

# Care and Support Framework

## Multi-agency guidance for those working with children and families

May 2018

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## Introduction

The Children (Guernsey and Alderney) Law 2008 (Children Law) introduced a welfare based, integrated model for responding to concerns about children, including children in need, children at risk of serious harm and children at risk of compulsory intervention. The Children Law is underpinned by a set of key principles which have at their core the welfare of the child as the paramount consideration.

The Children Law created the Child, Youth and Community Tribunal (CYCT) and the role of the Children's Convenor. The CYCT replaces the court in the majority of cases where compulsory intervention is required. More information on the CYCT and Children's Convenor can be obtained at [www.convenor.org.gg](http://www.convenor.org.gg).

The Children Law placed a duty upon the Committee *for* Health and Social Care (HSC) to prepare a Children and Young People's Plan (CYPP) every three years which sets out how services seek to meet the needs of children and their families. The plan sets out four priority outcomes for children:

- Be Safe and Nurtured
- Be Included and Respected
- Achieve Individual and Economic Potential
- Be Healthy and Active

Most children have a number of basic needs that can be supported through universal services. These universal services include education, child health, early years' provision, housing, youth services and voluntary organisations. The Law however recognises that some children will need additional services to achieve a reasonable standard of health and development and some will need compulsory intervention.

This document provides a framework for professionals who are working with children and families. It aims to help professionals identify when a child may need additional support to achieve their full potential. It introduces a continuum of help and support, provides information on the levels of needs and gives examples of some of the factors that may indicate a child needs additional support. The framework recognises that however complex a child's needs, universal services will always be provided alongside any specialist additional

service. It is recognised that children's needs are not static and that they may experience different needs at different times throughout their childhood years. The indicators of need contained in this document are not exhaustive but provide examples that can be used as a tool to assist assessment, planning and decision making when considering the needs of children and their safeguarding needs in particular.

This document should be used in conjunction with the Island Safeguarding Children Partnership (ISCP) [Interagency Child Protection Guidelines](#). For some areas of need there may also be specialist tools available for assessment such as the [Salford Graded Care Profile](#) for neglect, The MASH Domestic Abuse Referral Pathway.

**Remember where there is an urgent and immediate need to protect a child dial 999 to contact the Police. Otherwise for all other children who may be at risk of significant harm, contact the MASH as soon as possible.**

## **Legislative Context**

### **The Child Welfare Principles and the Child Welfare Checklist**

The Children Law sets out some principles that underpin decision-making and actions taken under the Law. These apply not only to the Court and Tribunal but also to professionals.

The overriding principle of the Children Law is that the child's welfare is the paramount consideration.

When carrying out any function under the Law public authorities must take into account any of the child welfare principles that are relevant ( Section 3(2)).

The CHILD WELFARE PRINCIPLES are;

- a) that a child's welfare is normally best served by being brought up within his own family and community,
- b) that, where it is not possible for a child to be brought up within his own family or community, his welfare is normally best served by maintenance of regular contact with his family and community,
- c) that no compulsory intervention shall be made in respect of a child, unless it is necessary for the effective provision to the child of care, protection, guidance or control,
- d) that any delay in determining a question about a child's upbringing is likely to be prejudicial to the child's welfare,
- e) that irrespective of age, development or ability, a child should be given an opportunity to express his wishes, feelings and views in all matters affecting him,
- f) that, except where it is shown to the contrary, it is presumed that a child is capable of forming a considered view from the age of 12 years,
- g) that a child in the care of the States is entitled to be provided with, and may expect to be subject to, insofar as is reasonably practical, similar levels of care, protection, guidance and control as would be expected to be provided or exercised in respect of a child by reasonable parents,

- h) that in any case involving criminal activity, or the risk of criminal activity, by a child, the primary purpose of any compulsory intervention shall be the prevention of such activity in both the short and long terms,
- i) that it is expected that parents and any others responsible for a child's welfare will consult and co-operate with one another, and where possible resolve matters by agreement, in an atmosphere of openness and non-confrontation, with recourse to formal proceedings (whether court or Tribunal) only as a last resort,
- j) that it is normally in the best interests of a child to have ongoing contact with both parents and it is the responsibility of the parents and any public authority to take reasonable steps to promote such contact, and
- k) that in determining any issue under this law there shall be no discrimination by any public authority on the grounds of gender, marital status, ethnic or cultural origin, religion, disability, age or sexual orientation.

#### CHILD WELFARE CHECKLIST

When determining any issue concerning the upbringing of a child under the Children Law, or the application of the child welfare principles, a public authority must also have regard to the matters set out in the child welfare checklist. These are:

- a) the child's wishes and feelings (in the context of his age and understanding)
- b) the age, gender, ethnicity, culturally background, language, religion and any other relevant characteristics of the child
- c) any harm the child has suffered or is at risk of suffering
- d) the child's physical, emotional and educational needs
- e) how capable each of the parents (or any other person looking after or having parental responsibility for the child) is of meeting the child's needs
- f) the importance and likely effect of contact between the child and his parents, siblings, relatives and any other people significant to the child
- g) the effect or likely effect of any change in the child's circumstances, including the effect of the child's removal from Guernsey or Alderney.

### ***Child in Need***

The law recognises that some children, however, have more complex needs and may require access to specialist services to support them (Section 23). A child is in need if s/he:

- Needs additional services in order either to achieve or maintain a reasonable standard of health or development, or to prevent significant impairment to health or development;
- Is disabled;
- Is adversely affected, or likely to be, by the disability or illness of a family member.

Additional services are those deemed over and above the usual universal services provided to all children by the States of Guernsey which include ordinary schooling, routine immunisations and health checks.

### ***Child at Risk***

(1) A child is at risk when s/he is believed to satisfy the grounds for compulsory intervention (Section 35 of the Children Law).

The question as to whether compulsory intervention may be needed in respect of a child arises if -

- (a) there is, or appears to be, no person able and willing to exercise parental responsibility in such a manner as to provide the child with adequate care, protection, guidance or control, and
  - (b) at least one of the conditions referred to in subsection (2) is satisfied, in respect of that child.
- (2) The conditions are, that on a balance of probabilities-
- (a) the child has suffered, or is likely to suffer, significant impairment to his health or development,
  - (b) the child has suffered, or is likely to suffer, sexual or physical abuse,

- (c) the child has -
  - (i) misused drugs or alcohol, or
  - (ii) deliberately inhaled a volatile substance,
- (d) the child is exposed, or is likely to be exposed, to moral danger,
- (e) the child -
  - (i) has displayed violent or destructive behaviour and is likely to become a danger, to himself, or others, or
  - (ii) is otherwise beyond parental control,
- (f) the child, being of 12 years of age or more, has committed-
  - (i) a criminal offence, or
  - (ii) what would be a criminal offence if the child had the necessary capacity, or
- (g) the child (being under the upper limit of the compulsory school age) is failing to attend school without good reason.

## Interagency working

One of the key elements of the Children Law, which is reflected in the CYPP is the duty placed upon agencies to work together and share information. The [Guernsey and Alderney Child Protection Guidelines](#) set out how agencies should work together and under what circumstances information can and should be shared. The States of Guernsey [Information Sharing Guidance](#) provides guidance on local procedures for information sharing.

It is recognised that no single agency can meet the identified needs of all children in need or at risk. In seeking to ensure the wellbeing of children in the Bailiwick, this creates an imperative for interagency communication, cooperation and collaboration to seek to reduce the risk of significant harm or impairment to a child's health or development.

All States of Guernsey employees and other persons have a duty whilst they are working with a child whom they reasonably believe is in need, or at risk, to take such action in



relation to that child, and his circumstances, as may be required of them under the Children Law.

The Children Law also reflects the principle of providing integrated help and support at the earliest possible point for children and families to prevent problems developing or escalating to the point that the child is at risk. A Multi-Agency Support Hub (MASH) has been introduced to support this.

The MASH is a single point of entry to multi-agency help and support for children, young people and their families who have additional needs and who require the support of more than one agency or professional. The MASH meets four times a week and is made up of representatives from key statutory agencies:

- Police
- Child Health
- School Attendance Service
- Children's Social Care

Other agencies who attend regularly include: the Child and Adolescent Mental Health Service (CAMHS), the Community Drug and Alcohol Team (CDAT), The Hub (Youth Commission), the Youth Justice Service, and Action for Children.

### ***Duty to investigate/ share concerns***

The Children (Miscellaneous Provisions) (Guernsey and Alderney) Ordinance, 2009 (the Children Ordinance) sets out the obligations of States Committees to identify, assess, report, record and investigate circumstances where children might be in need or at risk. Where it appears a child is in need HSC, or in certain circumstances, Education Services may assess the extent to which the child is in need (s.25 of the Children Ordinance).

Section 26 gives HSC a duty to investigate circumstances where compulsory intervention may be necessary. In cases where the concerns arise mainly from a child's failure to attend school Education Services are responsible for discharging the duty.

Where concerns about a child come to the attention of a States Committee, they must make sufficient inquiries to determine whether or not the concerns about the child should be reported to HSC (s25 of the Children Ordinance).

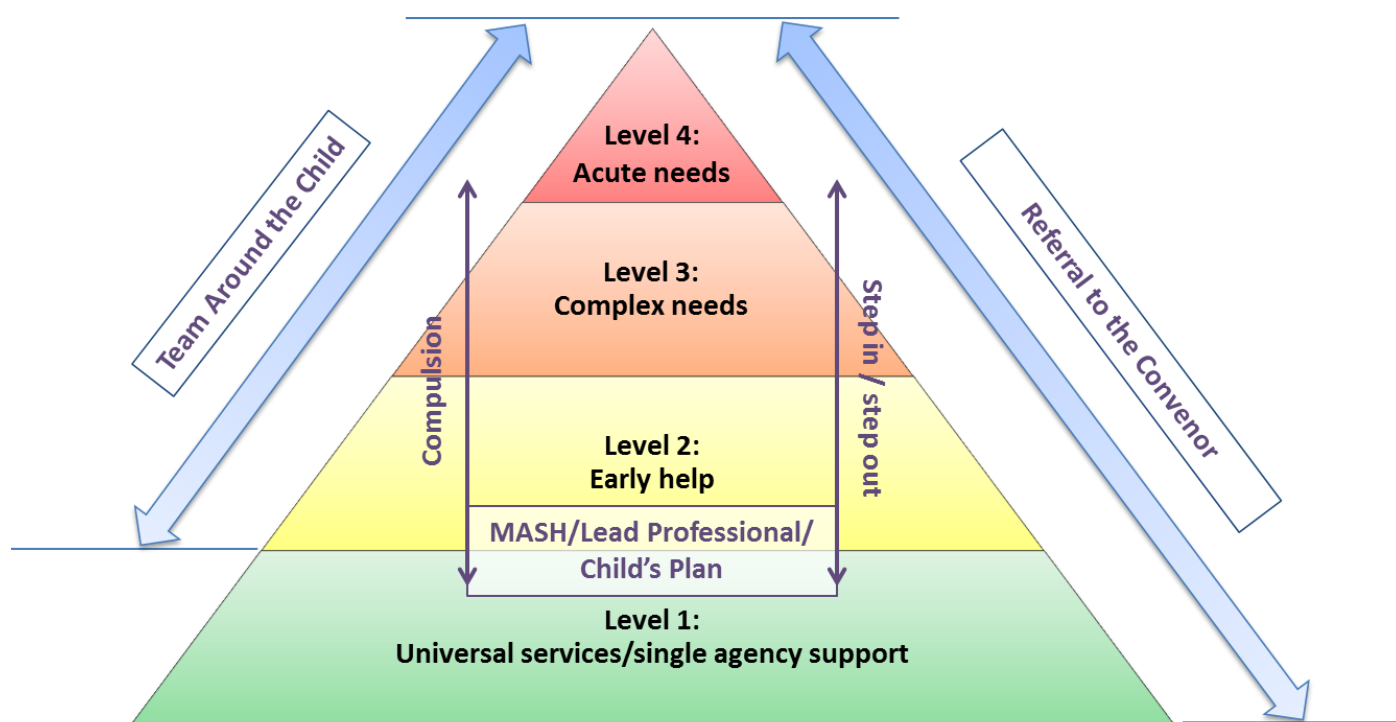
If you work with children in Guernsey or Alderney and believe a child you work with is in need of additional support or is at risk, you should make enquiries to the MASH in writing using the [MASH enquiry form](#). The MASH will then decide what will happen next.

The MASH agencies will carry out initial inquiries to identify the child's needs. This may lead to children being signposted to other agencies for support, no further action or a child protection investigation being undertaken. Where it appears that further assessment of the child's needs by a social worker are needed the matter will be referred to one of the HSC locality teams. Where there may be a need for compulsory intervention a referral will be made to the Children's Convenor, who will investigate the case and decide whether there are grounds to refer the child to the Child, Youth and Community Tribunal (CYCT).

In addition to referring to MASH, any person (who believes that compulsory intervention may be necessary to ensure the provision of adequate care, protection, guidance or control for a child) may refer the matter to the [Convenor](#) at any time.

If, following investigation by HSC, it is thought that the child may be in need of compulsory intervention HSC will refer the matter to the Convenor.

## Levels of Need



### ***Level 1: Universal services / single agency support***

These are children with no additional needs; all their health and developmental needs will be met by universal services. These are children who consistently receive child focused care giving from their parents or carers. The majority of children living in the Bailiwick require support from universal services alone.

### ***Level 2: Early help***

These are children with additional needs, who may be vulnerable and showing early signs of abuse and/or neglect; their needs are not clear, not known or not being met. These children may be subject to adult focused care giving and the question of compulsion should be considered. Level 2 is the threshold for multi-agency early help through the Team Around the Child (TAC) process, an identified lead professional and a child's plan. These children require a coordinated approach to the provision of additional services such as family support, parenting programmes etc.

### ***Level 3: Complex needs***

These children require specialist services in order to achieve or maintain a reasonable standard of health or development or to prevent significant impairment of the health and development and/or who are disabled. In some cases these children's needs may be secondary to the adults' needs. The question of whether compulsory intervention is required should be considered. These children may require long term intervention from specialist services. This is the threshold for an assessment (child's plan) led by children's social care.

### ***Level 4: Acute needs***

These children are suffering or are likely to suffer significant harm. This is the threshold for child protection. These children are likely to have already experience adverse effects and to be suffering poor outcomes. Their needs may not be considered by their parents. Compulsory intervention is likely to be required to overcome adversity and risk. This level also includes children with significant health care needs and those who require specialised care away from home.

### ***Compulsion and Referral to the Convenor***

The question of whether compulsory intervention is required may arise at any level of need. For the majority of children who have additional needs their parents or carers will work with additional and specialist services to ensure that their children's need are met. Some however will be either unwilling or unable to access appropriate advice and support. Where it is considered that compulsory intervention may be necessary to ensure that a child or young person's needs are met a referral to the Convenor should be made.

### ***Step in/ Step out***

Children's needs do not necessarily remain constant throughout their lives; they can move between levels of need. Also, children in the same family can have different levels of need.

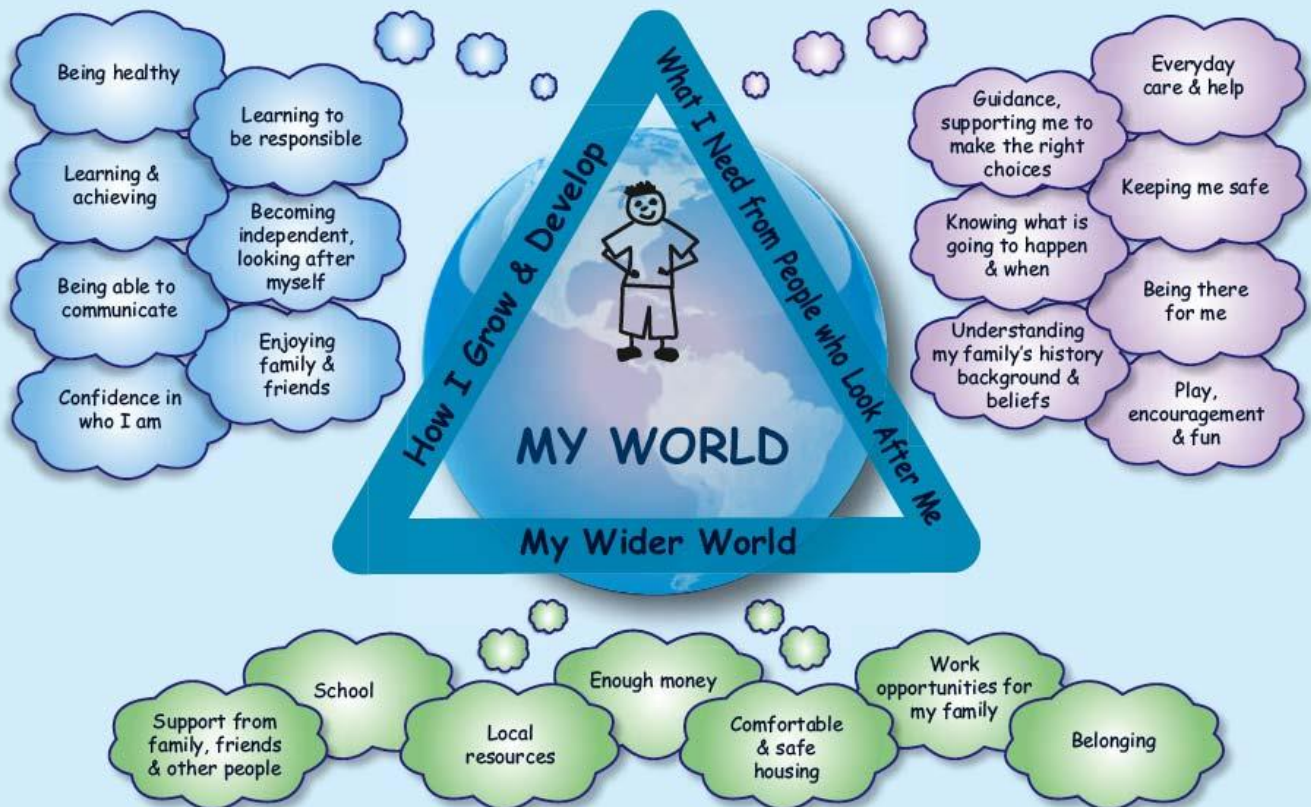
## Assessment

The “My World Triangle”, developed in Scotland is used within Guernsey & Alderney to assess the needs of children and their families. The “My World Triangle” was significantly influenced by the UK Department of Health’s “Framework for the Assessment of Children in Need and their Families” and will therefore be familiar to those professionals who have trained or worked in the UK. The “My World Triangle” is used at every stage to think about the whole world of the child or young person including risks, needs and positive features in their lives. It has been designed so that the language used is accessible to children and young people.

The My World Triangle should be used to identify the interplay between the three domains to assess the child’s needs and form a judgement regarding the level of need. (Further information on each of the domains can be accessed here: <http://www.gov.scot/Topics/People/Young-People/gettingitright/national-practice-model/my-world-triangle>.)

# My World Triangle

getting  
it right  
for every child



The whole child or young person: Physical, Social, Educational, Emotional, Spiritual & Psychological development

## Indicators of Need

The indicators of need on the following pages are designed to provide practitioners with an overarching view on what tier of support and intervention a family might need.

This is not intended to be a 'tick-box' exercise, but to give a quick reference guide to support professionals in their decision making, including conducting further assessments, referring to other services and understanding the likely thresholds for higher levels of intervention.

Remember that if there is a combination of indicators of needs under Level 2, the case may be a Level 3 case overall.

Also remember that need is not static; the needs of a child and family will change over time. Where a plan has been agreed this should be reviewed regularly to analyse whether sufficient progress has been made to meet the child's needs and on the level of risk face by the child. This will be important in cases of neglect where parents and carers can make

small improvements, but an analysis will need to be undertaken on whether this leads to significant improvements for the child.

**If you have child protection concerns consult the [ISCP Child Protection Guidelines](#) and you must inform your safeguarding lead or line manager.**

| <b>Indicators of Need Matrix (Levels 1-4)</b>   |  |  |   |
|---|--|--|---|
| <b>Development of the baby, child or young person (“How I grow and develop”)</b>  |  |  |   |
| This includes the child’s health, family and social relationships, including primary attachment and emotional behavioural development. Some of the indicators will depend on the child’s age. These are guidelines to support practitioners in their decision making. This is not intended to be a tick-box exercise and practitioners should use professional judgement. |  |  |   |
| <b>Level 1</b>  | <b>Level 2</b>   | <b>Level 3</b>   | <b>Level 4</b>  |
| Children with no additional needs whose health and developmental needs can be met by universal services   | Children with additional needs that can be met through the provision of multi-agency early help through the TAC process, a lead professional and child’s plan. A referral to children’s social care is NOT required. Compulsory intervention may be required | Children with complex multiple needs who need statutory and specialist services. A referral to children’s social care IS required. Compulsory intervention may be required | Children in acute need. Require immediate referral to children’s social care and/or the police. Compulsory intervention may be required                         |
| <b>The child’s education and employment</b>   |  |  |   |
| Developmental milestones met.   | Some developmental milestones are not being met which will be supported by universal services.   | Some developmental milestones are not being met which will require support of targeted / specialist services.  | Developmental milestones are significantly delayed or impaired.   |
| The child possesses age appropriate ability to understand and organise information and solve problems and makes adequate academic progress.   | 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 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    | The child’s inability to understand and organise information and solve problems is adversely impacting upon all areas of his/her development creating a risk of |



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|  |   | academic progress despite learning support strategies over a period of time.  | significant harm.  |
| The child / young person is in education, employment or training (EET).                                  | The child /young person is not in education, employment or training (NEET) or their attendance is sporadic and they are not likely to reach their potential.  | The young person refuses to engage with educational or employment opportunities and are increasingly socially isolated. There is concern this results from or is impacting on their mental health.                        |  |
| <b>The child's health</b>  |   |   |  |
| The child is healthy and does not have a physical or mental health condition or disability.              | The child has a mild physical or mental health condition or disability which affects their everyday functioning but can be managed in mainstream schools.<br><br>The child may have a special education support plan or a Determination of Special Educational Needs.<br><br>A child in hospital. | The child has a physical or mental health condition or disability which significantly affects their everyday functioning and access to education.<br><br>The child may have a Determination of Special Educational Needs. | The child has a complex physical or mental health condition or disability which is having an adverse impact on their physical, emotional or mental health and access to education. |
| The child is healthy and has access to, and makes use of, appropriate health and health advice services. | The child rarely accesses appropriate health and health advice services, missing immunisations.   | There is no evidence that the child has accessed health and health advice services and suffers chronic and recurrent health problems as a result.   | The child has complex health problems which are attributable to the lack of access to health services.   |
| The child undertakes regular   | The child undertakes no physical  | The child undertakes no physical  | Despite support, the child   |

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|---|--|---|--|
| physical activities and has a healthy diet.   | activity, and/or has an unhealthy diet which is impacting on their health.   | activity and has a diet which seriously impacts on their health despite intensive support from early help services.   | undertakes no physical activity and has a diet which is adversely affecting their health and causing significant harm.   |
| The child has no history of substance misuse or dependency.   | The child is known to be using drugs and alcohol frequently with occasional impact on their social wellbeing.                              | The child's substance misuse dependency is affecting their mental and physical health and social wellbeing.   | The child's substance misuse dependency is putting the child at such risk that intensive specialist resources are required.  |
| <b>The child's emotional wellbeing</b>  |  |   |  |
| The child engages in age appropriate activities and displays age appropriate behaviours.  | The child is at risk of becoming involved in negative behaviour/ activities - for example anti-social behaviour [ASB] or substance misuse. | The child is becoming involved in negative behaviour/ activities, for example, non-school attendance and as a result may be excluded short term from school. This increases their risk of being involved in ASB, crime, substance misuse and puts them at risk of grooming and exploitative relationships with peers or adults. | The child frequently exhibits negative behaviour or activities that place self or others at imminent risk including chronic non-school attendance.<br><br>The child may be permanently excluded or not in education which puts them at high risk of CSE. |
| The child has a positive sense of self and abilities.   | The child has a negative sense of self and abilities.  | The child has a negative sense of self and abilities to the extent that it impacts on their daily outcomes.   | The child has such a negative sense of self and abilities that there is evidence or likelihood that this is causing harm.  |
| The child's positive sense of self and abilities reduces the risk that they will be targeted by peers or adults who wish to exploit them. | The child has a negative sense of self and abilities and suffers with low self-esteem which makes them vulnerable to peers and adults who  | The child's negative sense of self and low self-esteem has contributed to their involvement with peers and/or adults who are thought to be  | The child's vulnerability resulting from their negative sense of self and low esteem has been exploited by others who are causing them harm.   |

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|   | pay them attention and/or show them affection but do so in order to exploit them.   | treating them badly and/or encouraging them to get involved in self destructive and/or anti-social or criminal behaviour.  |  |
| The child is emotionally supported by his/her parents/carers to meet their developmental milestones to the best of their abilities. | The child occasionally does not meet developmental milestones due to a lack of emotional support.   | The child is unable to meet developmental milestones due to the inability of their parent/carer to emotionally engage with them.   | The child's development is being significantly impaired.   |
| The child has not suffered the loss of a close family member or friend.   | The 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. | The child has suffered bereavement recently or in the past and doesn't appear to be coping. They appear depressed and/or withdrawn and there is concern that they might be/are self-harming or feeling suicidal.   | The child has suffered bereavement and is self-harming and/or disclosing suicidal thoughts.  |
|   |   | The child has suffered bereavement recently or in the past and doesn't appear to be coping. There are concerns the child's behaviour has deteriorated significantly at school and/or at home and/or they are engaging in risky behaviours such as going missing or substance misuse. | The child has suffered bereavement recently or in the past and is going missing from school or home and is thought to be at risk of child sexual exploitation or of involvement in gang/criminal activity. |
| <b>The child's social development</b>   |   |  |  |
| The child has strong friendships and positive social interaction with a   | The child has few friendships and limited social interaction with their   | The child or young person is isolated, and refuses to participate  | The child or young person is completely isolated, refusing to  |

|  |  |   |   |
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| range of peers.  | peers.   | in social activities.   | participate in any activities.  |
| The child is able to communicate with others, engages in positive social interactions and demonstrates positive behaviour in a wide variety of social situations. Child demonstrates respect for others. | The child has communication difficulties and poor interaction with others.   | The child has significant communication difficulties.<br><br>The child interacts negatively with others and demonstrates significant lack of respect for others.  | The child has little or no communication skills.<br><br>Positive interaction with others is severely limited.   |
| The child demonstrates accepted behaviour and tolerance towards their peers and others. Where on occasion this is not the case, this is managed through effective parenting and universal services.      | The 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. | The child exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community. Early support has been refused, or been inadequate to manage this behaviour. | The child exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community, and which is impacting on their wellbeing or safety. |
| The child demonstrates feelings of belonging and acceptance.   | The child is a victim of discrimination or bullying.   | The child has experienced persistent or severe bullying which has impacted on his/her daily outcomes.   | The child has experienced such persistent or severe bullying that his/her wellbeing is at risk.   |
| <b>The child's behaviour</b>   |  |   |   |
| The child's activities are legal.  | The child has from time to time been involved in anti-social behaviour.  | The child is involved in anti-social behaviour and may be at risk of gang involvement.  | The child is currently involved in persistent or serious criminal activity and /or is known to be engaging in gang activities.  |
| The child's activities are legal.  | The child expresses sympathy for ideologies closely linked to violent extremism but is open to other   | The child expresses beliefs that extreme violence should be used against people who disrespect their  | The child supports people travelling to conflict zones for extremist/ violent purposes or with intent to  |

|   |  |  |   |
|---|--|--|---|
|   | views or loses interest quickly.   | beliefs and values.  | join terrorist groups The child expresses a generalised non-specific intent to go themselves.   |
| The child demonstrates self-control appropriate with their age and development.         | The child from time to time displays a lack of self-control which would be unusual in other children of their age.   | The child regularly displays a lack of self-control which would be unusual in other children of their age.   | The child displays little or no self-control which seriously impacts on relationships with those around them putting themselves/others at risk.   |
| The child has growing level of competencies in practical and independent living skills. | The child's competencies in practical and independent living skills are at times impaired or delayed.  | The child does not possess, or neglects to use, self-care and independent living skills appropriate to their age.  | Severe lack of age appropriate behaviour and independent living skills likely to result in significant harm. E.g. bullying, isolation.  |
| The child engages in age appropriate use of internet, gaming and social media.          | The child is at risk of becoming involved in negative internet use, lacks control and is unsupervised in gaming and social media applications.   | The child is engaged in or victim of negative and harmful behaviours associated with internet and social media use, e.g. bullying, trolling, transmission of inappropriate images. Or is obsessively involved in gaming which interferes with social functioning.              | The child is showing signs of being secretive, deceptive and is actively concealing internet and social media activities, e.g. at risk of being groomed for child sexual exploitation or is showing signs of addiction (gaming, pornography).   |
| The child engages in age appropriate use of internet, including social media.           | The child is at risk of becoming involved in negative internet use that will expose them to extremist ideology. They have unsupervised access to the internet and have disclosed to adults or peers that they intend research such ideologies although they haven't done so yet. | The child is engaged in negative and harmful behaviours associated with internet and social media use. The 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 | There are significant concerns that the child is being groomed for involvement in extremist activities. The 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 |

|   |   |  |  |
|---|---|--|--|
|   | They express casual support for extremist views.  | viewpoints.  | their support for extremist views.   |
| The child engages in age appropriate activities and displays age appropriate behaviours and self-control. | The child is at risk of becoming involved in negative behaviour/ activities. For example, the child is expressing strongly held and intolerant views towards people who do not share his/her religious or political views.                        | The child is becoming involved in negative behaviour/ activities. For example, the child is refusing to co-operate with activities at school that challenge their religious or political views. The child is aggressive and intimidating to peers and/or adults who do not share his/her religious or political views. | The child expresses strongly held beliefs that people should be killed because they have a different view. The child is initiating verbal and sometimes physical conflict with people who do not share his/her religious or political views. |
| The child engages in age appropriate activities and displays age appropriate behaviours and self-control. | The child is expressing verbal support for extreme views some of which may be in contradiction to the law - for example, the child has espoused racist, sexist, homophobic or other prejudiced views and links these with a religion or ideology. | The child has connections to individuals or groups known to have extreme views.  | The child has strong links with individuals or groups who are known to have extreme views and/or are known to have links to violent extremism. The child is thought to be involved in the activities of these groups.                        |
| The child does not run away from home.  | The child has run away from home on one or two occasions or not returned at the normal time.  | The child persistently runs away and/or goes missing.  | The child persistently runs away and/or goes missing and does not recognise that he/she is putting him/herself at risk.  |
| The child's whereabouts are always known to their parents or carers.                                      | The child has been missing from home on one or two occasions and there is concern about what happened to them whilst they were away.  | The child persistently goes missing.   | The child persistently goes missing and is engaging in risky behaviours whilst they are away. There is concern they might be being sexually exploited or being drawn   |

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|  |   |  | into criminal behaviour.  |
| The child does not run away from home.   | The child has run away from home on one or two occasions or not returned at the normal time. There is concern that they might have been staying with friends or relatives who have extreme views. | The child persistently runs away and/or goes missing. There are serious concerns that they are running away in order to spend time with friends or relatives with extreme views and that they are being influenced by them.  | The child persistently runs away and/or goes missing and does not recognise that s/he is putting him/herself at risk. For example, whilst missing the young person is spending time with people with extremist views and perceives these people as teaching her/him the correct way to live and those who don't hold these views as deluded and/or as a threat. |
| The child does not have caring responsibilities.   | The child occasionally has caring responsibilities for members of their family and this sometimes impacts on their opportunities.   | The child's outcomes are being adversely impacted by their caring responsibilities.  | The child's outcomes are being adversely impacted by their unsupported caring responsibilities which have been on-going for a lengthy period of time and are unlikely to end in the foreseeable future.   |
| The child is able to communicate with others, engages in positive social interactions and demonstrates positive behaviour in a wide variety of social situations. Child demonstrates respect for others. | The child expresses intolerant views towards peers and this leads to their being socially isolated.   | The child often interacts negatively or has limited interaction with those they perceive as holding different views from themselves. They demonstrate significant lack of respect for others, for example, becoming aggressive with those that do not share their intolerant or extreme views. | Positive interaction with others is severely limited. The child has isolated themselves from peers and/or family because of their extreme and intolerant views. They glorify acts of terrorism and/or believe in conspiracy theories and perceive mainstream society as hostile to themselves. They are   |

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|  |  |   | often aggressive and intimidating towards others who do not share their views or have a lifestyle they approve of.   |
| <b>Abuse and Neglect</b>   |  |   |  |
| The child shows no physical symptoms which could be attributed to neglect.   | The child occasionally shows physical symptoms which could indicate neglect such as a poor hygiene or tooth decay.   | The child consistently shows physical symptoms which clearly indicate neglect.  | The child shows physical signs of neglect such as a thin or swollen tummy, poor skin tone/sores/rashes, prominent joints and bones, poor hygiene or tooth decay which are attributable to the care provided by their parents/carers. |
| The child is appropriately dressed.  | The child or their siblings sometimes come to nursery/ school in dirty clothing or they are unkempt or soiled.   | The child or their siblings consistently come to school in dirty clothing which is inappropriate for the weather and/ or they are unkempt or soiled The parents/carers are reluctant or unable to address these concerns. | The child consistently wears dirty or inappropriate clothing and is suffering significant harm as a result [e.g. they are unable to fully participate at school, are being bullied and/or are physically unwell]                     |
| The child has injuries, such as bruising on their shins etc., which are consistent with normal childish play and activities. | The child has occasional, less common injuries which are consistent with the parents' account of accidental injury. The parents seek out or accept advice on how to avoid accidental injury. | The child has injuries for example bruising, scalds, burns and scratches, which are accounted for but are more frequent than would be expected for a child of a similar age.  | The child has injuries, for example bruising, scalds, burns and scratches, which are not accounted for. The child makes disclosure and implicates parents or older family members.   |
| The child is provided with an  | The child's experiences parenting  | The child experiences a volatile and  | The child has suffered long term   |



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| emotionally warm and stable family environment. | characterised by a lack of emotional warmth and/ is overly critical and/or inconsistent. | unstable family environment. and this is having a negative effect on the child who, due to the emotional neglect they have suffered is vulnerable to grooming and/or exploitative relationships with abusive adults or risky peer groups. | neglect of their emotional needs and, as a result, is now at high risk of, or is already involved in sexual or other forms of exploitation either as a perpetrator or victim. |
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**Environmental Factors (“ My Wider World”)**

Including access to and use of community resources; living conditions, housing, employment status, legal status. These are guidelines to support practitioners in their decision making. This is not intended to be a tick-box exercise and practitioners should use professional judgement.

| <b>Level 1</b>  | <b>Level 2</b>   | <b>Level 3</b>   | <b>Level 4</b>   |
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| Children with no additional needs whose health and developmental needs can be met by universal services | Children with additional needs that can be met through the provision of multi-agency early help through the TAC process, a lead professional and child’s plan. A referral to children’s social care is NOT required. Compulsory intervention may be required | Children with complex multiple needs who need statutory and specialist services. A referral to children’s social care IS required. Compulsory intervention may be required | Children in acute need. Require immediate referral to children’s social care and/or the police. Compulsory intervention may be required                                      |
| The family feels integrated into the community.   | The family is chronically socially excluded and/ or there is an absence of supportive community networks.  | The family is socially excluded and isolated to the extent that it has an adverse impact on the child.   | 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 family has a reasonable income  | There are concerns that the parents  | The family does not use its financial  | The child consistently does not have   |

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| <p>over time and financial resources are used appropriately to meet the family's needs.</p> <p>The family are living on a very low income and/or have significant debt but the parents use their limited resources in the best interests of their child/children. The parents maximise their income and resources.</p> <p>The parent / carer is able to manage their working or unemployment arrangements and do not perceive them as unduly stressful.</p> | <p>are unable to budget effectively and as a result the child occasionally does not have adequate food, warmth, or essential clothing. However, the parents are working with support services to address these issues.</p> | <p>resources in the best interests of the child and the child regularly does not have adequate food, warmth, or essential clothing. For example, expenditure on drug, alcohol, gambling or other addictive behaviours means that there isn't enough money to meet the child's basic needs.</p> | <p>adequate food, warmth, or essential clothing. The parents are consistently unable to budget effectively and are resisting engagement.</p>                                  |
| <p>The family's accommodation is stable, clean, warm, and tidy and there are no hazards which could impact the safety or wellbeing of the child. For example the parent/carer ensures access to balconies is restricted unless a young child is with an adult.</p>  | <p>The family's accommodation is stable however the home itself is not kept clean and tidy and is not always free of hazards which could impact on the safety and wellbeing of the child.</p>                              | <p>The family's home is consistently dirty and constitutes health and safety hazards.</p>  | <p>The family's home is consistently dirty and constitutes health and safety hazards. The family has no stable home, and is moving from place to place or 'sofa surfing'.</p> |
| <p>The neighbourhood is a safe and positive environment encouraging good citizenship.</p>   | <p>The child is affected by low level anti-social behaviour in the locality</p>  | <p>The neighbourhood or locality is having a negative impact on the child – for example, the child is a victim of anti-social behaviour or crime, or is participating in anti-social behaviour or at risk or</p>   | <p>The neighbourhood or locality is having a profoundly negative effect on the child who is involved in frequent anti-social behaviour and criminal activity.</p>             |

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|  |   | participating in criminal activity.   |   |
|  | The neighbourhood is known to have groups of children and/or adults who are engaged in threatening and intimidating behaviour and the child is intimidated and feels threatened in the area.  | The neighbourhood or locality is having a negative impact on the child. The child has been a victim of anti-social behaviour or crime [including sexual or other forms of harassment] and is at risk of being further victimised.   | The neighbourhood or locality is having a profoundly negative effect on the child who has been a repeated victim of anti-social behaviour and/or crime and is now at high risk of sexual and other forms of exploitation – including being groomed to be a perpetrator.         |
|  | The neighbourhood or locality is having a negative impact on the child, for example, the child is known to be part of a group or associated with a group which is involved in anti-social behaviour – including sexual and other forms of harassment. | The neighbourhood or locality is having a negative impact on the child who is sometimes participating in anti-social behaviour [including sexual and other forms of harassment] or is present in a group when others do so.   | The neighbourhood or locality is having a profoundly negative effect on the child who is frequently involved in anti-social behaviour and criminal activity including, for example, sexual and other forms of harassment or assault.  |
|  |   | The family's legal status puts them at risk of involuntary removal from the islands (e.g. illegal workers) OR having limited financial resources/no recourse to public funds increases the vulnerability of the children to criminal activity (e.g. illegal employment, child labour, CSE). | Family members are being detained and are at risk of deportation, or the child is unaccompanied.<br><br>There is evidence that the child has been exposed to, or involved in, criminal activity to generate income for the family (e.g. illegal employment, child labour, CSE). |
|  |   | The child's legal status as, for example, an illegal migrant, who   | There is evidence that a child has been exposed to, or involved in,   |

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|   |   | may have been trafficked, puts them at risk of involuntary removal from the islands. Their immigration status means they have limited financial resources/no recourse to public funds and increases their vulnerability to criminal activity (e.g. illegal employment, child labour, CSE). | criminal activity either as a result of being trafficked into the islands or to support themselves (e.g. illegal employment, child labour, CSE). |
| The child and their family have no links to proscribed organisations. [An explanation and list of proscribed organisations can be found <a href="#">here</a> ]. | The child and/or their parents/carers have indirect links to proscribed organisations, for example, they attend religious or social activities which are, or have been in the recent past, attended by members of proscribed organisations. | Family members, family friends or friends of the child have strong links with proscribed organisations.  | The child, their parents/carers or other close family members or friends are members of proscribed organisations.                                |
| The child spends time in safe and positive environments outside of the home.  | The child is known to be/have been a victim or perpetrator of bullying and/or is part of a group or associated with a group which bullies others.   | The child is a repeated victim and/or perpetrator of bullying including sexual or other targeted forms of bullying.  | The child is a victim of serious and/or repeated and/or escalating acts of bullying, including sexual bullying.                                  |

| <b>Parental and Family Factors (“What I need from the people who look after me”)</b>  |  |  |   |
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| Including basic care, emotional warmth, stimulation, guidance and boundaries, stability and parenting styles and attitudes, and whether these meet the child’s physical, educational, emotional and social needs. These are guidelines to support practitioners in their decision-making. This is not intended to be a ‘tick box’ exercise and practitioners should use their professional judgement. |  |  |   |
| <b>Level 1</b><br>Children with no additional needs whose health and developmental needs can be met by universal services   | <b>Level 2</b><br>Children with additional needs that can be met through the provision of multi-agency early help through the TAC process, a lead professional and child’s plan. A referral to children’s social care is NOT required. Compulsory intervention may be required | <b>Level 3</b><br>Children with complex multiple needs who need statutory and specialist services. A referral to children’s social care IS required. Compulsory intervention may be required | <b>Level 4</b><br>Children in acute need. Require immediate referral to children’s social care and/or the police. Compulsory intervention may be required   |
| <b>Parenting during pregnancy and infancy</b>   |  |  |   |
| The parent/carer accesses ante-natal and/or post-natal care.  | The parent/carer demonstrates ambivalence to ante-natal and post-natal care with irregular attendance and missed appointments.   | The parent/ carer is not accessing ante-natal and/ or post-natal care.   | The parent neglects to access ante-natal care and is using drugs and alcohol excessively whilst pregnant. AND/OR The parent neglects to access ante-natal care where there are complicating obstetric factors that may pose a risk to the unborn child or new born child. |
| The parent/carer is coping well emotionally following the birth of their baby and accessing universal   | The parent/carer is struggling to adjust to the role of parenthood.  | The parent/ carer is suffering from post-natal depression.   | The parent/carer is suffering from severe post-natal depression which is causing serious risk to themselves   |

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| support services where required.  |  |  | and their child/ children.  |
| The parent/carer is able to manage their child's sleeping feeding and crying and is appropriately responsive. | The parent/ carer has sustained difficulties managing their child's sleeping, feeding or crying but accepts support to resolve these difficulties.         | The parent/ carer has sustained difficulties managing their child's sleeping, feeding or crying despite the intervention of support services or refuses to engage with support services.   | The parent/carer is unable to manage their child's sleeping, feeding or crying, and is unable or unwilling to engage with health professionals to address this, causing significant adverse impact on the child.  |
| <b>Meeting the health needs of the child</b>  |  |  |   |
| The parent/carer understands and is appropriately responsive to the health demands of their child.            | The parent/ carer displays high levels of anxiety regarding their child's health and their response is beginning to impact on the well-being of the child. | The parent/ carer displays high levels of anxiety regarding their child's health and their response is impacting on the well-being of the child. For example, they are unnecessarily removed from school or prevented from socialising or playing sport.<br><br>There are some indications that the parent/carer's concerns for the health of the child are unrelated to any physical or mental symptoms of illness. | The parent/carers' level of anxiety regarding their child's health is significantly harming the child's development. For example, their attendance at school is poor and/or they are socially isolated.<br><br>There are strong suspicions or evidence that the parent/carer is fabricating or inducing illness in their child. |
| All the child's needs (e.g. disability, behaviour, long-term conditions) are fully met by the parents.        | Parents are meeting the child's needs but require additional help in order to do so.   | One or more child's needs (e.g. disability, behaviour, long-term conditions) are not always met by the parents, with additional support  | One or more children's needs (e.g. disability, behaviour, long-term conditions) have a significant impact on the day-to-day lives of the  |

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|   |   | required, and this is having an impact on the day-to-day lives of the child/children's siblings/parents.  | child/children and their siblings and/or parents.  |
| <b>Meeting the educational and employment needs of the child</b>  |   |   |  |
| The parent/ carer positively supports learning and aspirations and engages with school.   | The parent is not engaged in supporting learning aspirations and/or is not engaging with the school.  | The parent does not engage with the school and actively resists suggestions of supportive interventions.  | The parent/carer actively discourages or prevents the child from learning or engaging with the school.   |
| The young person is supported to success in the labour market.  | The young person is not supported to success in the labour market.  | The young person is often discouraged from success in the labour market.  | The young person is actively obstructed and discouraged from success in the labour market.   |
| The child has an appropriate education and opportunities for social interaction with peers.   | There is concern that the education the child is receiving does not teach them about different cultures, faiths and ideas or, if it does, is derogatory and dismissive of different faiths, cultures and ideas. | The child is being educated to hold intolerant, extremist views. They are not using public services, such as schools or youth clubs, and are only mixing with other children and adults who hold similar intolerant, extremist views. | The child is being educated by adults who are members of or have links to proscribed organisations.<br><br>[An explanation and list of proscribed organisations can be found <a href="#">here</a> ]. |
| <b>Meeting the emotional needs of the child</b>   |   |   |  |
| The child is provided with an emotionally warm and stable family environment. The parenting generally demonstrates praise, emotional warmth and | Parenting often lacks emotional warmth and/or can be overly critical and/or inconsistent.   | The family environment is volatile and unstable. For example, parenting is intolerant, critical, inconsistent, harsh or rejecting and this is having a negative effect on   | The child has suffered long term neglect of their emotional needs and, as a result, is now at high risk of, or is already involved in sexual or other forms of exploitation either as                |

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| encouragement.   |   | the child who, due to the emotional neglect they have suffered is vulnerable to grooming and/or exploitative relationships with abusive adults or risky peer groups.                                     | a perpetrator or victim.   |
| There is a warm and supportive relationship between the parent/carer and the child which supports the child's emotional, behavioural and social development. | Occasional periods of relationship difficulties impact on the child's development.                                    | Relationship difficulties between the child and parent/ carer significantly inhibit the child's emotional, behavioural and social development which if unaddressed could lead to relationship breakdown. | Relationships between the child and parent/carer have broken down to the extent that the child is at risk of significant harm. For example, the parent/carer rejects their child to the extent where the child can no longer live at home. |
| The parent/ carer sets consistent boundaries and gives guidance.   | The parent/ carer struggles to set age appropriate boundaries and has difficulties maintaining their child's routine. | The parent/ carer is unable to judge dangerous situations and/or is unable to set appropriate boundaries.  | The parent/ carer is unable to judge dangerous situations and/or is unable to set appropriate boundaries and their child is frequently exposed to dangerous situations in the home and / or community.                                     |
| There is a positive family network and good friendships outside the family unit.   | There is a significant lack of support from the extended family network which is impacting on the parent's capacity.  | There is a weak or negative family network. There is destructive or unhelpful involvement from the extended family.  | The family network has broken down or is highly volatile and is causing serious adverse impact to the child.   |
| The child is not privately fostered.<br>OR<br>The child is privately fostered by adults who are able to provide for  | There is some concern about the private fostering arrangements in place for the child.                                | There is some concern about the private fostering arrangements in place for the child, and that there may be issues around the carers'   | There is concern that the child is a victim of CSE, domestic slavery, or being physically abused in their private foster placement.  |



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| his/her needs and there are no safeguarding concerns. The Committee for Health and Social Care has been notified as per the requirements of The Child Protection (Guernsey) Law, 1972. |   | treatment of the child.<br>And/or the Committee hasn't been notified of the private fostering arrangement.  |  |
|  | A child is known to live with an adult or older child who has extreme views. The child either doesn't express support for these views or is too young to express such views themselves.   | A child is taken to demonstrations or marches where violent, extremist and/or age inappropriate imagery or language is used.  | The child, their parents/carers or other close family members or friends are members of proscribed organisations.  |
|  | A child is known to live with an adult or young person who has extreme views and the child has unsupervised access to computers which means they may view violent extremist imagery which the adults or young people have been viewing. | A child is being sent violent extremist imagery by family members/ family friends or is being helped to access it. Parents/carers either don't challenge this activity or appear to endorse it. | A child is circulating violent extremist images and is promoting the actions of violent extremists and/or saying that they will carry out violence in support of extremist views.              |
|  | The child and/or their parents/carers express strong support for a particular extremist organisation or movement but do not express any intention to be actively involved.  | The child and/or their parents/carers express strong support for extremist views and a generalised, non-specific intention to travel to a conflict zone in support of those views.              | The child and/or their parents/carers are making plans to travel to a conflict zone and there is evidence to suggest that they are doing so to support or participate in extremist activities. |

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| <b>Meeting the practical needs of the child</b>                                     |   |   |  |
| The parent/ carer makes appropriate provisions for food, drink, warmth and shelter. | The parent/ carer occasionally makes inappropriate or inadequate provisions for food, drink, warmth and shelter.  | The parent/ carer regularly makes inappropriate or inadequate provisions for food, drink, warmth and shelter.   | The parent/carer has consistently failed to provide appropriate or adequate provisions for food, drink, warmth and shelter.  |
| The parent/carer provides appropriate clean, clothing.                              | The carer gives consideration to the provision of clean, age appropriate clothes to meet the needs of the child, but their own personal circumstances can get in the way of ensuring their child has these clothes. | Carer(s) neglect their child physically through their indifference to the importance of providing clean, age appropriate clothes for the child. , This impacts on the child and prevents them meeting developmental milestones.   | The parent /carer neglects their child physically and/or emotionally for example providing dirty or inappropriate clothing and this causes the child severe distress and/or prevents him/her meeting their developmental milestones. |
| The parent/carer provides for all the child's material needs.                       | The parent/carer is sometimes neglectful of the child's material needs and this could make them vulnerable to peers or adults who offer them clothes, foods etc in return for favours.                              | Parent/carer has been/is often neglectful of the child's material needs and this is having a negative impact on the child who may, for example, be socially isolated because of their old or dirty clothing or may be involved in petty theft to get clothes etc. This puts them at risk of grooming for sexual exploitation or involvement in criminal activity. | The child has suffered long term neglect of the material needs and is now at risk of or is already involved in criminal activity to meet their material needs and/or they are being sexually exploited.                              |
| <b>Domestic abuse</b>   |   |   |  |
| The expectant mother or parent/carer is not in an abusive                           | The expectant mother/ parent/carer is a victim of occasional or low-level   | The expectant mother /parent/carer has previously been a victim of  | The expectant mother/parent/carer is a victim of domestic abuse which  |

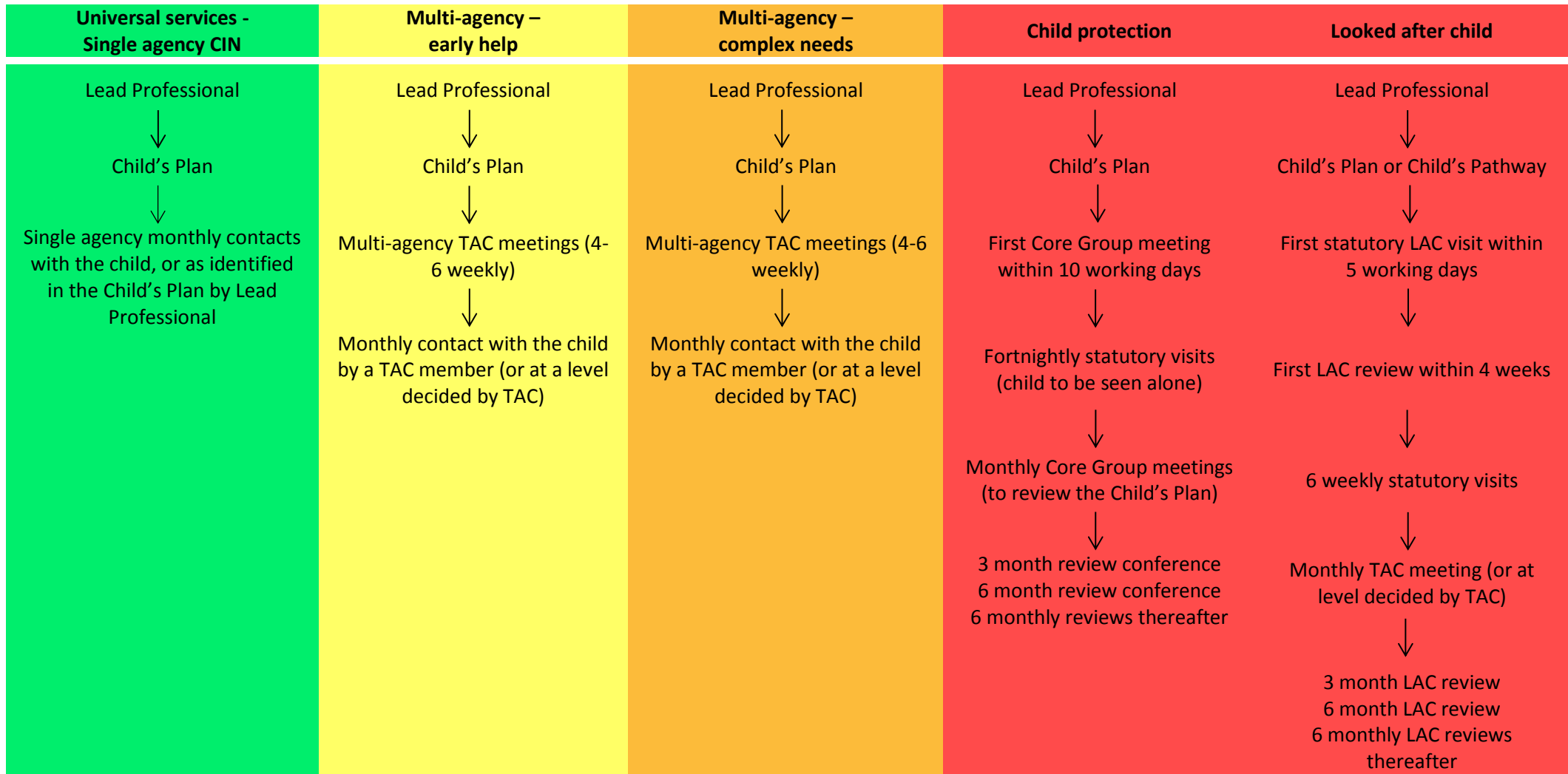
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| relationship.   | non-physical abuse.   | domestic abuse and is a victim of occasional or low-level non-physical abuse.   | has taken place on a number of occasions.  |
| There are no incidents of violence in the family and no history or previous assaults by family members. | <p>There are isolated incidents of physical and/or emotional violence in the family.</p> <p>The harmful impact of such incidents is mitigated by other protective factors within the family such as supportive grandparents who are able to look after the child when there are arguments/disputes in the family home.</p> <p><a href="#">MASH Domestic Abuse Referral Pathway.</a></p> | One or more adult members of the family are physically and emotionally abusive to another adult member/s of the family. The perpetrator/s show limited or no commitment to changing their behaviour and little or no understanding of the impact their violence has on the child. The perpetrator is emotionally harming the child who witnesses or is otherwise aware of the violence. | One or more adult members of the family is a perpetrator of persistent and/or serious physical violence which may also be increasing in severity, frequency or duration. The perpetrator is emotionally harming the child who witnesses or is otherwise aware of the violence. The children may also be at risk of physical violence if, for example, they seek to protect the adult victim. |
|   |   | The child has or continues to witness an adult in their household being physically or emotionally abused by another member of the household and is suffering emotional harm as a result. They are starting to exhibit behaviours that suggest they are at risk of becoming perpetrators or victims of abuse including CSE   | The child is at high risk of, or is already either a perpetrator or a victim of serious abusive behaviour, including child sexual exploitation.  |

| <b>Parental and family health issues and disability</b>  |   |  |  |
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| <p>Parents do not use drugs or alcohol.</p> <p>OR</p> <p>Parental drug and alcohol use does not impact on parenting.</p> | <p>Drug and/or alcohol use is impacting on parenting but adequate provision is made to ensure the child's safety.</p> <p>The child is currently meeting their developmental milestones but there are concerns that this might not continue if parental drug and alcohol use continues or increases.</p> | <p>Drug/alcohol use has escalated to the point where it includes binge drinking, drug paraphernalia in their home, the child feeling unable to invite friends to the home, the child worrying about their parent/ carer.</p> | <p>Parental drug and/or alcohol use is at a problematic level and the parent/ carer cannot carry out daily parenting. This could include blackouts, confusion, severe mood swings, drug paraphernalia not stored or disposed of, using drugs/ alcohol when their child is present, involving the child in procuring illegal substances, and dangers of overdose.</p> |
| <p>There is no evidence of siblings or other household members misusing drugs or alcohol.</p>                            | <p>Siblings' or other household members' drug or alcohol misuse occasionally impacts on the child.</p>  | <p>Siblings' or other household members' drug or alcohol misuse consistently impacts on the child.</p>   | <p>Siblings' or other household members' drug or alcohol misuse is significantly adversely impacting on the child.</p>   |
| <p>The physical or mental health of the parent/carer does not affect the care of the child.</p>                          | <p>Physical and mental health needs of the parent/carer create an adult focus which at times detracts attention away from the child.</p>  | <p>Physical or mental health needs of the parent/ carer is overshadowing the care of their child.</p>  | <p>Physical or mental health needs of the parent/carer significantly affect the care of their child placing them at risk of significant harm.</p>  |
| <p>The parents/ carers learning disabilities do not affect the care of their child.</p>                                  | <p>The parents/carers learning difficulties occasionally impedes their ability to provide consistent patterns of care but without putting the child at risk.</p>  | <p>The parents/ carers learning disabilities are affecting the care of their child.</p>  | <p>The parents/ carers learning disabilities are severely affecting the care of their child and placing them at risk of significant harm.</p>  |
| <p>The parent/carer's mental health</p>  | <p>Adult mental health impacts on the</p>   | <p>Adult mental health impacts on the</p>  | <p>Adult mental health is significantly</p>  |

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| does not impact the child adversely.   | care of the child. The carer presents with mental health issues which have sporadic or low level impact on the child however there are protective factors in place. | care of the child. The carer presents with mental health issues which have sporadic or low level impact on the child and there is an absence of supportive networks and extended family to prevent harm. | impacting on the care of the child. Any carer for the child presents as acutely mentally unwell and /or attempts significant self-harm and/or the child is the subject of parental delusions.  |
| Where siblings or other members of the family do not have disabilities, serious health conditions or mental health concerns. | Where siblings or other members of the family have disabilities, serious health conditions or mental health concerns which require additional support.              | Siblings or other members of the family have a disability or serious health condition, including mental health concerns, which impact on the child.  | Siblings or other members of the family have disabilities, health conditions or mental health concerns that are seriously impacting on the child, for example causing neglect, putting them at risk of significant harm or causing them high levels of stress and emotional anxiety. |
| <b>Protection from harm: physical or sexual abuse</b>  |   |  |  |
| The parent/ carer protects their family from danger/ significant harm.   | The parent/carer on occasion does not protect their family which if unaddressed could lead to risk or danger.   | The parent/carer frequently neglects/is unable to protect their family from danger/significant harm.   | The parent/ carer is unable to protect their child from harm, placing their child at significant risk.   |
| The parent/carer does not sexually abuse their child.  | There is a history of sexual abuse within the family or network but the parents respond appropriately to the need to protect the child.                             | There are concerns around possible inappropriate sexual behaviour from the parent/carer.   | The parent/ carer sexually abuses their child.<br>There is a risk the parent/carer may sexually abuse their child.<br>Parent or carer has expressed thoughts that they may sexually  |

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|  |   |   | abuse their child.   |
| There is no evidence of sexual abuse.                  | There are concerns relating to inappropriate sexual behaviour in the wider family.  | The family home has in the past been used on occasion for drug taking /dealing, prostitution or illegal activities.   | <p>The family home is used for drug taking and/or dealing, prostitution and illegal activities.</p> <p>The child is being sexually abused/exploited.</p> <p>A schedule 1 offender who is a serious risk is in contact with the family.</p> |
| The parent/carer does not physically harm their child. | <p>The parent/carer physically chastises their child within legal limits but there is concern that this is having a negative impact on the child's emotional wellbeing (for example, the child appears fearful of the parent).</p> <p>There is concern that it may escalate in frequency and/or severity as the parent seems highly critical of their child and/or expresses the belief that only physical punishment will have the desired impact on the child's behaviour.</p> <p>However, The parent is willing to access professional support to help them manage their child's</p> | The parent/carer physically chastises their child leaving the child with visible bruising, grazes, scratches, minor swellings or cuts – this may result from a loss of control. The parent is willing to access professional support to help them manage their child's behaviour. | The parent/ carer significantly physically harms the child.  |

|   |   |   |   |
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|   | behaviour.  |   |   |
| There is no concern that the child may be subject to harmful traditional practices such as FGM, HBV, forced marriage and belief in spirit possession. | There is concern that 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 is concern that the child may be subject to harmful traditional practices.  | There is evidence that the child may be subject to harmful traditional practices.   |
| <b>Criminal or anti-social behaviour</b>  |   |   |   |
| There is no history of criminal offences within the family.   | There is a history of criminal activity within the family.  | A criminal record relating to serious or violent crime is held by a member of the family which may impact on the children in the household. | A criminal record relating to serious or violent crime is held by a member of the family which is impacting on the children in the household. |
| The family members are not involved in gangs.   | There is suspicion, or some evidence that the family are involved in gangs.   | There is known involvement in gang activity.  | There is known involvement in gang activity which is impacting significantly on the child and family.   |



← IS COMPULSION NECESSARY? →

