



Continuum of Need and Risk Identification Tool

Practice guidance for improving outcomes for children and young people through the early identification of need, risk and vulnerability

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Foreword

This document and guidance is aimed at every agency, statutory, voluntary, private and independent which works directly or indirectly with children, young people and families. The purpose of this guidance is to help agencies identify a child's degree of need and respond appropriately - "the right help, right time".

The guidance does not remove the need for workers to make professional judgement when considering the identified needs of children.

This is a guidance document for the Multi-Agency Early Support and Safeguarding Continuum in regard to needs and services in Bradford.

The core function of The Bradford Partnership (TBP) is to publish a continuum of need document that includes:

- The process for the early help assessment and the type of level of early help services to be provided
- The criteria, including the level of need, for when a case should be referred to local authority children's social care for assessment and for statutory services under:
 - Section 17 of the Children Act 1989 (Child in Need)
 - Section 47 of the Children Act 1989 (reasonable cause to suspect children suffering or likely to suffer significant harm); - section 31 (care orders); and
 - Section 20 of the Children Act 1989 (duty to accommodate)
- Clear procedures and processes for cases relating to Child Exploitation including sexual exploitation of children and young people (working together 2018)

Multi-Agency communication is the key to developing a full picture of the child and their family circumstances, using independent interpreters if necessary. It is important that all involvement with a child and their family is recorded on your own agency's files. If there are any queries, practitioners should seek advice and support from the Safeguarding Leads within their own organisation.



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

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Continuum of Need Model

1. Levels of Vulnerability

The Continuum Tool identifies **four levels of vulnerability**, risk and need to assist practitioners to identify the most appropriate service response for children, young people and their families. These are:

Level 1
UNIVERSAL

Level 1 Universal – mainstream community services provided to all – e.g. Education, GP's, Dental Health/Dentist and the Healthy Child programme.

Level 2
UNIVERSAL PLUS

Level 2 Universal Plus - additional support which may or may not require multi-agency work with other professionals

Level 3
TARGETTED SUPPORT/
PARTNERSHIP PLUS

Level 3 Targetted Support/Partnership Plus – Help and support from a range of professionals for families with complex need.

Level 4
STATUTORY/
SPECIALIST/CHILD
PROTECTION

Level 4 Statutory, Specialist and Child Protection – High priority needs including other specialist services.

2. Matrix

The Continuum Matrix can be used to create a picture of individual needs and vulnerability. It is not a formal assessment and you are not required to send this in or share this with anyone. It is a means of enabling you to set out your thoughts to help you make a decision about what to do next. It is not necessary to complete all areas of the matrix if you do not have the evidence to do so. The needs of child and young people rarely fit into neat categories and often change over time. It has been designed to inform early identification of vulnerability, risk and need and can be used to start the process to clarify concerns and/or monitor progress.

Early help is most likely to be successful if:

- it is child centred and non-stigmatising
- it involves and empowers the family
- it is provided within the community, with a good understanding of what support and facilities are available
- it can be provided straight away and not after a long wait or an appointment



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3. Descriptors

A set of descriptors and indicators have been laid out in the document to enable partner agencies to use shared terminology and develop a shared understanding of levels of need, risk and vulnerability.

They provide a detailed breakdown of the three domains and dimension of the Framework for Assessment of Children in need and their families:

/

The child's developmental needs



Parenting Capacity



Family and environmental factors

The descriptors and indicators are indicative rather that definitive, but will help to provide an evidence base for professional judgement and decision making. The descriptors and indicators cannot reflect or predict sudden changes in the child's world and any sudden change in a child's presentation should be explored to establish if there is a cause for concern. In addition the age of the child and any protective factors that may enhance resilience need to be taken into account. The lack of impact of previous or on-going service involvement should also be noted as a concern.

This is a tool for everyone to use to support inter-agency working, information sharing and assessment. The Bradford Partnership (TBP) has adopted this continuum of need model to provide a multi –agency, whole system approach to assessment, risk, prevention and intervention for children, young people and their families.

The adoption of the model provides consistency from professionals working across geographical areas. This dynamic model provides a needs led, outcome focussed matrix of need and vulnerability which, when used effectively can match the child/young person's needs with the appropriate assessment and provision.

THE CHILD'S DEVELOPMENT NEEDS **FAMILY AND ENVIRONMENT PARENTING CAPACITY RISK** Endional Relations Presentation of Mullines & Skills CHILD DEVEL OPHENT **CHILD** Safeguarding and promoting welfare Warning Love Stimulation Change Patental Conderation · Motivation . Impact of drilld

At no time must disagreement prevent a child from being safeguarded. If you are not getting the response you feel is appropriate, please refer to the "Resolving Professional Disagreement & Escalation Policy'. This provides the procedures to be followed when disputes cannot be resolved through discussion and negotiation between practitioners at front line level.

Hyperlink to 'Resolving Professional Disagreement and Escalation'

https://westyorkscb.proceduresonline.com/chapters/p_res_profdisag.html?zoom_highlight=professional+disagreement&zoom_highlight=professional+disagreement

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Bradford Continuum of Need Model This is a tool to help you. It is not an assessment. You are not required to complete it in full or share this with anyone.

Plot relevant descriptors on this matrix to give a visual representation of the child or young person's level of need. The matrix reflects your professional judgement and informs decision making. This is a TOOL to help you make your decision as to roughly where your concerns sit. It will enable you to focus on the complex needs of the child and will give you an idea of how Family Support, Social Care will respond and in what way. If a level of need for intervention is met – at any level – you should then follow your agency's procedures for escalating your concerns e.g. directly or via a manager.

REMEMBER: Child neglect – Be professionally curious

- Are your concerns increasing?
- Is there a pattern of neglect emerging?
- Consider the lived experience for the child, impact and risk
- Consider a chronology of events

Name of child:		UNIVERSAL No additional needs		NIVERSAL PLU dren with additional r			TARG PAR Children	ETTED SUPP TNERSHIP PL with complex additiona	ORT/ .US I needs		STATUTORY, SPECIALIST/ CH PROTECTION Children in need of protein	IILD I	
Development: Health	General Health including oral health												
	Physical & Sensory Development												
	Speech, language and Communication												
Development: Wellbeing	Emotional and Social												
	Behaviour												
	Identity, Self-esteem, Image												
	Family and Social Relationships												
	Self Care Skills and Independence												
Development: Learning	Understanding, Reasoning & Problem Solving												
	Participation in Education or Work												
	Progress and Achievement in Learning												
	Aspirations												
Parents and Carers	Parents & Carers Basic Care/Ensuring Safety and Protection												
	Emotional Warmth and Stability												
	Guidance, Boundaries and stimulation												
Family and Environmental factors	Family History, Functioning and Well-being												
	Wider Family												
	Housing, Employment and Finance												
	Social and Community Elements												
VULNERABILITY ASSESSMENT:		Universal	Low	Medium	High	L	Low	Medium	High	Low	Medium	High	
(Y)	Response:	No additional needs	Additional support in setting. Consider agency led assessments				Consider enhanced support under Plus Services or make a referral to Children's Services				Make a referral to Children's Services		

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

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The Think Signs of Safety Principles

- Establishing constructive working relationships
- Encourages critical thinking and maintains appreciative enquiry
- Staying grounded day to day work child protection

Ask yourself the 4 key questions. What are you worried about (past current/future harm and danger)?

The spectrum of support and the relationship between the different levels of need

- A child's level of need can move forward and backwards across the continuum highlighting the importance
 of integrated service delivery, providing a seamless process to ensure continuity of care when a child moves
 between different levels of support.
- The whole system highlights the importance of always having a practitioner in place to co-ordinate service activity and to act as a single point of contact.

UNIVERSAL PARTNERSHIP PLUS

Children with additional needs

Children whose health and/or development may be adversely affected and would benefit from extra help in order to make the best of their life chances

Consider additional support using the Early Help Assessment. May include GP, school, health visitor, school nurse, dentist etc.

Additional support may or may not require multi-

agency work with other professionals

TARGET SUPPORT/ PARTNERSHIP PLUS

Children with complex additional needs

Children whose health and/or development is being impaired or there is a high risk of significant impairment

Consider enhanced support under Universal Plus Services or make a referral to Children's Services

STATUTORY/SPECIALIST/ CHILD PROTECTION Children who are experiencing significant harm

Potential involvement of

Children's Social Care

from this point

Children who are experiencing significant harm or where there is a likelihood of significant harm

Make a referral to Children's Services

Child/young person and the family at the centre throughout. If unsure consult your safeguarding lead.

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UNIVERSAL

No additional needs – needs are met by universal services

Children who make good overall progress in all areas of universal development and receive appropriate universal services

Consider access to universal services eg. GP, dentist, health visiting, nursery, pre-school and school settings

Mainstream community services provided to all – e.g. Education, GP's, dentist and the Healthy Child programme.

Indicators of Need and Intervention Criteria

DEVELOPMENT OF CHILD OR YOUNG PERSON – HEALTH Please note: This is an illustrative rather than comprehensive list of indicators TARGETTED SUPPORT STATUTORY/SPECIALIST / UNIVERSAL UNIVERSAL PLUS PARTNERSHIP PLUS CHILD PROTECTION No additional needs Children with additional needs Children with complex additional needs Children in need of protection Consider enhanced support under Additional support in setting. Make a referral to **ACTION** No additional action required Universal Plus Services or make a referral to Consider agency led assessments Children's Services Children's Enquiries Physically well **Neglect indicators:** Continuing evidence of neglect, including Failure to thrive General health medical neglect or dental neglect Adequate diet/hygiene/clothing - Overweight/underweight Suspected non-accidental injury/abuse/ Chronic health problems with a severe impact - Concerns re: diet/hygiene/clothing nealect Developmental checks/ on everyday functioning immunisations up to date - Starting to miss on health appointments Class A/serious drug misuse Health appointments are kept - Defaulting on immunisations/checks Failure to access appropriate health care Acute and serious mental or physical health - Susceptible to minor health problems Persistent excessive alcohol consumption. needs or behavioural difficulties, including Regular medical/dental/optical smoking or other substance misuse life-threatening self-harm, suicide - Not registered with GP/dentist care - Soiling/wetting self Children who are accessing acute health Serious mental health issues - Low level substance misuse services including sexual health clinics which Pregnancy or Sexually Transmitted Infection indicates significant harm, ie CSE - A&E attendance giving cause for concern in young person under 16 Pre-birth factors to consider: Multiple A&E attendances causing concern - Concealed/denial of pregnancy or Frequent unexplained minor injuries and/or unwanted pregnancy delay in seeking medical/dental attention - Current Domestic Abuse, or it there is risk from a previous partner - Avoidance of/poor attendance of antenatal Lack of co-operation with healthcare services and/or non-compliance with medical treatment - Lack of understanding of the needs of the unborn and how pregnancy should - Unrealistic parental expectations of a newborn baby or an inability to prioritise the needs of a new-born baby - Parent(s) with special/extra needs/physical disabilities/ill health Significant physical disability Physical and sensory Slow in reaching developmental milestones Physical Profound/severe and/or multiple disabilities development milestones are met Sensory development delay with significant unmet needs and sensory Age appropriate involvement in At risk of Female Genital Mutilation or development physical activity evidence of Age appropriate development Reluctant communicator Severe disorder and impairment in Sexually inappropriate language/behaviour Speech, Not understanding age-appropriate understanding spoken language Fluency of speech and language & instructions confidence Communication difficulties have a severe 'Frozen watchfulness' (see glossary for communication Confused by non-verbal communication impact on everyday life Willingness to communicate explanation) Difficulty listening for an appropriate length of Requires alternative or augmented means of Verbal and non-verbal communication comprehension Immature structure of expressive language Language structure and Speech sounds immature vocabulary and articulation

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

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DEVELOPMENT OF CHILD OR YOUNG PERSON – WELLBEING

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



ACTION

UNIVERSAL No additional needs

UNIVERSAL PLUS Children with additional needs

TARGETTED SUPPORT PARTNERSHIP PLUS Children with complex additional needs

STATUTORY/SPECIALIST / CHILD PROTECTION

Children in need of protection

No additional action required

Additional support in setting. Consider agency led assessments

Over-friendly or withdrawn with strangers

Difficulties in relationships with peer groups

Finds coping with change difficult even with

Consider enhanced support under Universal Plus Services or make a referral to Children's Enquiries

Refer to the Prevent Education Officer if child

sites and starting to feel part of the groups

is becoming withdrawn, accessing concerning

Disordered attachments that have a negative

Relates to strangers indiscriminately without

regard for safety or social norms, parents'

Reaction to change triggers prolonged

Make a referral to Children's Services

- Disordered attachments that have a severe impact on the child and the family
- Endangers own life through self harm/ substance misuse/eating disorder
- Child has suffered or may have suffered physical, sexual or emotional abuse or neglect/has been subject to Child Looked After (CLA) proceedings
- Child at risk or suspected at risk of Child Exploitation or trafficking
- Child has a family member involved in a terror related crime.

Refer to the Prevent Education Officer or make a Prevent referral- if there is a child at risk of being radicalised.

Emotional and social

- Good quality early attachments
- Feelings and actions demonstrate appropriate responses
- Able to adapt to change
- Able to demonstrate empathy
- Involved in leisure and other social activity

Impulsive/lacks self-control

Difficulties expressing empathy

and/or with adults

- Child causing concerns over use of internet and/or social media
- Concerns about possible bullying/cyber

Phobias that affect function

running these sites

inability to cope

impact

Association with delinquent/substance misusing/serious risk taking peers

awareness of risk appears limited

- Suffers from periods of depression or anxiety which could include negative patterns of behaviour, lower level self harm or disordered eating patterns
- Child has a family member involved in a terror related crime.
- Disruptive/challenging behaviour at school and in neighbourhood and at home
- At risk of permanent exclusion
- Regularly missing from education, employment or training (NEET)
- Young person regularly involved in antisocial criminal activities/violent/risk taking
- Young person subject to antisocial behaviour order (ASBO) or acceptable behaviour contract (ABC)
- Children withdrawn and isolated
- Child displaying elements of harmful sexual
- Children at risk of grooming others (consideration of both as victims)
- Children with concerning or discriminating behaviour towards specific groups

- Significant evidence the child is at risk or is being expolited
- Significant evidence child is at risk of Child Exploitation such as
- CSE
- Child criminal exploitation (eg County
- Gangs
- Trafficking/modern day slavery
- periods
- Multiple criminal incidents/involvement in activities that would constitute arrestable offences/behaviour that would constitute criminal activity
- Sexual development and behaviour which may be indicative of abuse

Behaviour

- Appropriate self-control
- Appropriate social behaviour
- Appropriate sexual development and activity

Disruptive/challenging behaviour, including in school or early years settings

- Concerns about sexual development and
- Inappropriate relationship with adult or peers

- Radicalisation (Prevent Agenda)

- Disappears or is missing from home for long

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

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PARENTS AND CARERS Please note: This is an illustrative rather than comprehensive list of indicators TARGETTED SUPPORT STATUTORY/SPECIALIST / UNIVERSAL UNIVERSAL PLUS PARTNERSHIP PLUS CHILD PROTECTION No additional needs Children with additional needs Children with complex additional needs Children in need of protection Consider enhanced support under Additional support in setting. Make a referral to ACTION No additional action required Universal Plus Services or make a referral to Consider agency led assessments Children's Services Children's Enquiries Provides for child's physical Parent unable or unwilling to provide Food, warmth and basic care erratic and Parents unable to provide 'good enough' care Basic care and needs, eq. appropriate appropriate supervision that is adequate and safe which places the ensuring safety child at risk of significant harm nutrition, clothing and medical/ Parents struggling to meet child or young Parent struggling to provide 'good enough' Persistent instability and violence in the home and protection dental care person's needs without support care with significant impact on child Parents do not take appropriate action if child Protects from danger and harm Child's disability makes parenting challenging Parents involved in criminal activity potential aoes missina in home and elsewhere impact on child welfare Child not protected from exploitation such as: Poor social skills of parents and/or child Parents able to meet child's Parents' mental health or substance misuse Child or young person exposed to hazards/ needs and know how and - County lines potentially affecting care of children where to access support - Trafficking and modern day slavery Inability to recognise child's needs such that - Radicalisation (Prevent Agenda) Parent struggling to prioritise child's needs Works effectively with services child's development may be significantly Suspicions or evidence of female genital over their own in best interests of the child or mutilations young person Parents over-controlling Crime or incident which has or may have Parents not offering adequate supervision to Medical attendance issues been committed to protect or defend the child based on age, maturity and development honour of the family or community (honour Elective home education Previous history of parents unable to care for based violence) children Suspicions that child may have been or Parent overly controlling or inappropriate use potentially made to marry against their will (forced marriage) of sanctions/punishment Child left alone or unsupervised based on Unexplained absences from school or home age, development and/or maturity leading to possible exploitation concerns Allegations of serious injury/abuse Pre-birth assessment identifies unborn child at risk of significant harm Mental or physical health problem, learning disability or chaotic substance/alcohol misuse that severely impacts on ability to provide basic care for child Unable to protect from significant harm including contact with unsafe adults Allegation or reasonable suspicions of serious injury or abuse Extreme/continuous domestic abuse Continuing concerns around mental health Domestic abuse (disclosure, report by a third Concerns around mental health and Basic care and substance misuse substance misuse factors which Mental illness or disorders Prolonged inappropriate presentation for may affect Emerging inappropriate presentation for Inability to work with professionals health care Parent(s) with learning disability or extreme difficulty (consider conditions which may capacity Parents' own childhood experiences (ACE's) contribute to learning difficulty and whether the degree of difficulty reduces decision making capacity)

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

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Safeguarding Children in Bradford District

Key guidance

All children have the right to grow up safe from harm and the Children Act 1989 and 2004 place duties on all agencies to promote and safeguard the welfare of children in need and at risk in their local area. A child is defined within the children Act 1989 as anyone who have not yet reached their 18th birthday.

Practitioners should hold in mind that disabled children are three to four times more vulnerable to abuse (Ofsted 2012). The "Parent" should be taken to refer to anyone who has parental responsibility for the child, or any birth/natural father or any other adult within the family who can reasonably be regarded as having a parenting role. Where there are issues of consent, it will be important to distinguish who has parental responsibility.

The Children Act encourages all agencies to work in partnership wherever possible with families and make onward referrals with their consent. This should be possible in levels 2 and 3, but it is acknowledge that gaining consent for Level 4 could at times place a child at further risk and the practitioner should gain advice if time allows from their Safeguarding Lead. **Further guidance on Bradford's consent policy can be found here.**

Sometimes "Significant Harm" will be a single traumatic event, but more often it is an accumulation of significant events, both acute and longstanding over time, such as in situations of persistent neglect. There are not absolute criteria in making judgements regarding children's well-being. Practitioners are encouraged to professionally raise concerns and escalate those concerns with other agencies, if they feel in their judgement that a child's needs or safety are being overlooked. Refer as appropriate to the Resolving Professional Disagreement and Escalation Policy here (insert link).

The Local Authority Designated Officer (LADO – Tel. 01274 435600) should be alerted, within one working day, where an allegation has come to an employer's attention, that a person who works or volunteers with children has: behaved in a way that has as child, or may have harmed a child; possibly committed a criminal offence against or related to a child; behaved towards a child or children in a way that indicates that they may pose a risk of harm to children; behaved or may have behaved in a way that indicates they not be suitable to work with children (Working Together 2018).

offence against or related to a child; behaved towards a child or children in a way that indicates that they may pose a risk of harm to children; behaved or may have behaved in a way that indicates they not be suitable to work with children (Working Together 2018).

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Child Neglect

Be Professionally Curious

Safeguarding Children is everyone's responsibility. All children have the right to be safe and to be protected from all forms of abuse and neglect.

All practitioner's whose work brings them into contact with children and families should be alert to the signs of abuse and neglect, know where to turn to if they need to ask for help, and be able to make referrals to children's social care or to police, if they suspect that a child is at risk of immediate harm or is in danger.

Children will rarely disclose abuse or neglect themselves and, if they do, it will often be through unusual behaviour or comments. This makes identifying abuse or neglect difficult for professionals across agencies. We know that it is better to help children as early as possible before issues get worse. That means all agencies and practitioners need to work together- the first step is to be professionally curious.

While the presence of a potential indicator of neglect does not necessarily mean that a child is being neglected, it will always warrant further investigation. Practitioners must be 'professionally curious' to determine further information in the best interests of the child. It is essential that professionals exercise professional curiosity at all times as it is likely that signs of any form of abuse including neglect will be identified when dealing with an unassociated incident.

Are you confident that you know what child neglect is?

- ✓ Neglect is the failure to meet a child's basic needs. Neglect can happen over a period of time, but can also be a one-off event
- Incidents often don't meet social care or criminal thresholds: it is a cumulative effect that is the most impactful
- A child may be left hungry or dirty, without adequate clothing, shelter, supervision, medical or health care.
- A child may be put in danger or not protected from physical or emotional harm
- ✓ They may not get the love, care and attention they need from their parents.
- ✓ A child who is neglected will often suffer from other abuse as well, both inside and outside the home.

The lived experience for the neglected child

Neglect can have serious and long-lasting effects. Not only will it make a child's life miserable but it can affect all aspects of their development and future relationships. It can e anything from affecting early brain development, language delay, physical injuries from accidents, low self esteem, poor school attendance, to self-harm and suicide attempts. In the very worst cases where a child dies from malnutrition or being denied the care they need. In some cases it can cause permanent disabilities.

Though neglect can affect any child, its impact particularly infants and very young children who, among all age groups, are the highest risk of death and/or incurring lasting mental and physical damage

Neglect can come in several different forms:

✓ Physical Neglect:

Failing to provide for a child's basic needs such as food, clothing or shelter. Failing to adequately supervise a child or provide for their safety.

Emotional Neglect:

The omission of love and failing to nurture a child. Emotional neglect can overlap with emotional abuse (see below), but is a different form of maltreatment.

✓ Educational Neglect:

Failing to ensure a child receives an education

✓ Medical / Dental Neglect:

Failing to provide appropriate health care, including dental care and refusal of care where a child/young person has been diagnosed with a health condition e.g. Asthma, or ignoring medical recommendations and/or persistent not attending key appointments

✓ Emotional Abuse:

The persistent emotional maltreatment of a child, it may involve deliberately telling a child they are worthless, or unloved and inadequate. It may include not giving a child opportunities to express their views, and may involve serious bullying.

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Domestic Abuse

Key guidance

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. But it isn't just physical violence – domestic abuse includes emotional, physical, sexual, financial or psychological abuse.

Abusive behaviour can occur in any relationship. It can continue even after the relationship has ended. Both men and women can be abused or abusers.

Domestic abuse can seriously harm children and young people. Witnessing domestic abuse is child abuse, and teenagers can suffer domestic abuse in their relationships

Domestic abuse can include:

- sexual abuse and rape (including within a relationship)
- punching, kicking, cutting, hitting with an object
- withholding money or preventing someone from earning money
- taking control over aspects of someone's everyday life, which can include where they go and what they wear
- not letting someone leave the house
- reading emails, text messages or letters
- threatening to kill or harm them, a partner, another family member or pet.

Children and young people witnessing domestic abuse

Witnessing or exposure to domestic abuse can result in long lasting trauma effects on children which can impair their development on many levels. Children living in a home where domestic abuse is happening are at risk of other types of abuse too. Children can experience domestic abuse or violence in lots of different ways. They might:

- see the abuse
- hear the abuse from another room
- see a parent's injuries or distress afterwards
- ✓ be hurt by being nearby or trying to stop the abuse

Teenagers experiencing domestic abuse

Domestic abuse can happen in any relationship, and it affects young people too.

They may not realise that what's happening is abuse. Even if they do, they might not tell anyone about it because they're scared of what will happen, or ashamed about what people will think.

Female Genital Mutilation

Key guidance

Female Genital Mutilation (FGM) is a collective term for a range of procedures which involve partial or total removal of the external female genitalia for non-medical reasons. FGM is a criminal offence under the Female Genital Mutilation Act (2003) which includes failing to protect a girl from risk of FGM. It is an

extremely harmful practice and a form of child abuse and violence against women and girls (FGM Risk and Safeguarding: Guidance for Professionals DOH 2015)

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Child Exploitation

Key guidance

Child Exploitation refers to the use of children for someone else's advantage, gratification or profit often resulting in unjust, cruel and harmful treatment of the child. These activities are to the detriment of the child's physical or mental health, education, moral or social-emotional development. It covers situations of:

- Manipulation
- Misuse
- Abuse (physical, sexual and emotional)
- Victimization
- Oppression or
- ill-treatment.

Child exploitation includes:

- The use of children for criminal activities etc.
- Sexual exploitation etc.
- Child domestic work

- Harmful work
- Child soldiers

Child Criminal Exploitation (CCE)/County Lines:

CCE is increasingly being recognised as a major factor behind crime in communities across the UK, including Bradford, while also simultaneously victimising vulnerable young people and leaving them at risk of harm.

Like all forms of abuse or exploitation it is typified by some form of power imbalance of the perpetrating the exploitation. Whilst age may be the most obvious imbalance, a power imbalance can also result from one or more other factors such as:

- Gender
- Cognitive ability
- Physical strength

- Status
- Access to economic or other resources.

The Home Office, 2018 defines Child Criminal Exploitation as:

Occurring where an individual or group takes advantage of a person under the age of 18 and may coerce, manipulate or deceive a child or young person under that age into any activity...

- In exchange for something the victim needs or wants and/or
- For financial advantage or increased status of the perpetrator or facilitator and/or
- Through violence or the threat of violence

The victim may be exploited even if the activity appears consensual (i.e. moving drugs or the proceeds of drugs from one place to another). CCE does not always involve physical contact: it can also occur through the use of technology.

- ✓ County Lines is a form of Child Exploitation. It is a police term for urban gangs who supply drugs from one area to another.
- County Lines is a cross-cutting issue which can involve drugs, violence (physical and/or sexual), gangs, criminal and sexual exploitation, modern slavery, weapons and missing adults or children.
- County Lines can also involve 'Gangs' establishing themselves in the targeted localities by taking over the homes of vulnerable adults by force or coercion; practice referred to as 'cuckooing' and the criminal exploitation of children/vulnerable adults to move drugs and money.
- County Lines and CCE can involve children experiencing physical, mental and/or sexual exploitation, often over a significant period of time.

Radicalisation

Key guidance - Be Alert

- The child's parents, or other close associates, are members of prescribed organisations and there is evidence to suggest that the child supports violent extremist groups
- The child shares a non-specific wish to travel to conflict zones in pursuit of the ideology.
- The child is often intimidating towards others who do not share the same views, distributing material promoting violent extremism and conceals their online activity.

(please see page 23 for Government Prevent Strategy)

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A Restorative Approach

Bradford has moved from a signs of safety approach to our work with families and is introducing a Restorative Approach in all our work with children, young people and their families.

A restorative approach focuses on relationships which are central to our work, describing our core values and principles as to how we work with people whether that is people who use our services or colleagues and partner agencies; it describes our core values and principles.

Restorative and relational practice promotes a mutual and trusting relationship with others; by using a restorative approach helps practitioners to support families, help to resolve difficulties and repair harm. The overall aim is to empower children, young people and families to find solutions to their own problems and reach their full potential.

It can be extremely beneficial, as families learn the strategies and skills themselves, rather than being told what to do. This could reduce the likelihood of the harm occurring again or remove the need for social work interventions.

What does this look like in practice?

Restorative practice focuses on the principle of doing as much of our work in an atmosphere of high support and high challenge. This means that concerns and risks are identified, acknowledged and addressed and discussed openly with families but that we acknowledge the difficulties that individuals and families face but help them to identify the strengths they already have and work with them to support them to make necessary changes and develop resilience to face challenges in the future. In that way the approach is very similar to the strength based approach of Signs of Safety.

High support and High Challenge is also known as the **Four Ways of Being** or **The Social Discipline Window**

TO WITH

NOT FOR

Challenge

The underlying premise of Restorative Practices rests with the belief that people will make positive changes when those in positions of authority do things **WITH** them rather than **TO** them or **FOR** them.

According to the Social Discipline Window a restoring approach requires a balance of high levels of CHALLENGE (we mean things like setting limits, boundaries, expectation, clear bottom line and consequences) with high levels of SUPPORT (we mean things like encouragement, nuture, compassion, empathy and listening)

High challenge and low support = Punitive/authoritarian = Doing things 10 people

Low challenge and low support = Neglectful/not interpreted = NOT doing much of anything

High support and low challenge = Permissive/rescue/makes excuses = Doing things FOR people

High support and high challenge = Restorative/authoritative/Relational = Doing things WITH people

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A Restorative Approach

The visual representation demonstrates that:

- Restorative practice is based in the understanding that people will make positive changes if the environment is right.
- Put simply when people in authority do things WITH them not FOR them or TO them.
- The social discipline window shows that to be restorative requires a balance of high challenge alongside high support.

High Challenge:

- Setting limits
- Boundaries
- Expectations
- Clear bottom lines
- Consequences

High Support:

- Encouragement
- Nurture
- Compassion
- Empathy
- Listening



Working restoratively means that everyone has an equal part to play, every view is equal and barriers are broken down.

If we want our systems to work, we need to embed restorative and relational practice.

- This means starting from the top down with a leadership team that demonstrates restorative practice in the way that they communicate with the workforce and set out expectations.
- This will help to build relationships between leaders and managers and the workforce, allowing respectful challenge upwards.
- This promotes a culture of learning and not blame where mistakes are calmly discussed and explored as is seen as a learning experience.
- This behaviour models how the workforce will then engage and communicate with our children, young people, families, colleagues and partners.

What can you do now?

- Remember that restorative practice is "a way of being", demonstrating our core principles of our work with people
- Each of us can be more restorative by thinking about our approach and behaviour to others.
- Identifying anything that we are doing that would undermine a restorative approach and make changes to our behaviour.

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Useful links

Information available on the web

- BDCFT Guidance on Paediatric Dental Neglect
- Bradford Consent Policy
- Bradford Neglect Toolkit
- Brook Traffic Light Tool for Sexual Behaviours
- Children Missing Education
- Children's Services Child Exploitation Policy
- Elective Home Education
- FGM Pathway
- Government Prevent Strategy
- Home Office Child Exploitation Toolkit
- Information Sharing Guidance 2018
- Keeping Children Safe in Education 2018
- NICE Guidance on Child Abuse and Neglect
- Safeguarding Children in Whom Illness is Fabricated or Induced
- Sexual violence and sexual harassment between children in schools and colleges
- Tri-x procedures for Fabricated or Induced Illness
- WTG 2018

Glossary of Terms

CE Child Exploitation

CME Child Missing Education

CSE Child Sexual Exploitation

EDT Emergency Duty Team

EHE Elective Home Education

EHP Early Help Panel

FII Fabricated or Induced Illness

Frozen watchfulness The state of a child who is unresponsive to

its surroundings but is clearly aware of them

PEH Prevention and Early Help

FGM Female Genital Mutilation

MASH Multi-Agency Safeguarding Hub

NEET Not in Education, Employment or

Training (Post 16)

TAC Team Around the Child

TAF Team Around the Family

TAP Team Around the Professional

TAS Team Around the School



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