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Foreword & Strategic Overview

Sheffield Children's Safeguarding Partnership comprising representatives from key services within Sheffield City Council, South Yorkshire Police, Sheffield Teaching Hospitals Trust, Sheffield Children's Hospital and others have developed this document to support practitioners at all levels working in early help and statutory services in Sheffield.

The document is intended to enable practitioners:

- to make decisions about how best to respond to the needs of children and young people and families.
- to support getting families access to the right help at the right time.
- to feel safe and confident in their decision making

Working Together to Safeguard Children (2018) states that.

"Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life... Early help can also prevent further problems arising".

"Effective early help relies upon local organisations and agencies working together to:

- *identify children and families who would benefit from early help.*
- *undertake an assessment of the need for early help.*
- *provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child.*

This requires all practitioners, including those in universal services and those providing service to adults with children, to understand their role in identifying emerging problems and to share information with other practitioners to support early identification and assessment."

Our vision is for every child, young person and family, regardless of ethnicity, disability or other protected characteristic, to recognise their strengths and to be supported to build their capacity and resilience. This will lead towards sustained independence that enables them to reach their potential now and in the future despite any disadvantages that they may face.

On reading this document you will note the references to the continuum of need, rather than the threshold of need, this is because 'thresholds' can be static and unhelpful to a family. We know family life is fluid and changes can occur at any time, therefore services need to be flexible, timely and creative to move towards positive and sustained change. In doing this we are able to be responsive to the family by ensuring the right support at the right time in the right place to meet need at the earliest point of presentation.

The revised levels of need and provision have been developed with stakeholders and with key partners and provides support and clear definitions of need and how to recognise the risk of harm to any child. The 4 levels of need reflect a 'whole family' approach to providing support and guide when issues and needs require an Early Help response and when needs may instead require a statutory response.

This document will be reviewed regularly with key partners and any updates or amendments needed will be incorporated as they emerge. We hope that this guidance supports your work with Children and their Families in Sheffield.

Introduction

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We want Sheffield to be an inclusive city where we work together to ensure that all children and their families receive the right support at the right time so that they live a happy and fulfilled life.

The outcomes we want for Children & Young people in Sheffield are.

SAFE & NURTURED – Children & Young People are safe, secure & nurtured within their home.

SAFE COMMUNITIES – Children and young people are safe and supported in their community so that they are not at risk of harm.

GOOD HEALTH - Children and young people have good physical health.

EMOTIONALLY HEALTHY – Children and young people are resilient and emotionally healthy.

ENGAGING EDUCATION & ACTIVITIES – Children and young people access and engage in their education, employment, and their local community.

Throughout all of these we seek to ensure that Children and young people with additional needs are identified and receive appropriate support in a timely manner.

Keeping Sheffield's children and young people safe is at the heart of our work together. It can be challenging at times, but we know that when we work together to safeguard children, we can make a real difference to their lives.

Children and young people live in diverse and sometimes complex family systems, in communities and with peer groups that they may or may not feel safe in. Most children will have their day-to-day needs met by their parents or carers and from within their own community. These children will access **universal services** that are aimed to support all children.

For some children and their families however, there are times when they will require additional or intensive help and support and a further smaller number of children will require specialist intervention, including protection from likely or actual significant harm.

This guidance is an important element of our work, and it has been agreed by all partners in Sheffield through the Sheffield Safeguarding Children Partnership.

This framework describes potential indicators of need for children, young people and their families and so provides the basis for services to have a good and shared understanding of the "lived experience of the child".

The framework can also be used to inform "professional conversations" between services and practitioners and so promote collective understanding of the type and nature of support that is needed to enable children and young people to achieve their potential.

The guidance helps us all to think about the child or young person and their individual needs. It helps us to think about how we can best support them, ensuring that we intervene early and make the right referral at the right time.

Key principles

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- Children's welfare, education and safety is **everyone's responsibility**. Children and young people have the right to an education, to safety and to protection from abuse and neglect.
- We listen to and value the 'voice of every child', hearing their worries and concerns and placing them at the centre of everything we do.
- Wherever possible, children and families' needs will be met by universal services. As soon as any professional is aware that a child has any additional needs, he/she will talk to the child and their family and **offer advice and support** to meet that need.
- **Prevention and early intervention** to manage problems and needs at the earliest opportunity achieves better outcomes for children.
- Families will be encouraged to identify their own strengths, needs and solutions.
- In most families, outcomes for children will only be improved by **supporting and assisting parents and carers** to make changes.
- Partners and professionals should consult one another, **share information and work together** to ensure that the child and their family get the most appropriate and effective support. The **'Team Around the Family'** and use of Early Help Assessment is essential to ensure that support is coordinated, working effectively with the family.
- Support and services will be offered to **help families to find their own enduring solutions,** engaging, enabling and empowering families to be independent. Once improvements happen, services will reduce or end so as not to create a dependency on services.
- Supporting children effectively involves **building on strengths** in addition to identifying difficulties.
- Assessments and interventions must be:
  child-centered (overriding principle)
  family focused.
  holistic in approach, taking account of the child/families broader social and community. network
  clear about outcomes
  based on a good understanding of child development
  regularly reviewed with plans and service provision amended accordingly
- Children and young people are unique members of the community and should be **valued and respected** whatever their ability, ethnic origin, gender, health, sexuality or religion.
- **A conversational approach** that builds trust, understanding and co-operation should be used across the Continuum of Need. In early help the conversational approach should take place directly with families as part of a Team Around the Family approach to discuss and agree next steps for support which may include assessment and if necessary, onward referral. For concerns about risk of significant harm to a child, a conversational approach between the concerned professional and a Safeguarding Hub social worker is essential to clarify the concerns, consent, the support already provided and to give the opportunity for respectful professional challenge in the best interests of children.

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Practice Framework: Signs of Safety

Each child and family member is an individual, each family is unique in its make-up and reaching decisions about levels of need and the best intervention requires discussion, reflection and professional judgement in collaboration with the family.

'Signs of Safety' provides a framework for us to do this together, by considering seven domains in any assessment:

- What is the harm (past and present) that we are worried about in respect of a child?
- What are we worried is going to happen to the child in the future if nothing changes?
- What are the complicating factors in this family?
- What are their strengths and positive attributes?
- Is there any existing safety or protection?
- What needs to happen to keep the child safe now?
- What does the family want to happen?

In Sheffield, we are committed to developing collaborative working relationships with families to help us to understand the circumstances of each family, to be professionally curious and rigorous in making judgements and to maintain a clear and relentless focus on safety and protection.

Safe & Together

In 2021 The Domestic Abuse Act recognised that children who experience domestic abuse in their family are victims in their own right. The Act also recognised post separation abuse in legislation e.g., in relation to coercive control continuing after the parents have separated.

Sheffield is committed to ensuring children and young people are safe from Domestic Abuse. To enable a whole system change in how we approach this the Safe and Together model is being rolled out. The model is based on 3 core principles:

1. Keeping children safe and together with non-offending parent. Recognising children and young people are victims of domestic abuse. Ensuring their safety, support for the trauma they have experienced and stability with the non-offending parent.
2. Partnering with non-offending parent as a default position. Building on strengths and protective factors of the survivor to build child focused plans.
3. Intervening with perpetrator to reduce risk and harm to child. Engaging with and holding the perpetrator accountable for the parenting choices they are making around their abusive behaviours.

More information about Safe and Together can be found here About the Safe & Together™ Model | Safe & Together Institute (safeandtogetherinstitute.com)

Consent and information sharing

All practitioners need to work honestly and openly with families, discuss needs and concerns with them and ensure that they are involved in decision making about next steps. **To support trusted relationships, parental consent should be the accepted norm unless in gaining their consent to share information and to make enquiries would create risk or further risk of harm to a child.**

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If a practitioner believes a child is at risk of significant harm, they have a duty to make a referral. These referrals do not require consent, but it is good practice to inform an adult with parental responsibility that the referral is being made, UNLESS doing so would place the child at risk of significant harm or may lead to the loss of evidence.

To share information effectively, all practitioners should be confident of the processing conditions under the Data Protection Act 2018 and the General Data Protection Regulation 2016/679 (GDPR) which allow them to store and share information for safeguarding purposes, including information, which is sensitive and personal, and should be treated as 'special category personal data'.

Where practitioners need to share special category personal data, they should be aware that the Data Protection Act 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information. This includes allowing practitioners to share information without consent:

- If it is not possible to gain consent.
- It cannot be reasonably expected that a practitioner gains consent, or.
- If to gain consent would place a child at risk, e.g., suspected familial child sexual abuse and Fabricated & Induced Illness

In cases where consent is not given, practitioners should consider how the needs of the child might be met. If at any time it is considered that the child may be a child in need, as defined in the Children Act 1989, or that the child has suffered significant harm or is likely to do so, a referral should be made immediately to local authority children's social care. This referral can be made by any practitioner.

Consent and Information Sharing can be a tricky topic. Where the child's capacity (16-17yr olds) should be considered and the appropriateness of sharing certain disclosures (e.g., in cases where gender identity/sexual orientation has been discussed) a one-minute guide had been prepared.

The 4 levels of need

The four levels of need reflect a whole family approach to providing support for children, young people and families which is flexible and responsive.

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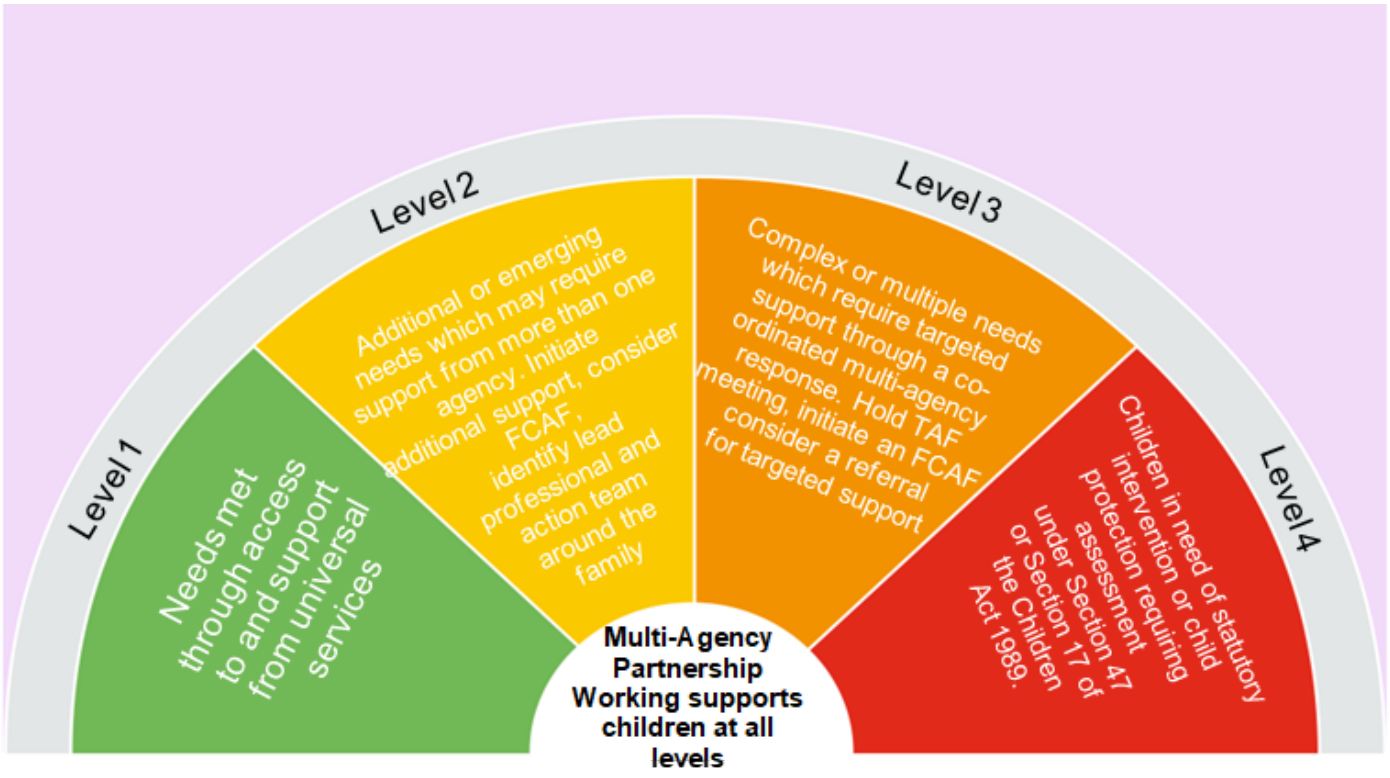
The needs of children and families do not move through the levels in a structured way, but rather across a continuum of need. Children and families may experience a range of different needs at different times and as such will move backwards and forwards through the continuum as needs are met.



Level 1: Universal Parental Consent may be required to access services	Children and young people at this level are largely achieving expected outcomes. Need is low level and can be met by the universal services or with some limited additional advice or guidance. **Typical Services** who provide Support at this level include Midwifery, 0-19 Health Services, GPs, Early Years settings, Schools & Colleges, Universal Youth Services, e.g., Youth Clubs, Family Hubs and 0-19 Packages of Care
Level 2: Getting Help – Early Support 2-3 services work together to meet child/ family needs, **coordinated by the service who knows the child/family best**. It may be helpful for these professionals to complete an Early Help Assessment (not essential at L2) **Parental Consent is required to access services**	Some emerging needs that require support of another service alongside universal provision. Likely to require early help for a time limited period, to help them towards wellbeing goals and reduce the likelihood of needing more intensive support. Sign posting to an additional service likely to be helpful. Appropriate services may be found at Sheffield Directory and/or Parenting groups are described here Positive parenting | Sheffield City Council When emerging needs arise due to a child's having additional needs or being disabled make use of Sheffield's Local Offer for SEND https://www.sheffieldSEND local offer An Early Help Assessment may be appropriate for some children at this level and an appropriate Lead Practitioner should be identified within the services currently supporting the family. **Typical Services** who provide Support at this level include Universal services with additional input from specific Early Help Services (e.g., Inclusion & Attendance), or SEN Advisory Services, or Specialist Health Clinics, or Information, Advice and Guidance services.
Level 3: Targeted Support	More complex needs and need targeted support without which they would not meet their expected potential. Live in families or circumstances where there is greater

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Early Help Assessment to be completed **by the agency which knows the family best** or who the family trust with an outcome-based support plan agreed by the family. There will be an **identified Lead Practitioner/Key Worker** who will be the main link for the family and hold all the agencies involved to account to deliver their agreed support. **Parental Consent is required to access services.**	adversity and a greater degree of vulnerability. An Early Help Assessment and a Team around the Family (TAF) meeting required to assess the strengths and needs of the family and to establish who needs to be involved in the multi-agency support package. Best Practice to do these with partner agencies and face-to-face with the family (ideally at TAF meeting) and to incorporate the voice of the child. Requires a targeted coordinated response. Consider need for referral to targeted Early Help services. Likely to require longer term help. When complex needs arise due to a child having additional needs or being disabled make use of the Graduated Approach and Sheffield's Local Offer for SEND (Link) **Typical Services** who provide Support at this level include: CAMHS tier 3, adult mental health, or drug/alcohol team, Domestic Abuse Services, Parenting Support, Family Intervention Service, Community Youth Prevention Services or others.
Level 4: Statutory & Complex Needs Referrals at this level include **Section 17/Child in Need** and **Section 47/Risk of Significant Harm.** Referrals must be made to services with the power to undertake statutory non-voluntary intervention and services with specialist skills. In some cases, **Parental Consent is required to access services.** In other cases, cases where there are significant safeguarding needs involved **Parental Consent is not required.** It would however be best practice to share information unless this would place child at further risk**.**	Children and young people who have suffered or are likely to suffer significant harm as a result of abuse or neglect, including victims of child exploitation and trafficking, those at risk of female genital mutilation (FGM) and those at risk of forced marriage. Children in the Criminal Justice System Children with significant or complex impairment of function/learning and/or life limiting illness. Specialist and/or statutory services are required where Children, young people and their families are experiencing very serious or complex needs that are having a major impact on their expected outcomes or there is serious concern for their safety. This may be a Social Work intervention through a comprehensive statutory assessment under Section 17 of the Children Act 1989 or intervention under Section 47 of the Children Act 1989 may be required for those children who are at immediate risk of significant harm and legal action may need to be taken or the Local Authority may need to accommodate the child/ young person in order to ensure their protection. **Or** a specialist service from another agency e.g., Children and Adolescent Mental Health Service (CAMHS) A Section 17 assessment is required for children with disabilities who may require statutory intervention to meet their needs. **Typical Services** who provide Support at this level include Children's Social Care, Youth Justice, CAMHS, In-patient and continuing healthcare, Fostering, Residential Care, Looked After Children, Health Care for children with life limiting illness and services for children with profound and enduring disability. (Plus, the services involved at Level 3 e.g., domestic abuse, substance misuse and mental health.)

The Continuum of Need Guidance is a tool to support practitioners in identifying a child's needs and the appropriate level of response. It should be used as part of a holistic assessment and considered alongside other assessment tools and guidance as appropriate e.g., SCSP Neglect Strategy, Hackett Tool (Harmful Sexual Behavior), YP DA Risk Assessment and the NSPCC Graded Care 2 Profile Tool. Links to these can be found on the website SCSP Website https://www.safeguardingsheffieldchildren.org/scsp

SCSP Neglect Strategy

Sheffield is committed to ensuring early recognition of neglect and improve assessment and intervention to address the harm and improve the life-chances of children living in neglectful situations. The Graded Care Profile 2 from NSPCC will be a key tool in achieving this aim and

should be used in conjunction with this Continuum of Need document where there are concerns about the quality of care that a child is receiving.

https://www.safeguardingsheffieldchildren.org/scsp/topics/neglect-and-the-graded-care-profile-2-gcp2

The indicators in the tables on the following pages have been grouped into levels of concern which reflect Sheffield's delivery model. Although these levels are not used as a means of deciding if a child or family should or should not receive a service, these indicators aim to support practitioner decision making when undertaking assessments. They will help practitioners develop a shared understanding of factors that might impact on the welfare of children and families and help to ensure consistency of response.

In all cases, the indicators are examples only and not intended to be a comprehensive list, nor are they to be seen as definitive categories of concern. Neither can they ever replace professional judgement and analysis, which remain central to the assessment process.

Assessment framework

At whichever level an assessment is being completed, the purpose of the assessment is always to gather information, analyse need and decide on appropriate actions to improve child's outcomes. A high-quality assessment should be child centered, rooted in child development, outcome focused, holistic, strengths based and inclusive of the child, family and those supporting them. The Framework for the Assessment of Children in Need and their Families (P27-32 Working Together to Safeguard Children 2018 (publishing.service.gov.uk) provides a systematic basis for collecting and analysing information to support professional judgements about how to help children and families in the best interests of the child. Practitioners should use the framework to gain an understanding of a child's developmental needs; the capacity of parents or caregivers to respond appropriately to those needs, including their capacity to keep the child safe and gain an understanding of their lived experience.

Categories and Levels of Need

Physical Abuse

Universal	Getting Help – Early Support	Targeted Support	Statutory & Complex Needs
Mobile children may experience minor injuries through play and activities, whilst exploring their environment. Injuries are likely to be sustained on bony prominences (e.g., knees, shins, elbows) and are usually minor. Sometimes children will have a birth mark which can appear to be an injury. A specific health led pathway has been developed to assist professionals to differentiate between birth marks and injuries. Context and professional judgement and are key to the assessment and understanding of any accidents or injuries. This should include the developmental stage of the child, patterns of concerns, previous injuries, the voice of the child. This should also include the explanation for the injury given by parent/carer or child and whether this is consistent with the injury.	Frequent accidental injuries/ concerning patterns of injuries which indicate a lack of parental supervision (Also see Neglect and Parenting Capacity). Inappropriate parenting/ behaviour management strategies which potentially impact emotional well-being Girl may be vulnerable to FGM or Breast Ironing practice due to links with their community or family, where family views are known and there is no risk	Threats of physical chastisement from parent, carer or sibling. Escalating pattern of accidents causing injury (Also see Neglect and Parenting Capacity) Environmental factors which place child at risk of physical harm. Inappropriate and overuse of physical chastisement Girl may be vulnerable to FGM or Breast Ironing practice due to links with their community or family, where family views are unknown. Child may be vulnerable to forced marriage or honour-based abuse.	Physical harm has occurred/ suspected: non–accidental injury (e.g., fractures, bruises, scalds, burns, cuts, poisoning). Repeated incidents of unexplained illness, accidents or injuries (which are of concern) and not consistent with developmental stage of child and/or significant GP/Emergency Department attendances. Fabricated/induced illness/perplexing symptoms – intentional or unintentional harm to child caused by parent/carer in order to receive medical intervention. Any bruises or other injuries on a non-mobile infant, where the explanation is inadequate/implausible or the background/history is incomplete, should lead to an automatic safeguarding referral/medical attention. Environment is not safe for the child/ risk of harm through serious accident or injury. Risk of physical and emotional harm as a result of domestic abuse from and

			intimate partner, including peers abuse and exploitation. Girl is born to family who are from a FGM practicing community and mother has been subjected to FGM and the family are known to support the practice. Female Genital Mutilation (FGM) occurred or suspected. Child is at risk of or has suffered harm due to forced marriage or honour-based abuse. Fabricated or induced illness – immediate risk e.g., child has been deliberately poisoned. Assault and/or injury as a result of domestic abuse by a parent/carer, bullying or exploitation. Child is vulnerable to forced marriage or honour-based abuse.

Child Vulnerability

Universal	Getting Help – Early Support	Targeted Support	Statutory & Complex Needs

Growing level of competencies in practical emotional and independent living skills. Positive sense of self and abilities. Demonstrates feelings of belonging and acceptance Acquires a range of skills/interests. Able to adapt to change. Able to socialize appropriately. Positive relationship with peers and siblings.	Delay in reaching developmental milestones. Delay in development of age-appropriate self-care skills e.g., resulting in poor hygiene. Some insecurities around identity expressed – e.g., low self-esteem, confidence, aspirations for the future. Subject to discrimination e.g., racial, sexual or due to disabilities or appearance. Limited self-confidence. Child is a victim of crime/ bullying. Child is a perpetrator of bullying. Child is a carer/young carer. Can find managing change difficult. Has difficulty sustaining some relationships. Difficulty in displaying empathy. Confrontational/defiant Finds it difficult to cope with anger and frustration.	Significant delay in reaching developmental milestones. Child takes little or no responsibility for self-care tasks in comparison to peer group. Signs of deteriorating emotional wellbeing. Changes in sleeping and eating patterns. More afraid of things. More frequent crying, Clinging to their caregivers more than normal. Demonstrates significantly low self-esteem in a range of situations. Experiences persistent discrimination e.g., on the basis of ethnicity, sexual orientation, disability. Any child with a disability. Withdrawn/unwilling to engage or isolated. Significant delay in age-appropriate self-care skills. Involved in serious conflicts with siblings/peers, bullying/victim of bullying. Child has experienced traumatic event e.g., bereavement that remains unresolved and requires additional support.	Significant delay in reaching developmental milestones, leading to risk of significant harm. Lack of self-care significantly affecting health or social development. Significantly withdrawn from educational or social interaction/relationships. Unable to display empathy, serious abuse to others, cruelty to animals. Child has committed offence(s) and is involved with the criminal justice system. Significant trauma eg as a result of being a victim of an offence. Relationships with significant adults characterised by rejection / poor attachment. Child is privately fostered / potentially private fostering. (Insert link)

Emotional Abuse

Universal	Getting Help – Early Support	Targeted Support	Statutory & Complex Needs
Age-appropriate physical, sexual, and emotional development. Positive self-esteem. Good quality and appropriate attachment. Able to demonstrate empathy. Demonstrates appropriate responses in feelings and actions. Demonstrates feelings of belonging and acceptance. Strong family networks and friendships outside of the family unit. Stable and affectionate relationships with parent/carer. Good relationship with siblings	Displays some insecurities around identity. Poor self-image, limited self-confidence, subject to discrimination Difficulties with family relationships. Limited support from family or friends. Parent has unrealistic expectations. Parental/carer's inability to support the child in maintaining healthy relationships with significant adults. Unresolved issues arising from parents' relationship/ divorce/separation/step parenting/ death of parent or significant carer. Parents experiencing conflicts that may involve child. Child is anxious / angry/defiant/ withdrawn/emotionally distressed. Difficulties relating to child contact with absent parent/family members.	Demonstrates significantly low self-esteem. Lacks confidence, watchful or wary. Withdrawn, unwilling to engage or is isolated. Significant emotional/behavioural challenges. Child verbalises desire to self-harm or suicidal thinking or actions. Child unable to make their feelings known to adults and there is evidence of distress. Child is emotionally/physically harmed by bullying. Experiences persistent discrimination. Risk of harm to child /unborn as a result of domestic abuse perpetrated towards parent/carer including post separation abuse. Child living as their main residence with known perpetrator of domestic abuse post separation.	Little or no confidence, self-esteem and self-image affecting all areas of life, total withdrawal, and isolation. Frozen watchfulness. Rejection or taunting by peers/ serious assault from bullying. Relationships characterised by rejection, abandonment, or scapegoating. High risk domestic abuse including post separation. Adults that pose risk accessing the home. Child living as their main residence with known high-risk perpetrator of domestic abuse post separation. Harm to child/unborn babies as a result of Domestic Abuse perpetrated towards parent/carer. Family characterised by conflict that is frequent, intense and poorly resolved. Relationship with parent and family persistently experienced as low

		Child or young person withdrawing from peers and family. Parents are critical of child and show little warmth or praise. Child included in parental conflict. May be emotional (e.g., contact arrangements,). Controlling home environment.	warmth, high criticism. Complete rejection by a parent/carer. Concern of fabricated or induced illness. Witnessing physical/sexual abuse. Suicidal ideation and evidence of planning

Harm Outside the Home (recommend that consider using the Child exploitation screening tool –insert link)

Universal	Getting Help – Early Support	Targeted Support	Statutory & Complex Needs
Good school attendance Demonstrating age-appropriate behaviours. Child is sufficiently aware of the difference between 'safe' and 'unsafe' relationships. Strong and positive family networks and peers within and outside of the family unit.	Poor school attendance or exclusion/ fixed term exclusions. Early evidence of escalating anti-social/ potential involvement in criminal behaviour. Experimenting with substances/alcohol, which is leading to concerns about impact on child's welfare. Associating with unknown adults / evidence of a relationship with a power imbalance. Regularly coming home late; staying out overnight without parental oversight.	Regular fixed term exclusions/at risk of permanent exclusion. Potential indicators of child exploitation, with escalating concerns relating to alcohol, drugs and/or self-harm. Potential indicators of child exploitation linked to anti-social behaviour/ criminal activity. Potential indicators of child exploitation linked to locations/groups/activity within the community (e.g., Hotels / nightclubs / parks /shopping centres or relating to vehicles).	No education/training placement or persistent absence. Indicators of child exploitation with alcohol, drugs and/or self-harm. Substantial quantities of drugs found on the child/ in their home/ drug debts. Evidence of exploitation at specific locations/groups/activity within the community (e.g., Hotels/ nightclubs/ parks/shopping centres or relating to vehicles). Disclosure or evidence of rape/serious sexual assault/physical harm.

	Emerging concerns about child/ young person's dress/presentation/money or material items. Emerging concerns regarding the child's peer relationships (includes bullying/ controlling behaviour/domestic abuse). Reduced contact with family, friends, and other support networks. Vulnerabilities due to community locations which are cause for concern. Teenage pregnancy. Child is expressing language, views or behaviour which could be identified with extremist or radical views. Research indicates that children with neurodevelopmental condition (e.g., autism) are more vulnerable. Research indicates that children with neurodevelopmental condition (e.g., autism) are more vulnerable.	Associating with other young people at risk of exploitation or those known to be exploited. Unaccounted sums of money/material items/ additional mobile phone. Inappropriate adult association. Indicators of exploitation leading to teenage pregnancy/multiple miscarriages/access to sexual health services for emergency contraception and/or STI screening or injuries. Missing episodes indicative of exploitation. Child is becoming increasingly isolated from family, friends, and other support networks. Evidence that child or young person is taking an active interest in radical/extreme views or ideologies. Potential indicators and concerns relating to online exploitation/ coercion (e.g., child becoming more secretive/anxious about phone/ internet use). Peer on peer /abuse/ bullying which is potentially indicative of exploitation or domestic abuse.	Evidence of Child exploitation leading to teenage pregnancy/multiple miscarriages/ access to sexual health services/ sexually transmitted infections or injuries. Abduction forced imprisonment or trafficking/ modern slavery. Evidence of online exploitation/ coercion e.g., exchanging of images Child is being drawn into radical /extreme ideologies or behaviours. Indicators of affiliation with organised crime or association with gangs/groups (consider tattoos, injuries, language and activity of group)/secretive about friends/associates. Child is isolated from family, friends, and other support networks. Criminal behaviour linked to or as a result of exploitation. Possession of weapons (knives, guns etc) and unaccounted sums of money/material items/ additional mobile phone. Missing episodes with evidence of exploitation. Peer on peer exploitation/abuse/ bullying that is indicative of exploitation or high-risk domestic abuse.

			Indicators that a child/young person is at risk of honour- based abuse or forced marriage. Concerns that child is being sexually exploited and abused through an exploitative relationship (consider adult/peer on peer abuse).

Neglect (recommend that consider using the NSPCC Grade Care Profile 2 –insert link)

Universal	Getting Help – Early Support	Targeted Support	Statutory & Complex Needs
Child is of an appropriate height and weight for age: Has a Healthy Body Mass Index (BMI). Adequate and nutritious diet. Physical care needs provided for, and health needs effectively promoted. Child's development checks, immunisations, dental and optical care up to date. Any additional health needs are met e.g., speech and language therapy. Child is clean, with well-fitting clothing. Child has a good level of practical, emotional and independent living skills	Home conditions and environment may impact on child's needs/safety. Safe sleep space requires improvement. Inappropriate or inconsistent provision of basic care needs, including supervision, guidance and boundaries. Inconsistent opportunities for stimulation and socialisation. Child has limited self-care/ independence skills for age. Child has some hygiene/ continence problems. **Health**	Aspects of home conditions/environment are inadequate/unsafe. Unacceptable or deteriorating provision of basic care/ care arrangements/level of supervision. Inappropriate/inadequate guidance/boundaries/safety measures. Limited opportunities for stimulation and socialisation. Parent/carer unresponsive to distress/ emotional needs/child self-harming/suicidal ideation or actions. Child's self-care skills are limited/impacted by parenting capacity.	Consistent poor care basic compromising general well-being, dirty clothes, ill-fitting shoes, inappropriate care of hair and skin. Child consistently hungry – unfed. Lack or absence of basic care or supervision causing harm or risk of significant harm. e.g., fall from window, unsafe home environment. Unacceptable/absent levels of boundaries/ guidance/ supervision/ child abandoned. Absence of appropriate levels of stimulation/socialisation. Lack of self-care skills is adversely impacting on child's health and development.

appropriate to age e.g., feeding, dressing and social skills. Child is afforded experiences/stimulation appropriate to age and interest through leisure, play, reading, activities and socialisation with peers. Home conditions and environment are appropriate and adequate for the child's needs/safety. Good School attendance and positive home/school link	Inconsistency in child being brought to appointments. Medical advice not always sought. Late booking for maternity care. Additional health needs are not consistently met/up to date. Frequent A&E or GP attendances following accidents. Dental care/developmental checks /immunisations not all up to date (Immunisations are parental choice, should be considered as part of assessment) Child's weight/diet potentially impacting health and development. High or low BMI. **Education** Poor punctuality/frequent absences from school. Home/school link not well established. Poor access to books, toys, educational materials, and/or correct uniform Educated at home with engagement from family but child/young person not developing appropriately Parent is insensitive to the child's emotional needs.	Clothing is regularly unwashed and ill-fitting; poor hygiene which is not addressed. **Health** Child's health needs/concerns not addressed or poorly managed by parent/carer (immunisations, developmental checks, dental care, delay seeking appropriate health advice and appointments. Poor diet adversely affecting child's health, growth and/or development/ possible faltered growth. Very High or Low BMI. Frequent/Pattern of A&E or GP following accidents identifying parenting concerns). Un-booked pregnancy for maternity care –health risk to mother and baby. **Education** Significant school attendance issues Poor link between home and school. Frequently moving school without reasonable cause	Parent/carer unresponsive to sever distress/emotional needs/child self-harming/suicidal ideation or actions. **Health** Child / unborn has significant unmet/ outstanding health needs/ lack of prescribed medication impacting on child's health. Parents not seeking medical advice/intervention/dental care with potential for significant harm. Diet causing severe concerns or impairments to child's health/ evidence of faltered growth. Sudden weight loss/extreme weight gain. Eating Disorder. **Education** Parent failing or inadequately maintaining schooling or identifying provision for their child resulting in persistent absence from school/no school place. (Educational Neglect meaning a loss of access to learning at a level requiring statutory intervention) Child/young person missing from education. No or acrimonious home/school link.

	Child is unsupervised and/or parental controls are not exercised with online devices. Insufficient arrangements are in place to promote safety in parent's absence.		No parental support for education

Sexual Abuse (Where the child displays harmful sexual behaviour it is recommend the practitioner consider using the Hackett screening tool –insert link)

Universal	Getting Help – Early Support	Targeted Support	Statutory & Complex Needs
Age-appropriate physical, sexual and emotional development. Appropriate confidence in social situations and sufficiently aware of the difference between 'safe' and 'unsafe' relationships. Appropriate sexual boundaries within family unit between adults and children and between siblings. Child has appropriate guidance in relation to online use and risks. Behaviour assessed as Normal on the Hackett Continuum of Sexual Behaviour in Children.	Sexualised language or behaviour which is not consistent with the child's age or developmental stage. Can be overfamiliar with others, including people not known to the child. Withdrawn or isolated. Child has limited guidance and boundaries relating to online risks. Persistent urinary tract infections/ concerns about enuresis. Attendance at sexual health services or pregnancy where age or other factors indicate a level of vulnerability. Behaviour assessed as inappropriate/problematic on the Hackett Continuum of Sexual Behaviour in Children.	Sexualised language or behaviour which is not consistent with the child's age or developmental stage which is considered harmful to them or another. Evidence of technology / on-line exploitation e.g., Exchanging of images/ exposure to pornography. Withdrawn or isolated/ self-harm /suicidal statements or actions. Attendance at sexual health services or pregnancy, where age or other factors indicate a level of needs/concerns. Sexually transmitted infections dependent on age and circumstances. Persistent urinary tract infections/ concerns about enuresis/ smearing behaviour.	Disclosure from child or other of sexual abuse. Evidence of technology / on-line exploitation e.g., Exchanging of images/ exposure to pornography – evidence of coercive behaviour. Witnessing sexual harm to another person. Transgenerational sexual abuse within the family, including sibling abuse. Withdrawn or isolated/ self-harm requiring treatment/ serious suicidal statements or actions. Attendance at sexual health services or pregnancy/ miscarriage/termination, where there are safeguarding risks for the mother or unborn child. Sexual abuse indicated by Genital warts and/or sexually transmitted

		Previous victim of sexual abuse/ history of sexual abuse within the family. Behaviour assessed as problematic on the Hackett Continuum of Sexual Behaviour in Children.	infections. Child under 13yrs (statutory rape). Harmful sexualised behaviour towards others. (Problematic/Abusive or Violent on the Hackett Continuum of Sexual Behaviour)

Parenting Capacity

Universal	Getting Help – Early Support	Targeted Support	Statutory & Complex Needs
Appropriate and safe accommodation which meets the needs of the family. Parents are able to manage their working or unemployment arrangements. Positive and stable home/school link. Parents making plans for becoming a parent/positive about pregnancy. Parent in positive adult relationship. Parent is a good role model for child; shows warm regard, praise, and encouragement. Parent is always emotionally responsive to needs and behaviours of	Poor socio- economic situation (e.g., housing, finances). Parents mental health, disabilities, domestic abuse or substance misuse impacts on their parenting capacity. Parent/carer's inability to support the child in maintaining healthy relationships with significant adults. Poor parenting history/ parent is a care leaver. Parent/carer has Adverse Childhood Experiences. Home/school link not well established. Inappropriate care arrangements.	No recourse to public funds and/or financial situation impacting on parenting capacity. Unsafe in insecure home conditions/homelessness. Electively Home educated with little opportunity for external support or social integration or poor home/school link. Experiencing frequent housing moves/transient lifestyle. Domestic abuse, parent's/ carer's mental health, disabilities, or substance misuse impacts on their parenting capacity and care provided to child or unborn. Child is a young carer.	Parents with physical or mental health issues and or Learning Disability significantly impacting on child's welfare. Parental substance misuse or domestic abuse significantly impacting on child's welfare. Transient nature/suitability/safety of accommodation poses a significant risk to the child. Persistent absence of resources to provide basic care for child. Asylum seekers/unaccompanied children/ no recourse to public funds/missing family/children

the child à child living in high warmth, low criticism family. Parent provides age-appropriate boundaries and chastisement. Parent provides guidance so that child/young person can develop properly. Community is generally supportive of families with children/young people. Access to good universal services. Family feels integrated within the community. Good social and friendship network exists. Parent/carers protects from danger or harm inside the home or elsewhere.	Parental vulnerability or behaviour prevents them from always being emotionally responsive to the needs and behaviours of the child. Inconsistent supervision and guidance, unaware of child/young person's whereabouts (dependant on child's age and developmental stage). Inability to respond to concerns about basic care. Inconsistent approach to child's overall well-being and development. Parents/parents to be with Learning Disability/teenage parents. Parents are asylum seekers. Inadequate/poor housing/ safe sleep practice requires support and guidance. Parents have required additional support to care for a previous child. Parent has had additional service support in childhood.	Parent is not consistently emotionally responsive to the needs and behaviours of the child. Inappropriate parenting strategies exposing the child to harm and inconsistencies in care (including multiple carers/no main carer) and limited supervision. Imprisonment of a parent. Teenage parents with Adverse Childhood Experiences/minimal support. No home/school link. Parental non-engagement with education. Acrimonious relationships within community; family socially isolated.	Parents emotionally unresponsive to child's needs and behaviours, child living in high criticism, low warmth family. Previous child has been removed from parent/ previous child protection planning. Breakdown of relationship between parent and child e.g., Family no longer wants to care for the child/ have abandoned child. Parent's spiritual, cultural or religious beliefs are risk of significant harm to child. Parents are receiving threats or are in danger from/within their community. Parents unable or unwilling to restrict access to persons who are known to be a risk to children. Parent/carer unable to provide even basic care needs to child.