dental/optical care</li> <li>• Physical and sensory development milestones are met</li> <li>• Age-appropriate involvement in physical activity</li> </ul>	<ul style="list-style-type: none"> <li>• Over or underweight</li> <li>• Slow in reaching developmental milestones</li> <li>• Concerns re: diet/hygiene/clothing</li> <li>• Starting to miss health appointments</li> <li>• Is not brought to immunisations/health appointments</li> <li>• Susceptible to minor health problems</li> <li>• Not registered with GP/dentist</li> <li>• Soiling/wetting problems</li> <li>• Persistent infestations</li> <li>• Low level substance misuse</li> <li>• Ingestion of poisons or medications where the child has accessed the item independently</li> </ul> <p><b>(Above may be indicators of neglect)</b></p> <ul style="list-style-type: none"> <li>• Emerging evidence of mental health concerns including self-harm and/or eating disorder</li> <li>• Medically unexplained symptoms which the child experiences where there are concerns that the parent may not be working together with professionals in the best interests of the child</li> </ul>	<ul style="list-style-type: none"> <li>• Continuing evidence of neglect including medical neglect, dental neglect and developmental delay not improving despite intervention</li> <li>• Chronic health problems with a severe impact on everyday functioning</li> <li>• Failure or delay in accessing appropriate health services including dental care</li> <li>• Failure to follow advised medical treatments, for example, where the child is experiencing pain</li> <li>• Disturbances in eating &amp; feeding behaviours- repeatedly scavenges, steals, hoards or hides foods with no medical explanation</li> <li>• Persistent excessive alcohol consumption, smoking or other substance misuse</li> <li>• Repeated presentations of ingestion of poisons or medications where the child has accessed the item independently</li> <li>• Perplexing presentation of medical symptoms with discrepancies between assessments, observations and parental behaviour</li> </ul>	<ul style="list-style-type: none"> <li>• Failure to thrive</li> <li>• Medical presentation where non-accidental injury, abuse or neglect is evidenced or suspected including intracranial head or thermal injuries, oral injuries in those under one-year, unusual fractures, anogenital injuries</li> <li>• Evidence or suspicion of fabricated or induced illness</li> <li>• Evidence or suspicion of female genital mutilation</li> <li>• Class A/serious drug misuse</li> <li>• Acute and serious mental or physical health needs or behavioural difficulties, including life-threatening self-harm, suicide attempts</li> <li>• Child accessing acute health services including sexual health clinics with presentation that indicates significant harm</li> <li>• Pregnancy or sexually transmitted infection in child 13 and under</li> <li>• Deliberate or inappropriate administration of poisons or medications</li> </ul>

	Universal	Wellbeing Needs (Early Help)	Health or Development Needs (Child in Need of Support)	Safeguarding Needs (Child in Need of Protection)
			<ul style="list-style-type: none"> <li>• Significant mental health concerns including continuing evidence of self-harm and/or eating disorder</li> <li>• Wetting/soiling which persists despite adequate assessment &amp; management plan in place – unless a medical explanation is present</li> <li>• Deliberate wetting/soiling or repeated, deliberate smearing of faeces</li> <li>• Pregnancy or sexually transmitted infection in child under 16</li> <li>• Multiple Emergency Department attendances causing concern</li> <li>• Delay in seeking medical/dental attention</li> <li>• Profound/severe and/or multiple disabilities which impact on development</li> </ul>	<ul style="list-style-type: none"> <li>• Sudden unexpected death or brief resolved unexplained event in infancy</li> <li>• Profound/severe and/or multiple disabilities with significant unmet needs</li> </ul>
<b>Speech, language and communication to support the voice of the child</b>	<ul style="list-style-type: none"> <li>• Age-appropriate development language structure, vocabulary and articulation</li> <li>• Fluency of speech and confidence</li> <li>• Willingness to communicate</li> <li>• Verbal and non-verbal comprehension</li> </ul>	<ul style="list-style-type: none"> <li>• Reluctant communicator</li> <li>• Not understanding age-appropriate instructions</li> <li>• Confused by non-verbal communication</li> <li>• Immature structure of expressive language</li> <li>• Speech sounds immature</li> </ul>	<ul style="list-style-type: none"> <li>• Severe disorder and impairment in understanding spoken language</li> <li>• Communication difficulties have a severe impact on everyday life</li> <li>• Requires alternative or augmented means of communication</li> </ul>	<ul style="list-style-type: none"> <li>• Child discloses abuse or neglect</li> <li>• ‘Frozen watchfulness’</li> </ul>

## 7. Indicators of Need: Development of Child – Social Development

	Universal	Wellbeing Needs (Early Help)	Health or Development Needs (Child in Need of Support)	Safeguarding Needs (Child in Need of Protection)
<b>Emotional and Social</b>	<ul style="list-style-type: none"> <li>• Good quality early attachments</li> <li>• Feelings and actions demonstrate appropriate responses</li> <li>• Able to adapt to change and self-manage</li> <li>• Able to demonstrate empathy</li> <li>• Involved in leisure and other social activity</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulties in relationships with peer groups and/or with adults</li> <li>• Over-friendly or withdrawn with strangers</li> <li>• Finds coping with change difficult even with support</li> <li>• Difficulties expressing empathy</li> <li>• Impulsive and lacks self-control</li> <li>• Child causing concerns over use of internet and/or social media</li> <li>• Concerns about possible bullying/cyber bullying</li> <li>• Emerging evidence of self-harm and/or eating disorder</li> <li>• Suffers from periods of depression or anxiety</li> </ul>	<ul style="list-style-type: none"> <li>• Disordered attachments that have a negative impact</li> <li>• Relates to strangers indiscriminately without regard for safety or social norms, parents' awareness of risk appears limited</li> <li>• Reaction to change triggers prolonged inability to cope despite support being in place</li> <li>• Phobias that affect function</li> <li>• Association with peers who are engaged in anti-social behaviour, substance misuse and/or serious risk taking</li> <li>• Escalating concerns about self-harm and/or eating disorder despite interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Disordered attachments that have a severe impact on the child and the family resulting in indicators of trauma</li> <li>• Endangers own life through self-harm, substance misuse and/or eating disorder</li> <li>• Child has suffered or may have suffered physical, sexual or emotional abuse or neglect</li> </ul>
<b>Behavioural presentation of child</b>	<ul style="list-style-type: none"> <li>• Appropriate self-management or containment</li> <li>• Appropriate social behaviour</li> <li>• Healthy sexual development and behaviour (Brook Traffic Light green light behaviours)</li> </ul>	<ul style="list-style-type: none"> <li>• Disruptive/challenging behaviour, including in school or early years settings, in neighbourhood and/or home including child to parent domestic abuse</li> <li>• Concerns about sexual development and behaviour (Brook Traffic Light orange light behaviours)</li> <li>• Inappropriate association or relationship with adult or peers</li> </ul>	<ul style="list-style-type: none"> <li>• Escalating disruptive/challenging behaviour at school, in neighbourhood and/or at home including child to parent domestic abuse despite attempted intervention</li> <li>• Continuing concerns about sexual development and behaviour despite targeted intervention (Brook Traffic Light orange light behaviours)</li> <li>• At risk of permanent exclusion</li> </ul>	<ul style="list-style-type: none"> <li>• Harmful sexual behaviour ((Brook Traffic Light red light behaviours)</li> <li>• Child at risk of exploitation including sexual exploitation, criminal exploitation, gangs, radicalisation, trafficking or modern-day slavery</li> <li>• Child at risk of grooming others (consideration of both as victims)</li> <li>• Puts self or others in danger</li> </ul>



	Universal	Wellbeing Needs (Early Help)	Health or Development Needs (Child in Need of Support)	Safeguarding Needs (Child in Need of Protection)
		<ul style="list-style-type: none"> <li>Withdrawn and isolated</li> </ul>	<ul style="list-style-type: none"> <li>Regularly missing from education, employment or training (NEET)</li> <li>Child regularly involved in anti-social, criminal activities/violent/risk taking behaviour</li> <li>Child being remanded into custody following offending in the community</li> </ul>	<ul style="list-style-type: none"> <li>Disappears or is missing from home for long periods</li> <li>Multiple criminal incidents/involvement in activities that would constitute arrestable offences/behaviour that would constitute criminal activity</li> </ul>
<b>Identity, self-esteem, image</b>	<ul style="list-style-type: none"> <li>Positive sense of self and abilities</li> <li>Demonstrates feelings of belonging and acceptance</li> <li>An ability to express needs</li> <li>Social media use is age appropriate and does not impact on child's wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>Child raising questions about gender identity</li> <li>Shows lack of self-esteem</li> <li>Vulnerable to bullying, discrimination or harassment</li> <li>Emerging evidence of self-harm and/or eating disorder</li> <li>Inappropriate social media use or impact from social media use requiring support</li> </ul>	<ul style="list-style-type: none"> <li>Seriously affected by persistent discrimination e.g. because of ethnicity, sexual orientation or disability</li> <li>Subject to severe bullying</li> <li>Severe bullying of others</li> <li>Family environment (substance misuse/ poverty impacting on identity/worklessness/ crime)</li> <li>Continuing evidence of self-harm and/or eating disorder</li> <li>Social media use continues to impact on wellbeing despite support</li> </ul>	<ul style="list-style-type: none"> <li>High level of drug, substance and alcohol abuse</li> <li>Continuing evidence of self-harm and/or eating disorder – severe or life threatening</li> <li>Risk of exploitation or harm through social media</li> </ul>
<b>Family and social relationships</b>	<ul style="list-style-type: none"> <li>Aware of personal and family history</li> <li>Stable and affectionate relationships with care givers</li> <li>Good relationships with siblings</li> <li>Positive relationships with peers</li> <li>Age-appropriate friendships</li> </ul>	<ul style="list-style-type: none"> <li>Limited support from family and friends</li> <li>Lacks positive role models</li> <li>Serious conflicts with peers and/or siblings</li> <li>Difficulties sustaining relationships</li> </ul>	<ul style="list-style-type: none"> <li>Sibling of looked after child(ren)</li> <li>Sibling of child(ren) with significant mental or physical health issues or severe disabilities</li> <li>Child has a high level of responsibility for others (young carers)</li> </ul>	<ul style="list-style-type: none"> <li>Child has suffered, or may have suffered, physical, sexual or emotional abuse or neglect including possible criminal and/or sexual exploitation</li> <li>Child presents as severely neglected</li> </ul>

	Universal	Wellbeing Needs (Early Help)	Health or Development Needs (Child in Need of Support)	Safeguarding Needs (Child in Need of Protection)
			<ul style="list-style-type: none"> <li>• Child returning home following looked after episode</li> </ul>	<ul style="list-style-type: none"> <li>• Concern that the child is under familial or cultural pressure or duress to marry against their will or wishes (do not discuss making a referral with the family)</li> <li>• Child is believed to be at risk of honour-based abuse</li> <li>• Crime or incident which has or may have been committed to protect or defend the honour of the family or community (honour-based violence)</li> </ul>
<b>Self-care skills and independence</b>	<ul style="list-style-type: none"> <li>• Growing level of competencies in practical and emotional skills</li> <li>• Good level of personal hygiene</li> <li>• Gaining confidence and skills to undertake activities away from the family</li> </ul>	<ul style="list-style-type: none"> <li>• Not always adequate self-care e.g. poor hygiene</li> <li>• Slow to develop age-appropriate self care skills</li> <li>• Failing to develop confidence and skills for independence</li> </ul>	<ul style="list-style-type: none"> <li>• Poor self-care for age, including hygiene</li> <li>• Friendships and relationships inappropriate for age</li> </ul>	<ul style="list-style-type: none"> <li>• Neglect of self-care because of alternative priorities e.g. substance misuse</li> <li>• Acute and serious mental or physical health needs or behaviour difficulties impacting significantly on ability to care for self</li> <li>• Profound/severe and/or multiple disabilities impacting on ability to care for self</li> </ul>

## 8. Indicators of Need: Development of Child - Learning

	Universal	Wellbeing Needs (Early Help)	Health or Development Needs (Child in Need of Support)	Safeguarding Needs (Child in Need of Protection)
<b>Understanding, reasoning and problem solving</b>	<ul style="list-style-type: none"> <li>• Milestones for cognitive development are met</li> <li>• Demonstrates a range of skills and interests</li> </ul>	<ul style="list-style-type: none"> <li>• Milestones for cognitive development are not met</li> <li>• Mild to moderate learning difficulties</li> <li>• Identified learning needs from School Support SEN Code of Practice</li> <li>• School support learning needs identified in line with SEN Code of Practice</li> <li>• Additional special educational needs support including Record of Need</li> <li>• Is accessing alternative curriculum or reduced timetable</li> <li>• Is not accessing a mainstream curriculum (unable to access the mainstream curriculum)</li> <li>• Requires alternative curriculum/ timetable</li> <li>• Unable to access mainstream curriculum</li> <li>• Not making progress in spite of interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Complex learning and/or disability needs</li> <li>• Serious developmental delay</li> <li>• Educational (or social or mental health needs) may result in educational placement out of school or away from home</li> </ul>	<ul style="list-style-type: none"> <li>• Safeguarding vulnerabilities due to complex learning difficulties and communication needs</li> </ul>
<b>Participation in education or work</b>	<ul style="list-style-type: none"> <li>• Access to educational provision appropriate to age and ability</li> <li>• Access to employment (including work-based learning) appropriate to age and ability</li> </ul>	<ul style="list-style-type: none"> <li>• Poor school/early years attendance/ punctuality</li> <li>• Parent/child subject of statutory intervention for poor attendance; persistent poor</li> </ul>	<ul style="list-style-type: none"> <li>• Multiple changes of school</li> <li>• Is Electively Home Educated and evidence child is not in receipt of efficient and suitable education</li> <li>• Absence due to inconsistent, unusual or perplexing health</li> </ul>	<ul style="list-style-type: none"> <li>• NEET <u>with</u> additional significant risk factors</li> <li>• Concern regarding fabricated or induced illness that is preventing or impacting on school attendance</li> </ul>

	Universal	Wellbeing Needs (Early Help)	Health or Development Needs (Child in Need of Support)	Safeguarding Needs (Child in Need of Protection)
	<ul style="list-style-type: none"> <li>Regularly attends education or training, or in full-time work</li> </ul>	<ul style="list-style-type: none"> <li>attendance with parental acceptance</li> <li>Gaps in schooling/learning</li> <li>Disengagement from learning</li> <li>Behaviour likely to lead to risk of exclusion including child on a part-time timetable</li> <li>Multiple changes of school/early years setting</li> <li>No access to early developmental experiences</li> <li>Often appears tired in school which appears to impact on participation and achievement</li> <li>Not accessing work-appropriate skills</li> <li>Child missing from education</li> <li>Emerging concerns of a child who is absent due to medically unexplained symptoms or perplexing presentations that is beginning to impact on learning and/or development</li> <li>Emotionally based school refuser</li> <li>Has no school place and meets hard-to-place criteria</li> <li>Has no school place and meets Fair Access Criteria</li> <li>Requires alternative curriculum/ timetable</li> <li>Unable to access mainstream curriculum</li> </ul>	<ul style="list-style-type: none"> <li>needs that is impacting on learning and development.</li> <li>Multiple fixed-term exclusions</li> <li>Child placed in specialist residential accommodation</li> <li>Not accessing alternative curriculum despite educational arrangements being made</li> </ul>	<ul style="list-style-type: none"> <li>Is a Child Missing Education (CME)</li> <li>Is Electively Home Educated and evidence child is not in receipt of efficient and suitable education and other significant risk factors</li> </ul>

	Universal	Wellbeing Needs (Early Help)	Health or Development Needs (Child in Need of Support)	Safeguarding Needs (Child in Need of Protection)
		<ul style="list-style-type: none"> <li>• Not making progress despite interventions</li> </ul>		
<b>Progress and achievement in learning</b>	<ul style="list-style-type: none"> <li>• Acquiring a range of skills and interests</li> <li>• Access to books/toys, play</li> <li>• Well-motivated and self-confident</li> <li>• No concerns about achievements or cognitive development</li> </ul>	<ul style="list-style-type: none"> <li>• Requires a modified curriculum and timetable</li> <li>• Not making progress in line with national expectations or child with similar needs across the ability range</li> <li>• Seeing little or no value in education</li> </ul>	<ul style="list-style-type: none"> <li>• Total disengagement from learning</li> </ul>	<ul style="list-style-type: none"> <li>• Child's substance misuse dependency putting them at such risk that intensive specialist resources are required</li> <li>• High level concern of radicalisation or extremism</li> <li>• Child has multiple vulnerabilities/risks which impact on academic progress</li> </ul>

## 9. Indicators of Need: Parents and Carers (parent refers to any carer in a parenting role)

	Universal	Wellbeing Needs (Early Help)	Health or Development Needs (Child in Need of Support)	Safeguarding Needs (Child in Need of Protection)
<b>Basic care and ensuring safety and protection</b>	<ul style="list-style-type: none"> <li>• Parent provides for child’s physical needs, e.g. appropriate nutrition, clothing and medical/ dental care</li> <li>• Parent protects from danger and harm in home and elsewhere</li> <li>• Parent’s able to meet child’s needs and know how and where to access support</li> <li>• Parent works effectively with services in best interests of the child</li> </ul>	<ul style="list-style-type: none"> <li>• Parent is struggling to provide for child’s physical needs, e.g. appropriate nutrition, clothing and medical/ dental care without support</li> <li>• Parents is struggling to offer adequate supervision to child based on age, maturity and development</li> <li>• Child is exposed to hazards/ risks in the home and/or community because of poor supervision</li> <li>• Safety equipment not being available or used</li> <li>• Inappropriate childcare arrangements</li> <li>• Child’s disability makes parenting challenging</li> <li>• Parent is struggling to prioritise child’s needs over their own</li> <li>• Parent is over-controlling</li> </ul>	<ul style="list-style-type: none"> <li>• Parent is erratic and inconsistent in providing for child’s physical needs, e.g. appropriate nutrition, clothing and medical/ dental care</li> <li>• Parent is not offering adequate supervision to child based on age, maturity and development</li> <li>• Child is exposed to hazards/risks in the home and/or community because of poor supervision and there is a lack of parental response</li> <li>• Parent is not recognising child’s needs such that child’s development may be significantly impaired</li> <li>• Parent is struggling to provide ‘good enough’ care with significant impact on child</li> <li>• Parent is involved in criminal activity with potential impact on child welfare</li> <li>• Previous history of parents being unable to care for children</li> <li>• Parent is overly controlling and employs inappropriate use of sanctions/punishment</li> </ul>	<ul style="list-style-type: none"> <li>• Allegation or reasonable suspicion of serious neglect, injury or abuse of child</li> <li>• Parents unable to provide ‘good enough’ care that is adequate and safe, the lack of which places the child at risk of significant harm</li> <li>• Persistent instability and violence in the home</li> <li>• Parents do not take appropriate action if child goes missing</li> <li>• Child not protected from exploitation such as sexual, criminal, trafficking, modern day slavery, radicalisation</li> <li>• Suspicions or evidence of female genital mutilation</li> <li>• Crime or incident which has or may have been committed to protect or defend the honour of the family or community (honour-based violence)</li> <li>• Suspicions that child may have been or potentially made to marry against their will (forced marriage)</li> <li>• Parents leaving child in care of others who are not competent to provide care or who are not sufficiently known to the parents</li> </ul>

	Universal	Wellbeing Needs (Early Help)	Health or Development Needs (Child in Need of Support)	Safeguarding Needs (Child in Need of Protection)
				<ul style="list-style-type: none"> <li>• Child left alone or unsupervised based on age, development and/or maturity</li> <li>• Unable to protect from significant harm including contact with unsafe adults</li> </ul>
<b>Parental factors which may affect parenting capacity</b>	<ul style="list-style-type: none"> <li>• Parent proactively manages their own health and emotional wellbeing needs so they do not impact on the child, or has suitable and reliable support within the family and wider social network to mitigate any impact on the child</li> <li>• Parent understands or has experienced good enough parenting in their own childhood, and this helps them to parent effectively</li> <li>• Parents have effective strategies to manage discord in their relationship</li> </ul>	<p>Potential impact for the child from:</p> <ul style="list-style-type: none"> <li>• concerns around parental mental or physical health</li> <li>• concerns about parental substance use</li> <li>• parent's own adverse childhood experiences (ACEs), including having themselves experienced care away from home</li> <li>• parental learning disability</li> <li>• acrimonious relationship between parents</li> </ul>	<p>Impact for the child's welfare from:</p> <ul style="list-style-type: none"> <li>• concerns around parental mental or physical health</li> <li>• concerns about parental substance use</li> <li>• parent's own childhood experiences (ACEs) including being care experienced</li> <li>• parental learning disability</li> <li>• acrimonious relationship between parents</li> <li>• poor parental engagement with professionals</li> </ul>	<p>Severe impact on ability to provide basic care and ensure safety and protection of the child from:</p> <ul style="list-style-type: none"> <li>• domestic abuse (disclosure, report by a third party)</li> <li>• concerns around parental mental or physical health</li> <li>• parental substance use Parent(s) declines or is unable to work with professionals</li> <li>• Parent(s) with learning disability or extreme difficulty without adequate social support (consider conditions which may contribute to learning difficulty and whether the degree of difficulty reduces decision-making capacity)</li> </ul>
<b>Pre-birth basic care, ensuring safety and protection</b>	<ul style="list-style-type: none"> <li>• Timely pregnancy booking</li> <li>• Antenatal appointments kept</li> <li>• Medical advice followed</li> </ul>	<ul style="list-style-type: none"> <li>• Delayed pregnancy booking</li> <li>• Some antenatal appointments missed</li> <li>• Some concerns that medical advice not followed e.g. smoking and use of alcohol</li> <li>• Relationship difficulties identified</li> </ul>	<ul style="list-style-type: none"> <li>• Concealed/denial of pregnancy</li> <li>• Parents to be under 16 years</li> <li>• Mother is a Child Looked After or a Care Leaver</li> <li>• Parent expressing wish to relinquish the baby</li> </ul>	<ul style="list-style-type: none"> <li>• Current significant or persistent domestic abuse</li> <li>• Avoidance of/poor attendance for antenatal care following booking</li> <li>• Lack of co-operation with healthcare services and/or non-</li> </ul>

	Universal	Wellbeing Needs (Early Help)	Health or Development Needs (Child in Need of Support)	Safeguarding Needs (Child in Need of Protection)
		<ul style="list-style-type: none"> <li>• Lack of adequate preparation for the baby without prompting</li> <li>• Lack of suitable housing for the baby</li> <li>• Parent(s) with special/extra needs/physical disabilities/ill health</li> </ul>	<ul style="list-style-type: none"> <li>• Majority of antenatal appointments missed following booking</li> <li>• Issues of domestic abuse identified</li> <li>• Parental substance use</li> <li>• Lack of adequate preparation for the baby despite attempts to prompt or offer support</li> <li>• Housing instability or homelessness</li> <li>• Previous history of significant mental health concerns poorly managed and/or substance misuse</li> </ul>	<ul style="list-style-type: none"> <li>• compliance with medical treatment</li> <li>• Lack of understanding and unwillingness to learn of the needs of the unborn and how pregnancy should progress</li> <li>• Unrealistic parental expectations of a new-born baby or an inability to prioritise the needs of a new-born baby</li> <li>• Significant drug or alcohol use</li> <li>• Signs of serious neglect of self and living conditions</li> <li>• Maternal FGM and concerns about FGM for baby in the future</li> <li>• Parents had previous children removed from their care</li> <li>• Parent who is a significant risk to children or who is associating with a person who is a significant risk to children</li> <li>• Pre-birth assessment identifies unborn child at risk of significant harm</li> </ul>
<b>Emotional warmth and stability</b>	<ul style="list-style-type: none"> <li>• Parents provide secure and consistent care</li> <li>• Parents show appropriate warmth, praise and encouragement</li> <li>• Parents are attuned to the needs of their child</li> </ul>	<ul style="list-style-type: none"> <li>• Inconsistent responses to child</li> <li>• Erratic or inconsistent care from multiple carers</li> <li>• Family disputes impacting on child</li> <li>• Poor home routines</li> </ul>	<ul style="list-style-type: none"> <li>• Child has experienced multiple main carers and child lacks significant attachment figure</li> <li>• Parents highly critical of child and provide little warmth, praise or encouragement</li> <li>• Chaotic or erratic parenting of child</li> </ul>	<ul style="list-style-type: none"> <li>• Child/parent relationship in crisis and at risk of imminent breakdown</li> <li>• Child beyond parental control</li> <li>• Child rejected by parent</li> <li>• Abandoned child or unaccompanied minor</li> </ul>



	Universal	Wellbeing Needs (Early Help)	Health or Development Needs (Child in Need of Support)	Safeguarding Needs (Child in Need of Protection)
		<ul style="list-style-type: none"> <li>• Over-protective care which inhibits child's social and emotional development</li> <li>• Emerging attachment difficulties</li> <li>• Parent in prison</li> <li>• Frequent/unplanned moves causing disruption/instability</li> </ul>	<ul style="list-style-type: none"> <li>• Parents unable to exercise control of child</li> <li>• Parents own emotional needs impacting on ability to meet child's needs</li> </ul>	<ul style="list-style-type: none"> <li>• Parent is emotionally unavailable to the child and unable to recognise and prioritise the needs of their child</li> </ul>
<b>Guidance, boundaries and stimulation</b>	<ul style="list-style-type: none"> <li>• Parent sets consistent and appropriate boundaries taking account of age/development of child</li> <li>• Parent enables child to access appropriate activities and to experience success and happiness</li> </ul>	<ul style="list-style-type: none"> <li>• Parent provides inconsistent boundaries</li> <li>• Parent requires advice on appropriate management of child's behaviour</li> <li>• Parent provides limited interaction or stimulation for child</li> <li>• Failure to access universal services to promote child's development</li> <li>• Child under pressure from parents to achieve unrealistic expectations</li> <li>• Lack of response to concerns raised about child</li> <li>• Parent does not support access to positive new experiences or social interaction</li> <li>• Child accessing social media sites without age-appropriate parental supervision</li> </ul>	<ul style="list-style-type: none"> <li>• No effective boundaries set for child</li> <li>• Parent using physical chastisement</li> <li>• Child involved in offending or anti-social behaviour</li> <li>• Parents unable to provide appropriate role model</li> <li>• Development of child impaired through lack of appropriate stimulation and play</li> <li>• Persistent condoned absence from school without reasonable cause</li> <li>• Lack of parental intervention to prevent child's ongoing exposure to inappropriate or harmful material and people (including social media)</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of effective parental boundaries or action to protect child, leading to adverse consequences to child or others</li> <li>• Parent's physical chastisement leading to harm of the child</li> <li>• Parents do not know child's whereabouts and are unconcerned</li> <li>• Lack of effective parental boundaries puts child at risk of exploitation such as sexual, criminal or radicalisation</li> <li>• Parent/carer colludes with extra-familial harm i.e. facilitating harmful peer activity through the provision of resources or inaction to reduce harm</li> </ul>

## 10. Indicators of Need: Family and Environmental Factors

	Universal	Wellbeing Needs (Early Help)	Health or Development Needs (Child in Need of Support)	Safeguarding Needs (Child in Need of Protection)
<b>Family history and functioning</b>	<ul style="list-style-type: none"> <li>• Good family relationships, including where parents are separated, there is bereavement or parental disputes but this is well managed and child is supported</li> <li>• Good family routines with primary carers that provide positive responses to the child</li> <li>• Physical or mental health difficulties in immediate family but not impacting on child or is being well managed and child is supported</li> <li>• No concerns regarding parental engagement</li> <li>• Family coping well despite stresses</li> <li>• Few significant changes in family composition</li> </ul>	<ul style="list-style-type: none"> <li>• Family conflicts or parental disputes that may involve children</li> <li>• Inconsistency in family routines and/or frequent changes of carers</li> <li>• History of involvement with statutory services</li> <li>• Physical or mental health difficulties in immediate family</li> <li>• Difficulty with parental engagement</li> <li>• Loss of significant adult through bereavement or separation impacting significantly</li> <li>• Suspected but not reported domestic abuse</li> <li>• Multiple births/high number of young children</li> <li>• Sibling/parent involved in criminal activity</li> <li>• Family not coping</li> <li>• Young carer (parent/siblings)</li> <li>• At risk of homelessness and/or sofa surfing</li> </ul>	<ul style="list-style-type: none"> <li>• Exposure to domestic abuse</li> <li>• Lack of family routines and/or frequent changes of carers that impacts on the child</li> <li>• Concerns about substance misuse</li> <li>• Moderate mental or physical health difficulties within the immediate family</li> <li>• Family with history of Child Protection registration</li> <li>• Previous children removed from their care</li> <li>• Family involved with criminal activity/received custodial sentence</li> <li>• Family at risk of breakdown related to child's behavioural difficulties</li> <li>• Suspicions of potential female genital mutilation within the family, or significant others</li> <li>• Family seeking asylum or refugee</li> <li>• Displaced families/women (illegal immigrant, asylum seeker, refugee, living in a women's refuge or hostel)</li> <li>• Privately fostered - unapproved or not notified including living with other family members</li> </ul>	<ul style="list-style-type: none"> <li>• Recurrent or high-risk incidents of domestic abuse</li> <li>• Serious neglect of a child's basic needs</li> <li>• Persistent or high-risk substance misuse</li> <li>• Significant mental or physical health difficulties within the immediate family</li> <li>• A person who has a conviction for offences against children (sexual, physical or neglect) and poses actual or potential risk</li> <li>• Suspicion of child being taken/prepared for female genital mutilation</li> <li>• Serious incidents of domestic abuse</li> <li>• Lack of progress of Interventions due to parental non-engagement with professional services/disguised compliance</li> <li>• No recourse to Public Funds</li> <li>• At risk of forced marriage</li> </ul>

	Universal	Wellbeing Needs (Early Help)	Health or Development Needs (Child in Need of Support)	Safeguarding Needs (Child in Need of Protection)
			<ul style="list-style-type: none"> <li>• Chaotic &amp; transient lifestyle including homelessness, sofa surfing, frequent moves</li> <li>• Housing and environmental issues</li> <li>• Isolation, lack of support, lack of community</li> <li>• No commitment to parenting</li> <li>• Relationship disharmony/conflict/instability/control issues/poor impulse control</li> <li>• In relationship with substantial age difference with additional concerns</li> </ul>	
<b>Wider family, social network &amp; peer group</b>	<ul style="list-style-type: none"> <li>• Sense of larger familial and social network and/or good friendships outside of the family unit</li> <li>• Peer group engage in positive activities/clubs/communities that are age appropriate and safe</li> </ul>	<ul style="list-style-type: none"> <li>• Family is socially isolated</li> <li>• Family has poor relationships or no contact with extended family</li> <li>• Family has limited social network</li> <li>• Some indications of negatively influential peers</li> </ul>	<ul style="list-style-type: none"> <li>• Destructive relationships with wider family including historical and intergenerational issues</li> <li>• Negative influence from wider family/peers involved in drugs/crime</li> <li>• Child associating with unknown adults and/or exploited children</li> <li>• Escalation in behaviour of child's peer group</li> </ul>	<ul style="list-style-type: none"> <li>• Involvement with person in wider family and social network or peer who is subject to multi-agency public protection arrangements (JMAPP) due to the risk they may pose to others</li> <li>• Child staying with someone believed to be exploiting them</li> </ul>
<b>Housing, employment and finances</b>	<ul style="list-style-type: none"> <li>• Accommodation has basic amenities and appropriate facilities</li> <li>• Parents able to manage working or unemployment arrangements</li> </ul>	<ul style="list-style-type: none"> <li>• Barely adequate/poor/temporary/accommodation</li> <li>• Housing causing family stress</li> <li>• Difficult to obtain or maintain employment due to poor basic skills</li> </ul>	<ul style="list-style-type: none"> <li>• Persistent poor presentation of the family home to the extent that child's health or development may be impaired</li> </ul>	<ul style="list-style-type: none"> <li>• Family home used for illegal activities (e.g. drug taking, dealing, prostitution)</li> <li>• Accommodation places child at serious risk of harm and</li> </ul>

	Universal	Wellbeing Needs (Early Help)	Health or Development Needs (Child in Need of Support)	Safeguarding Needs (Child in Need of Protection)
	<p>adequately and do not perceive them as unduly stressful</p> <ul style="list-style-type: none"> <li>Reasonable income over time with resources used appropriately to meet individual needs</li> </ul>	<ul style="list-style-type: none"> <li>Parents experience continuing stress due to unemployment or excessive working hours</li> <li>Difficulties managing household finances</li> <li>Low level debt/in need of financial advice</li> <li>Low income/financial hardship</li> <li>Lack of affordability for basic amenities including household fuel and food</li> <li>Family seeking asylum or are refugees i.e., no access to public funds</li> </ul>	<ul style="list-style-type: none"> <li>Child negatively affected by their family's inability to use family income to meet their needs</li> <li>Child negatively affected as a result of overcrowded living conditions and potential homelessness</li> <li>Homelessness/eviction</li> </ul>	<p>this is attributable to parents</p> <ul style="list-style-type: none"> <li>Longstanding issues such as substance misuse/offending, chronic physical/mental health etc</li> </ul>
<b>Social and community resource</b>	<ul style="list-style-type: none"> <li>Generally good universal services in the neighbourhood</li> <li>Family feels integrated into the community</li> <li>Adequate social and friendship networks</li> <li>Community are generally supportive of family and/or child</li> <li>Adults in local community ensure the wellbeing of children</li> </ul>	<ul style="list-style-type: none"> <li>Family is socially excluded</li> <li>Frequent housing moves</li> <li>Learning difficulties of parents or child leading to marginalisation</li> <li>Lack of a support network</li> <li>Limited access to universal resources</li> <li>Child spending time in areas known for antisocial behaviour or where they are more at risk/vulnerable</li> </ul>	<ul style="list-style-type: none"> <li>Social exclusion</li> <li>Victimisation of family in their local area</li> <li>Child being remanded in custody following offending in the community</li> <li>The neighbourhood or locality is having a negative impact on the child. Frequently spending time in locations where they are at risk of exploitation</li> </ul>	<ul style="list-style-type: none"> <li>Child frequenting areas / properties known for exploitation /violence</li> </ul>

## 11. Key Guidance – Neglect

### Neglect – Key Guidance

The impact of neglect on children and young people is significant. Neglect causes great distress to children, leading to poor health, educational and social outcomes and is potentially fatal. Their lives can be adversely affected and their ability to attend and attain at school can be reduced. Their emotional health and wellbeing can be compromised which can impact on their success in adulthood and their ability to parent in the future.

Though neglect can affect any child, it impacts particularly on infants and very young children who, among all age groups, are the highest risk of death and/or incurring lasting mental and physical damage.

Practitioners must be '**professionally curious**' to determine further information in the best interests of the child. It is essential that professionals exercise professional curiosity at all times as it is likely that signs of any form of abuse including neglect will be identified when dealing with an unlinked incident or concern.

All practitioners whose work brings them into contact with children and families should be alert to the signs of abuse and neglect, know where to turn to if they need to ask for help and be able to make referrals to the Children and Families Hub or to the Police if they suspect that a child is at risk of immediate harm or is in danger.

#### What can child neglect look like?

Neglect is the failure to meet a child's basic needs. Neglect can happen over a period of time but can also be a one-off event.

- **Incidents often don't meet social care or criminal thresholds: it is a cumulative effect that is the most impactful.**
- **A child may be left hungry or dirty, without adequate clothing, shelter, supervision, medical or health care.**
- **A child may be put in danger or not protected from physical or emotional harm.**
- **They may not get the love, care and attention they need from their parents.**
- **A child who is neglected will often suffer from other abuse as well, both inside and outside the home.**

Neglect is a **key priority of the Safeguarding Partnership Board (SPB)**. Its importance is reflected through the significant activity identified in responding to this issue and the focus applied by the SPB and partner agencies in ensuring coordinated, early, and effective intervention is taking place in this area.

#### Neglect can come in several different forms:

##### Physical Neglect:

- Failing to provide for a child's basic needs such as food, clothing or shelter.
- Failing to adequately supervise a child or provide for their safety.

##### Emotional Neglect:

- The omission of love and failing to nurture a child. Emotional neglect can overlap with emotional abuse but is a different form of maltreatment.

##### Educational Neglect:

- Failing to ensure a child receives an education.

##### Medical/Dental Neglect:

- Failing to provide appropriate health care, including dental care and refusal of care where a child has been diagnosed with a health condition e.g. asthma, or ignoring medical recommendations and/or persistent not attending key appointments

##### Emotional Abuse:

- The persistent emotional maltreatment of a child, it may involve deliberately telling a child they are worthless, or unloved and inadequate. It may include not giving a child opportunity to express their views and may involve serious bullying



#### Factors which can make children more vulnerable to neglect:

- Domestic abuse
- Parental mental health problems
- Children with additional health & development needs
- Parental substance use
- Children who are looked after

## 12. Key Guidance – Domestic Abuse

### Domestic Abuse – Key Guidance

\* Domestic abuse is a devastating and complex crime that can affect anyone, leaving physical and emotional scars that can last a lifetime. All forms of violence and abuse are unacceptable, but it is particularly shocking when it is carried out by those who are supposedly closest to us and by those who profess to love the very people that they subject to terrible psychological, emotional and physical abuse.

\* Domestic abuse impacts on everyday lives; can feel inescapable and have devastating intergenerational consequences on children. Far too many people have their lives destroyed by domestic abuse. We need to build a society that does not tolerate domestic abuse and actively empowers communities and professionals to confront and challenge it whilst providing those that are experiencing it with the support that they require.

\* Domestic abuse can only end if we address those that are perpetrating abuse and this means challenging the social norms that facilitate abuse.

\* The multi-agency definition of domestic abuse is:

‘Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality’.

**This can encompass but is not limited to the following types of abuse:**

- Psychological
- Emotional
- Physical
- Sexual
- Financial
- Economic

\* Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive control lies at the heart of domestic abuse and all aspects of domestic abuse that become visible to others must be understood within this context.

Children witnessing domestic abuse – witnessing or exposure to domestic abuse can result in long lasting trauma effects on children which can impair their development on many levels. Children living in a home where domestic abuse is happening are at risk of other types of abuse too. Children can experience domestic abuse or violence in lots of different ways. They might:

- see the abuse
- hear the abuse from another room
- see a parent’s injuries or distress afterwards
- be hurt by being nearby or trying to stop the abuse

Teenagers experiencing domestic abuse – domestic abuse can happen in any relationship, and it affects young people too. They may not realise that what is happening is abuse. Even if they do, they might not tell anyone about it because they’re scared of what will happen, or ashamed about what people will think.



**The Domestic Abuse strategy 2022-2024** sets out Jersey’s commitment to tackling domestic abuse. Our Multi-Agency community response focuses on pro-active prevention and identifying domestic abuse as early as possible to limit its impact in the future. It outlines a layered prevention model and focuses on three key priorities.

For further information please visit: [Safeguarding Partnership Board](#) website to see our [DA Strategy \(including an Easy Read version\)](#) and [7 Minute Briefings](#)

## 13. Key Guidance – Child Exploitation

### Child Exploitation – Key Guidance

Child exploitation is when someone uses a child for financial gain, sexual gratification, labour or personal advantage. Using cruel and violent treatment to force a child to take part in criminal or sexual activities often leads to physical and emotional harm to the child, to the detriment of their physical and mental health, education, and moral or social development.

Child Exploitation covers situations of:

- **manipulation**
- **victimisation**
- **misuse**
- **oppression or ill treatment**
- **abuse (physical, sexual and emotional)**

Child exploitation includes:

- **the use of children for criminal activities**
- **harmful work**
- **sexual exploitation**
- **child soldiers**
- **child domestic work**

#### Child Criminal Exploitation (CCE):

The Home Office, 2018 defines Child Criminal Exploitation as ‘where an individual or group takes advantage of a person under the age of 18 and may coerce, manipulate or deceive a child or young person under that age into any activity’.

Exploitation may include:

- **an exchange for something the victim needs or wants**
- **financial gain or other advantage by the perpetrator or facilitator**
- **violence or the threat of violence**

The most common form of child criminal exploitation is ‘county lines’, which refers to gangs and organised criminal networks involved in moving drugs from one place to another using dedicated mobile phones or other forms of a ‘deal line’.

The victim may be exploited even if the activity appears consensual. CCE does not always involve physical contact: it can also occur through the use of technology.



#### Who is at risk?

Any child may be at risk of exploitation, regardless of their family background or other circumstances. This includes boys and young men as well as girls and young women. However, some groups of young people are particularly vulnerable. These include:

- **children who have a history of running away or of going missing from home and care**
- **those with special needs**
- **those in and leaving residential and foster care**
- **children who have disengaged from education**
- **children who are abusing drugs and alcohol**
- **those involved in gangs**
- **those engaged in risky internet use**

#### Factors and involved Considerations:

**Pull factors:** children performing tasks for others resulting in them gaining affection, accommodation, food, gifts, status or a sense of safety, money or drugs; often the hook is through the perpetrator supplying Class B drugs such as cannabis to the child.

**Push factors:** children escaping from situations where their needs are neglected and there is exposure to unsafe individuals, where there is high family conflict or the absence of a primary attachment figure.

**Control:** Manipulation, violence and threats of violence by those exploiting the child particularly when the child is identified by the police, they are expected to take full responsibility for the offences for which they are charged – for example possession and supply of illegal substances.

It is imperative that in recognising Child Exploitation as a priority, it is co-considered alongside children who go missing, Child Criminal Exploitation, Child Sexual Exploitation and modern-day slavery, as all are intrinsically linked.

## 14. Additional Resources

### Practitioner referral to the Children and Families Hub

Complete the Practitioner's request form at the bottom of the [Children and Families Hub \(gov.ie\)](#) webpage

### Jersey's Children First practice model resources and training

[Guidance for practitioners \(gov.ie\)](#)

### Safeguarding Partnership Board multi-agency resources

[Multi-agency child protection procedures](#)

[Guidance | Multi-Agency Pre-Birth Protocol for Unborn Babies](#)

[Policies | Multi-agency arrangements for managing allegations against people who work with children or those who are in a position of Trust](#)

[Strategies | Domestic Abuse Strategy 2022 - 2024](#)

[Guidance | Domestic Abuse Guidance / Pathway for Professionals](#)

[Strategies | Multi-Agency Child Sexual Abuse and Exploitation Strategy](#)

[Guidance | Multi-Agency Guidance for Child Exploitation](#)

[Guidance | Child Sexual Abuse \(CSA\) Pathway](#)

[Strategies | Multi-Agency Child Neglect Strategy and Tool box](#)

### National and international resources

Nice Guidance – When to suspect Child Maltreatment <https://www.nice.org.uk/guidance/cg89>

[Overview | Antenatal and postnatal mental health: clinical management and service guidance | Guidance | NICE](#)

Nursing and Midwifery Council – [Raising Concerns, guidance for nurses, midwives and nursing associates](#)

Royal College of Paediatrics and Child Health (RCPCH) – [Child Protection Portal](#) (*some elements of this portal require a subscription to access*)

Child development and trauma guide (Australia) [www.wa.gov.au/government/publications/child-development-and-trauma-guide](http://www.wa.gov.au/government/publications/child-development-and-trauma-guide)

### Research in Practice resources

Research in Practice (RIP) supports evidence-informed practice with children and families, young people and adults. RIP brings together academic research, practice expertise and the experiences of people accessing services to develop a range of resources and learning opportunities. As a partner of the Safeguarding Partnership Board, your organisation can access RIP's resources free of charge. Follow these instructions to set up an account:

[Setting-up-your-RIP-account.pdf \(safeguarding.ie\)](#)



Frontline Briefing on Child Development

[www.researchinpractice.org.uk/media/2860/child\\_development\\_frontline\\_briefing\\_2010.pdf](http://www.researchinpractice.org.uk/media/2860/child_development_frontline_briefing_2010.pdf)

[Child development chart: 0-11 years](#)

[Attachment in children and young people](#)

[Attachment: Understanding and supporting parent/carer bonding before birth and in infancy](#)

[Multi-agency Practice Principles for responding to child exploitation and extra-familial harm \(researchinpractice.org.uk\)](#)

### **Jersey Legislation and Statutory Guidance**

[Children \(Jersey\) Law 2002 \(jerseylaw.je\)](#)

[Children and Young People \(Jersey\) Law 2022 \(jerseylaw.je\)](#)

[Children and Young People Jersey Law 2022 Statutory Guidance \(gov.je\)](#)