

HERTFORDSHIRE

safeguarding **children**
PARTNERSHIP



Continuum of need for children and young people

2025–2026

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



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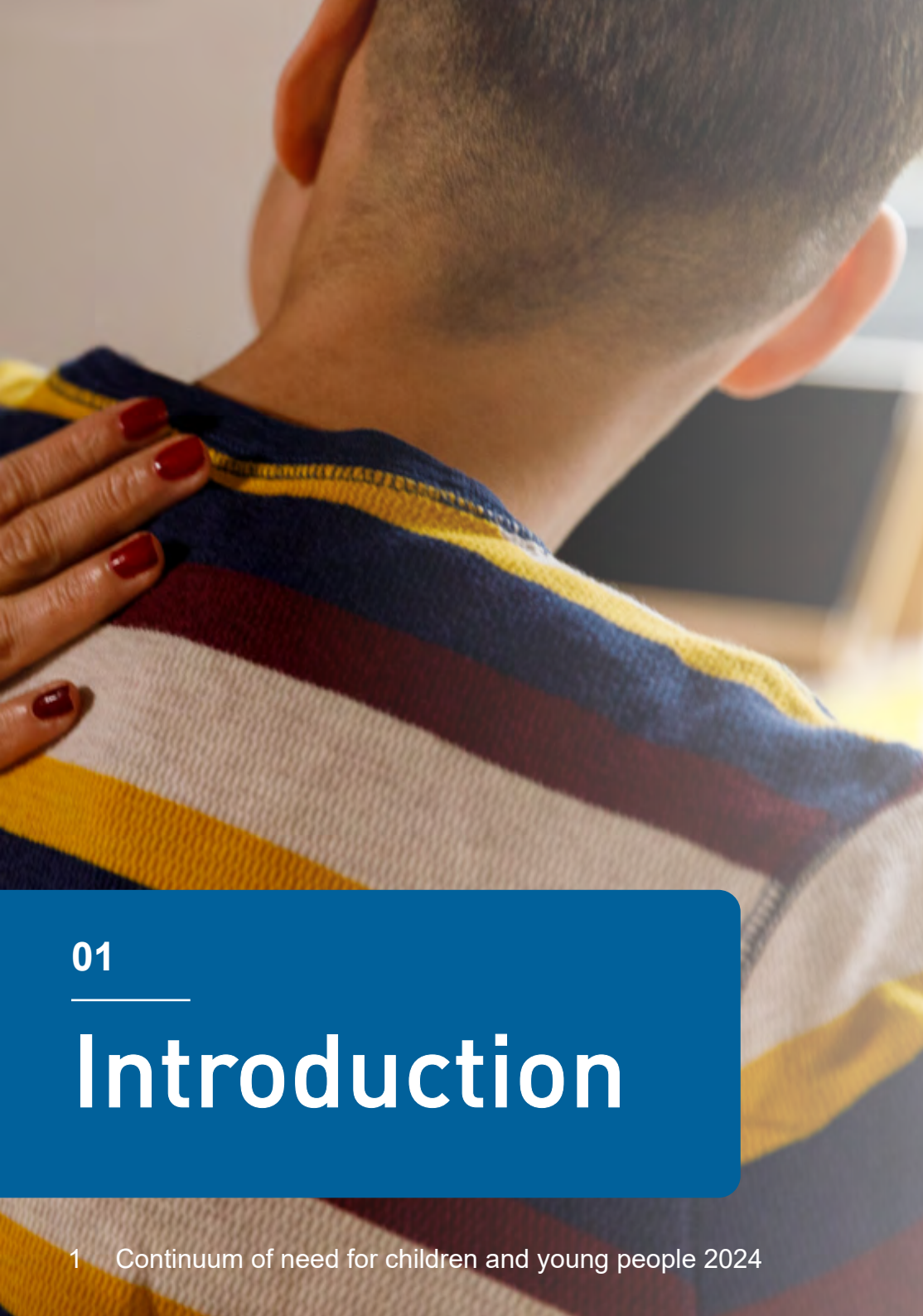
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01

Introduction

This guidance aims to ensure that in Hertfordshire support is offered at the earliest opportunity with an approach that enables us to work effectively alongside families. 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 or Community Support - Thriving**, 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 that can be accessed in the community.

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:

1. **Universal or Community Support - Thriving**
2. **Targeted or Additional Support – Getting Early Help**
3. **Intensive Support – Getting Intensive Help**
4. **Specialist or Statutory Support – Getting Risk Help**





Children and young people with **Targeted or Additional Support – Getting Early Help** 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 Families First Assessment process 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. 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 Support – Getting Intensive Help** needs are supported through a social care worker as the lead practitioner. The family need will likely be explored through a child and family assessment and the lead practitioner will coordinate multi agency support to enable the family to safeguard and promote the child’s welfare.

Specialist or Statutory Support – Getting Risk Help services are where the needs of the child or young person are significant and statutory or specialist intervention is required to keep them safe and to support their continued development. Examples include children subject to child protection procedures, a child or young person admitted to hospital for psychiatric care, youth justice services or children who cannot safely remain living with a parent.

A lead practitioner will be allocated to support children and their families. The decision about who will act as lead practitioner will be made in line with practitioner knowledge and skills, resources, commissioned service requirements, relevant professional standards as appropriate and accountabilities. In Hertfordshire, we have agreed protocols where a lead

practitioner who is not a social worker but has sufficient skills and experience in working with children and families, can be allocated to support a family through an Early Help plan or Child in Need plan. For children and families where child protection concerns are being explored and where there is high-level risk or risks that are dynamic and/or complex, a qualified social worker will always be the lead practitioner. These protocols are monitored locally through regular case audits and quality assurance. Accountability and decision-making are reviewed. If child protection concerns develop for children whose lead practitioner is not a social worker, a social worker will be allocated to explore these.

Risk outside of the home and in the community (also known as extra familial harm) 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 (SASH) where there is likely risk of suffering harm. Timely sharing 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**.

4. Continuum of need for children and young people 2024





02

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.

We recognise that families raising disabled children will often need to navigate additional support and services. We offer a range of information and support to help them support their child to be healthy, active and included which is available on [Hertfordshire's SEND Local Offer](#). Some families of disabled children require regular Short Breaks because their child may find it difficult to access universal services. Our [Short Breaks Offer](#) provides a range of activities and support services. Families with disabled children can access these breaks through an online system, empowering them to get the help they need themselves.

Child Safeguarding Arrangements for Hertfordshire

The [Hertfordshire Safeguarding Children Partnership \(HSCP\)](#) ensures that all agencies and organisations who work with children and young people work together to keep them safe. Please note from 2025, Lead Safeguarding Partners (LSPs) that will set the strategic direction and vision for the multi-agency safeguarding arrangements (MASA).

The three local safeguarding partners jointly leading the Partnership as the Delegated Safeguarding Partners (DSPs) are:

- **Hertfordshire County Council:** represented by the Executive 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

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 people's needs. Sharing expertise helps to reach this common goal.

Young Carers

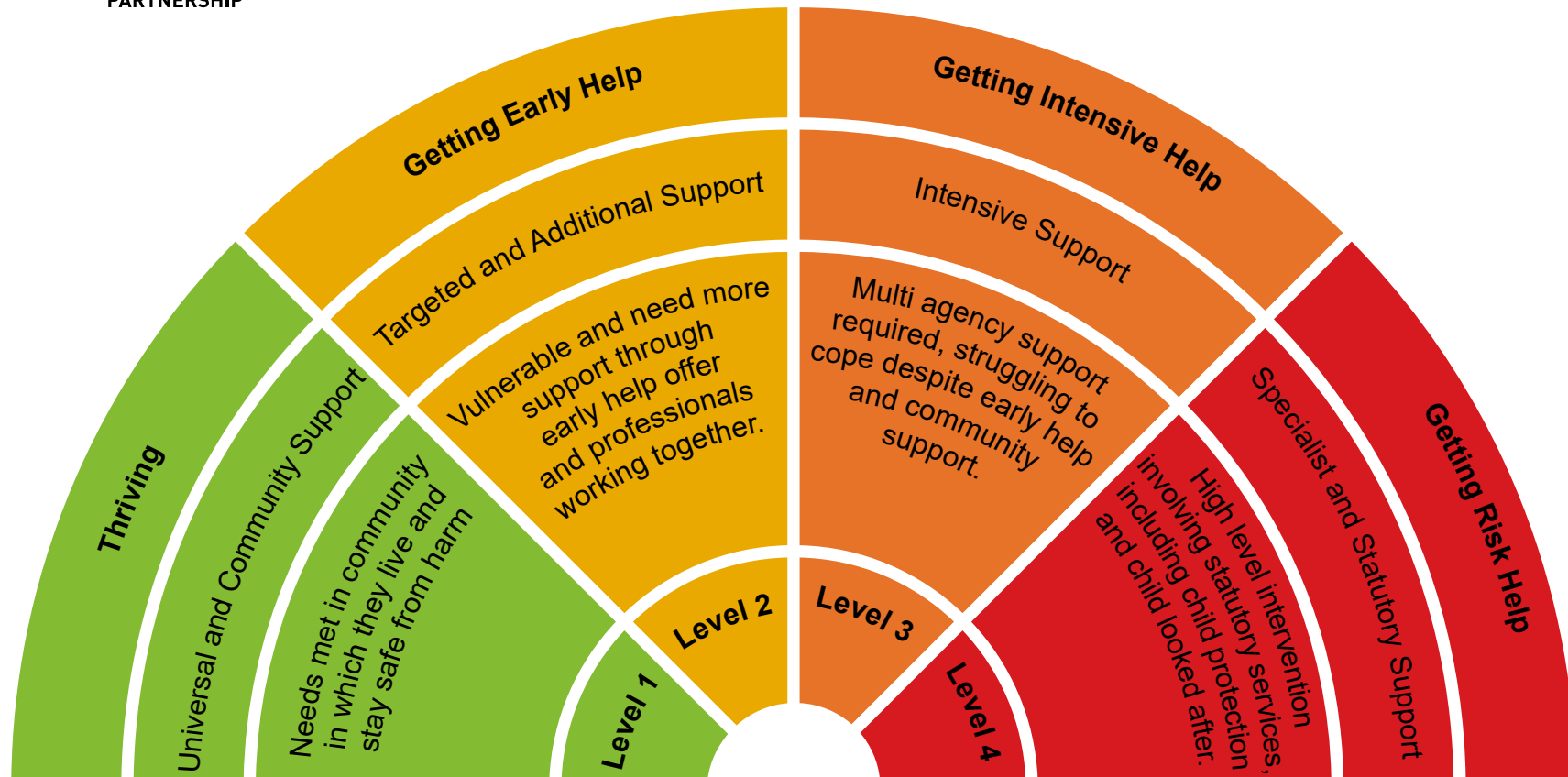
A young carer is a child or young person under the age of 18 who provides or intends to provide care for a family member or relative who is physically ill, living with mental health needs, has a disability or misuses substances. If you care for someone and are aged 16 – 25, you are a Young Adult Carer. 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:

- 1. Universal or Community Support - Thriving**
- 2. Targeted or Additional Support – Getting Early Help**
- 3. Intensive Support – Getting Intensive Help**
- 4. Specialist or Statutory Support – Getting Risk Help**

It supports a common understanding of Hertfordshire’s partnership approach encouraging consistent intervention as soon as 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.

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. 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.



04 Consent

Consistent with **Working Together to Safeguard Children 2023** and **Information Sharing – Advice for practitioners providing safeguarding services for children, young people, parents and carers May 2024**, 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, knowing that professionals will share information.
- To be front and centre of the plan to keep their child safe and well.

In line with the second golden rule of the Information Sharing May 2024 advice from the Department of Education:

“When you have a safeguarding concern, wherever it is practicable and safe to do so, engage with the child and/or their carer(s), and explain who you intend to share information with, what information you will be sharing and why. You are not required to inform them, if you have reason to believe that doing so may put the child at increased risk of harm (e.g., because their carer(s) may harm the child, or react violently to anyone seeking to intervene, or because the child might withhold information or withdraw from services).”

Aside from **Level 4 Specialist or Statutory Support – Getting Risk Help** child protection work, all other services for children and their families 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 **Level 2 Targeted or Additional Support – Getting Early Help** or **Level 3 Intensive Support – Getting Intensive Help** services, 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 **Level 4 Specialist or Statutory Support – Getting Risk Help** 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. It is acknowledged that victims of domestic abuse are often not in a position to give consent as they are being controlled or coerced, and referrals relating to domestic abuse worries may be accepted without consent at levels 3 and 2 if the referral indicates this is likely. Additionally, if a parent presents at an acute healthy setting due to mental health/capacity needs or drug/substance misuse they may not be in a position to give informed consent but the need of the child means that the referral can be accepted without consent.

The Gateway will return professional referrals that are 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.

05 Level 2 services – Getting Early Help – Targeted or Additional Support

Earlier, solution-focused interventions will likely prevent problems from escalating and are often best provided by those who already have a relationship with the family and are in the local community. 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.

Community-Based Services

The **Families First Portal** offers information about community-based resources available across Hertfordshire. Signposting families to these supports early in the identification of family need, leads to the best outcomes and can be accessed through family self-referral or completed by any professional directly to the community resource.

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 collaboratively 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. This is run by the lead practitioner who is already working with the family.

Making a referral to Children's Services for Early Help support

This is when community-based services and early help assessment tools have not been able to address the family's needs, but they continue to be increasingly vulnerable and need support identified at Level 2. With parents' consent (and the young person when old enough), they can seek support from early help services within Children's Services. This can be accessed by the family self-referring (by telephoning 0300 123 4043) or a professional referring using the professional online referral portal and form (**professionals – report a concern about a child or young person**).

Referrals are reviewed and can be considered at Families First panels, which 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.



06 Level 3 services – Getting Intensive Help – Intensive Support

Before requesting **Level 3 Intensive Support – Getting Intensive Help** services, practitioners are expected to have worked together with the family at **Level 2 Targeted or Additional Support – Getting Early Help**.

If it is identified that a child or young person and their family would benefit from this intensive multi-disciplinary response, this can be accessed by the family self-referring (by telephoning 0300 123 4043) or a professional referring using the professional online referral portal and form (**professionals – report a concern about a child or young person**). Professionals must have parental consent for referrals at Level 3.

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 **Level 3 Intensive Support – Getting Intensive Help** services, passing it to the intensive family support team or an alternate level 3 service.

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 (SASH)

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 **Level 3 Intensive Support – Getting Intensive Help or Level 4 Specialist or Statutory Support – Getting Risk Help**

Specialist adolescent service Hertfordshire deliver responsive support packages to young people and families. The intensity of support will match the level of need.

Special Education Needs and Disabilities 0-25

Together Service

0-25 Together is our Service for Disabled Children whose needs are likely to continue into adulthood. This service provides both Children's and Adult Care Services including Learning Disability Nurses for Young Adults. 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.

Children's Services Assessment

Section 17 Children Act 1989 identifies that Children's Services have a duty to a 'Child in Need' to safeguard and promote their welfare. A child in need is identified when a child is unlikely to achieve or maintain a reasonable standard of health or development, or their health or development will be significantly or further impaired, without the provision of services from the Local Authority, or they have a permanent and substantial disability, which limits their ability to carry out the daily tasks of living. Support can be accessed by the family self-referring (by telephoning 0300 123 4043) or a professional referring using the professional online referral portal and form (**professionals – report a concern about a child or young person**). Hertfordshire's Multi Agency Safeguarding Hub (MASH) is a collaborative response from Children's Services, Health, Police and Probation who triage referrals at **Level 3 Intensive Support – Getting Intensive Help**; sharing information and making joint decisions about next steps. Professionals must have parental consent for referrals at Level 3 and as part of this consent parents agree to multi agency information sharing. Because 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.

07 **Level 4 services – Getting Risk Help – Specialist or Statutory Support**

All professionals who identify the need for **Level 4 Specialist or Statutory Support – Getting Risk Help** services must use the professional online referral portal and form (**professionals – report a concern about a child or young person**), when it is believed or suspected that the child has suffered significant harm or is likely to suffer significant harm.

This area of Children’s Services 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 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 or exposure to parental domestic abuse.

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.

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.



08

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

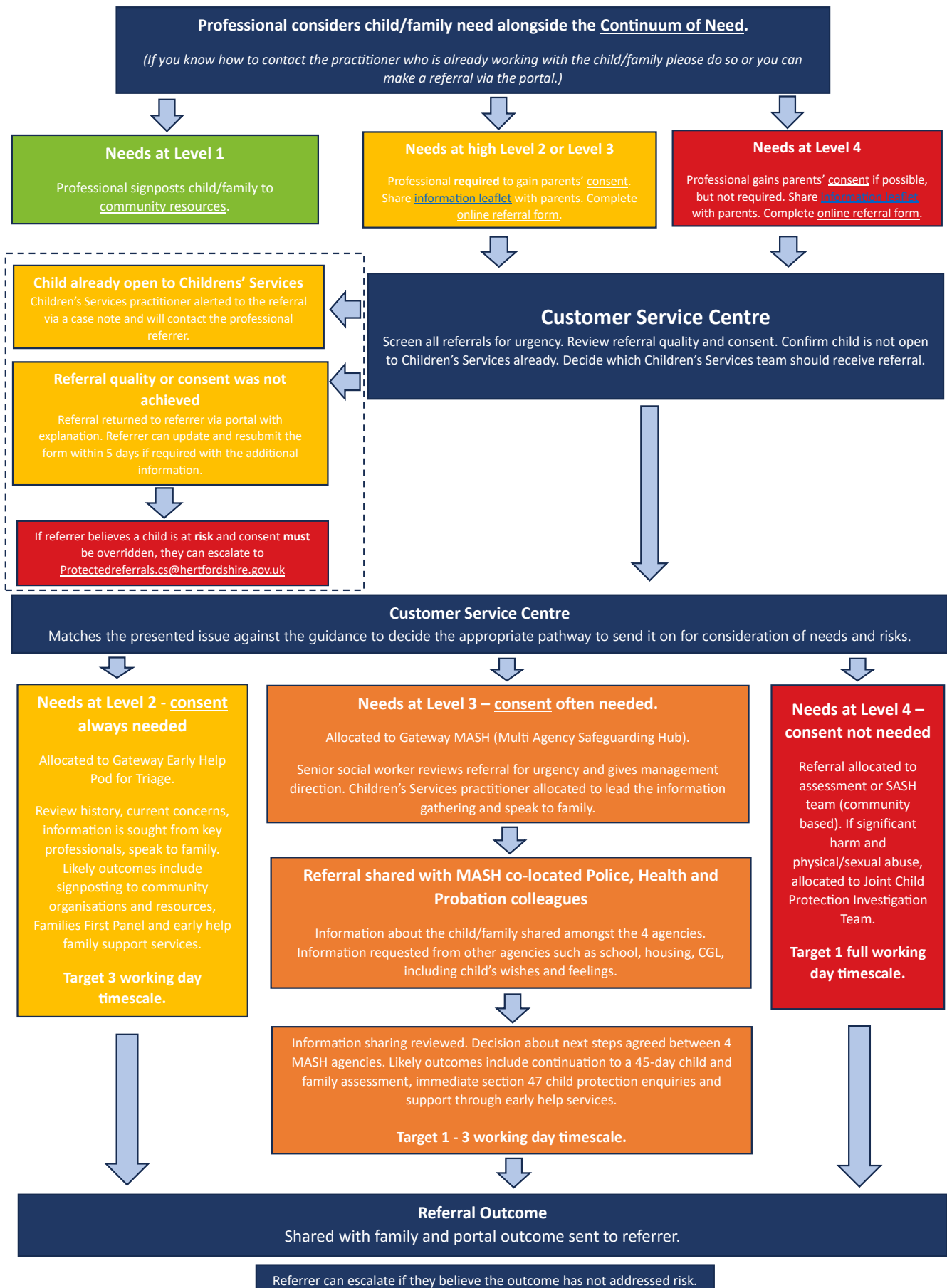
The Customer Service Centre answer calls from members of the public and support them to access the correct service. The Customer Service Centre review professional referrals made via the online portal and form **(professionals – report a concern about a child or young person)**, for quality and consent, returning these to the professional if they are not adequate. They direct referrals to the appropriate part of Children’s Services.

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 other referrals are sent to the appropriate service based on their level of need, whether this be for triage through Hertfordshire’s front door, the Gateway, which includes an Early Help Pod and the Multi Agency Safeguarding Hub, or directly to a specific social work team.



09 Effective support process – Continuum of need flowchart





10

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 – Thriving – Universal or Community Support

Children, young people, and their families whose needs are met in the community in which they live, they are making good progress in most development areas, universal and community-based 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.

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 and can function well at home, in school and in their community
- 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
- The child learns healthy social skills and how to cope when there are problems
- Mental health of the carer does not negatively 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

- Safe and healthy sexual development
- Displayed between children or young people of similar age or developmental ability
- Reflective of natural curiosity, experimentation, consensual activities and positive choices

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 & Radicalisation

- Child and family's activities are legal with no links to proscribed organisations
- Child and family doesn't express support for extreme views or child 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

- The child/young person has a low caring role, where it is not having a negative emotional impact on them and this caring role does not impact their ability to access the same opportunities as their peers

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

- 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: 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 – Getting Early Help – Targeted and Additional Support

Children, young people, and families who may be vulnerable and need more support through early help services working together. The lead practitioner is usually an existing professional.

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
- A young person who is pregnant and deemed in need of support, including Care Leavers. Young person and baby to be referred as individual children.
- A vulnerable adult is pregnant and unborn baby is deemed in need of support.
- A child attending an acute or urgent care setting who does not have a school place/is not attending, and the child and family agree that they may need additional 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 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 is not believed to have experienced an episode of self-harm. 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 and non-inflicted 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

- Emerging concerns of possible sexual activity with a child including that a child is being sexually exploited
- Sexual behaviour that could have been harmful to the child / young person or another person
- 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 Abuse or forced marriage
- 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

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 such as a short break local offer

Young Carer

- The child/young person has moderate caring responsibilities for members of their family and this sometimes impacts on their opportunities or has some negative impact on their wellbeing.

Domestic Abuse

- Expectant mother or parent is experiencing evolving coercive control and domestic abuse
- There are 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 and are positively impacting. Children are victims regardless of whether they are present when incidents occur
- 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
- If the victim of domestic abuse is not in a position to give consent as they are being controlled or coerced, domestic abuse worries may be accepted without consent if the referral indicates this control is likely.

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

- 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 – Getting Intensive Help– Intensive Support

Child in Need, multi-agency support required, struggling to cope despite early help services. Children’s Services support. Need parental consent to refer. This can be accessed by the family self-referring (by telephoning 0300 123 4043) or a professional referring using the professional online referral portal and form ([professionals – report a concern about a child or young person](#)).

Health

- There is no evidence that the child has accessed health services and suffers chronic and recurrent health problems as a result. Or when diagnosed with a life-limiting illness and not accessing required health services
- Parent is not meeting needs of child’s health despite additional support. 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 and their mental health needs are impacting on parental access to health services, engagement, concerns surrounding baby. 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
- A Child Looked After who is pregnant.
- A Care Leaver who is pregnant and has additional vulnerabilities.
- A vulnerable young person who is pregnant and for whom there is concern they will be unable to meet baby’s needs without professional support. Young person and baby to be referred as individual children.
- A child attending an acute or urgent care setting who does not have a school place/is not attending, and factors surrounding their presentation raise questions about whether there is a risk of impairment.

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 has not been able to present 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. Child experiences episodes of self-harm and parent responds appropriately. Child has expressed suicidal thoughts. 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 or intent

- Mental health needs of the carer including presentation at acute care settings where the parental care and impact on the child needs to be explored and understood. This may be due to mental health/ capacity needs or drug/substance misuse. The carer may not be in a position to give informed consent but the need of the child means that the referral can be accepted without consent
- Child has suffered bereavement recently or in the past and recent there has been a deterioration in their behaviour. It has not been possible to meet the needs through early intervention
- 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 and stop using physical methods
- 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

- Report of non-recent sexual abuse but no longer in contact with perpetrator
- 0-5 years; preoccupation with adult sexual behaviour, pulling other children's clothes down against their will, preoccupation with touching genitals of other people, talking about sexual activities seen on TV/online.
- 5-9 years; questions about sexual activity which persist or repeated despite being answered, sexual bullying face to face or online, mutual masturbation, persistent sexual images and ideas on talk, play and art, the use of adult slang language to discuss sex.
- 9-13 years; uncharacteristic and risk-related behaviour e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, gone missing; verbal, physical or cyber/virtual sexual bullying involving sexual aggression, bullying targeting sexual identification, viewing pornographic material, worrying about being pregnant or having sexually transmitted infections.
- 13-17 years; accessing exploitative or violent pornography, uncharacteristic and risk-related behaviour e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, gone missing; taking and sending naked or sexually provocative images of self or others, joining adult-only social networking sites and giving false information, arranging a face to face meeting with an online contact alone

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
- The child is expressing verbal support for extreme views some of which may be in contradiction to British law
- 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 / encouraged 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 short breaks of a CIN Plan
- YOUNG CARER
- The child/young person has a higher caring role for another family member or members, resulting in their wellbeing and/ or opportunities being adversely impacted by their caring responsibilities

Domestic Abuse

- Expectant mother or parent has previously been subjected to domestic abuse and is experiencing evolving coercive control and domestic abuse in current or recently ended relationship
- Children suffering emotional harm when seeing or hearing, or experiencing the effects of, domestic abuse. They can be related to or under parental responsibility of the person being abused or the person who is abusing another. 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. Children are victims regardless of whether they are present when incidents occur
- Confirmation previous domestic abuse perpetrator residing at property. Carer remains residing with perpetrator after being given evidence of previous abuse.
- If the victim of domestic abuse is not in a position to give consent as they are being controlled or coerced, domestic abuse worries may be accepted without consent if the referral indicates this control is likely.

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

- 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 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 – Getting Risk Help – Specialist or Statutory Support

Children, Young People and Families whose needs are complex, long-lasting, cross several domains and where there is a likelihood of significant harm. Several services are normally involved with a coordinated multi-agency approach and a Lead Practitioner in a statutory role. This can be accessed by the family self-referring (by telephoning 0300 123 4043) or a professional referring using the professional online referral portal and form (**professionals – report a concern about a child or young person**).

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 mental health difficulties, including post-natal depression, which is causing serious risk to themselves and their child/ children
- Pregnant parent with significant learning needs.
- Pregnancy in any child under 13. Young person and baby to be referred as individual children.
- A vulnerable young person who is pregnant where there is risk of significant harm or there are known significant risk factors that will impact on their capacity to meet baby's needs - including domestic abuse incidents, substance misuse and homelessness. Young person and baby to be referred as individual children.
- A child attending an acute or urgent care setting who does not have a school place/is not attending, and factors surrounding their presentation indicate there is risk of significant harm.

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 inflicted / non-accidental injury to a child. Repeated allegations or reasonable suspicion of inflicted / 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's report 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
- Neglect of the child or young person's medical needs by parent/ caregiver, not provided with the appropriate treatment for an illness / medical need. Significant harm is likely if medical needs are not addressed.

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 report 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 despite interventions already offered. Early teen pregnancy (under 16). Concerns exist that the child may have been coerced, exploited, raped or sexually abused.
- Excessive, secretive, compulsive, coercive, degrading or threatening; involving significant age, developmental or power differences
- 0-5 years; persistently touching genitals of other children or adults, simulation of sexual activity in play, sexual behaviour involving penetration with objects, forcing other children to engage in sexual play
- 5-9 years; frequent masturbation in front of others, sexual behaviour engaging significantly younger or less able children, forcing children to take part on sexual activities, simulation of oral or penetrative sex, sourcing pornographic material online.
- 9-13 years; exposing genitals or masturbating in public, distributing naked or sexually provocative images of self or others, sexually explicit talk with younger children, sexual harassment, arranging to meet an online acquaintance in secret, genital injury to self or others, forcing children of same age, younger or less able to take part in sexual activities, sexual activity e.g. oral sex or intercourse, presence of sexually transmitted infection, evidence of pregnancy.
- 13-17 years; exposing genitals or masturbating in public, preoccupation with sex interferes with daily function, sexual degradation / humiliation of self or others, attempting / forcing others to expose genitals, sexually aggressive / exploitative behaviour, sexually explicit talk about younger children, sexual harassment, non-consensual sexual activity, use of / acceptance of power and control in sexual relationships, genital injury to self or others, sexual contact with others where there is a big difference in age / ability, sexual activity with someone in authority and in a position of trust, sexual activity with family members, involvement in sexual exploitation or trafficking, sexual contact with animals, receipt of gifts or money in exchange for sex

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 because 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 Abuse or the child has reported they have been subjected to Honour Based Abuse
- 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 and terrorism 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 beliefs / activities
- Child expresses strongly held beliefs that people should be killed because they have a different view and idolises terrorists. 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 / encouraged by those with individuals or groups who are known to have extreme views / links to violent extremism or terrorist activity

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
- Child is experiencing neglect which is directly attributable to the care given by their parent / legal guardian / care giver

Young Carer

- The child/young person has a high caring role and their outcomes are being significantly adversely impacted by their unsupported caring responsibilities leading to risk of significant harm

Domestic Abuse

- Expectant mother or parent is subjected to domestic abuse, including through coercion and control, and considered high risk of harm
- Evidence suggesting child is directly subjected to verbal abuse, derogatory titles, threatening and/or coercive adult behaviours. Children suffering emotional harm when seeing or hearing, or experiencing the effects of, domestic abuse. They can be related to or under parental responsibility of the person being abused or the person who is abusing another.
- Threat to parent's life or to child by violent partner. Child injured in domestic violence incident. Child traumatised or neglected due to domestic abuse, including if child is unborn
- Confirmation previous domestic abuse perpetrator residing at property. Carer remains residing with perpetrator after being given evidence of previous abuse. Perpetrator is assessed as posing a High Risk of serious harm.

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
- Notification from the District Council housing department that family is in rent arrears or engaging in Anti-Social behaviour which is likely to lead to homelessness if support is not provided. Consent is overridden and the referral will be progressed to the Homelessness Prevention Team

Extra-Familial Harm

- 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 area. 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 they are being groomed, there are concerns about a power imbalance forcing the child to act in this way, the location is dangerous to children, there are concerns they are being exploited, criminal behaviour etc. Pattern of sofa surfing, whereabouts unknown



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Resources

Suggested additional 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 2023

[Working Together to Safeguard Children 2023](#)

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

Domestic Abuse

Referral to the Independent Domestic Violence Advocacy (IDVA) Service

Refer to Safer Places for Safe Accommodation

Survivors Against Domestic Abuse and Housing Navigator Service

Chrysalis Centre

Herts Sunflower and Hertfordshire Domestic Abuse Helpline

Key Legislation

[Data Protection Act \(2018\)](#)

[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](#)

[Domestic Abuse Act 2021](#)

[Chronically Sick and Disabled Persons Act \(1970\)](#)





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

NHS
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