

HERTFORDSHIRE

safeguarding **children**  
PARTNERSHIP



# Continuum of need for children and young people 2023

Practice guidance in working together with children and families to provide early help, intensive and specialist statutory support.



Hertfordshire and West Essex  
Integrated Care Board



HERTFORDSHIRE  
CONSTABULARY



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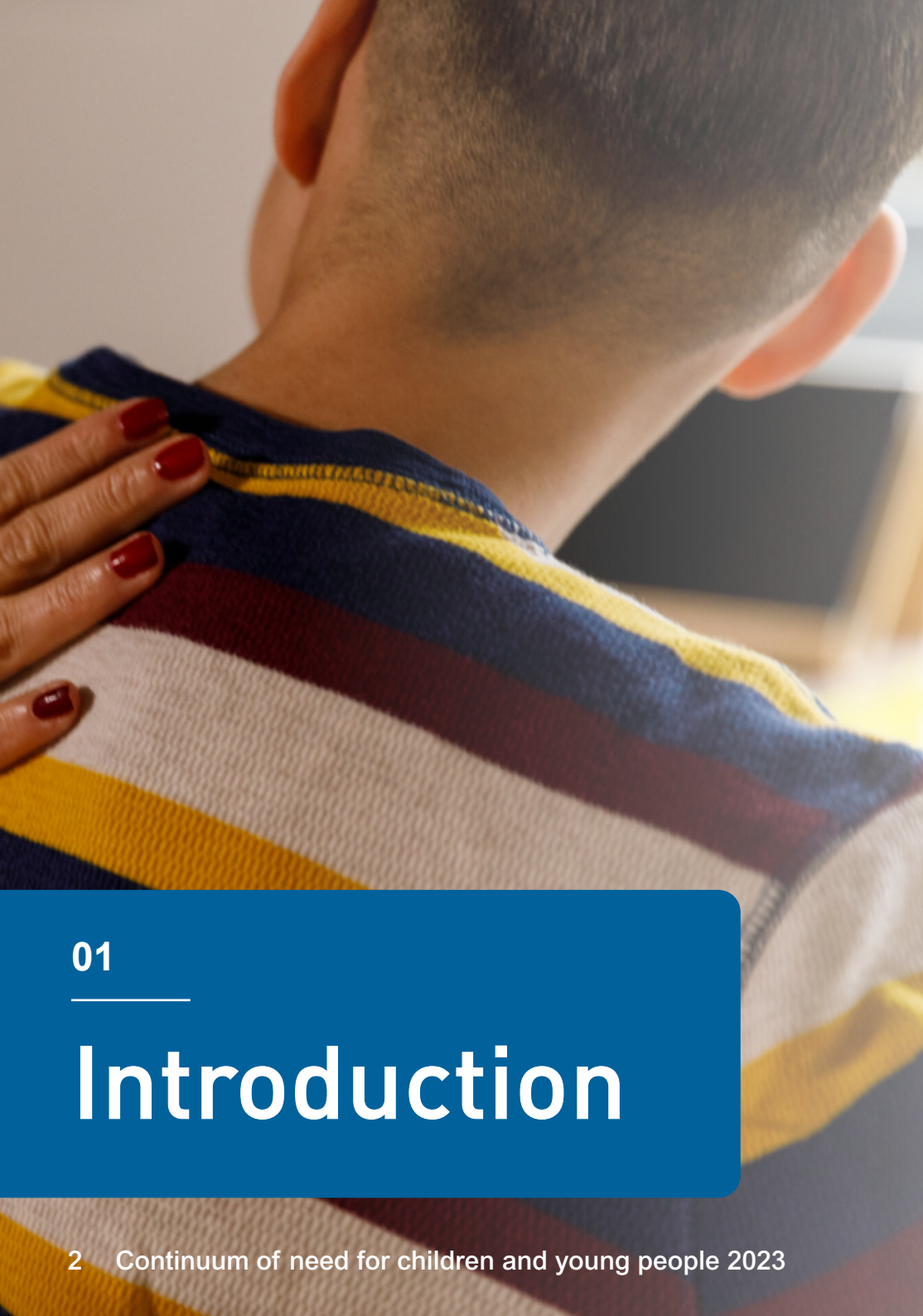
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01

# Introduction

This Continuum of Need is a threshold document that supports everyone working with Hertfordshire's children, young people and families, to identify the "Level of Need" and the service responses that can be expected. It sets out how we can work together, by placing the child, young person and family at the centre, sharing information, and working with families to help them to find solutions early to prevent their difficulties escalating. It is not intended to be a prescriptive guide and does not replace professional judgement.

All children and young people receive **Universal Services**, including maternity services at birth, health visiting, school nursing, general practitioners, education and youth services. Universal Services work alongside parents, carers and families to meet the overall needs of children and young people so that they are happy, healthy, able to learn, develop securely and achieve their potential. Some children, young people and their families need additional help. This guidance aims to ensure that in Hertfordshire this support is offered at the earliest opportunity with an approach that enables us to work effectively alongside families.

Hertfordshire County Council and partner agencies invest considerable public money in providing high quality and timely services for children, young people and families. This guide details how we work together effectively and efficiently to use this public money through combining staff capacity to achieve positive change for children, young people, and their families.

The term 'early help' is used throughout this guidance and includes interventions early in life or early in the development of the difficulty. For some children, young people and their families, providing early help more than once during childhood is needed and can stop difficulties escalating or reduce the impact of difficulties that have already emerged.





There are four levels of need used in this continuum of need: **Universal**, **Additional**, **Intensive** and **Specialist**. Services for children and young people with additional needs are known as targeted services, such as behaviour support, additional support to parents in early years or targeted help to involve young people through youth services.

Children and young people with **Additional** needs are best supported through existing relationships with those who already work with them, such as their school or a health professional, who can organise support from local partners. Families First is the approach used in Hertfordshire for all services that work together to deliver Early Help services. The early help assessment tool Short-Term Work can be used by any partner practitioner to identify the needs of the family and organise support.

Children, young people and families with **Intensive** needs are supported through a Families First Assessment process. This should be initiated when supporting a child, young person and their family who would benefit from a multi-agency response; this supports practitioners to share information, identify a key worker to coordinate an early help / family plan of support using a Team around the Family approach. Intensive support provision might include children and young people's mental health services and other families first partnership provision.

**Specialist** services are where the needs of the child or young person are so great that statutory or specialist intervention is required to keep them safe and to support their continued development. Examples include children subject to child protection procedures, an inpatient child or young person, child and adolescent mental health services at tier 4 and youth justice services.

Risk outside of the home and in the community recognises that young people experience significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers may have little influence over these contexts, and young people's experiences of risk outside of the home can undermine parent-child relationships.

Alongside the support that can be offered to young people and their families the wider partnership has an important role in identifying, preventing and disrupting risks associated with spaces and places e.g. a particular address or a park.

**Services for Young People** support young people from 11 years of age with emerging needs and the Specialist Adolescent Service Hertfordshire where there is likely risk of suffering harm. Timely share of information with police about exploitation activity within spaces and places is important, helping them to use intelligence to build a picture about child exploitation for Hertfordshire's young people.

Children and young people trafficked into or within the UK require a referral to the National Referral Mechanism (NRM) alongside the normal safeguarding procedures in line with the National Referral Mechanism guidance. When a NRM referral is made, the Independent Child Trafficking Guardian Service must be contacted as per Section 48 of the Modern Slavery Act 2015 and the associated statutory guidance. A Regional Practice Coordinator will be allocated from the National Counter Trafficking Service who will offer advice, guidance and support to practitioners, and they are an independent advocate for the young person.

**Prevent** is a Government-led initiative for safeguarding vulnerable young people at likely risk of radicalisation and Prevent National Referral Form could be used to link into the Prevent programme. Further information is available at [Prevent](#).





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## A vision for effective support for children and families in Hertfordshire

All children and young people in Hertfordshire should have the opportunity to reach their full potential, leading healthy and fulfilling lives, and be supported to grow and achieve within their own families.



Through collaboration and working alongside families, we develop services that are responsive to the child, young person, and their family's needs, flexibly providing the appropriate level of need at the right time. Using skills such as Motivational Interviewing the early help system, intensive family support teams and specialist services offer advice and support to help parents set their own goals at an earlier stage, moving the focus away from crisis management.

### Child Safeguarding Arrangements for Hertfordshire

The Hertfordshire Safeguarding Children Partnership works together to identify and respond to the needs of children, young people and families. The safeguarding partners, organisations and agencies included in these arrangements fulfil their statutory duties to safeguard and promote the welfare of children from Hertfordshire who live or are placed outside of our local authority area.

#### The three local safeguarding partners jointly leading the Partnership are:

- **Hertfordshire County Council:** represented by the Director of Children's Services.
- **Hertfordshire Constabulary:** represented by the Assistant Chief Constable for Local Policing.
- **Hertfordshire and West Essex Integrated Care Board:** represented by the Director of Nursing & Quality Hertfordshire & West Essex Integrated Care Board.



## Vision and Values

Safeguarding partners across Hertfordshire are committed to delivering multi-agency child safeguarding arrangements of the highest quality. Practice should continuously evolve to reflect the changing needs and circumstances of our community.

### We are committed to these values and principles that inform how we work:

- **Children and young people at the heart of everything we do**

We will always have children and young people's best interests at the forefront of our work, to improve their outcomes and ensure that they have a voice.

- **Strong partnerships**

We build collaborative relationships and learn from each other. We are aspirational and promote challenging and supportive conversations that focus on the experience of the child and young person.

- **Strong information sharing, communication, and engagement within the Partnership, with clear roles and responsibilities**

We will operate with trust and openness, with partners taking ownership and responsibility.

- **Prevention and Supporting Families/earlier intervention**

**approach** We will ensure prevention is promoted across partner agencies with a clear focus on families, promoting their strengths so that children are supported growing up with their families, which is supported by our Families First and Family Safeguarding approaches.

- **Promoting equality and combating disadvantage and discrimination**

We always challenge disadvantage and discrimination. We promote equality and engagement with all members of the family, ensuring boys and men are included.

Safeguarding and promoting the welfare of children and young people is the responsibility of every professional in Hertfordshire who works with or has contact with children, young people, and their families. A collaborative partnership approach supports children, young people and their families to be heard, understood and responded to, so that they access early interventions and support at the right time and level.

Partners and professionals who work with children and young people and their families should, and whenever possible with parental agreement, consult one another, share information and work together to support the child and their family to receive the appropriate and effective support.

We support the professional development of a confident workforce with a shared understanding of children and young peoples needs. Sharing expertise helps to reach this common goal.

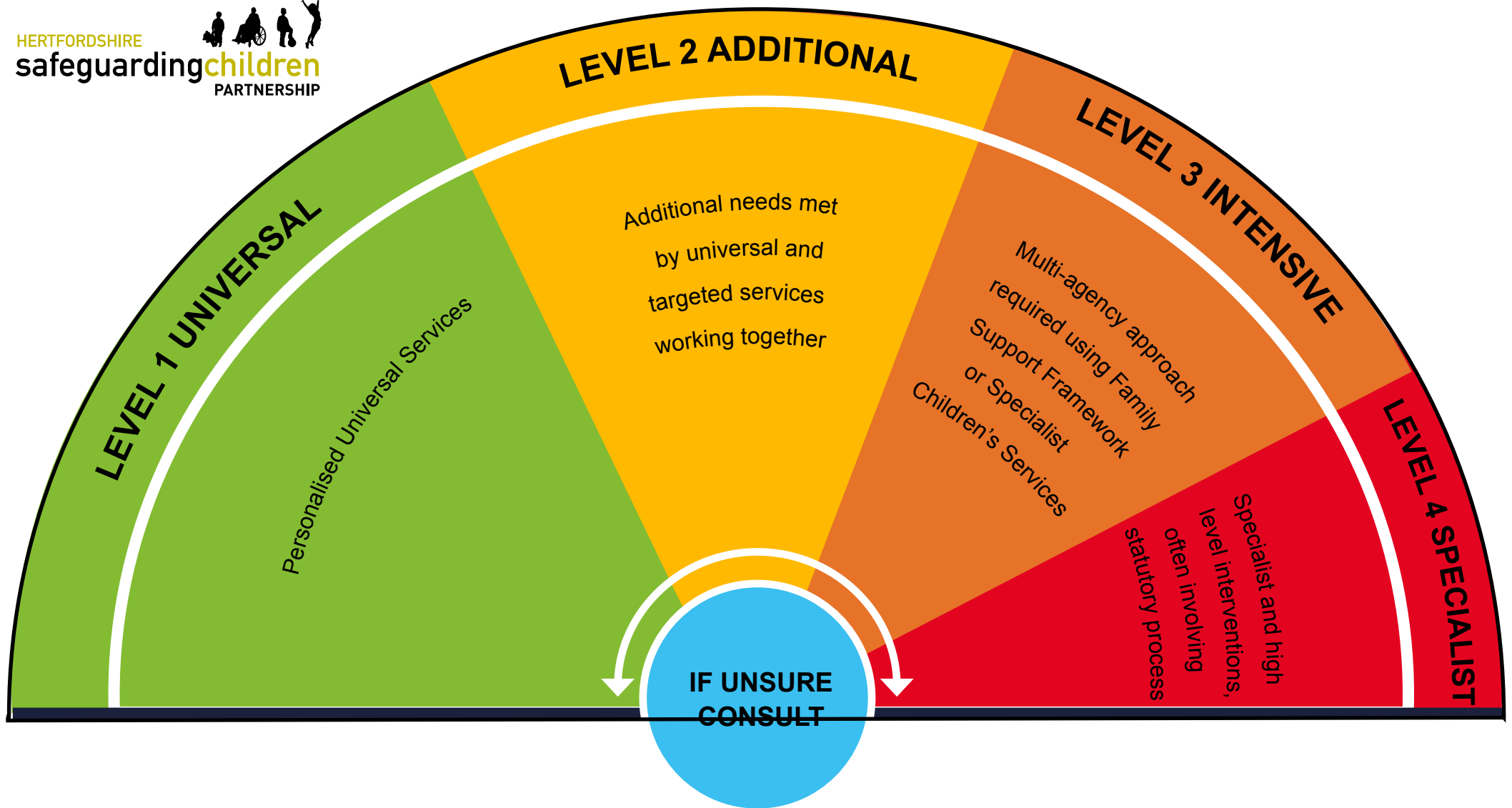
## Young Carers

Young Carers are young people and children under 18 years old who provide regular and ongoing care to another person who is physically or mentally ill, disabled or misuses substances. If you care for someone and are aged 16 – 25, you are a Young Adult Carer. Carers in Hertfordshire come under the umbrella of Families First and provide support and obtain the views of the needs of young and young adult carers. Young carers are present across all levels in the continuum of need. Young carers are entitled to an assessment of need, more information can be found [here](#).

## Kinship Support and Care

Relatives and family friends are the source of support for many children and young people, and for some children and young people they become their primary carer. Some children and young people's home can be living with people who have legally committed to being their carers and parents, such as through adoption or a special guardianship order. These children and young people are present across the continuum of need.





## 03 Continuum of need - A model for meeting children and families' needs

The Continuum of Need model represents a spectrum of needs being visualised through a windscreen. This illustrates how we respond to the needs of children, young people and their families across the four levels of need: Universal, Additional, Intensive and Specialist. It supports a common understanding of Hertfordshire's partnership approach encouraging consistent intervention as soon as additional, intensive or specialist needs are identified.

Services should work collaboratively and openly with families (or with the young person on their own where it is age appropriate), seeking consent for interventions and referrals in most instances. We all strive to support children, young people and their families at the lowest appropriate level to prevent their needs escalating to a higher level.

Each child, young person and family member is unique. Reaching decisions about levels of need and the best support requires hearing all those involved, discussing and reflecting on the needs together and respectful professional judgment.

## Level 1 Universal

### Referral Routes

Open access to provision

### Needs

All children, young people and their families who live in Hertfordshire have core needs – health, education, parenting, and social relationships.

### Response and Services (examples)

Children and young people are supported by their family and universal services to meet all their needs. This can include early years, education, primary health care, maternity services, housing, community and voluntary organisations and faith groups.

### Outcome

Children, young people, and their families make good progress in most areas of development.

## Level 2 Additional

### Referral Routes

One or more services provide voluntary additional support to meet the child or young person, and family needs. This is coordinated by a service that knows the child/young person best.

Short Term Work is used to support a single agency response or a Families First Assessment where multiple services are working together to provide support. Both early help assessment tools support the whole family's needs.

The Families First Portal and Hertfordshire Directory include information about the local support available to children, young people, and their families. To access family support for more complex level 2 needs, use the **request for support form**.

### Needs

Children, young people, and their families with additional needs who require or would benefit from additional help to:

- Improve education attendance and attainment
- Improve parenting and/or behaviour, providing strategies to parents to support those changes
- Meet specific health or emotional needs of the child/young person and/or the parent

- Improve their financial situation, address debt and reduce the risk of homelessness
- Respond to a short term temporary crisis such as bereavement, addiction, parental separation/conflict, domestic abuse, and custody arrangements.

### Response and Services (examples)

Services that work together to meet the child and young person's needs will be co-ordinated by a team or service that knows the child or young person best. This can include parenting support and commissioned early help services. School holiday and short breaks provision for disabled children. Extra health support for family members. Additional support with learning, and help finding education and employment. Speech and language therapy, children's centres, targeted youth work.

Approximately monthly / fortnightly contact with the family to review progress. Services are provided with parental consent. Suggested tools include the Graded Care Profile and the Outcome Star.

### Outcome

The life chances of children, young people and their families are enhanced by offering short-term additional support.

## Level 3 Intensive

### Referral Routes

A Families First Assessment supports a multi-disciplinary Team Around the Family approach, led by a key worker, coordinates information sharing, intensive services and support to meet the child or young person's and their family's needs; **request for support form**.

### Needs

Children, young people, and families with multiple needs, whose needs are more complex need, persistent and that it has not been possible to resolve at the previous levels.

- A child is disabled resulting in complex needs<sup>1</sup>.
- Families impacted by crime.
- Poor school attendance or behaviour in school
- Substance misuse
- Domestic abuse
- Insecure housing
- Financial instability
- Physical or mental health illnesses
- Neglect
- Child exploitation
- Poor early years development
- Poor family relationships
- Child and Adolescent Mental Health Services (CAMHS) tier 2

### Response and Services (examples)

Due to the complexity of needs a multi-agency coordinated plan is developed in partnership with the family and coordinated by a key worker.

A wide range of services providing additional and intensive intervention might be involved in meeting the family's needs.

Approximately fortnightly/weekly contact with the family to review progress. Services are provided with parental consent.

### Outcome

Families are empowered to address their needs and build better futures.

# Level 3 Specialist

## Referral Routes

Children's social care, child protection, public law care proceedings, youth treatment orders, statutory notifications to youth justice, statutory health assessments, young people being detained under the Mental Health Act for treatment and Custody Hospital in-patient.

Complete a **request for support form** to seek support for children, young people, and their families.

If you have an immediate safeguarding concern, call Hertfordshire County Council Customer Services Centre on 0300 123 4043 and ask to make an urgent safeguarding referral.

Call 999 if the child/young person is in immediate danger or a crime is being committed.

## Needs

- Children and young people who have suffered or are likely to suffer significant harm because of abuse or neglect.
- Children with significant impairment of learning/function and/or life-limiting illness.
- Children whose parents and extended family and friends cannot care for them.
- Families involved in substance misuse or criminal activity at a significant level that impacts on the child or young person's safety and wellbeing.

- Families with substantial physical or mental health difficulties.
- Families who are homeless.
- Child and Adolescent Mental Health Services (CAMHS) tiers 3 and 4.

## Response and Services (examples)

- Children's social care
- Youth justice
- Children and Adolescent Emotional Wellbeing and Mental Health Service
- In-patient and continuing health care
- Fostering and residential care
- Health care for children and young people with life-limiting conditions
- Services for children and young people with profound and enduring disability

Parental consent is desirable but not essential when the section 47 child protection threshold is met.

## Outcome

Children and young people are likely to suffer significant harm, removal from home, serious and lasting impairment without the intervention of specialist services, sometimes in a statutory role.



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# Consent

Consistent with Working Together to Safeguard Children 2018, this partnership continuum of need operates to the principle that every family (child/young person and their parent/carer) has the right;

- To be told when a professional is worried about the safety or wellbeing of their child by that professional.
- To have their consent obtained when someone wishes to make a request for support on their behalf.
- To be front and centre of the plan to keep their child safe and well.



Aside from statutory child protection work, all other services for children and their families are voluntary and require the consent and engagement of families.

These guidelines are intended to strengthen the respectful relationships that we build as professionals with families, including transparency and honesty about concerns and the help and support needed for a child or young person to thrive and be safe.

Where partner agencies are requesting Additional and Intensive services, targeted early help or child in need support for a family, this must include parental consent to be accepted by Hertfordshire's multi agency safeguarding hub, the Gateway. Consent to make a request for support on their behalf should also be sought from the children and young people, wherever they are of an age and level of understanding to give it.

Where referrals are made for Specialist services because a practitioner believes a child is suffering, or is at risk of suffering, significant harm, it is good practice to seek parental consent and it will usually be appropriate to do so.

For a small number of children, seeking parental consent would not be appropriate if the child would be placed at increased risk of significant harm through the action of gaining this consent, there would be an impact on a criminal investigation or a delay in making the referral would impact on the immediate safety of the child.

The Gateway will inform referrers if they have submitted a contact or referral that is missing the necessary parental consent. No record of these contacts or referrals will be held by the Gateway. The referrer will need to submit a fresh contact or referral once they have secured parental consent.

Police must apply the agreed Domestic Abuse Referral Team (DART) referral criteria when considering if consent should be sought prior to referral. If referral is outside of the DART pathway, rationale from a Police decision maker as to why consent has not been obtained must be provided.





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## Level 2 services – Additional

Earlier, solution-focused interventions will likely prevent problems from escalating. The starting point should be open and honest communication between the family and practitioners to share concerns. By working in collaboration with the child, young person, their family and other practitioners, working with the family's strengths, can ensure that any agreed activity reflect the family's priorities and focus on preventing problems before they occur.

Members of the public can contact the Customer Services Centre on **0300 123 4043** to report concerns or request support. The Customer Service Centre will contact the Hertfordshire's multi agency safeguarding hub called the Gateway when appropriate to offer further information, advice or support.

## **Community-Based Services**

The Families First Portal offers information about community-based resources available across the county. Information on support for children and young people with additional needs. Accessing these resources in a timely way could prevent difficulties developing or escalating.

## **Early Help Assessment Tools**

Short Term Work and Families First Assessment Tools (multi-agency) are the assessment tools used to map out needs, develop a family plan and match these with support services when a problem or need becomes more complex. The plans are used collaborative with the family to explore and record the needs, strengths, goals, and views that they identify, leading to a plan to support them. The professionals area of the families first portal has information on short term work, families first assessments and a range of training to support practitioners with this approach.

## **Team Around the Family**

Where there is more than one service working alongside a child, young person and family at Level 2, a Team Around the Family meeting to share information and coordinate the family plan is recommended. A formulated family plan remains the responsibility of the supporting agency/service to retain as per their agency's record keeping procedures. All family members involved should be given a copy of the plan, including children and young people, subject to age and level of understanding.

## **Seeking Advice and Guidance**

The safeguarding lead in each agency should be the first source practitioners' access when they need advice and guidance. School designated safeguarding leads can access advice during term time through the Child Protection School Liaison Officers Hub when appropriate.

Early help services and families first coordinators can provide opportunities to discuss practice, identify resources and peer support. The Customer Service Centre can signpost to resources. Contacts and referrals to Hertfordshire's multi agency safeguarding hub, the Gateway, must include parental consent at Level 2.

If a child or young person is, or may be suffering significant harm then a **request for support form** should be submitted to Hertfordshire Children's Services. If the risk is immediate, consideration should be given to calling the police on 999.



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## Level 3 services – Intensive

Before requesting Intensive services at level 3, practitioners are expected to have worked together with the family at level 2 to meet the Additional needs of the child or young person and their family, using the Families First Assessment and the Team Around the Family meetings. The need to provide support under level 3, may be due to continued efforts at level 2 that have not effectively reduced the difficulties for the child, young person or their family.

When practitioners identify that a child or young person and their family would benefit from a more intensive multi-disciplinary response, they must discuss this with the family and complete a request for support via the **request for support form**.

Hertfordshire's multi agency safeguarding hub, the Gateway, will triage the request and either offer advice and guidance to practitioners about maintaining a Team Around the Family approach, or agree to explore Intensive level 3 services, passing it to the intensive family support team or an alternate level 3 service.

When requesting support at level 3 it is important to outline how the family has been supported up until now, what has worked well and less well in helping the child or young person and their family and what support is needed now.

### Families First Panels

Families first panels provide a multi-agency space where practitioners come together weekly to discuss families in need of a coordinated approach to early help. Panels are chaired by a panels manager and membership includes health visitors, family centres, senior families first coordinators, school colleagues, services for young people (youth work), intensive family support, safer places, and the police. If a family would benefit from a families first assessment, but there is no identified key worker to co-ordinate this support, a referral should be made to the families first panel via the Gateway using the **request for support form**.

### Intensive Family Support

The intensive family support team works with families that have a range of complex needs, which require intensive support following the completion of a families first assessment. A family would be experiencing multiple needs, which could include:

- Families with children whose school attendance is a concern or attainment is impacted by behaviour difficulties.
- Families involved in crime or anti-social behaviour.
- Families impacted by domestic abuse.
- Families impacted by living with drug and alcohol misuse.
- Families where children or young people are unsafe or at risk of exploitation.
- Families who are in insecure housing.
- Families who are at risk of financial instability due to loss of employment, hours worked or significant debts.
- Families who are suffering from poor family relationships, which is impacting on the child or young person's emotional wellbeing.
- Families who are living with physical or mental health difficulties, which is having a significant impact on the family's emotional wellbeing.
- Parents who are struggling to provide their children with good early years developmental milestones.
- Families where there is a child with special educational needs and disabilities and the family need additional support.

## Services for Young People

Services for young people provide targeted prevention and early intervention youth work, information, advice and work-related learning for young people who live or attend school in Hertfordshire and are aged 11 (minimum school Year 7) to 17 years old. They also work with care leavers, young adults with learning disabilities and other vulnerable groups up to their 25th birthday. Referrals are made via this form.

### Specialist Adolescent Service Hertfordshire

The specialist adolescent service Hertfordshire team provide support to:

- Young people aged 11 to 17 in families at risk of breakdown or on the edge of care
- Young people who go missing from home or those that are at risk of or subject to child exploitation, including gangs and county lines.
- Young people in the youth justice system to prevent offending and re-offending; and to support victims of youth crime and their communities.
- Young people aged 16 to 17 years old who are homeless.
- Young people who need Intensive level 3 and Specialist level 4 services

Specialist adolescent service Hertfordshire deliver responsive support packages to young people and families. The intensity of support will match the level of need and a referral can be made using the **request for support form**.

### Special Education Needs and Disabilities 0-25 Together Service

The SEND Local Offer captures the support available to children and young people aged up to 25 years with special educational needs and disabilities, including those who require a multi-disciplinary intervention for intensive needs support.





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## Level 4 services – Specialist

All professionals who identify the need for Specialist level 4 services must submit a request for support form to Hertfordshire Children's Services, when it is believed or suspected that the child:

- Has suffered significant harm – child protection
- Is likely to suffer significant harm – child protection
- Has significant developmental or disability needs, which are likely only to be met through provision of children's social care family support services (with agreement of the child's parents) - children in need.



Children's social care has a responsibility to children in need under section 17 of the Children Act 1989. These are children whose development would be significantly impaired if support services were not provided. This includes children who have a permanent and substantial disability, which limits their ability to carry out the daily tasks of living. Engagement with children in need is on a consensual basis. Parents, or young people who are aged over 13 and competent to make a decision, can refuse some or all offers of support.

For children in need, a request to children's social care is appropriate when more substantial interventions are needed; where a child's development is being significantly impaired because of the impact of complex parental mental ill health, learning difficulty/disability or substance misuse, very challenging behaviour in the home or contextual risks outside the home. A social care request is also appropriate where parents need practical support and respite because of a disabled child's complex care needs.

The second area of children's social care responsibility is child protection, when children's social care must make enquiries under section 47 of the Children Act 1989, to determine whether a child or young person is suffering or is likely to suffer significant harm. The Children Act 1989 introduced the "significant harm" concept as the threshold which justifies compulsory intervention in family life in the best interests of a child or young person.



There are no absolute criteria to rely upon when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, and the severity of the emotional and physical impact on the child or young person. It is important to consider age and context – babies and young children are particularly vulnerable – and parental factors such as history of significant domestic abuse, substance misuse or mental ill-health.

Significant harm could occur where there is a single event, such as a violent assault or sexual abuse. Most often, significant harm is identified when there have been a number of events that have compromised the child or young person's physical and psychological wellbeing; for example a child whose health and development are significantly harmed through neglect.

When children's social care undertakes a section 47 child protection enquiry, the Social Care Procedures Manual and the Hertfordshire Safeguarding Partnership Manual are followed.

If a practitioner is concerned that a child or young person is, or may be, suffering significant impairment to their development or significant harm, the practitioner should complete a **request for support form** to Hertfordshire's multi agency safeguarding hub, the Gateway. Unless there is immediate risk of significant harm the parents should be consulted by the referrer (please refer to page 14 of this continuum of need document focusing on consent) and informed of the request.

New requests for service and requests when there is no open referral for a child or young person should be made completing the **request for support form**.

Where there is an immediate risk of very serious harm or death to a child the person making the request for support should call the police on 999. Requests for urgent safeguarding support made via the Customer Service Centre must be made using the **request for support form** or they can be telephoned on **0300 123 4043**.

Additional information or concerns when children's social care is already working with a child should be made to the allocated practitioner / social worker, or in their absence the team manager or the duty social worker of that team. If unsure who the allocated practitioner or the team is, involved professionals can contact the Customer Service Centre on **0300 123 4043** who can pass on a message.



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## What happens to a request for support at levels 2, 3 and 4?

The Customer Service Centre answer calls from members of the public. Professional contacts need to be made using the request for support form but calls can be made if an immediate response is needed. Contacts are then passed onto The Gateway, Hertfordshire's multi agency safeguarding hub, for triage.

Should a request be made regarding a child or young person who is currently being supported by an allocated social worker or practitioner, this information will be shared directly with them and they will provide a response.

All professional requests for levels 2, 3 and 4 support should be made via the online **request for support form** for children and young people who are not currently open to either families first or children's social care. These are reviewed and triaged in Hertfordshire's multi agency safeguarding hub, the Gateway, by specially trained social workers and children's information and advice officers. They work with families and involve co-based partner agency professionals including police, probation and health to understand how best to ensure the support to children, young people, and their families is offered at the lowest safe level of intervention.

Once the contact form has been received, a decision is made about who in the Gateway leads triaging the information, dependent on the information within the contact form. This could be either a children's information and advice officer for early help who have three working days to respond, or a social worker who has one working day to discuss the concerns with the family, contact the referrer and relevant professionals. It is important that the referrer includes their own contact details, the details of the child or young person and their family, and how best to contact everyone involved, as the Gateway triage process is telephone-based.

The family and the referrer (when this is a professional) will be advised of the outcome of the triage shortly after the triage has been completed where a No Further Action decision is made. If it is determined that community-based services, short-term work or families first assessment can provide support, the outcome letter will advise this.

Parental consent is needed to provide level 2 Additional and level 3 Intensive services.

If the triage process identifies Specialist level 4 support, the relevant area social work team will advise the referrer and family of any decisions and next steps taken by the assessment teams and when relevant the joint child protection investigation team. There are occasions when the manager of the assessment team is specialist adolescent safeguarding hub will close the information before an assessment is undertaken. This can be because new information is received, or the team is aware of relevant information from their previous involvement with the child or young person and family. When the information is closed, they team will inform the referrer and family via telephone, email or letter. In most cases, a Child and Family Assessment will be undertaken with parental consent. This will include seeing the child or young person alone (where age-appropriate), meeting parents/carers to discuss concerns and gather current and historical information from all relevant professionals. A professional judgement is formed about needs and risks to develop a plan or agree further courses of action to support the child or young person.

The assessment process may have several outcomes:

- The family can be supported by community-based services, require a Team Around the Family meeting or level 3 Families First support.
- The child or young person to be supported at level 4 as a child in need or through child protection processes.

Whenever there are concerns that a child or young person has, or is likely to suffer significant harm, a section 47 child protection enquiry is undertaken. This will involve liaison with police, health and other agencies and will include a strategy discussion. At this discussion, full information is shared, and agreement is secured for a plan to undertake a child protection investigation where required. An assessment of the child or young person's circumstances, including risks and needs is undertaken following the strategy meeting, using a Child and Family Assessment. The assessment may lead to a Child Protection Conference where a multi-agency decision will be made in relation to how best to support the child or young person and their family. Support may also be provided at Level 4 as a child in need.

When there is immediate significant harm which cannot be mitigated through a child protection plan, or where a child protection plan has been in place and the necessary progress to reduce the harm experienced by the child is not achieved, public law care proceedings will be instigated to protect the child or young person.





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## Consulting with other services

Consultation is the act of sharing information to obtain the perspective of another practitioner. It is not a referral to another service unless, during the consultation, it is agreed and decided that a referral would be the best course of action. Consultation can take different forms, from a telephone call to a series of meetings between two or more practitioners. Consultation is best undertaken by talking to each other and not just by email.

Whenever consultation occurs, it is important that practitioners are guided by the principles of information sharing, parental consent, and confidentiality. If the consultation is internal (between practitioners in the same organisation), practitioners should ensure that they follow their agency's procedures for information sharing. If the consultation is external (between practitioners from different organisations) professionals should follow their own agency's procedures for information sharing. If the consultation is external (between practitioners from different organisations) professionals should follow their own agency's procedures for information sharing and must follow the Hertfordshire Information Sharing and Agreement Protocol to decide whether information should be shared. In most cases, the child or young person and their parents should agree to the consultation taking place and where appropriate given the opportunity to be involved.

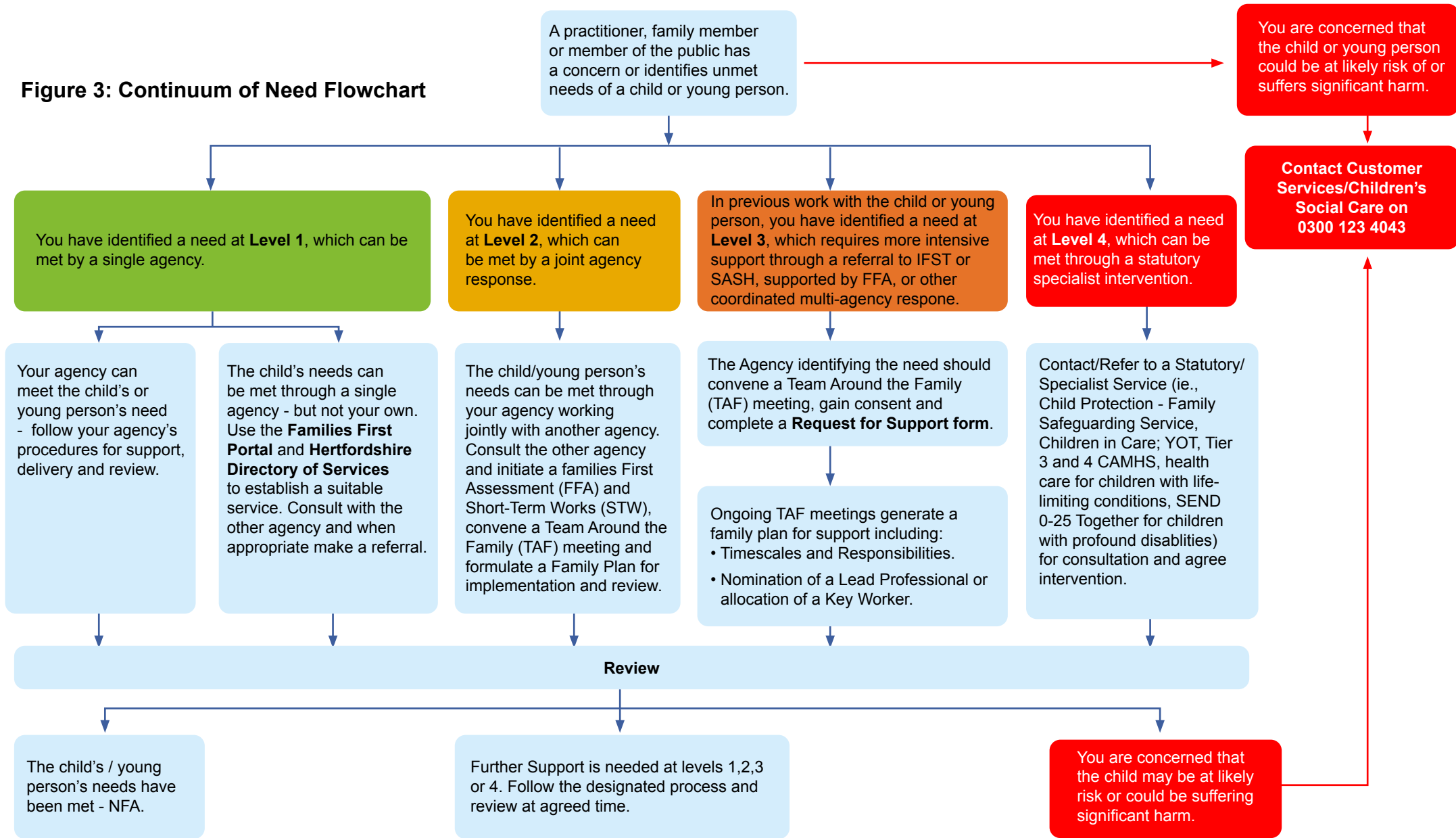
The following Principles should guide the decision to hold a consultation:

- Should be open to all agencies who work with children, young people, and their families
- Should occur when there is a clear benefit to the child or young person and their family
- An important tool in helping agencies and practitioners work together to achieve the best possible outcomes for children and young people
- A two-way process that values different but equally valid knowledge and expertise

- Be able to explain to the family why you think it would be helpful to consult with other agencies. Families should whenever possible be aware of, agree to, and be involved in consultations, outcomes and decisions.
- Information should be shared in the spirit of openness, transparency and honesty between practitioners, the child or young person and their family. Nevertheless, it is important to have due regard for the principles of confidentiality.
- All consultations should be recorded to ensure clarity and allow practitioners to evidence any decisions that have been made.



**Figure 3: Continuum of Need Flowchart**



# 10 Effective support process – Continuum of need flowchart



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## Indicators of possible need

The indicators of possible need listed under each heading are an indication of the likely level of need, and not a pre-determined level of response.

Only by talking to children, young people and their families in more detail to explore the context and factors behind the need, will the practitioner be able to form a judgment. Holding a Team Around the Family meeting and developing a plan is a helpful way to share information and gain an understanding of the child and family needs.

This document should be used in conjunction with the Hertfordshire Safeguarding Children Procedures.



## Level 1 – Universal

**Children, young people, and their families are making good progress in most development areas and Universal Services meet all their needs.**

### Health

- The child appears healthy, and has access to and makes use of appropriate health and health advice services
- All child's health needs are met by parents
- Carer does not have any additional needs
- Parent accesses ante-natal and/or post-natal care
- The parent is coping well emotionally following the birth of their baby and accessing universal support services where required.
- Pregnancy with no apparent safeguarding concerns

### Mental / Emotional health

- The child is provided with an emotionally warm, supportive relationship and stable family environment providing consistent boundaries and guidance, meeting developmental milestones to the best of their abilities.
- Child has good mental health and psychological wellbeing
- The child engages in age-appropriate activities and displays age appropriate behaviours, having a positive sense of self and abilities reducing the risk of those wanting to exploit them
- Mental health of the carer does not affect / impact care of the child
- Child has not suffered the loss of a close family member or friend
- Local Authority notified the child is privately fostered by adults who are able to provide for his/her needs and there are no safeguarding concerns

### Education

- Child is in education/training with no barriers to learning. Planned progressions beyond school/college. Behaviour issues are managed by the school
- Developmental milestones met
- The child possesses age-appropriate ability to understand and organise information and solve problems and makes adequate academic progress.
- The carer positively supports learning and aspirations and engages with school

### Abuse and neglect

- Carer protects their family from danger/ significant harm
- Child shows no physical symptoms which could be attributed to neglect
- Child has injuries which are consistent with normal childish play and activities
- Carer does not physically harm their child including physical chastisement
- No concerns re conflict / tensions within the family
- No concerns of inappropriate self-sufficiency
- No concerns of fabricated or induced illness

### Sexual abuse / activity

- Nothing to indicate child is being sexually abused by their carer
- Good knowledge of healthy relationships and sexual health

### Police attention

- There is no history of criminal offences within the family
- Young person has no involvement with crime or anti-social behaviour
- Young person has been stopped but not searched.
- Young person has been stopped and searched with no obvious safeguarding concerns or criminality.

### Harmful practices

- There is no concern the child may be subject to harmful traditional practices
- There are no concerns that the child is at risk of Honour Based Violence
- There are no concerns that the child is at risk of Female Genital Mutilation
- There are no concerns a child is at risk of Forced Marriage
- There are no concerns that the child is at risk of witchcraft

### Extremism and Radicalisation

- Child and family's activities are legal with no links to proscribed organisations
- Child doesn't express support for extreme views or is too young to express such views themselves
- Child engages in age-appropriate use of internet, including social media
- Child engages in age-appropriate activities and displays age-appropriate behaviours and self-control

### Drug / Substance misuse

- The child has no history of substance misuse or dependency
- Carers/other family members do not use drugs or alcohol or the use does not impact on parenting
- No signs or suspicion of drug usage

### Disability

- Carers / other family members have disabilities which do not affect the care of their child
- Child has no apparent disabilities

### Young carer

- Child does not have caring responsibilities

### Domestic abuse

- Expectant mother or parent is not in an abusive relationship
- No history or incidents of violence, emotional abuse / economic control or controlling or coercive behaviour in the family

### Social development

- Child has good quality early attachments, confident in social situations with strong friendships and positive social interaction with a range of peers, demonstrating positive behaviour and respect for others
- There is a positive family network and good friendships outside the family unit
- Child engages in age-appropriate use of internet, gaming and social media
- The family feels integrated into the community
- The neighbourhood is a safe and positive environment encouraging good citizenship and knowledgeable about the effects of crime and anti-social behaviour

- Child and family is legally entitled to live in the country indefinitely and has full rights to employment and public funds
- Young person is positively engaging with services. Has awareness of the risks and grooming processes. Motivated and positive outlook

### Extra-familial harm / Contextual safeguarding

- Places / Spaces: Good services in area and young person is aware / engaging positively. Guardians in area ensure physical and psychological wellbeing of young people
- Peer Group / External Relationships: Peer group engage in positive activities / clubs / communities. The group understands risk and harm. Age appropriate and safe. Peers that have 'turned around' in their journey
- Professional Engagement: Professional Engagement Trusted adult in professional network. Impactful engagement. Curious and flexible
- Missing: Missing Child comes homes on time and does not run away from home. Their whereabouts are always known to their carers and they answer their phone

## Level 2 – Additional

Children, young people, and families who would benefit from additional help and need a coordinated targeted response. They may need early support from Families First Services to improve education, parenting, or to meet a specific health or emotional need. One or two targeted services are likely to be involved.

A Families First Assessment should be completed and a Team Around the Family meeting arranged to agree a family plan to support the child and family would be helpful. No need for specialist services. All professional requests for levels 2, 3 and 4 support should be made via the online **request for support form** for children and young people who are not currently open to either families first or children's social care.

### Health

- The child rarely accesses appropriate health and health advice services, missing immunisations
- Additional help required to meet health demands of the child including disability or long-term serious illness requiring support services
- Needs of the carers are affecting the care and development of the child
- The carer demonstrates ambivalence to ante-natal and post-natal care with irregular attendance and missed appointments
- The parent is struggling to adjust to the role of parenthood, post-natal depression is affecting parenting ability
- Pregnancy in a young person / vulnerable adult who is deemed in need of support

### Mental / Emotional health

- Parenting often lacks emotional warmth and/or can be overly critical and/or inconsistent, occasional relationship difficulties impacting on the child's development. Struggles with setting age-appropriate boundaries, occasionally not meeting developmental milestones and occasionally prioritises their own needs before child's
- The child has a mild a mental health condition which affects their everyday functioning but can be managed in mainstream schools and parents are engaged with school /health services including accessing remote support services to address this. Child is accessing social media sites related to self-harm, has expressed thoughts of self-harm

but no evidence of self-harm incidences. History of mental health condition but have been assessed and discharged home with safety plan and follow up

- Child has a negative sense of self and abilities, suffering with low self-esteem and confidence making them vulnerable to those who wish to exploit them resulting in becoming involved in negative behaviour/activities
- Sporadic / low level mental health of carer impacts care of child, however, protective factors in place
- Child has suffered a bereavement recently or in the past and is distressed but receives support from family and friends and appears to be coping reasonably well – would benefit from short term additional support from early help services

### **Education**

- Child experiences frequent moves between schools or professional concerns re home education. Reports of bullying but responded to appropriately. Peer concerns managed by the school
- Some developmental milestones are not being met which will be supported by universal services
- The child's ability to understand and organise information and solve problems is impaired and the child is under-achieving or is making no academic progress
- The carer is not engaged in supporting learning aspirations and/or is not engaging with the school

### **Abuse and neglect**

- Carer on occasion does not protect their family which if unaddressed could lead to risk or danger
- Child occasionally shows physical symptoms which could indicate neglect
- Child has occasional, less common injuries which are consistent with the parents' account of accidental injury - carers seek out or accept advice on how to avoid accidental injury
- Carer uses physical assault (no injuries) as discipline but is willing to access professional support to help them manage the child's behaviour
- Concerns re ongoing conflict between family and child
- Pattern emerging of self-sufficiency which is not proportionate to a child/young person's age and stage of development
- Child has an increased level of illnesses with the causes unknown

### **Sexual abuse / Activity**

- Concerns relating to inappropriate sexual behaviour / abuse within the family / network but does not amount to a criminal offence
- Emerging concerns of possible sexual activity of a child
- Single instance of sexually inappropriate behaviour
- Age-appropriate attendance at sexual health clinic

### **Police attention**

- History of criminal activity within the family including gang involvement, child has from time to time been involved in anti-social behaviour
- Child is vulnerable and at potential risk of being targeted and/or groomed for criminal exploitation, gang activity or other criminal groups/associations
- Attention of Anti-Social Behaviour team or police. Talks about carrying a weapon. Reports from others that involved in named gang. Glamorises criminal or violent behaviour
- Young person has been stopped and searched in circumstances that cause concern such as time of day and others present but no previous concerns

### **Harmful practices**

- Concern the child is in a culture where harmful practices are known to have been performed however parents are opposed to the practices in respect of their children
- There are concerns that a child may be subjected to Honour Based Violence
- History of practising Female Genital Mutilation within the family including female child is born to a woman who has undergone Female Genital Mutilation, older sibling/cousin who has undergone Female Genital Mutilation. Family indicates that there are strong levels of influence held by elders and/or elders are involved in bringing up female children. Female child where Female Genital Mutilation is

known to be practiced is missing from education for a period without school's approval

- Suspicion child is exposed to issues of spirit possession or witchcraft

### **Extremism & radicalisation**

- Child refers to own and family ideologies
- Child refers to own and family extreme views
- Child is at risk of becoming involved in negative internet use that will expose them to extremist ideology, expressing casual support for extremist views
- Child is expressing strongly held and intolerant views towards people who do not share their religious or political views
- The child is expressing verbal support for extreme views some of which may be in contradiction to British law

### **Drug / substance misuse**

- The child is known to be using drugs and alcohol frequently with occasional impact on their social wellbeing
- Drug and/or alcohol use is impacting on parenting but adequate provision is made to ensure the child's safety, concerns this may increase if continues
- Child or household member found in possession of Class C drugs
- Concerns of drug usage during pregnancy

## **Disability**

- Carers / other family members have disabilities which occasionally impedes their ability to provide consistent patterns of care but without putting the child at risk, additional support required
- Additional help required to meet health demands of the child's disabilities

## **Young carer**

- Child occasionally has caring responsibilities for members of their family and this sometimes impacts on their opportunities

## **Domestic abuse**

- Expectant mother or parent is a victim of occasional or low-level non-physical abuse
- There are isolated incidents of physical / emotional abuse / economic control or controlling or coercive behaviour in the family, however mitigating protective factors within the family are in place. Even if children reported not to be present when incidents have occurred
- Information has become known that a person living in the house may be a previous perpetrator of domestic abuse, although no sign of current or recent abuse is apparent

## **Social development**

- Child has few friendships and limited social interaction with their peers. Child has communication difficulties and poor interaction with others. Child exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community. Support is in place to manage this behaviour. Child is a victim of discrimination or bullying
- There is a significant lack of support from the extended family network which is impacting on the parent's capacity
- Child is at risk of becoming involved in negative internet use, lacks control and is unsupervised in gaming and social media applications
- The family is chronically socially excluded and/ or there is an absence of supportive community networks
- Child is affected and possibly becoming involved in low level anti-social behaviour in the locality due to others engaging in threatening and intimidating behaviour
- Child and family's legal entitlement to stay in the country is temporary and/or restricts access to public funds and/or the right to work placing the child and family under stress
- Perceived inability or reluctance to access more mainstream support. Reduced access due to their ethnicity / cultural background / being in care / identifying as LGBTQ / Educational Needs (SEN)

## Extra familial harm/ Contextual Safeguarding

- Places / Spaces: Spending time in areas known for antisocial behaviour or where more vulnerable. Child/ young person identifies and informs professionals of unsafe locations and reason for this
- Peer Group / External Relationships: Some indications that unknown adults and/or other exploited children have contact with the child/ young person. Some indications of negatively influential peers
- Professional Engagement: Limited referral history with services. Lack of confidence in worker / service to manage risk or work with adolescents. Multiple workers confused or disagreeing on risk
- Missing: Child has run away from home on one or two occasions or not returned at the normal time. Concerns about what happened to them whilst they were away, whereabouts unknown





## Level 3 – Intensive

These children, young people and families are more likely to need a response from a service that is able to provide intensive family support. The range, depth, or significance of their needs is more complex. Several services are involved, using the Team Around the Family approach, Family Plan, and a key worker/Lead Practitioner to coordinate multi-agency support. Families First services, Intensive Family Support Teams and SASH teams can support at this level. All professional requests for levels 2, 3 and 4 support should be made via the online **request for support form** for children and young people who are not currently open to either families first or children's social care.

### Health

- There is no evidence that the child has accessed health and health advice services and suffers chronic and recurrent health problems as a result. Diagnosed with a life-limiting illness.
- With additional support, parent not meeting needs of child's health. Carer displays high levels of anxiety regarding child's health
- Needs of the carer / other family members significantly affect the care of child
- The carer is not accessing ante-natal and/ or post-natal care, significant concern about prospective parenting ability, resulting in the need for a pre-birth assessment
- The parent is suffering from post-natal depression. Infant / child appears to have poor growth - Growth falling 2 centile ranges or more, without an apparent health problem. Newborn affected by maternal substance misuse
- Child Looked After, Care Leaver or vulnerable young person who is pregnant

### Mental / Emotional health

- Carers inability to engage emotionally with child leads to developmental milestones not met. Family environment is volatile and unstable resulting in a negative impact on the child, leading to possible vulnerabilities and exploitative relationships, parent/ carer unable to judge dangerous situations / set appropriate boundaries. Allegations parents making verbal threats to children. Child rarely comforted when distressed / under significant pressure to achieve / aspire.

- The child has a mental health condition which significantly affects their everyday functioning and requires specialist intervention in the community. Parent is not presenting child for treatment increasing risk of mental health deterioration problems as a result. No evidence child has accessed mental health advice services and suffers recurrent mental health problems as a result. Child is known to be accessing harmful social media sites to facilitate self-harming. Child self-harms causing minor injury and parent responds appropriately. Child has expressed suicidal ideation with no known plan of intent. Child is under the care of hospital engaging with mental health services.
- Child has a negative sense of self and abilities, suffering with low self-esteem and confidence which results in child becoming involved in negative behaviour / activities by those exploiting / grooming them
- Mental health needs of the carer (subject to a section under MHA) is impacting on the care of their child and there are no supportive networks and extended family to prevent harm. Carer has expressed suicidal ideation with no known plan of intent
- Child has suffered bereavement recently or in the past and recent there has been a deterioration in their behaviour. Low level support has not assisted, long term intervention required
- Some concern about the private fostering arrangements in place for the child, there may be issues around the carers' treatment of the child. The local authority hasn't been notified of the private fostering arrangement

## Education

- Child's attendance is varied with missing absences and exclusions. Recurring issues raised about child's home education. Inappropriate behaviour from carer/school has not been managed
- Some developmental milestones are not being met which will require support of targeted/specialist services
- The child's ability to understand and organise information and solve problems is very significantly impaired and the child is seriously under-achieving or is making no academic progress despite learning support strategies over a period of time.
- The carer does not engage with the school and actively resists suggestions of supportive interventions

## Abuse and neglect

- Carer frequently neglects/is unable to protect their family from danger/ significant harm. Parents or carers persistently avoid contact / do not engage with childcare professionals
- Child consistently shows physical symptoms which clearly indicate neglect
- Child has injuries which are accounted for but are more frequent than would be expected for a child of a similar age/needs. Carer does not know how injuries occurred or explanation unclear
- Carer uses physical assault (injuries) as discipline but is willing to access professional support to help them manage the child's behaviour
- Family is experiencing a crisis likely to result in the breakdown of care arrangements - no longer want to care for child

- High level of self-sufficiency is observed in a child/young person that is not proportionate to a child/young person's age and stage of development
- Suspicion child has suffered or is at risk of fabricated or induced illness

### Sexual abuse / activity

- Allegation of non-recent sexual abuse but no longer in contact with perpetrator
- Suspicions of peer-on-peer sexual activity in a child over 13 years old. Child under 16 is accessing sexual health and contraceptive services
- Send/receive inappropriate sexual material produced by themselves or other young people via digital or social media, considered as peer-on-peer abuse. Evidence of concerning sexual behaviour – accessing violent / exploitative pornography
- Sexually transmitted infections (STI's). Consent issues may be unclear. Verbal or non-contact sexualised behaviour. Historic referrals in regard concerning sexual behaviour

### Police attention

- Family member has a criminal record relating to serious or violent crime, known gang involvement, child is involved in anti-social behaviour and may be at risk of gang involvement, early support not having the desired impact. Starting to commit offences/re-offend or be a victim of crime
- Child appears to be actively targeted/coerced with the intention of exploiting the child for criminal gain

- Arrested for possession of offensive weapon, drugs, multiple thefts / going equipped / motoring offences. Non-compliance of conditions
- Young person regularly stopped and searched indicating vulnerability, exploitation or criminality. Young person arrested as a result of a stop and search

### Harmful practices

- Concern the child may be subject to harmful traditional practices
- There is evidence to indicate the child is at risk of Honour Based Violence
- Any female child born/unborn to a mother who has had Female Genital Mutilation and is from a prevalent country, family believe Female Genital Mutilation is integral to cultural or religious identity. Female child talks about a long holiday / confirmed travel to her country of origin or another country where the practice is prevalent. Female child or parent from household where Female Genital Mutilation is known or suspected to have previously been a factor state that they or a relative will go out of the country for a prolonged period with female child
- There are concerns that a child may be subjected to Forced Marriage
- Evidence child is exposed to issues of spirit possession or witchcraft

## Extremism & radicalisation

- The child expresses sympathy for ideologies closely linked to violent extremism but is open to other views or loses interest quickly. Child and family have indirect links to proscribed organisations
- A child is known to live with an adult or older child who has extreme views. Child may inadvertently view extremist imagery
- Child is known to have viewed extremist websites and has said s/he shares some of those views but is open about this and can discuss the pros and cons or different viewpoints
- Child is refusing to co-operate with activities at school that challenge their religious or political views, they are aggressive and intimidating to others who do not share their religious or political views
- Concerns child has connections to individuals or groups known to have extreme views and they are being educated to hold intolerant, extremist views

## Drug / substance misuse

- The child's substance misuse dependency is affecting their mental and physical health and social wellbeing - Child presents at hospital due to substance / alcohol misuse. Carer indifferent to underage smoking / alcohol / drugs etc
- Drug/alcohol use has escalated to the point where the child is worrying about their carer/family member
- Previous concerns of drug involvement / drug supply and child or household member found in possession of Class A or Class B drugs / drug paraphernalia found in home

- Evidence of substance/drug misuse during pregnancy – pre 21 weeks gestation

## Disability

- Carers / other family members have disabilities which are affecting the care of the child
- Parents unable to fully meet the child's needs due disability needs, requiring significant support under CIN Plan

## Young carer

- Child is regularly caring for another family member resulting in their development and opportunities being adversely impacted by their caring responsibilities

## Domestic abuse

- Expectant mother or parent has previously been a victim of domestic abuse and is a victim of occasional or low-level non-physical abuse
- Children suffering emotional harm when witnessing physical / emotional abuse / economic control / coercive and controlling behaviour within the family. Perpetrator/s show limited or no commitment to changing their behaviour and little or no understanding of the impact their behaviour has on the child
- Confirmation previous domestic abuse perpetrator residing at property. Carer minimises presence of domestic abuse in the household contrary to evidence of its existence

## Social development

- Child is isolated and refuses to participate in social activities, interacting negatively with others including aggressive, bullying or destructive behaviours, early support has been refused, or been inadequate to manage this behaviour. Child has experienced persistent or severe bullying which has impacted on his/her daily outcomes. Child has significant communication difficulties
- There is a weak or negative family network. There is destructive or unhelpful involvement from the extended family. Child has multiple carers; may have no significant or positive relationship with any of them/child has no other positive relationships
- Child is engaged in or victim of negative and harmful behaviours associated with internet and social media use or is obsessively involved in gaming which interferes with social functioning. Evidence of sexual material being shared without consent. Multiple SIMs | or phones
- The family is socially excluded and isolated to the extent that it has an adverse impact on the child
- The neighbourhood or locality is having a negative impact on the child resulting in the child coming to notice of the police on a regular basis both as a suspect and a victim, concerns by others re exploitation
- Child and family's legal status puts them at risk of involuntary removal from the country / having limited financial resources/no recourse to public funds increases the vulnerability of the children to criminal activity

- Isolated and refuses to participate in activities. Experiencing bullying or social isolation that may be exacerbated by personal, cultural, sexual identity or education needs. Targeted by groups or individuals due to their vulnerability or perceived reputation

## Extra-familial harm / Contextual safeguarding

- Places / Spaces: The neighbourhood or locality is having a negative impact on the child. Frequently spending time in locations, including online, where they can be anonymous or at risk of experience harm / violence / exploitation
- Peer Group / External Relationships: Unknown adults and/or other exploited children/young people associating with the child/young person. Escalation in behaviour of peer group. Accompanied by an adult who is not a legal guardian. Arrested with individuals who at risk of exploitation / violence
- Professional Engagement: Services previously involved and closed; new referral received for similar concerns. Despite attempts, professionals have been unable to engage the young person to date. Several services involved but little change
- Missing: Child persistently runs away and/or goes missing, serious concerns about their activity whilst away. Parent does not report them missing. Unable to give explanations for whereabouts

## Level 4 – Specialist

Children, Young People and Families whose needs are complex, long-lasting, and cross several domains. Several services are normally involved with a coordinated multi-agency approach and a Lead Practitioner, usually in a statutory role. Statutory intervention is commonly required at this stage. All professional requests for levels 2, 3 and 4 support should be made via the online **request for support form** for children and young people who are not currently open to either families first or children's social care.

### Health

- The child has complex health problems which are attributable to the lack of access to health services. Carer denying professional staff access to the child
- Carers' level of anxiety regarding their child's health is significantly harming the child's development. Strong suspicions / evidence of fabricating or inducing illness in their child
- The carer neglects to access ante-natal care and there are accumulative risk indicators
- The carer is suffering from severe post-natal depression which is causing serious risk to themselves and their child/ children
- Pregnancy in a child under 13 or parent with significant learning needs. Young inexperienced parents with additional concerns that could place the unborn child at risk of significant harm

### Mental / Emotional health

- Relationships between the child and carer have broken down to the extent that the child is at risk of significant harm / frequently exposed to dangerous situations and development significantly impaired. Child has suffered long term neglect due to lack of emotional support from parents
- Child expressed suicidal ideation with intent or psychotic episode or other significant mental health symptoms. Refuses medical care or is in hospital following episode of self-harm or suicide attempt or significant mental health issues. Carer unable to manage child's behaviours related to their mental health increasing the risk of the child suffering significant harm. Child or young person has ongoing

suicidal ideation following attempt or is in hospital following episode of self-harm or suicide attempt

- Evidence of exploitation linked to child's vulnerability. Child frequently exhibits negative behaviour / activities that place self or others at imminent risk
- Mental health needs of the carer significantly impacting the care of their child placing them at risk of significant harm. Carer has ongoing suicidal ideation following attempt or is in hospital following episode of self-harm or suicide attempt
- Child has suffered bereavement and is missing, self-harming, disclosing suicidal thoughts, risk of exploitation, involvement in gang/ criminal activity
- There is concern that the child is a victim of exploitation, domestic slavery, or being physically abused in their private foster placement

## Education

- Child's achievement is seriously impacted by lack of education. Regular breakdown of school placements. Lack of trust in education system (young person or parents/carers). Repeated concerns about school's management of behaviour
- Developmental milestones are significantly delayed or impaired causing concerns regarding ongoing neglect (not in the case of those with a disability)
- The child's inability to understand and organise information and solve problems is adversely impacting on all areas of his/her development creating risk of significant harm, concerns of carer neglect

- The carer actively discourages or prevents the child from learning or engaging with the school

## Abuse and neglect

- Carer is unable to protect their child from harm, placing their child at significant risk. Allegations of harm by a person in a position of trust
- Child shows physical signs of neglect which are attributable to the care provided by their carers
- Any allegations of abuse or neglect or any injury suspected to be non-accidental injury to a child. Repeated allegations or reasonable suspicion of non-accidental injury. Any allegation of abuse/suspicious injury in a pre-mobile or non-mobile child. Child has injuries more frequently which are not accounted for and the child makes disclosure and implicates parents or older family members
- Carer uses an implement causing significant physical harm to a child
- Family have rejected / abandoned / evicted child. Child has no available parent and the child is vulnerable to significant harm. Child not living with a family member
- Inappropriate, high level of self-sufficiency for child/young person's age and stage of development resulting in neglect
- Medical confirmation that a child has suffered significant harm due to fabricated or induced illness

## **Sexual abuse / activity**

- Concerns re possible inappropriate sexual behaviour from carer / carer sexually abuses their child. Offender who has risk to children status is in contact with Family. Child who lives in a household into which a registered sex offender or convicted violent offender subject to MAPPA moves
- Suspicions of sexual abuse / sexually activity of a child. Direct allegation of sexual abuse/assault by child and belief that child is in imminent danger and in need of immediate protection
- Child is exhibiting harmful, sexual behaviour. Early teen pregnancy. Risk taking sexual activity
- Multiple / untreated sexually transmitted infections (STI's). Concerning sexual activity (behaviour that is upsetting to others). Allegations of non-penetrative abuse. Harmful sexual behaviour. Child exploited to recruit others into sexual activity. Repeated pregnancy, miscarriages and/or terminations. Increase in severity of concerning sexual behaviour

## **Police attention**

- Re-occurring / frequent attendances by the police to the family home. Family member within household's criminal activity significantly impacting on the child, child is currently involved in persistent or serious criminal activity and /or is known to be engaging in gang activities leading to injury caused by a weapon
- Child habitually entrenched / actively criminally exploited. There is a risk of imminent significant harm to the child as a result of their

criminal associations and activities. They may not recognise they are being exploited and/or are in denial about the nature of their abuse

- Charged or convicted of Aggravated Robbery/Use of offensive weapon/ possession of large quantities of Class A drugs. Intentional harm of others / animals
- Young person consistently stopped and searched with risk factors suggested they are being exploited

## **Harmful practices**

- Evidence the child may be subject to harmful traditional practices
- There is specific evidence to indicate a child has been subjected to Honour Based Violence or the child has reported they have been subjected to Honour Based Violence
- Reports that female child has had Female Genital Mutilation/ child requests help as suspects she is at risk of Female Genital Mutilation. Upon return from country where practice is prevalent, noticeable changes in child – dress code, excusing from PE, discomfort in walking, frequenting toilet facilities
- Evidence child may be subject to forced marriage or has been subjected to Forced Marriage
- Disclosure from child about spirit possession or witchcraft, parental view that child is believed to be possessed



## **Extremism & radicalisation**

- The child expresses beliefs that extreme violence should be used against people who disrespect their beliefs and values. The child supports people travelling to conflict zones for extremist/ violent purposes or with intent to join terrorist groups The child expresses a generalised non-specific intent to go themselves. Child, family and friends have strong links / are members of proscribed organisations.
- A child is sent extreme imagery / taken to demonstrations or marches where violent, extremist and/or age-inappropriate imagery or language is used. The child/carers/ close family members / friends are members of proscribed organisations, promoting the actions of violent extremists and/or saying that they will carry out violence in support of extremist views including child circulating violent extremist images
- Child is known to have viewed extremist websites and is actively concealing internet and social media activities. They either refuse to discuss their views or make clear their support for extremist views. Significant concerns that the child is being groomed for involvement in extremist activities
- Child expresses strongly held beliefs that people should be killed because they have a different view. Child is initiating verbal and sometimes physical conflict with people who do not share their religious or political views
- Child has strong links and involved in activities and being educated by those with individuals or groups who are known to have extreme views / links to violent extremism

## **Drug / Substance misuse**

- The child's substance misuse dependency is putting the child at such risk that intensive specialist resources are required
- Carer/other family members drug and/or alcohol use is at a problematic level and are unable to provide care to child
- Family home is used for drug taking / dealing / illegal activities
- Evidence of substance/drug misuse during pregnancy – post 21 weeks gestation

## **Disability**

- Carers / other family members have disabilities which are severely affecting the care of the child and placing them at risk of significant harm
- Carers Child's disability needs not being met – neglectful

## **Young Carer**

- Child outcomes are being adversely impacted by their unsupported caring responsibilities.

## **Domestic abuse**

- Expectant mother or parent is a victim of domestic abuse which has taken place on a number of occasions
- Evidence suggesting child is directly subjected to verbal abuse, derogatory titles, threatening and/or coercive adult behaviours. Child suffering emotional harm and possibly physical harm when witnessing

/ involved with physical / emotional abuse / economic control / coercive and controlling behaviour within the family especially if they are trying to protect the adult victim. Frequency of incidents increasing in severity / duration

- Serious threat to parent's life or to child by violent partner. Child injured in domestic violence incident. Child traumatised or neglected due to a serious incident of DV or child is unborn

### **Social development**

- Child is completely isolated, refusing to participate in any activities, positive interaction with others is severely limited due to displays of aggressive, bullying or destructive behaviours impacting on their wellbeing or safety. Child has experienced such persistent or severe bullying that his/her wellbeing is at risk. Child has little or no communication skills
- The family network has broken down or is highly volatile and is causing serious adverse impact to the child
- Child is showing signs of being secretive, deceptive and is actively concealing internet and social media activities. Regularly coerced to send / receive indecent images. Coerced to meet in person for sexual activity. Devices need to be removed and access restricted at all times
- The family is excluded and the child is seriously affected but the family actively resists all attempts to achieve inclusion and isolates the child from sources of support
- The neighbourhood or locality is having a profoundly negative impact on the child resulting in the child coming to notice of the police on a

regular basis both as a suspect and a victim, concerns by others re high risk of exploitation, being groomed and any other criminal activity

- Evidence a child has been exposed or involved in criminal activity to generate income for the family / family members are being detained and at risk of deportation or the child is an unaccompanied asylum-seeker
- Negative sense of self and abilities that risk of causing harm. Completely isolated, refusing activities. High levels of social isolation that may be exacerbated by personal, cultural, sexual identity or education needs

### **Extra - familial harm / Contextual safeguarding**

- Places / Spaces: Found in areas/properties known for exploitation / violence. Taken to hotel / B&B / property with intention of being harmed or harming others. Area Staying with someone believed to be exploiting them. Person with significant relationship is coercing child / young person to meet and child is sexually or physically abused. Found with adults / high risk individuals out of borough. Is being exploited to 'recruit' others
- Professional Engagement: History of multiple services / referrals with little change or escalation in risk. Services report unable to keep child / young person safe.
- Missing: Child persistently runs away and/or goes missing and does not recognise that he/she is putting him/herself at risk of exploitation, criminal behaviour etc. Pattern of sofa surfing, whereabouts unknown



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# Resources

# Suggested support and multi-agency working (including hyperlinks)

## **Hertfordshire Safeguarding Children Partnership Procedures**

Hertfordshire Safeguarding Children Partnership Manual

HSAB and HSCP training and resources | Hertfordshire County Council

## **Social Work Procedures Manual**

Social Care Procedures Manual

## **Working Together to Safeguard Children 2018**

Working Together to Safeguard Children 2018

## **Customer Service Centre**

- Early Help and Specialist **Request for support form**

## **Families First**

Families First

## **Request for support form**

Families First Portal

Services Available to Families

Families First Professionals Area

Training and learning (Families First)

## **Adolescent Resources**

NRM guidance

Referral to the National Referral Mechanism (NRM)

Safeguarding Procedures

Prevent National Referral Form

Prevent Guidance

Guidance for young people impacted by gangs

Child Sexual Exploitation

Services for Young People



## **General**

Isobel Hospice: Young People's Bereavement Support

Young Minds

Princes Trust Team

Kooth on line emotional/mental health support

Adoption Support Service

CAMHS

CGL - Change Grow Live

ARC

Integrated Services for Learning

Herts Young Homeless (HYH)

Hertfordshire Practical Parenting

Community Adult Mental Health Services

Hertfordshire Constabulary

Support for Young People – Youth Projects in your Area

## **Young Carers**

Guidance to Working with Young Carers

Carers in Hertfordshire

## **SEND**

SEND Local Offer

Services for children and young people

Preparation for adulthood

School Holiday Schemes

Short Breaks

## **Child Protection School Liaison Officers**

See **handbook** for more details.

# Key Legislation

## **Data Protection Act (2018)**

Data Protection Act 2018

## **GDPR**

GDPR information

**HMSO. Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers. (July 2018).**

Information sharing: advice for practitioners

## **The Children Act (1989), (2004), (2014) and (2017)**

Children Act 1989

Children Act 2004

Children and Families Act 2014

Children and Social Work Act 2017

## **Adoption and Children Act 2002 and amendments to the Act**

Adoption and Children Act 2002





The Continuum of Need document in Hertfordshire is a Hertfordshire Safeguarding Children Partnership document that is agreed by all partners.

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# Acknowledgements



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Integrated Care Board



HERTFORDSHIRE  
CONSTABULARY

