BRADFORD DISTRICT
SAFEGUARDING CHILDREN
PARTNERSHIP

Continuum of Need and Risk Identification Tool

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

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Foreword

This document and guidance is aimed at every agency, statutory, voluntary, private and independent which works directly or indirectly with children, young people and families. The purpose of this guidance is to help agencies identify a child's degree of need and respond appropriately - "the right help, right time".

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

This is a guidance document for the Multi-Agency Early Support and Safeguarding Continuum in regard to needs and services in Bradford.

The core function of The Bradford Partnership (TBP) is to publish a continuum of need document that includes:

- The process for the early help assessment and the type of level of early help services to be provided
- The criteria, including the level of need, for when a case should be referred to local authority children's social care for assessment and for statutory services under:
  - Section 17 of the Children Act 1989 (Child in Need)
  - Section 47 of the Children Act 1989 (reasonable cause to suspect children suffering or likely to suffer significant harm); - section 31 (care orders); and
  - Section 20 of the Children Act 1989 (duty to accommodate)
- Clear procedures and processes for cases relating to Child Exploitation including sexual exploitation of children and young people (working together 2018)

Multi-Agency communication is the key to developing a full picture of the child and their family circumstances, using independent interpreters if necessary. It is important that all involvement with a child and their family is recorded on your own agency's files. If there are any queries, practitioners should seek advice and support from the Safeguarding Leads within their own organisation.

The wording in this publication can be made available in other formats such as large print and Braille. Tel: 01274 434361.

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Continuum of Need Model

1. Levels of Vulnerability

The Continuum Tool identifies **four levels of vulnerability,** risk and need to assist practitioners to identify the most appropriate service response for children, young people and their families. These are:

Level 1 **UNIVERSAL**

Level 1 Universal – mainstream community services provided to all – e.g. Education, GP's, Dental Health/Dentist and the Healthy Child programme.

Level 2 **UNIVERSAL PLUS**

Level 2 Universal Plus - additional support which may or may not require multi-agency work with other professionals

Level 3 **TARGETTED SUPPORT/ PARTNERSHIP PLUS**

Level 3 Targetted Support/Partnership Plus – Help and support from a range of professionals for families with complex need.

Level 4 **STATUTORY/ SPECIALIST/CHILD PROTECTION**

Level 4 Statutory, Specialist and Child Protection – High priority needs including other specialist services.

2. Matrix

The Continuum Matrix can be used to create a picture of individual needs and vulnerability. **It is not a formal assessment and you are not required to send this in or share this with anyone**. It is a means of enabling you to set out your thoughts to help you make a decision about what to do next. It is not necessary to complete all areas of the matrix if you do not have the evidence to do so. The needs of child and young people rarely fit into neat categories and often change over time. It has been designed to inform early identification of vulnerability, risk and need and can be used to start the process to clarify concerns and/or monitor progress.

Early help is most likely to be successful if:

- it is child centred and non-stigmatising
- it involves and empowers the family
- it is provided within the community, with a good understanding of what support and facilities are available
- it can be provided straight away and not after a long wait or an appointment

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Continuum of Need Model (continued)

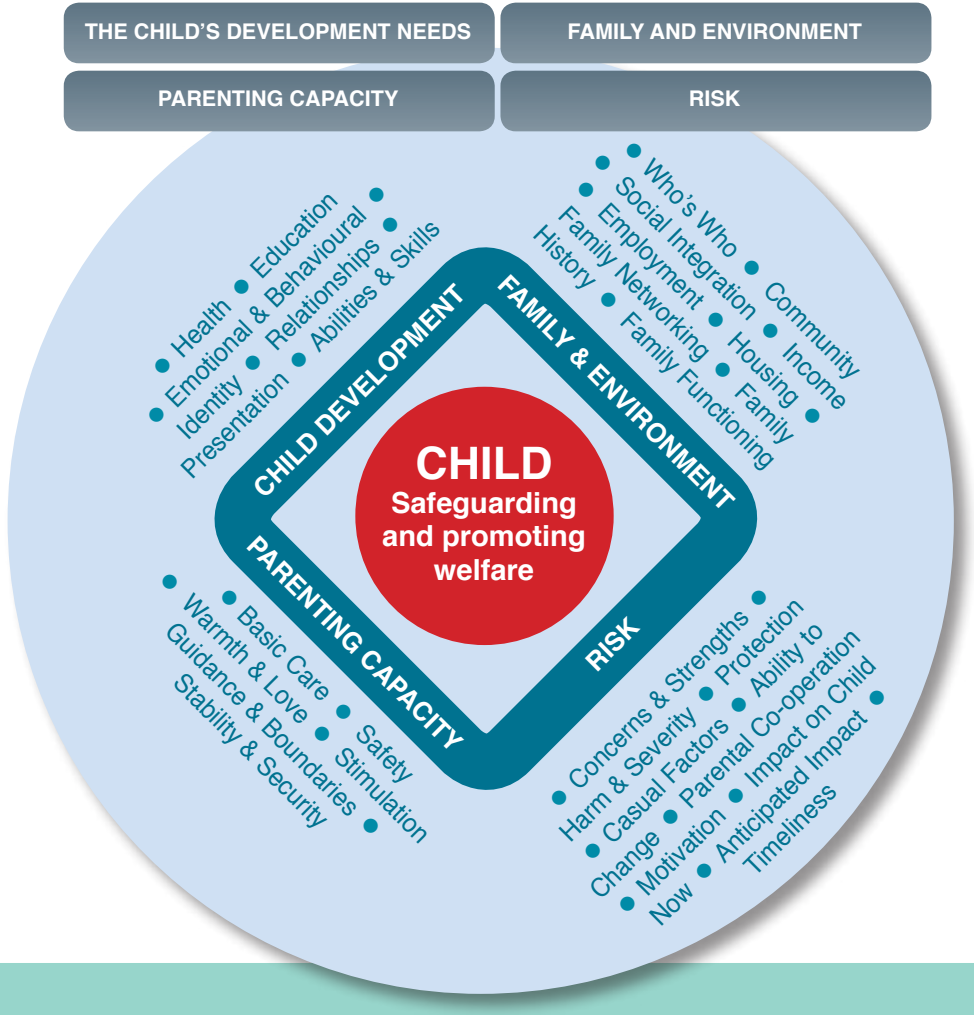
3. Descriptors

A set of descriptors and indicators have been laid out in the document to enable partner agencies to use shared terminology and develop a shared understanding of levels of need, risk and vulnerability.

They provide a detailed breakdown of the three domains and dimension of the Framework for Assessment of Children in need and their families:

- ✔ The child's developmental needs
- ✔ Parenting Capacity
- ✔ Family and environmental factors

The descriptors and indicators are indicative rather that definitive, but will help to provide an evidence base for professional judgement and decision making. **The descriptors and indicators cannot reflect or predict sudden changes in the child's world** and any sudden change 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. The lack of impact of previous or on-going service involvement should also be noted as a concern.



This is a tool for everyone to use to support inter-agency working, information sharing and assessment. The Bradford Partnership (TBP) has adopted this continuum of need model to provide a multi –agency, whole system approach to assessment, risk, prevention and intervention for children, young people and their families.

The adoption of the model provides consistency from professionals working across geographical areas. This dynamic model provides a needs led, outcome focussed matrix of need and vulnerability which, when used effectively can match the child/young person's needs with the appropriate assessment and provision.

At no time must disagreement prevent a child from being safeguarded. If you are not getting the response you feel is appropriate, please refer to the "Resolving Professional Disagreement & Escalation Policy'. This provides the procedures to be followed when disputes cannot be resolved through discussion and negotiation between practitioners at front line level.

Hyperlink to 'Resolving Professional Disagreement and Escalation'

https://westyorkscb.proceduresonline.com/chapters/p_res_profdisag.html?zoom_highlight=professional+disagreement&zoom_highlight=professional+disagreement

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Bradford Continuum of Need Model

This is a tool to help you. It is not an assessment. You are not required to complete it in full or share this with anyone.

Plot relevant descriptors on this matrix to give a visual representation of the child or young person's level of need. The matrix reflects your professional judgement and informs decision making. This is a TOOL to help you make your decision as to roughly where your concerns sit. It will enable you to focus on the complex needs of the child and will give you an idea of how Family Support, Social Care will respond and in what way. If a level of need for intervention is met – at any level – you should then follow your agency's procedures for escalating your concerns e.g. directly or via a manager.

REMEMBER: Child neglect – Be professionally curious

- **Are your concerns increasing?**
- **Is there a pattern of neglect emerging?**
- **Consider the lived experience for the child, impact and risk**
- **Consider a chronology of events**

Name of child:

		UNIVERSAL No additional needs	UNIVERSAL PLUS Children with additional needs			TARGETTED SUPPORT/ PARTNERSHIP PLUS Children with complex additional needs			STATUTORY/ SPECIALIST/ CHILD PROTECTION Children in need of protection		
Development: Health	General Health including oral health										
	Physical & Sensory Development										
	Speech, language and Communication										
Development: Wellbeing	Emotional and Social										
	Behaviour										
	Identity, Self-esteem, Image										
	Family and Social Relationships										
	Self Care Skills and Independence										
Development: Learning	Understanding, Reasoning & Problem Solving										
	Participation in Education or Work										
	Progress and Achievement in Learning										
	Aspirations										
Parents and Carers	Parents & Carers Basic Care/Ensuring Safety and Protection										
	Emotional Warmth and Stability										
	Guidance, Boundaries and stimulation										
Family and Environmental factors	Family History, Functioning and Well-being										
	Wider Family										
	Housing, Employment and Finance										
	Social and Community Elements										
VULNERABILITY ASSESSMENT:		**Universal**	**Low**	**Medium**	**High**	**Low**	**Medium**	**High**	**Low**	**Medium**	**High**
Response:		No additional needs	Additional support in setting. Consider agency led assessments			Consider enhanced support under Plus Services or make a referral to Children's Services			Make a referral to Children's Services		

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Levels of Vulnerability, Risk and Need

Continuum of Need

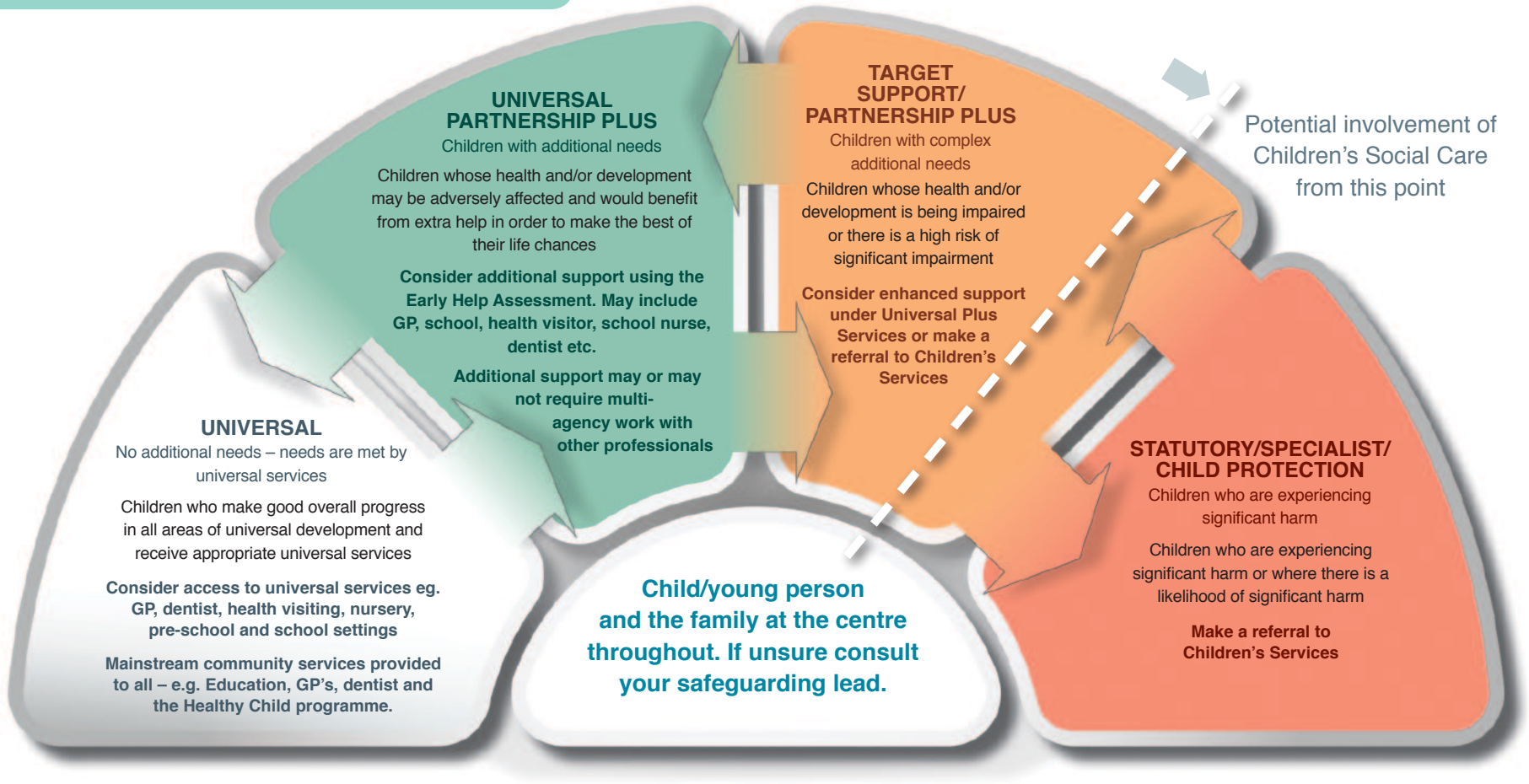
The Think Signs of Safety Principles

- Establishing constructive working relationships
- Encourages critical thinking and maintains appreciative enquiry
- Staying grounded – day to day work – child protection

Ask yourself the 4 key questions. What are you worried about (past current/future harm and danger)?

The spectrum of support and the relationship between the different levels of need

- A child's level of need can move forward and backwards across the continuum highlighting the importance of integrated service delivery, providing a seamless process to ensure continuity of care when a child moves between different levels of support.
- The whole system highlights the importance of always having a practitioner in place to co-ordinate service activity and to act as a single point of contact.



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Indicators of Need and Intervention Criteria

DEVELOPMENT OF CHILD OR YOUNG PERSON – HEALTH

Please note: This is an illustrative rather than comprehensive list of indicators

	UNIVERSAL No additional needs	UNIVERSAL PLUS Children with additional needs	TARGETTED SUPPORT/ PARTNERSHIP PLUS Children with complex additional needs	STATUTORY/SPECIALIST / CHILD PROTECTION Children in need of protection
ACTION	No additional action required	Additional support in setting. Consider agency led assessments	Consider enhanced support under Universal Plus Services or make a referral to Children's Enquiries	Make a referral to Children's Services
General health	• Physically well • Adequate diet/hygiene/clothing • Developmental checks/ immunisations up to date • Health appointments are kept • Regular medical/dental/optical care	• Neglect indicators: – Overweight/underweight – Concerns re: diet/hygiene/clothing – Starting to miss on health appointments – Defaulting on immunisations/checks – Susceptible to minor health problems – Not registered with GP/dentist – Soiling/wetting self – Low level substance misuse – A&E attendance giving cause for concern	• Continuing evidence of neglect, including medical neglect or dental neglect • Chronic health problems with a severe impact on everyday functioning • Failure to access appropriate health care • Persistent excessive alcohol consumption, smoking or other substance misuse • Serious mental health issues • Pregnancy or Sexually Transmitted Infection in young person under 16 • Multiple A&E attendances causing concern • Frequent unexplained minor injuries and/or delay in seeking medical/dental attention	• Failure to thrive • Suspected non-accidental injury/abuse/ neglect • Class A/serious drug misuse • Acute and serious mental or physical health needs or behavioural difficulties, including life-threatening self-harm, suicide • Children who are accessing acute health services including sexual health clinics which indicates significant harm, ie CSE • Pre-birth factors to consider: – Concealed/denial of pregnancy or unwanted pregnancy – Current Domestic Abuse, or it there is risk from a previous partner – Avoidance of/poor attendance of antenatal care – Lack of co-operation with healthcare services and/or non-compliance with medical treatment – Lack of understanding of the needs of the unborn and how pregnancy should progress – Unrealistic parental expectations of a new-born baby or an inability to prioritise the needs of a new-born baby – Parent(s) with special/extra needs/physical disabilities/ill health
Physical and sensory development	• Physical and sensory development milestones are met • Age appropriate involvement in physical activity	• Slow in reaching developmental milestones • Sensory development delay	• Significant physical disability	• Profound/severe and/or multiple disabilities with significant unmet needs • At risk of Female Genital Mutilation or evidence of
Speech, language & communication	• Age appropriate development • Fluency of speech and confidence • Willingness to communicate • Verbal and non-verbal comprehension • Language structure and vocabulary and articulation	• Reluctant communicator • Not understanding age-appropriate instructions • Confused by non-verbal communication • Difficulty listening for an appropriate length of time • Immature structure of expressive language • Speech sounds immature	• Severe disorder and impairment in understanding spoken language • Communication difficulties have a severe impact on everyday life • Requires alternative or augmented means of communication	• Sexually inappropriate language/behaviour for age • 'Frozen watchfulness' (see glossary for explanation)

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Indicators of Need and Intervention Criteria (continued)

DEVELOPMENT OF CHILD OR YOUNG PERSON – WELLBEING

Please note: This is an illustrative rather than comprehensive list of indicators

	UNIVERSAL No additional needs	UNIVERSAL PLUS Children with additional needs	TARGETTED SUPPORT/ PARTNERSHIP PLUS Children with complex additional needs	STATUTORY/SPECIALIST / CHILD PROTECTION Children in need of protection
ACTION	No additional action required	Additional support in setting. Consider agency led assessments	Consider enhanced support under Universal Plus Services or make a referral to Children's Enquiries	Make a referral to Children's Services
Emotional and social	• Good quality early attachments • Feelings and actions demonstrate appropriate responses • Able to adapt to change • Able to demonstrate empathy • Involved in leisure and other social activity	• Difficulties in relationships with peer groups and/or with adults • Over-friendly or withdrawn with strangers • Finds coping with change difficult even with support • Difficulties expressing empathy • Impulsive/lacks self-control • Child causing concerns over use of internet and/or social media • Concerns about possible bullying/cyber bullying	Refer to the Prevent Education Officer if child is becoming withdrawn, accessing concerning sites and starting to feel part of the groups running these sites • Disordered attachments that have a negative impact • Relates to strangers indiscriminately without regard for safety or social norms, parents' awareness of risk appears limited • Reaction to change triggers prolonged inability to cope • Phobias that affect function • Association with delinquent/substance misusing/serious risk taking peers • Suffers from periods of depression or anxiety which could include negative patterns of behaviour, lower level self harm or disordered eating patterns • Child has a family member involved in a terror related crime.	• Disordered attachments that have a severe impact on the child and the family • Endangers own life through self harm/ substance misuse/eating disorder • Child has suffered or may have suffered physical , sexual or emotional abuse or neglect/has been subject to Child Looked After (CLA) proceedings • Child at risk or suspected at risk of Child Exploitation or trafficking • Child has a family member involved in a terror related crime. Refer to the Prevent Education Officer or make a Prevent referral- if there is a child at risk of being radicalised.
Behaviour	• Appropriate self-control • Appropriate social behaviour • Appropriate sexual development and activity	• Disruptive/challenging behaviour, including in school or early years settings • Concerns about sexual development and behaviour • Inappropriate relationship with adult or peers	• Disruptive/challenging behaviour at school and in neighbourhood and at home • At risk of permanent exclusion • Regularly missing from education, employment or training (NEET) • Young person regularly involved in anti-social criminal activities/violent/risk taking behaviour • Young person subject to antisocial behaviour order (ASBO) or acceptable behaviour contract (ABC) • Children withdrawn and isolated • Child displaying elements of harmful sexual behaviours • Children at risk of grooming others (consideration of both as victims) • Children with concerning or discriminating behaviour towards specific groups	• Significant evidence the child is at risk or is being expolited • Significant evidence child is at risk of Child Exploitation such as – CSE – Child criminal exploitation (eg County lines) – Gangs – Radicalisation (Prevent Agenda) – Trafficking/modern day slavery • Disappears or is missing from home for long periods • Multiple criminal incidents/involvement in activities that would constitute arrestable offences/behaviour that would constitute criminal activity • Sexual development and behaviour which may be indicative of abuse

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DEVELOPMENT OF CHILD OR YOUNG PERSON – EMOTIONAL WELLBEING

Please note: This is an illustrative rather than comprehensive list of indicators

	UNIVERSAL No additional needs	UNIVERSAL PLUS Children with additional needs	TARGETTED SUPPORT/ PARTNERSHIP PLUS Children with complex additional needs	STATUTORY/SPECIALIST / CHILD PROTECTION Children in need of protection
ACTION	No additional action required	Additional support in setting. Consider agency led assessments	Consider enhanced support under Universal Plus Services or make a referral to Children's Enquiries	Make a referral to Children's Services
Identity, self-esteem, image	• Positive sense of self and abilities, and of own identity • Demonstrates feelings of belonging and acceptance • An ability to express needs	• Shows lack of self-esteem • Vulnerable to bullying, discrimination or harassment • Limited insight into how appearance and behaviour are perceived • Inclined to participate in bullying behaviours • Emerging evidence of self harm and/or eating disorder	• Seriously affected by persistent discrimination eg, on the basis of ethnicity, sexual orientation, gender identity or disability • Subject to severe bullying • Severe bullying of others • Family environment (substance misuse/ poverty impacting on identity/worklessness/ crime) • Continuing evidence of self-harm and/or eating disorder • Evidence of emotional abuse	• High level of drug, substance and alcohol abuse. Online CSE and homelessness • Continuing evidence of self-harm and/or eating disorder – severe or life threatening
Family and social relationships	• Aware of personal and family history • Stable and affectionate relationships with care givers • Good relationships with siblings • Positive relationships with peers • Age appropriate friendships	• Limited support from family and friends • Lacks positive role models • Serious conflicts with peers/siblings • Difficulties sustaining relationships • Children returning home following looked after episode	• Siblings of looked after children and young people with mental health, wellbeing issues or severe disabilities • Children and young people who have a high level of responsibility for others (young carers) • Lack of family acceptance of child's identity	• Child has suffered or may have suffered serious physical, sexual or emotional abuse or neglect including possible child sexual exploitation • Child presents as severely neglected • Forced Marriage/Honour Based Abuse: – Concern that the young person is under familial or cultural pressure or duress to marry against their will or wishes (Do not discuss making a referral with the family) – Child is believed to be at risk of honour-based abuse • Crime or incident which has or may have been committed to protect or defend the honour of the family or community (honour based violence)
Self-care skills and independence	• Growing level of competencies in practical and emotional skills • Good level of personal hygiene • Gaining confidence and skills to undertake activities away from the family	• Not always adequate self-care eg, poor hygiene • Slow to develop age-appropriate selfcare skills • Failing to develop confidence and skills for independence	• Poor self-care for age, including hygiene • Friendships and relationships inappropriate for age	• Neglect of self-care because of alternative priorities eg, substance misuse • Neglect of young person's own child • Acute and serious mental or physical health needs or behaviour difficulties impacting significantly on ability to care for self. • Profound/severe and/or multiple disabilities impacting on ability to care for self

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DEVELOPMENT OF CHILD OR YOUNG PERSON – LEARNING

Please note: This is an illustrative rather than comprehensive list of indicators

	UNIVERSAL No additional needs	UNIVERSAL PLUS Children with additional needs	TARGETTED SUPPORT/ PARTNERSHIP PLUS Children with complex additional needs	STATUTORY/SPECIALIST / CHILD PROTECTION Children in need of protection
ACTION	No additional action required	Additional support in setting. Consider agency led assessments	Consider enhanced support under Universal Plus Services or make a referral to Children's Enquiries	Make a referral to Children's Services
Understanding, reasoning and problem solving	• Milestones for cognitive development are met • Demonstrates a range of skills and interests	• Milestones for cognitive development are not met • Mild to moderate learning difficulties • Identified learning needs from School Support SEN Code of Practice • School support learning needs identified in line with SEN Code of Practice	• Complex learning and/or disability needs • Serious developmental delay • Additional special educational needs support including Education, Health and Care Plan	• Complex learning difficulties and communication needs leading to safeguarding vulnerabilities
Participation in education or work	• Access to educational provision appropriate to age and ability • Access to employment (including work based learning) appropriate to age and ability • Regularly attends education or training, or in full-timework	• Poor school/early years attendance/ punctuality • Gaps in school/learning • Behaviour likely to lead to risk of exclusion • Multiple changes of school/early years setting • No access to early developmental experiences • Often appears tired in school which appears to impact on participation and achievement • Not accessing work-appropriate skills • Children missing from education • Emerging concerns of a child who is presenting in an unusual/perplexing way (Consider FII) that is beginning to impact on learning	• Parent/child subject of statutory intervention for poor attendance; persistent poor attendance with parental acceptance • Multiple fixed-term exclusions • At risk of or permanently excluded • Multiple changes of school without notification • Has no school place and meets hard to place criteria • Emotionally-based school refuser • Not in education, employment or training and experiencing barriers to progress • Has no school place and meets Fair Access Criteria (no school place and hard to reach criteria) • Is a persistent absentee • Is Electively Home Educated and evidence child is not in receipt of efficient and suitable education • For any child who presents in an unusual/ perplexing way (Consider FII) that is now impacting on learning and development	• NEET and additional significant risk factors • High level concern of radicalisation or extremism • Concern regarding Fabricated Induced Illness (FII) is preventing or impacting on school attendance • Homelessness • Has been permanently excluded • Is a Child Missing Education (CME) • Is Electively Home Educated and evidence child is not in receipt of efficient and suitable education and other significant risk factors
Progress and achievement in learning	• Acquiring a range of skills and interests • No concerns about achievements or cognitive development • Access to books/toys, play • Well motivated and self-confident	• Requires a modified curriculum and timetable • Learning expectations are not met • Not making progress in line with national expectations or children with similar needs across the ability range • Seeing little or no value in education	• Requires alternative curriculum/ timetable • Unable to access mainstream curriculum • Not making progress in spite of interventions • Educational (or social or mental health needs) may result in educational placement out of school or away from home • Total disengagement from learning • Is accessing alternative curriculum or reduced timetable • Is not accessing a mainstream curriculum (unable to access mainstream curriculum)	• Child's substance misuse dependency putting them at such risk that intensive specialist resources are required • Children with persistent short term exclusions and risk of permanent exclusion • High level concern of radicalisation or extremism • Child has multiple vulnerabilities/risks which impact on academic progress

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Indicators of Need and Intervention Criteria (continued)

PARENTS AND CARERS

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	UNIVERSAL No additional needs	UNIVERSAL PLUS Children with additional needs	TARGETTED SUPPORT/ PARTNERSHIP PLUS Children with complex additional needs	STATUTORY/SPECIALIST / CHILD PROTECTION Children in need of protection
ACTION	No additional action required	Additional support in setting. Consider agency led assessments	Consider enhanced support under Universal Plus Services or make a referral to Children's Enquiries	Make a referral to Children's Services
Basic care and ensuring safety and protection	• Provides for child's physical needs, eg. appropriate nutrition, clothing and medical/ dental care • Protects from danger and harm in home and elsewhere • Parents able to meet child's needs and know how and where to access support • Works effectively with services in best interests of the child or young person	• Parent unable or unwilling to provide appropriate supervision • Parents struggling to meet child or young person's needs without support • Child's disability makes parenting challenging • Poor social skills of parents and/or child • Child or young person exposed to hazards/ risks • Parent struggling to prioritise child's needs over their own • Parents over-controlling • Medical attendance issues • Elective home education	• Food, warmth and basic care erratic and inconsistent • Parent struggling to provide 'good enough' care with significant impact on child • Parents involved in criminal activity potential impact on child welfare • Parents' mental health or substance misuse potentially affecting care of children • Inability to recognise child's needs such that child's development may be significantly impaired • Parents not offering adequate supervision to child based on age, maturity and development • Previous history of parents unable to care for children • Parent overly controlling or inappropriate use of sanctions/punishment • Unexplained absences from school or home leading to possible exploitation concerns	• Parents unable to provide 'good enough' care that is adequate and safe which places the child at risk of significant harm • Persistent instability and violence in the home • Parents do not take appropriate action if child goes missing • Child not protected from exploitation such as: – CSE – County lines – Trafficking and modern day slavery – Radicalisation (Prevent Agenda) • Suspicions or evidence of female genital mutilations • Crime or incident which has or may have been committed to protect or defend the honour of the family or community (honour based violence) • Suspicions that child may have been or potentially made to marry against their will (forced marriage) • Child left alone or unsupervised based on age, development and/or maturity • Allegations of serious injury/abuse • Pre-birth assessment identifies unborn child at risk of significant harm • Mental or physical health problem, learning disability or chaotic substance/alcohol misuse that severely impacts on ability to provide basic care for child • Unable to protect from significant harm including contact with unsafe adults • Allegation or reasonable suspicions of serious injury or abuse • Extreme/continuous domestic abuse
Basic care factors which may affect parenting capacity		• Concerns around mental health and substance misuse • Emerging inappropriate presentation for health care • Parents' own childhood experiences (ACE's)	• Continuing concerns around mental health and substance misuse • Prolonged inappropriate presentation for health care	• Domestic abuse (disclosure, report by a third party) • Mental illness or disorders • Inability to work with professionals • Parent(s) with learning disability or extreme difficulty (consider conditions which may contribute to learning difficulty and whether the degree of difficulty reduces decision making capacity)

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	UNIVERSAL No additional needs	UNIVERSAL PLUS Children with additional needs	TARGETTED SUPPORT/ PARTNERSHIP PLUS Children with complex additional needs	STATUTORY/SPECIALIST / CHILD PROTECTION Children in need of protection
ACTION	No additional action required	Additional support in setting. Consider agency led assessments	Consider enhanced support under Universal Plus Services or make a referral to Children's Enquiries	Make a referral to Children's Services
Pre-birth basic care, ensuring safety and protection	• Pre-birth factors to consider: – Antenatal appointments kept – Medical advice followed	• Pre-birth factors to consider: – Some antenatal appointments missed – Some concerns that medical advice not followed – Relationship difficulties identified	• Pre-birth factors to consider: – Majority of antenatal appointments missed – Medical concerns remain eg, smoking and use of alcohol – Issues of domestic abuse identified – Lack of preparation for the birth – Housing issues – Previous history regarding mental health, substance misuse	• Pre-birth factors to consider: – Concealed/denial of pregnancy or unwanted pregnancy – Current Domestic Abuse, or if there is a risk of abuse from a previous partner – Avoidance of/poor attendance for antenatal care – Lack of co-operation with healthcare services and/or non compliance with medical treatment – Lack of understanding of the needs of the unborn and how pregnancy should progress – Unrealistic parental expectations of a new-born baby or an inability to prioritise the needs of a new-born baby – Parent(s) with special/extra needs/physical disabilities/ill health – Significant drug or alcohol use – Serious domestic violence/ relationship issues – Signs of serious neglect of self and living conditions – FGM Pathway – Parents had previous children removed – Parent who is a signficant risk to children
Emotional warmth and stability	• Parents provide secure and consistent care • Parents show appropriate warmth, praise and encouragement	• Inconsistent responses to child/young person • Erratic or inconsistent care from multiple carers • Family disputes impacting on child/young person • Poor home routines • Over-protective care which inhibits child's social an and emotional development	• Child has experienced multiple main carers • Parents highly critical of child and provide little warmth, praise or encouragement • Chaotic parenting of child/young person • Parents unable to exercise control of child/ young person	• Child beyond parental control • Child rejected by parent • Abandoned child or unaccompanied minor seeking asylum • Child/parent relationship at risk of imminent breakdown • Parents not confident in assessing the risks of posed by potential carers
Guidance, boundaries and stimulation	• Sets consistent and appropriate boundaries taking account of age/development of child/young person • Enables child to access appropriate activities and to experience success	• Parent provides inconsistent boundaries • Parent provides limited interaction/stimulation for child • Child or young person spends considerable time alone • Lack of response to concerns raised about child or young person • Parent does not support access to positive new experiences or social interaction • Child accessing social media sites without age appropriate parental supervision	• No effective boundaries set • Parents unable to provide appropriate role model • Child/parent relationship at risk of imminent breakdown • Development of child impaired thought lack of appropriate stimulation and play • Persistent condoned absence from school • Exposure to inappropriate or harmful material and people (eg, via internet) • Parents in conflict with statutory services • Not engaging with constructive leisure activities • No access to support for education/social interaction	• Lack of effective parental boundaries leading to adverse consequences to child or others – Parents do not know child's whereabouts – Concerns child may be associating with inappropriate adults or peers – Child at risk of child exploitation such as CSE/radicalisation

Where there is an immediate risk to a child call the Police on 999. For Bradford Safeguarding Procedures visit www.saferbradford.co.uk

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Indicators of Need and Intervention Criteria (continued)

FAMILY & ENVIRONMENTAL FACTORS

Please note: This is an illustrative rather than comprehensive list of indicators

	UNIVERSAL No additional needs	UNIVERSAL PLUS Children with additional needs	TARGETTED SUPPORT/ PARTNERSHIP PLUS Children with complex additional needs	STATUTORY/SPECIALIST / CHILD PROTECTION Children in need of protection
ACTION	No additional action required	Additional support in setting. Consider agency led assessments	Consider enhanced support under Universal Plus Services or make a referral to Children's Enquiries	Make a referral to Children's Services
Family history, functioning and wellbeing	• Good family relationships, including where parents are separated or bereavement or parental disputes not impacting on the child and is well managed, and child is supported. • Physical or mental health difficulties in immediate family, but not impacting on child/well managed and supported • No concerns regarding parental engagement • Family stresses but coping well • Few significant changes in family composition	• Family conflicts or parental disputes that may involve children • History of involvement with statutory services • Physical or mental health difficulties in immediate family • Difficulty with parental engagement • Loss of significant adult through bereavement or separation impacting significantly • Suspected/occasional domestic abuse • Past history of or emerging domestic abuse, neglect, abuse • Multiple births/high number of young children • Sibling/parent involved in criminal activity • Family not coping • Young carer (parent/siblings) • Privately fostered-unapproved or not notified (immediate referral to social care) • Living with other family members • Indicators of emerging chaotic lifestyles including homelessness, sofa surfing, frequent house moves	• Concerns of domestic abuse and/or substance misuse • Moderate mental or physical health difficulties within the immediate family • Family with history of Child Protection • Family or significant others involved with criminal activity/received custodial sentence • Family at risk of breakdown related to child's behavioural difficulties • Suspicions of potential female genital mutilation within the family, or significant others • Family seeking asylum or refugee • Child is suspected of engaging in child exploitation activity such as: – CSE – County lines – Trafficking/modern day slavery – Radicalisation • Displaced families/women (illegal immigrant, asylum seeker, refugee, living in a women's refuge or hostel) • Family with history of CP registration/ previous removal of child • Evidence of female genital mutilation within the family, or significant others • Chaotic lifestyle including homelessness, sofa surfing, frequent moves • Housing and environmental issues • Sex workers (street workers/risk) • Isolation, lack of support, lack of community • No commitment to parenting • Relationship disharmony/conflict/instability/ control issues/poor impulse control • Substantial age difference in couple with additional concerns	• Multiple moves to avoid services regarding current incidence of abuse, serious neglect, domestic abuse or substance misuse • Significant mental or physical health difficulties within the immediate family • A person who has a conviction for offences against children (sexual, physical or neglect) and poses actual or potential risk • Suspicion of child being taken/prepared for female genital mutilation • Serious incidents of domestic abuse and/or evidence of substance misuse • MARAC (see TBP guidance) • Non-engagement with professional services/ disguised compliance • No recourse to Public Funds • At risk of forced marriage
Wider family	• Sense of larger familial network and/or good friendships outside of the family unit	• Family is socially isolated • Family has poor relationships or no contact with extended family	• Destructive relationships with wider family including historical and intergenerational issues	• Household with young preson subject to multi-agency public protection arrangements (MAPPA) with additional concerns

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Indicators of Need and Intervention Criteria (continued)

FAMILY & ENVIRONMENTAL FACTORS (continued)

Please note: This is an illustrative rather than comprehensive list of indicators

	UNIVERSAL No additional needs	UNIVERSAL PLUS Children with additional needs	TARGETTED SUPPORT/ PARTNERSHIP PLUS Children with complex additional needs	STATUTORY/SPECIALIST / CHILD PROTECTION Children in need of protection
ACTION	No additional action required	Additional support in setting. Consider agency led assessments	Consider enhanced support under Universal Plus Services or make a referral to Children's Enquiries	Make a referral to Children's Services
Housing, employment and finances	• Accommodation has basic amenities and appropriate facilities • Parents able to manage working or unemployment arrangements adequately and do not perceive them as unduly stressful • Reasonable income over time with resources used appropriately to meet individual needs	• Barely adequate/poor/temporary accommodation • Housing causing family stress • Difficult to obtain employment due to poor basic skills • Parents experience continuing stress due to unemployment or 'overworking' • Difficulties managing household finances • Low level debt/in need of financial advice • Low income/financial hardship • Lack of affordability for basic amenities including household fuel and food	• Chronic and long-term unemployment due to significant lack of basic skills • Impacting on family's ability to provide children's basic needs • Children negatively affected by their family's low income or unemployment	• Accommodation places child at serious risk of harm • Extreme debts/poverty impacting on ability to meet family's basic needs • Children negatively affected as a result of overcrowded living conditions and potential homelessness • Longstanding issues such as substance misuse/offending etc
Social and Community Resource	• Generally good universal services in the neighbourhood • Family feels integrated into the community • Adequate social and friendship networks • Community are generally supportive of family and/or child	• Unemployment affecting parents/family significantly • Family is socially excluded • Frequent housing moves • Learning difficulties of parents or child leading to marginalisation	• Social exclusion • Victimisation of family in their local area	Children vulnerable to gangs due to social environment as victim or associate • Children negatively affected as a result of insufficient facilities to meet needs or to access local services • Children negatively affected as a result of the family's social exclusion • Children associating with anti-social or criminally active peers • Children who have limited access to age appropriate advice, including contraceptive and sexual health advice, information and services • Children experiencing bullying, racism or discrimination at school or in the community

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Safeguarding Children in Bradford District

Key guidance

All children have the right to grow up safe from harm and the Children Act 1989 and 2004 place duties on all agencies to promote and safeguard the welfare of children in need and at risk in their local area. A child is defined within the children Act 1989 as anyone who have not yet reached their 18th birthday.

Practitioners should hold in mind that disabled children are three to four times more vulnerable to abuse (Ofsted 2012). The "Parent" should be taken to refer to anyone who has parental responsibility for the child, or any birth/natural father or any other adult within the family who can reasonably be regarded as having a parenting role. Where there are issues of consent, it will be important to distinguish who has parental responsibility.

The Children Act encourages all agencies to work in partnership wherever possible with families and make onward referrals with their consent. This should be possible in levels 2 and 3, but it is acknowledge that gaining consent for Level 4 could at times place a child at further risk and the practitioner should gain advice if time allows from their Safeguarding Lead. **Further guidance on Bradford's consent policy can be found here.**

Sometimes "Significant Harm" will be a single traumatic event, but more often it is an accumulation of significant events, both acute and longstanding over time, such as in situations of persistent neglect. There are not absolute criteria in making judgements regarding children's well-being. Practitioners are encouraged to professionally raise concerns and escalate those concerns with other agencies, if they feel in their judgement that a child's needs or safety are being overlooked. Refer as appropriate to the Resolving Professional Disagreement and Escalation Policy here (insert link).

The Local Authority Designated Officer (LADO – Tel. 01274 435600) should be alerted, within one working day, where an allegation has come to an employer's attention, that a person who works or volunteers with children has: behaved in a way that has as child, or may have harmed a child; possibly committed a criminal offence against or related to a child; behaved towards a child or children in a way that indicates that they may pose a risk of harm to children; behaved or may have behaved in a way that indicates they not be suitable to work with children (Working Together 2018).

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Child Neglect

Be Professionally Curious

Safeguarding Children is everyone's responsibility. All children have the right to be safe and to be protected from all forms of abuse and neglect.

All practitioner's 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 children's social care or to police, if they suspect that a child is at risk of immediate harm or is in danger.

Children will rarely disclose abuse or neglect themselves and, if they do, it will often be through unusual behaviour or comments. This makes identifying abuse or neglect difficult for professionals across agencies. We know that it is better to help children as early as possible before issues get worse. That means all agencies and practitioners need to work together- the first step is to be professionally curious.

While the presence of a potential indicator of neglect does not necessarily mean that a child is being neglected, it will always warrant further investigation. 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 unassociated incident.

Are you confident that you know what child neglect is?

- ✔ **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.**

The lived experience for the neglected child

Neglect can have serious and long-lasting effects. Not only will it make a child's life miserable but it can affect all aspects of their development and future relationships. It can e anything from affecting early brain development, language delay, physical injuries from accidents, low self esteem, poor school attendance, to self-harm and suicide attempts. In the very worst cases where a child dies from malnutrition or being denied the care they need. In some cases it can cause permanent disabilities.

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

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 (see below), 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/young person 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 opportunities to express their views, and may involve serious bullying.

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Domestic Abuse

Key guidance

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. But it isn't just physical violence – domestic abuse includes emotional, physical, sexual, financial or psychological abuse.

Abusive behaviour can occur in any relationship. It can continue even after the relationship has ended. Both men and women can be abused or abusers.

Domestic abuse can seriously harm children and young people. Witnessing domestic abuse is child abuse, and teenagers can suffer domestic abuse in their relationships

Domestic abuse can include:

- sexual abuse and rape (including within a relationship)
- punching, kicking, cutting, hitting with an object
- withholding money or preventing someone from earning money
- taking control over aspects of someone's everyday life, which can include where they go and what they wear
- not letting someone leave the house
- reading emails, text messages or letters
- threatening to kill or harm them, a partner, another family member or pet.

Children and young people 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's 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.

Female Genital Mutilation

Key guidance

Female Genital Mutilation (FGM) is a collective term for a range of procedures which involve partial or total removal of the external female genitalia for non-medical reasons. FGM is a criminal offence under the Female Genital Mutilation Act (2003) which includes failing to protect a girl from risk of FGM. It is an extremely harmful practice and a form of child abuse and violence against women and girls (FGM Risk and Safeguarding: Guidance for Professionals DOH 2015)

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Child Exploitation

Key guidance

Child Exploitation refers to the use of children for someone else's advantage, gratification or profit often resulting in unjust, cruel and harmful treatment of the child. These activities are to the detriment of the child's physical or mental health, education, moral or social-emotional development. It covers situations of:

- Manipulation
- Misuse
- Abuse (physical, sexual and emotional)
- Victimization
- Oppression or
- ill-treatment.

Child exploitation includes:

- The use of children for criminal activities etc.
- Sexual exploitation etc.
- Child domestic work
- Harmful work
- Child soldiers

Child Criminal Exploitation (CCE)/County Lines:

CCE is increasingly being recognised as a major factor behind crime in communities across the UK, including Bradford, while also simultaneously victimising vulnerable young people and leaving them at risk of harm.

Like all forms of abuse or exploitation it is typified by some form of power imbalance of the perpetrating the exploitation. Whilst age may be the most obvious imbalance, a power imbalance can also result from one or more other factors such as:

- Gender
- Cognitive ability
- Physical strength
- Status
- Access to economic or other resources.

The Home Office, 2018 defines Child Criminal Exploitation as:

Occurring 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…

- In exchange for something the victim needs or wants and/or
- For financial advantage or increased status of the perpetrator or facilitator and/or
- Through violence or the threat of violence

The victim may be exploited even if the activity appears consensual (i.e. moving drugs or the proceeds of drugs from one place to another). CCE does not always involve physical contact: it can also occur through the use of technology.

- ✔ **County Lines** – is a form of Child Exploitation. It is a police term for urban gangs who supply drugs from one area to another.
- ✔ **County Lines** is a cross-cutting issue which can involve drugs, violence (physical and/or sexual), gangs, criminal and sexual exploitation, modern slavery, weapons and missing adults or children.
- ✔ **County Lines** can also involve 'Gangs' establishing themselves in the targeted localities by taking over the homes of vulnerable adults by force or coercion; practice referred to as 'cuckooing' and the criminal exploitation of children/vulnerable adults to move drugs and money.
- ✔ **County Lines and CCE** can involve children experiencing physical, mental and/or sexual exploitation, often over a significant period of time.

Radicalisation

Key guidance - Be Alert

- The child's parents, or other close associates, are members of prescribed organisations and there is evidence to suggest that the child supports violent extremist groups
- The child shares a non-specific wish to travel to conflict zones in pursuit of the ideology.
- The child is often intimidating towards others who do not share the same views, distributing material promoting violent extremism and conceals their online activity.

(please see page 23 for Government Prevent Strategy)

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A Restorative Approach

Bradford has moved from a signs of safety approach to our work with families and is introducing a Restorative Approach in all our work with children, young people and their families.

A restorative approach focuses on relationships which are central to our work, describing our core values and principles as to how we work with people whether that is people who use our services or colleagues and partner agencies; it describes our core values and principles.

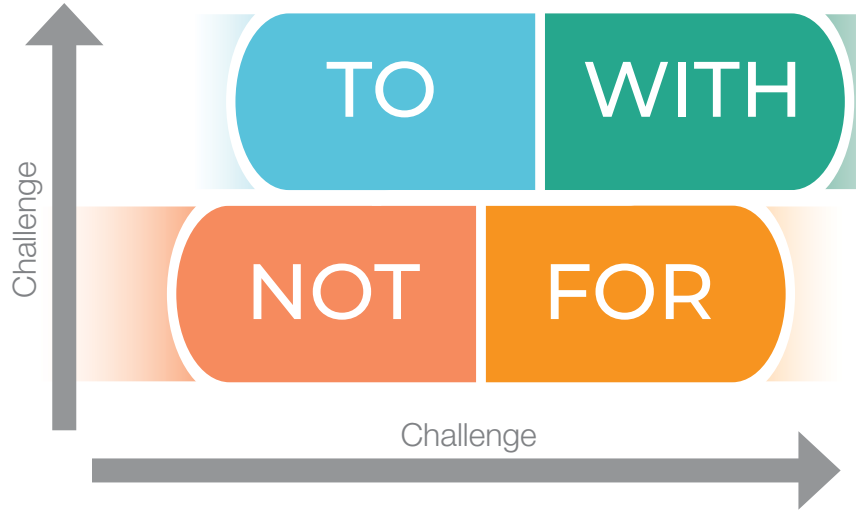
Restorative and relational practice promotes a mutual and trusting relationship with others; by using a restorative approach helps practitioners to support families, help to resolve difficulties and repair harm. The overall aim is to empower children, young people and families to find solutions to their own problems and reach their full potential.

It can be extremely beneficial, as families learn the strategies and skills themselves, rather than being told what to do. This could reduce the likelihood of the harm occurring again or remove the need for social work interventions.

What does this look like in practice?

Restorative practice focuses on the principle of doing as much of our work in an atmosphere of high support and high challenge. This means that concerns and risks are identified, acknowledged and addressed and discussed openly with families but that we acknowledge the difficulties that individuals and families face but help them to identify the strengths they already have and work with them to support them to make necessary changes and develop resilience to face challenges in the future. In that way the approach is very similar to the strength based approach of Signs of Safety.

High support and High Challenge is also known as the **Four Ways of Being** or **The Social Discipline Window**



The underlying premise of Restorative Practices rests with the belief that people will make positive changes when those in positions of authority do things **WITH** them rather than **TO** them or **FOR** them.

According to the Social Discipline Window a restoring approach requires a balance of high levels of CHALLENGE (we mean things like setting limits, boundaries, expectation, clear bottom line and consequences) with high levels of SUPPORT (we mean things like encouragement, nuture, compassion, empathy and listening)

High challenge and low support = Punitive/authoritarian = Doing things TO people

Low challenge and low support = Neglectful/not interpreted = NOT doing much of anything

High support and low challenge = Permissive/rescue/makes excuses = Doing things FOR people

High support and high challenge = Restorative/authoritative/Relational = Doing things WITH people

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A Restorative Approach

The visual representation demonstrates that:

- Restorative practice is based in the understanding that people will make positive changes if the environment is right.
- Put simply when people in authority do things WITH them not FOR them or TO them.
- The social discipline window shows that to be restorative requires a balance of high challenge alongside high support.

High Challenge:

- Setting limits
- Boundaries
- Expectations
- Clear bottom lines
- Consequences

High Support:

- Encouragement
- Nurture
- Compassion
- Empathy
- Listening

Working restoratively means that everyone has an equal part to play, every view is equal and barriers are broken down.

If we want our systems to work, we need to embed restorative and relational practice.

- This means starting from the top down with a leadership team that demonstrates restorative practice in the way that they communicate with the workforce and set out expectations.
- This will help to build relationships between leaders and managers and the workforce, allowing respectful challenge upwards.
- This promotes a culture of learning and not blame where mistakes are calmly discussed and explored as is seen as a learning experience.
- This behaviour models how the workforce will then engage and communicate with our children, young people, families, colleagues and partners.

What can you do now?

- Remember that restorative practice is “a way of being”, demonstrating our core principles of our work with people
- Each of us can be more restorative by thinking about our approach and behaviour to others.
- Identifying anything that we are doing that would undermine a restorative approach and make changes to our behaviour.

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Useful links

Information available on the web

- BDCFT Guidance on Paediatric Dental Neglect
- Bradford Consent Policy
- Bradford Neglect Toolkit
- Brook Traffic Light Tool for Sexual Behaviours
- Children Missing Education
- Children's Services – Child Exploitation Policy
- Elective Home Education
- FGM Pathway
- Government Prevent Strategy
- Home Office Child Exploitation Toolkit
- Information Sharing Guidance 2018
- Keeping Children Safe in Education 2018
- NICE Guidance on Child Abuse and Neglect
- Safeguarding Children in Whom Illness is Fabricated or Induced
- Sexual violence and sexual harassment between children in schools and colleges
- Tri-x procedures for Fabricated or Induced Illness
- WTG 2018

Glossary of Terms

CE	Child Exploitation
CME	Child Missing Education
CSE	Child Sexual Exploitation
EDT	Emergency Duty Team
EHE	Elective Home Education
EHP	Early Help Panel
FII	Fabricated or Induced Illness
Frozen watchfulness	The state of a child who is unresponsive to its surroundings but is clearly aware of them
PEH	Prevention and Early Help
FGM	Female Genital Mutilation
MASH	Multi-Agency Safeguarding Hub
NEET	Not in Education, Employment or Training (Post 16)
TAC	Team Around the Child
TAF	Team Around the Family
TAP	Team Around the Professional
TAS	Team Around the School

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