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

www.bradfordscb.org.uk
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 Bradford Safeguarding Children’s Board (BSCB) 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.

Gladys Rhodes White OBE
Strategic Director of Children’s Services

Jane Booth
Independent Chair of Bradford Safeguarding Children’s Board.

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

### 1. Levels of Vulnerability

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong> Universal</td>
<td>Mainstream community services provided to all – e.g. Education, GP’s, Dental Health/Dentist and the Healthy Child programme.</td>
</tr>
<tr>
<td><strong>Level 2</strong> Universal Plus</td>
<td>Additional support which may or may not require multi-agency work with other professionals</td>
</tr>
<tr>
<td><strong>Level 3</strong> Targetted Support/Partnership Plus</td>
<td>Help and support from a range of professionals for families with complex need.</td>
</tr>
<tr>
<td><strong>Level 4</strong> Statutory, Specialist and Child Protection</td>
<td>High priority needs including other specialist services.</td>
</tr>
</tbody>
</table>

### Intervention 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

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.
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 than 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. Bradford’s Safeguarding Children’s Board (BSCB) 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
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

### Vulnerability Assessment

<table>
<thead>
<tr>
<th>Response</th>
<th>Universal</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>No additional needs</td>
<td>Additional support in setting, Consider agency led assessments</td>
<td>Consider enhanced support under Plus Services or make a referral to Children’s Services</td>
<td>Make a referral to Children’s Services</td>
<td></td>
</tr>
</tbody>
</table>

**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

Where there is an immediate risk to a child call the Police on 999. For Bradford Safeguarding Procedures visit www.bradfordscb.org.uk
**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)?

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**Consequences of Need and Risk Identification Tool – April 2019**

**Levels of Vulnerability, Risk and Need**

- **Universal**
  - No additional needs – needs are met by universal services
  - Children who make good overall progress in all areas of universal development and receive appropriate universal services
  - Mainstream community services provided to all – e.g. Education, GP’s, dentist and the Healthy Child programme.

- **Target Support/Partnership Plus**
  - Children with complex additional needs
  - Children whose health and/or development is being impaired or there is a high risk of significant impairment
  - Consider enhanced support under Universal Plus Services or make a referral to Children’s Services

- **Statutory/Specialist/Child Protection**
  - Children who are experiencing significant harm
  - Children who are experiencing significant harm or where there is a likelihood of significant harm
  - Make a referral to Children’s Services

**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.
## Indicators of Need and Intervention Criteria

### Development of Child or Young Person – Health

#### Universal
- No additional needs
  - Physically well
  - Adequate diet/hygiene/clothing
  - Developmental checks/immunisations up to date
  - Health appointments are kept
  - Regular medical/dental/optical care

#### Universal Plus
- Children with additional needs
  - Additional support in setting. Consider agency led assessments
    - 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

#### Targetted Support/Partnership Plus
- Children with complex additional needs
  - Consider enhanced support under Universal Plus Services or make a referral to Children’s Enquiries
    - 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 and 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

#### Statutory/Specialist/Child Protection
- Children in need of protection
  - Make a referral to Children’s Services
    - 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:
      - Concealed/denial of pregnancy or unwanted pregnancy
      - Current Domestic Abuse, or if 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

#### SOS INFO
- What’s working well? (strengths and safety)
- How worried are we? (Safety and wellbeing scale)
- What needs to happen? (Safeguarding wellbeing goals)

### Additional Guidance

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

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Continuum of Need and Risk Identification Tool – April 2019

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### Indicators of Need and Intervention Criteria (continued)

#### DEVELOPMENT OF CHILD OR YOUNG PERSON – WELLBEING

<table>
<thead>
<tr>
<th>Emotion and social</th>
<th>Behaviour</th>
</tr>
</thead>
</table>
| - 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 |
| - Appropriate self-control  
- Appropriate social behaviour  
- Appropriate sexual development and activity |

<table>
<thead>
<tr>
<th>DEVELOPMENT OF CHILD OR YOUNG PERSON – WELLBEING</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UNIVERSAL</strong> No additional needs</td>
</tr>
<tr>
<td><strong>UNIVERSAL PLUS</strong> Children with additional needs</td>
</tr>
<tr>
<td><strong>TARGETTED SUPPORT/PARTNERSHIP PLUS</strong> Children with complex additional needs</td>
</tr>
<tr>
<td><strong>STATUTORY/SPECIALIST/CHILD PROTECTION</strong> Children in need of protection</td>
</tr>
</tbody>
</table>

#### Indicators

**Universal**
- No additional action required

**Universal Plus**
- Children with additional needs
- No additional needs

**Targeted Support/Partnership Plus**
- Children with complex additional needs
- Consider enhanced support under Universal Plus Services or make a referral to Children’s Enquiries

**Statutory/Specialist/Child Protection**
- Children in need of protection

#### Action

**Universal**
- 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

**Universal Plus**
- Disruptive/challenging behaviour, including in school or early years setting
- Concerns about sexual development and behaviour
- Inappropriate relationship with adult or peers

**Targeted Support/Partnership Plus**
- 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

**Statutory/Specialist/Child Protection**
- Disordered attachments that have a severe impact on the child and 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

#### Additional Support

**Universal Plus**
- Additional support in setting. Consider agency led assessments

**Targeted Support/Partnership Plus**
- Consider enhanced support under Universal Plus Services or make a referral to Children’s Enquiries

**Statutory/Specialist/Child Protection**
- Make a referral to Children’s Services

#### What’s working well? (strengths and safety)

#### How worried are we? (Safety and wellbeing scale)

#### What needs to happen? (Safety/wellbeing goals)

*Please note: This is an illustrative rather than comprehensive list of indicators*
Indicators of Need and Intervention Criteria (continued)

DEVELOPMENT OF CHILD OR YOUNG PERSON – WELLBEING (continued)

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

**UNIVERSAL**
No additional needs

- No additional action required
- Positive sense of self and abilities
- Demonstrates feelings of belonging and acceptance
- An ability to express needs

**UNIVERSAL PLUS**
Children with additional needs

- Additional support in setting. Consider agency led assessments
- Shows lack of self-esteem
- Vulnerable to bullying, discrimination or harassment
- Limited insight into how appearance and behaviour are perceived
- Inclined to bullying
- Emerging evidence of self harm and/or eating disorder

**TARGETTED SUPPORT/ PARTNERSHIP PLUS**
Children with complex additional needs

- Consider enhanced support under Universal Plus Services or make a referral to Children’s Enquiries
- Seriously affected by persistent discrimination eg. on the basis of ethnicity, sexual orientation 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

**STATUTORY/SPECIALIST / CHILD PROTECTION**
Children in need of protection

- Make a referral to Children’s Services
- High level of drug, substance and alcohol abuse
- Continuing evidence of self-harm and/or eating disorder – severe or life threatening

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**SOS**

**INFO**

**What’s working well?**
(strengths and safety)

**How worried are we?**
(Safety and wellbeing scale)

**What needs to happen?**
(Safety/wellbeing goals)

(see page 19 for more guidance)
Indicators of Need and Intervention Criteria (continued)

**PARENTS AND CARERS**

**UNIVERSAL**
No additional action required

- 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

**UNIVERSAL PLUS**
Children with additional needs

- 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

**TARGETTED SUPPORT/ PARTNERSHIP PLUS**
Children with complex additional needs

- 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

**STATUTORY/SPECIALIST / CHILD PROTECTION**
Children in need of protection

- 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)
- Suspicion that child may have been or potentially moved to marry against their will (forced marriage)
- Child left alone or unsupervised based on age, development and/or maturity
- Allegation or reasonable suspicions 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)
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**SOS INFO**

**What’s working well?**
(strengths and safety)

**How worried are we?**
(Safety and wellbeing scale)

**What needs to happen?**
(Safety/wellbeing goals)

(see page 19 for more guidance)
Indicators of Need and Intervention Criteria (continued)

PARENTS AND CARERS (continued)

**UNIVERSAL**
No additional needs

- Pre-birth factors:
  - Antenatal appointments kept
  - Medical advice followed

**UNIVERSAL PLUS**
Children with additional needs

- Pre-birth factors:
  - Some antenatal appointments missed
  - Some concerns that medical advice not followed
  - Relationship difficulties identified

- Additional support in setting.
  - Consider agency led assessments

- Parent(s) with special/extra needs/physical disabilities/ill health
- Parents highly critical of child and provide little warmth, praise or encouragement
- Inconsistent responses to child/young person
- Erratic or inconsistent care from multiple carers
- Family disputes impacting on child/young person
- Parent does not know child’s whereabouts
- Medical concerns remain eg, smoking and use of alcohol
- Inconsistent care
- Significant drug or alcohol use
- Parent(s) with special/extra needs
- Parents in conflict with statutory services
- Lack of preparation for the birth
- Housing issues
- Previous history regarding mental health, substance misuse
- Parent(s) with special/extra needs
- Parents unable to provide appropriate role model
- Parent(s) with special/extra needs
- Parents in conflict with statutory services
- Parent(s) with special/extra needs
- Parents unable to provide appropriate role model
- Parent(s) with special/extra needs
- Parents in conflict with statutory services

- **TARGETTED SUPPORT/ PARTNERSHIP PLUS**
Children with complex additional needs

- Pre-birth factors:
  - 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
  - Parent(s) with special/extra needs/physical disabilities/ill health
  - Parents highly critical of child and provide little warmth, praise or encouragement
  - Inconsistent responses to child/young person
  - Erratic or inconsistent care from multiple carers
  - Family disputes impacting on child/young person
  - Parent does not know child’s whereabouts
  - Medical concerns remain eg, smoking and use of alcohol
  - Inconsistent care
  - Significant drug or alcohol use
  - Parent(s) with special/extra needs
  - Parents in conflict with statutory services

- **STATUTORY/SPECIALIST / CHILD PROTECTION**
Children in need of protection

- Pre-birth factors:
  - 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
  - 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

- Children's Enquiries

- 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

- **SOS INFO**
- What’s working well? (strengths and safety)

- **How worried are we?**
  - (Safety and wellbeing scale)

- **What needs to happen?**
  - (Safety/wellbeing goals)

(see page 19 for more guidance)

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

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Indicators of Need and Intervention Criteria (continued)

**FAMILY & ENVIRONMENTAL FACTORS**

**UNIVERSAL**
- No additional needs
  - Good family relationships, including where parents are separated or bereaved but not impacting on 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

**UNIVERSAL PLUS**
- Children with additional needs
  - Additional support in setting.
  - Consider agency led assessments
  - 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

**TARGETTED SUPPORT/PARTNERSHIP PLUS**
- Children with complex additional needs
  - Consider enhanced support under Universal Plus Services or make a referral to Children’s Enquiries
  - 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 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)
  - At risk of forced marriage
  - 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 with additional concerns

**STATUTORY/SPECIALIST/CHILD PROTECTION**
- Children in need of protection
  - Make a referral to Children’s Services
  - Emerging move to 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 BSCB guidance)
  - Non-engagement with professional services/dispersed compliance
  - No recourse to Public Funds

**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 person subject to multi-agency public protection arrangements (MAPPA) with additional concerns

**What’s working well?**
(Safety and wellbeing scale)

**How worried are we?**
(Safety/Wellbeing goals)

**What needs to happen?**
(see page 19 for more guidance)

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Continuum of Need and Risk Identification Tool – April 2019
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 435908) should be alerted, within one working day, to all cases in which 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, or may have harmed a child; possibly committed a criminal offence against children or related to a child; behaved towards a child or children in a way that indicates that s/he is unsuitable to work with children (Working Together 2018).
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.
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).
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)
Signs of Safety

Key guidance

- What are we worried about? (Past, current and future harm and danger)
- What’s working well? (Strengths and safety)
- How worried are we? (Safety and Wellbeing scale)
- What needs to happen? (Safety/Wellbeing goals)

Remember Signs of Safety as an approach, helps you:
- Record, assess and plan
- Identify concerns
- Identify safety and strengths
- Scale the level of safety

So what are Danger/Worry Statements and Safety/Wellbeing Goals?

- **Danger/Worry Statements**: Simple behavioral statements of the specific worry we have about this child now and into the future that we need to work on.
- **Safety/Wellbeing Goals**: Clear, simple statements about what (not how) the caregiver will DO that will convince everyone the child is safe and their needs are being met now and into the future.
- **These are little gems of clarity**

Danger statements keep us focused on what exactly we worry will happen if nothing changes. One easy formula for writing a good danger/worry statement is to think of it in four parts:
- Begin with a brief phrase about who is worried. It may be just yourself and your organisation or it could include other organisations and family members.
- Next, describe the potential actions or inactions the caregiver may do, make sure that it is something that has happened and is repeated or an escalation of previous actions.
- Next reference when it has happened in the past, like the time when.
- Finally describe the impact on the child.

**Danger statement example:**

**Frankie** the social worker, **Suzie** the school nurse, **Ms Brown** and Mr **Jupe**, their teachers are all worried that the children will continue to come to school dirty and wearing a uniform that doesn’t fit properly, like the time when the children came to school in dirty t-shirts that showed their tummies and dirty trousers that came up to their knees. They are worried that the children will **stand out in school in a bad way and other children will not want to be friends with them. If this happens the children might get bullied and will grow up feeling they are not as good as other people and are not as lovable.**

**Worry statement example:**

“The children’s centre worker is worried without support **Ms Harb’s** will struggle to manage Abal’s behaviour and may hit Abal as she has reported she felt like doing this in the past. If this happened Abal, may become sad and frightened of her mother and even get hurt. I am also worried that Ms Harb will find it difficult to introduce healthy foods to Abal’s diet as this is a challenge and that Abal will continue to have a poor diet drinkingfrizzy drinks and eating toast, which could affect her teeth, health and growth.”
Safety/Wellbeing Goals

The question that the Safety/Wellbeing Goal answers is:

“What does the agency need to see the parents doing differently with their children so everyone will know the children are safe and their needs are being met?”

- It is also important to make the distinction that this is not the same question as “what action needs to be taken” or “what services are needed?”
- This is a deceptively simple question that actually tries to help us do something very complex: to think about what behavioural changes the agency would need to see the parents make with their children in order to feel that the danger/worry was addressed it’s not about what services to put in place.
- These will take us from the future we worry about to the future we want to create.
- First, the “who.” We began with “who said” and then went to “who is worried.” Now we will use names of the people who are part of the safety network. In essence, this establishes that there are people who care about the child’s safety and are committed to helping and watching that the caregiver is doing what needs to be done. The safety network is the “jury” that must be persuaded that the child is safe.
- Next, a safety goal describes what the parent will DO differently. Note that the goal is not expressed as going to services, or even completing services, gaining insight, or having clean drug screens. It’s not expressed as what a parent STOPS doing. It’s extremely important to craft this part of the safety goal in terms of actions the parent will demonstrate. Anchor what the caregiver needs to do differently in the caregiver’s behaviors that had everyone worried. What could the caregiver do instead? This ties the safety goal to the danger statement.

- The last part is make sure the “demonstrated over time” part is mentioned.

Safety goal example:

“Frankie the social worker, the children’s parents and a safety network of family and friends agree to work together to show everyone that the children are always in a clean, well fitting uniform when they start the day at school and that they have all washed before putting on their uniforms. Frankie and the network will need to see this working for a period of nine months so that everyone is confident that the safety plan will keep working once the case closes”

Wellbeing goal example:

“Ms Harb will work with her network of people to show that she is able to manage her low mood and have actions that she could take to be in good mental health. Also that Abal has a healthy diet is putting on weight and meeting all her developmental milestones and that Abal will always be disciplined and cared for in ways that leave her feeling safe and cared about and does not involve hitting. We would want to see this happening for six months so that everyone is confident that Abal will continue to thrive”
Eliciting the child’s voice

While we have been talking about the family mostly as caregivers, remember to elicit the child’s voice as well.

Some of the tools you can use for these are the Three Houses and Safety Houses. Remember that these can be great sources of information about the behavioral detail of what the caregiver did (or what we worry the caregiver will do). These tools can be very effective ways to understand the impact of caregiver behavior on the child.

- Three houses
- Safety house

- What happened?
- What was the impact?
- What needs to happen for the child to feel safe?
- In the child’s own words!

Here are a few examples of the questions we can use to explore what we are worried about with the families:

- “Tell me about what happened today”
- “What would your child say if they were here?”
- “What do you think will happen in your family if nothing else changes?”
- “It’s clear from what you’ve said you’re not happy with how things are going. How would you like things to be instead?”
- “Has there ever been a time when X could have happened but you were able to do something different?”
- “If the kids were here right now, what would they say is going well in your family?”

Safety goal example:

“Frankie the social worker, the children’s parents and a safety network of family and friends agree to work together to show everyone that the children are always in a clean, well fitting uniform when they start the day.”

Remember:

- You are responsible for making sure that the agreed-upon danger statement fully expresses the agency worries and is written in plain language.
- If the family does not agree with agency worry, it is still the agency worry and will need to go in the danger/worry statement. (And keep an open mind about your worry. The family COULD be right!)
A ‘Words and Pictures’ storyboard never opens with a traumatic event or big difficulty. Write it with the family, caregiver or child. These can be used to explain to the child the danger statements, or for the child to explain what they know to their caregivers in a friendly format.

**Basic Structure of a words and pictures explanation**

1. Title to be clear what this is about
2. Starting picture sets the context, neutral not too worrying
3. Who is worried
4. What are they worried about, clear about what the worries are as this might be the only chance to let everyone in the system know the concerns
5. Who is trying to help and move things forward

When writing/drawing a words and pictures explanation consider these 3 points

- Why does the child need to know it?
- What does the child know already?
- What might the child have heard?

**So why use Signs of Safety?**

In a survey commissioned by the NSPCC in 2012 exploring where the approach is used in England. The key findings of the report were:

- Children and parents feel listened to and that they have a more active role in decisions. They like having their thoughts written on the board in meetings.
- Signs of Safety methods are thought to increase participation, co-operation and the engagement of parents/families
- Signs of Safety meetings are thought to decrease anxiety and relax parents/families
- Parents like having an insight into different perspectives and an understanding of what is expected of them
- Parents like focusing on strengths and not just problems

To find out more look at the website [http://www.signsofsafety.net/signs-of-safety/](http://www.signsofsafety.net/signs-of-safety/)
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

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<tr>
<th>Acronym</th>
<th>Definition</th>
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<td>CE</td>
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<td>Emergency Duty Team</td>
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<td>Early Help Panel</td>
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<td>FII</td>
<td>Fabricated or Induced Illness</td>
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<td>Frozen watchfulness</td>
<td>The state of a child who is unresponsive to its surroundings but is clearly aware of them</td>
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<td>PEH</td>
<td>Prevention and Early Help</td>
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<td>FGM</td>
<td>Female Genital Mutilation</td>
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<td>MASH</td>
<td>Multi-Agency Safeguarding Hub</td>
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<tr>
<td>NEET</td>
<td>Not in Education, Employment or Training (Post 16)</td>
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<td>TAC</td>
<td>Team Around the Child</td>
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<td>TAF</td>
<td>Team Around the Family</td>
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