

Delivering Effective Support for Children and Families.

Understanding the Continuum of Children's Needs.

2019/2020

DOCUMENT PROFILE

Document Status	FINAL
Short Title	Continuum of Need
Document Purpose	Guidance and advice to all who work with children and young people who appear to need extra help, support and/or protection
Target Audience	Children and Young People's Workforce
Author	Julia Wise St Leger, Head of Service, Children's Service/ Debbie Key/Racheal Stewart, Early Help Co-ordinators/
Updated	Jersey's Children First Steering Group and co-opted members
Publication Date	Update August 2019, Publication January 2020
Review Date	One year from publication/ Review and Update
Approval Route	Working Together /Policy, Performance and Audit Sub Group / /Safeguarding Partnership Board
Contact details	safeguardingpartnershipboard@gov.je

Table of contents

1. Introduction	3
2. Principles.....	4
3. Understanding the Continuum of Children’s needs	5
4. Overview of the Continuum of need	6
5. Consent [a reminder]	7
6. Right Help Right Time Panel	7
7. Indicators of Need. Development Needs of Child / Young Person	8
8. Indicators of Need. Parent & Carer Factors	11
9. Indicators of Need. Family and Environmental Factors	13
10. Additional Resources	15

1. Introduction

All agencies working within the Safeguarding Partnership Board have a responsibility to address the needs of children and young people in the island. Effective joint working ensures children's needs can be met across the continuum.

Children and families are supported most effectively and efficiently when services are planned and delivered in a co-ordinated way. The vision for children, young people and their families is to be supported through the right services at the right time to meet identified need and for these services to be delivered and supported by flexible and responsive practitioners.

Services that provide early help are part of the continuum of help and support responding to individual children and family's needs

This framework provides everyone with clear direction and advice about what to do and how to respond if a child and family appear to need extra help and support. We are determined to put the child at the centre of all we do and expect everyone across the system to ensure the child is at the centre of planning, decision making and service delivery.

To do this we need to have a shared understanding and language of the needs of the child and family, so we can work effectively together to make a real difference. This will support a consistency of practice in responding to children and young people who need extra help

This guidance is for all who work with children, young people and families in Jersey. It sets out levels of children's needs [Universal, Early Help, Child in Need of Support, Child in Need of Protection].

All children have access to universal services/settings such as nurseries, schools, health visiting and youth services. These services are well placed to recognise and respond when extra support may be needed. Children will always have access to universal services whatever their needs may be.

There are times when extra help and support may be needed, perhaps because the child's needs become increasingly complex or because of parental or family circumstances. Children who have emerging or complex needs may need some more targeted support from a range of services.

We know, in most situations, parents want the best for their children and are well placed to meet their needs. When thinking about how to support families, an assessment needs to consider any previous history of support, any vulnerability, both risk and protective factors and the context they are living in. This should be considered with the guidance that follows.

This guidance describes potential indicators of concern for children and their families and can be used to enhance and support collective understanding of risk. This will help inform "professional conversations" between services and practitioners, improving the quality and consistency of assessments. Helping us to have a good understanding of the "lived experience of the child".

Please note, there will always be circumstances that are not covered in this document and it is not intended to replace the professional judgement of practitioners. If in doubt advice should always be sought from a line manager, designated safeguarding lead or the [Multi Agency Safeguarding Hub](#).

Remember, Never Do Nothing

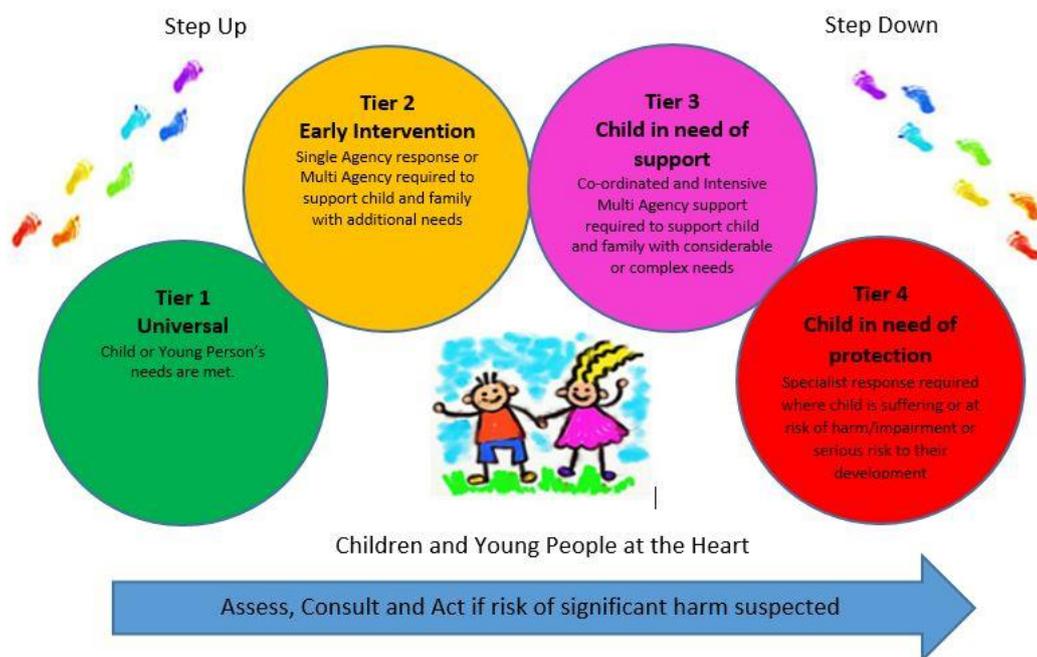
2. Principles

- Wherever possible children and young people's needs will be met by universal services
- As soon as any practitioner becomes aware or concerned that a child may have emerging needs, they should use Jersey's Children First [Five Questions](#) to help think about next steps. This may include the support of more than one service or when a child's needs are unclear they should discuss this with the family and consider using the [Child and Family Assessment \(early help\)](#)
- We will "Think Family" recognising that issues impacting on parents and family members can and do impact on outcomes for children and young people and we will engage with services and support for adults.
- Those in adult services should also be aware of the importance of safeguarding and promoting the wellbeing of children and young people and know to ask the Five Questions, ensure their Safeguarding Children training is current and know who to go to in their agency if they have concerns about a child or young person
- We will work to empower families to identify their own issues and solutions and support them to do this
- We will be honest, open and transparent in our approach to supporting children and their families
- We will display the [practitioner qualities](#) as outlined in Jersey's Children First
- We will identify problems as early as possible so that the child and family receive help and support in a timely way to prevent the problem becoming worse or entrenched
- We will never do nothing – if we think a family needs support we will get involved and keep trying to make a difference. We will work in partnership with families to gain their informed consent to share information. We recognise this may take some time to establish trust and confidence. Sometimes where it is in the child's best interests we may still respond in the best interests of the child.
- We will treat families and each other with respect, being clear about mutual expectations and communicate clearly
- By identifying and responding to children with emerging needs and by providing co-ordinated multi-agency support and services when needed, we seek to prevent more children and young people requiring statutory interventions and reactive specialist services.
- Early help is part of the "day job"
- Where early help – multi agency or single agency isn't working conversations may become challenging within and across agencies. Where agreement can't be reached with the support where appropriate of TACSCOPE and the Right help Right Time Panel, practitioners should refer to the escalation and resolution pathway to help with this. Practitioners are also reminded of making sure they use appropriate resources within their own agencies, including their line managers and Designated Safeguarding Leads

When thinking about levels of need please consider:

- How is the family coping?
- Are the child's needs being met?
- Has the child had an opportunity to speak, be heard and listened to
- Do I have a picture of the family as a whole?
- Have I considered parenting capacity and environmental factors?
- Have I thought about past support and service involvement?
- Have I considered risk and protective factors, needs and strengths?
- Have I discussed my concerns with the child/family and offered help?
- Have I consent to engage other services if needed?
- Have I been professionally curious?
- Have I considered each child in the family?
- The cumulative impact on the child's wellbeing of little or no change?

3. Understanding the Continuum of Children's needs



Universal Needs

Children who require no additional support beyond that which is universally available and are making at least satisfactory progress in relation to their expected development.

Early Help

Children with emerging needs are best supported by those who already work with them, such as health visitors, youth services, early years settings and schools, community and voluntary sector services and parenting support services. The [Child and Family Assessment \(early help\)](#) can be used here, if necessary, to understand need. Some children and young people may need the support of a single agency others may require multi agency support.

Multi Agency support should be co-ordinated as needed and in line with Jersey's Children First Guidance and principles. This involves a Lead Worker to co-ordinate a Team around the Child and Family meeting and plan to ensure the child and family receive the support they need. If practitioners are unsure they can seek advice from their line manager, Designated Safeguarding Lead or the [Multi Agency Safeguarding Hub](#) or the Early Help Manager.

Child in Need of Support

Children with considerable or complex needs are unlikely to reach their desired outcomes without the support of co-ordinated, multi-agency services. These children would benefit from a social work assessment to ascertain the child's needs and the level of vulnerability.

A Child in Need plan can be formulated, with relevant consent, to co-ordinate services that are already involved with the child and identify specialist services, such as child and adolescent mental health service (CAMHS) Tier 3, Social Work Complex Needs Team and Family Group Conferencing. It is expected that a Jersey's Children First Assessment and any subsequent plan will inform accompany and inform any MASH enquiry unless there is reasonable cause to suspect that a child is at imminent risk of significant harm. In these circumstances contact the Police or MASH.

The members of the team around the child from any previous JCF assessment and plan are expected to continue being involved in supporting the family.

Children requiring a Child in Need plan are identified via the [Multi Agency Safeguarding Hub](#).

Child in Need of Protection

Acute/Significant Needs are where the child's needs are so great that statutory and/or specialist timely intervention is required to keep them safe. Examples of specialist services are the Children's Service, including the, Children's Social work Services child and adolescent mental health service (CAMHS) Tier 4.

4. Overview of the Continuum of need

Practitioners using this guidance need to be aware children's needs and risks to children can change rapidly and may need re assessment if/when new information emerges. It is likely, if families have a range of indicators present at the early help stage then a [MASH enquiry](#) should be fully considered as this may require a social work response. Deciding when a MASH enquiry can be raised is a matter for professional judgement and practitioners are always advised to seek advice if unsure, from their line manager/supervisor, designated safeguarding lead or by contacting the [Multi Agency Safeguarding Hub](#).

5. Consent [a reminder]

Practitioners are reminded consent should generally be sought from parents [and /or young people as appropriate] to raise a MASH enquiry, although a lack of consent should not prevent a MASH enquiry from being raised where there is concern that a child may be at risk of significant harm.

In this instance it is expected practitioners will inform parents they are making an enquiry to MASH *unless in doing so the risk to the child or others may be increased*.

Practitioners should be aware of and work to the [seven golden rules of information sharing](#).

Most importantly, we cannot let fears about the sharing of information stand in the way of protecting the safety of children and young people. We must not assume that someone else will pass on information that may be critical to keeping a child or young person safe. If in doubt share information with the MASH and record your reasons for doing so in accordance with your agency's guidelines.

6. Right Help Right Time Panel

This is a multi-agency panel which meets on a weekly basis. The Panel members (with consent from families) considers those families where a social work response is not needed (signposted from MASH) or following social work intervention a social worker is no longer needed (social work assessment identifies no need for a social worker or a Child in Need Plan is coming to an end).

The Family may have ongoing involvement or needs from a range of agencies, which will include universal and targeted support. The role of the Panel is to ensure for these families:

- Seamless sharing of relevant information to ensure that families do not have to repeat their story;
- Identification of services/support that may be able to respond to family's needs and strengths;
- Clarification of actions to ensure a seamless transition of lead worker from Children's Services to early intervention services and support;
- Identification of a lead agency and worker to undertake an assessment (only where needed) and co-ordinate the team around the child plan. Please note where a social worker is handing over the lead worker role, the social worker is expected to organise and chair the hand over meeting to the multi-agency group. This is to ensure any actions from the assessment or plan that need to be completed are not lost and relevant information from any social work assessment is shared.

The RHRT Panel will also consider families where there are concerns the right services may not be involved or services cannot be identified to meet need. This is not for use where there are concerns that a child or young person may be at risk of significant harm nor does it replace the Escalation and Resolution Pathway. If a Lead Worker wishes for Panel to consider a family in this way, they should discuss with their line manager/ Designated Safeguarding Lead and consult with the Early Help Manager.

For more information regarding the Right Help Right Time Panel go to the [Protocol supporting the interface with Children's Social Care Services](#).

7. Indicators of Need. Development Needs of Child / Young Person

Development Needs of Child / Young Person	Early Help – Indicators of Needs	Child in Need of Support – Indicators of Needs	Child in Need of Protection – Indicators of Needs
Health	<ul style="list-style-type: none"> • Was not brought to routine immunisations/developmental assessments/appointments, without considered reason/development checks • Concerns regarding diet/hygiene/clothing • Health/dental concerns not accepted or addressed – treatment not being sought/adhered to • Multiple health problems/disability • Consistently missing required health/dental appointments • Overweight/under weight • Continence issues [consider age/development/medical condition] • Substance misuse including drugs/alcohol • Developmental milestones not met or child slow in reaching milestones 	<ul style="list-style-type: none"> • Dental decay due to neglect • Substantial or complex disability or health needs where treatment not being sought or adhered to • Mental ill-health concerns not being addressed or acknowledged • Pregnancy of a child under 16 • Developmental delay not improving • Persistent substance misuse • Frequent preventable accidents • Frequent Emergency Department attendances, taking into account family’s financial situation and ability to access GP services 	<ul style="list-style-type: none"> • Repeat/patterns of injuries, infestations/infections • Unexplained or non-accidental injuries / fabricated or induced illness • Failure to thrive in child under 2 • Severe/chronic health problems, developmental delay or disability where treatment not being sought or adhered to • substance addiction • Poor nutrition / hygiene linked to neglect • Pregnancy of a child under 13 • Repeat dental extraction under general anaesthetic (or multiple dental extractions) • Mental ill-health issues, including self-harm, depression [See CAMHs criteria] • Child engaged in activities which impact on self-care and impact on vulnerability of child sexual exploitation • Child sexual exploitation • Threats of suicide • Refusing medical treatment endangering life
Education and Learning	<ul style="list-style-type: none"> • Learning needs identified which are or may impact negatively • Not achieving Key Stage benchmarks or low motivation/engagement in learning • Patterns of regular absences/lateness – school attendance • Persistent lack of equipment / uniform 	<ul style="list-style-type: none"> • Permanently excluded from school • Significantly under achieving • Persistently tired/ lack of motivation/ concentration • Behaviour impacting on learning of self and others, despite support 	<ul style="list-style-type: none"> • Persistent School refusal if in conjunction with other Complex/Significant Needs • Failure to acquire skills appropriate to age, aptitude and ability, despite support • Not educated at school or at home by parents [children missing education]

Development Needs of Child / Young Person	Early Help – Indicators of Needs	Child in Need of Support – Indicators of Needs	Child in Need of Protection – Indicators of Needs
Education and Learning	<ul style="list-style-type: none"> • Behaviour impacting on learning • ≥3 fixed term exclusions or >15 days excluded in any year • Not in Education, employment and training – post 16 		<ul style="list-style-type: none"> • Child left for long periods without adult contact or stimulation • Frequent unexplained absences from child care setting/school • Young People placed in specialist residential accommodation
Emotional / Behavioural Development	<ul style="list-style-type: none"> • Difficulty in coping with anger/frustration and upset • Some difficulties with peer group relationships and with some adults • Disruptive/challenging behaviour • Low level offending / anti-social behaviour • Emerging, concerning mental ill-health issues e.g. low mood, anxiety • Finds managing change difficult • Unable to demonstrate empathy • Persistent episodes of being absent 	<ul style="list-style-type: none"> • Behavioural or emotional difficulties especially in response to change or challenge • Emerging, concerning mental ill-health issues e.g. self-harm, emerging eating disorders etc. • Developing mental ill-health issues e.g. depression, withdrawn • Episodes of being missing • Violent / abusive to others • Inappropriately friendly to strangers 	<ul style="list-style-type: none"> • Persistent high levels of agitation, frustration, distress and/or disorganised emotions; inability to regulate emotions or control behaviour • Moderate to severe mental ill-health problems • Significant impact of traumatic event • Deterioration of mental ill-health leading to risk to self and/ or other • Inappropriate sexualised behaviour • Dangerous risk-taking sexual behaviour • Cognitive distortions about violence / sexual behaviour towards others • Sentenced to custodial or remand disposal and placed in secure accommodation [criminal grounds] or in Young Offenders section of La Moye
Identity	<ul style="list-style-type: none"> • experience of discrimination for e.g. race, disability, religion, sexual orientation or may experience bullying around “difference” • Some insecurities around identity expressed/observed • Poor self-esteem / self-image • Spends considerable time alone • Poor presentation • use of age inappropriate resources • Young carer • Unable to voice wishes and feelings 	<ul style="list-style-type: none"> • Regular experience of discrimination for e.g. race, disability, religion, sexual orientation • Exhibiting extremist language/behaviour/aligned to a gang • Poor sense of belonging either within family or community • Feelings of self-loathing • Regular use of age inappropriate resources • Young carer unable to cope with responsibilities, or responsibilities impacting on multiple areas of development • Wishes and feelings not listened to / respected 	<ul style="list-style-type: none"> • subjected to persistent discrimination e.g. re ethnicity, sexual orientation or disability impacting upon outcomes • Chronically socially isolated • Participates in gang activity • Participates in extremist actions in language and behaviour • Victim of repeat crime of a serious nature e.g. sexual/physical assault/child sexual exploitation • Demonstrates significantly low self-esteem across a range of situations

Development Needs of Child / Young Person	Early Help – Indicators of Needs	Child in Need of Support – Indicators of Needs	Child in Need of Protection – Indicators of Needs
Identity			<ul style="list-style-type: none"> • Child/parent relationship is harmful to the child • Persistent use of age inappropriate resources, including pressure on peers to engage
Family and Relationships	<ul style="list-style-type: none"> • Lacks positive role models • Unresolved issues arising from complex situations i.e., parents’ divorce, step parenting, death of carer • Involved in conflict with and between peers/siblings • Regularly cares for family member, parent, [Young Carer] • Limited support from family/friends 	<ul style="list-style-type: none"> • Difficulties in sustaining relationships 	<ul style="list-style-type: none"> • May have previously had periods of being in care, a child looked after [in particular child may have been removed from parents care] • Rejection by parent/carers • Family no longer want to care for the child • Child abandoned • Child is a victim of trafficking • Child suffering physical, emotional, sexual abuse, child sexual exploitation or neglect
Social Presentation	<ul style="list-style-type: none"> • Provocative behaviour/appearance • Hygiene problems • Presenting vulnerabilities may be at risk of being groomed for sexual exploitation • Can be over friendly or withdrawn or not aware of risk • Age inappropriate clothing or appearance 	<ul style="list-style-type: none"> • Presentation leading to isolation from peer group • Hygiene manifesting in physical difficulties (sores etc) • Missing from home or change in behaviour/routine suggesting development of inappropriate relationship • Change in communication leading to a more guarded secretive self 	<ul style="list-style-type: none"> • Clothing always inadequate and child dirty/unkept through neglect • Child unable to discriminate with strangers, potentially at risk • Child watchful/wary of parents’ carers • Rejection and taunting by peers
Self-Care Skills	<ul style="list-style-type: none"> • Not always adequate or poor self-care for age • Precociously able/required to care for self • Childs disability limits development of age appropriate self-care skills 	<ul style="list-style-type: none"> • Not adequate or slow to develop self-care/hygiene • Engaging in behaviour which is impacting on self-care, e.g. substance misuse • Carer expectations not developmentally appropriate 	<ul style="list-style-type: none"> • Neglects to use self-care skills due to development delay, learning difficulties or alternative priorities e.g. substance misuse • Disability means the child relies totally on other to meet care needs • Sexual activity, substance misuse leading to child sexual exploitation

8. Indicators of Need. Parent & Carer Factors

Parent / Carer Factors	Early Help – Indicators of Needs	Child in Need of Support – Indicators of Needs	Child in Need of Protection – Indicators of Needs
Basic Care	<ul style="list-style-type: none"> • Parent struggling to provide consistent care, maybe without support, resources • Parent requires advice on parenting issues • Parent previously looked after by the Local Authority • Professionals concerned basic care will not always be provided –physical needs – food, warmth and other basics not always met • Possible substance misuse or mental ill-health needs • Parental learning difficulties / disability affect parenting • Parent not attending to own health / self-care needs 	<ul style="list-style-type: none"> • Difficult to engage parents/carers or poor parental engagement with services– reject advice/support • Parents resistant to change / no improvement despite engagement with services • Parent not attending to own health needs impacting on child or unborn 	<ul style="list-style-type: none"> • Parents consistently unable to provide ‘positive enough’ parenting that is adequate and safe • Parent’s mental ill-health problems or substance misuse significantly affects care of child • Parents unable to care for previous children [in particular if have been removed from parents care] • Domestic abuse in pregnancy • Food warmth and other basics rarely or inconsistently available
Ensuring Safety	<ul style="list-style-type: none"> • Parents perceive safety to be a real problem • Poor supervision • Safety equipment not available/used • Inappropriate child care arrangements • Inappropriate, frequent visits A&E/GP • Parental stress starting to affect ability to ensure child’s safety 	<ul style="list-style-type: none"> • Exposure to dangerous situations home/community • Lack of acknowledgement / response / engagement leading to increased risk • Family coming to increased attention of police 	<ul style="list-style-type: none"> • Persistent instability and/or violence in the home • Parent and/or child have significant involvement in crime • Parents unable to keep child safe and secure • Parents unable to restrict access to home by dangerous adults • Child’s behaviour poses unmanageable risk • Child left in care of offenders known to be a risk to children • Persistent domestic abuse involving the child • Parental lifestyle leading to unsafe situations e.g. Domestic Abuse, criminal activity, drugs, alcohol
Emotional Warmth	<ul style="list-style-type: none"> • Receives erratic/inconsistent poor-quality care • Parental capacity affects ability to nurture • Absence of positive relationships 	<ul style="list-style-type: none"> • Erratic / inconsistent care impacting on child’s development • Parental instability affecting ability to nurture 	<ul style="list-style-type: none"> • Parents inconsistent, critical or apathetic attitude to child/pregnancy may result in significant harm

Parent / Carer Factors	Early Help – Indicators of Needs	Child in Need of Support – Indicators of Needs	Child in Need of Protection – Indicators of Needs
Emotional Warmth	<ul style="list-style-type: none"> • Low warmth/high criticism • Lack of emotional warmth • Inconsistent responses to child by parents • Emerging attachment difficulties 	<ul style="list-style-type: none"> • Parental inability to sustain positive relationships • Developing attachment difficulties 	<ul style="list-style-type: none"> • Rejection • Parents own emotional needs impacting on ability to meet child’s needs • Disorganised attachment •
Stimulation	<ul style="list-style-type: none"> • Spends much time alone, not receiving positive stimulation– lack of new activities • Child under pressure to achieve unrealistic expectations • Failure to access universal service to promote development 	<ul style="list-style-type: none"> • Not attending pre-school • Development delayed due to lack of positive stimulation, including acquisition of speech and language 	<ul style="list-style-type: none"> • Grossly under stimulated appropriate to age and needs of child • Exposure to inappropriate or harmful material e.g. sexually explicit images
Guidance and Boundaries	<ul style="list-style-type: none"> • Erratic/inadequate/inconsistent guidance/ boundaries • Parent is a poor role model • Child behaving in an antisocial way e.g. alcohol, smoking, minor offending behaviour • Lack of positive role models or existence of significant others [e.g. parents] who are poor role models 	<ul style="list-style-type: none"> • Absence of appropriate consistent boundaries putting child at risk 	<ul style="list-style-type: none"> • No effective boundaries set or adhered to • Perpetrator or victim of significant anti-social behaviour
Stability	<ul style="list-style-type: none"> • Has multiple carers • No significant relationships • inconsistent routines • Parent in prison • Frequent/unplanned moves causing disruption/instability • Key relationships with family members not always kept up. Difficulties with attachments 	<ul style="list-style-type: none"> • Frequent changes in carer • Absence of consistent routines 	<ul style="list-style-type: none"> • Beyond parental control • Nobody providing appropriate care • Chaotic home/family life

9. Indicators of Need. Family and Environmental Factors

Family and Environmental Factors	Early Help – Indicators of Needs	Child in Need of Support – Indicators of Needs	Child in Need of Protection – Indicators of Needs
Family history and functioning	<ul style="list-style-type: none"> • Acrimonious divorce/separation • Family has physical/mental ill-health difficulties • Inappropriate drug use or alcohol use/misuse by parent/carer • Experienced loss of significant adult • May look after younger siblings • Parent has health difficulties 	<ul style="list-style-type: none"> • Hidden Males • Domestic Abuse with the potential for emotional impact on child/ren • Dysfunctional relationships within family 	<ul style="list-style-type: none"> • Incidents of Domestic Abuse with impact on child/ren • Poor/harmful sibling relationships • Siblings previously removed or relinquished • Young person persistently running away or absconding • Threat of forced marriage • Significant parental discord • Family characterised by conflict and serious and chronic relationship difficulties • Family has serious physical/mental ill-health difficulties which impact on the child/ren • Adults reliant on children being carers • Substance misuse by the parent/carer significantly impacts on the safety/welfare of the child/ren • Absence of emotional warmth within the family
Wider Family	<ul style="list-style-type: none"> • Limited support from family/friends • Child not able to access wider family 	<ul style="list-style-type: none"> • No wider family / community support • Wider family critical of parents or require extensive support from parents which impact on parent’s ability to care for their own child 	<ul style="list-style-type: none"> • Destructive/unhelpful involvement or threatening /abusive responses from wider family/community • Negative influence from family involved in drugs/crime
Housing	<ul style="list-style-type: none"> • Poor quality housing impacting on child/family • Family seeking asylum or are refugees i.e. no access to public funds • Overcrowding • Vulnerable accommodation e.g. friend’s house, not secure • High mobility e.g. newly arrived on island, ability to remain uncertain, no access to benefits 	<ul style="list-style-type: none"> • Homelessness • Prosecution, eviction proceedings • Transient – constant high levels of mobility, particularly off Island and back again. • Quality of housing impacting on child and parent taking no action 	<ul style="list-style-type: none"> • Physical accommodation places child at risk of harm or neglect • Emergency housing needs as a consequence of domestic abuse/gang reprisal • Adult who poses a significant risk is living in or visiting the home

Family and Environmental Factors	Early Help – Indicators of Needs	Child in Need of Support – Indicators of Needs	Child in Need of Protection – Indicators of Needs
Housing	<ul style="list-style-type: none"> Lack of some basic amenities Frequent house moves 		
Employment	<ul style="list-style-type: none"> Lack of basic skills hinder parent’s employability Stressed due to unemployment or ‘over working’ Wage earner has periods of unemployment Parents have limited formal education Parents high working hours leave little time to meet emotional needs of child 	<ul style="list-style-type: none"> Parental chronic unemployment impacting on child’s aspirations/ engagement with education Parental levels of employment impacting on child – due to poor childcare/lack of supervision/not meeting emotional needs 	<ul style="list-style-type: none"> Unable to gain employment due to long-term issues e.g. chronic health, substance misuse or mental ill-health issues
Income	<ul style="list-style-type: none"> Debt/poverty impacts on ability to meet general needs Low income and lack of financial resources Income and Resources not used appropriately to meet child’s needs 	<ul style="list-style-type: none"> Intergenerational poverty 	<ul style="list-style-type: none"> Extreme poverty/debt impacting on ability to care for child i.e. inability to meet basic needs
Family’s Social Integration	<ul style="list-style-type: none"> Lack of a support network Family new to area Some social exclusion / isolation problems 	<ul style="list-style-type: none"> Isolated within community 	<ul style="list-style-type: none"> Family chronically socially excluded – acrimonious relationships within community No supportive network
Community resource	<ul style="list-style-type: none"> Limited access to universal resource access to poor quality universal/targeted resources 	<ul style="list-style-type: none"> Victimised in community No access to services 	<ul style="list-style-type: none"> Poor quality services with long-term difficulties accessing target population

10. Additional Resources

States of Jersey Guidance - [Self-Harm Guidance for schools](#)

CAMHS referral Guidance - [CAMHS Eligibility Criteria](#)

[Joint Protocol for Multi Agency Pre-Birth Assessment and Pathway](#)

Child development Stages - http://www.foundationyears.org.uk/files/2015/09/4Children_ParentsGuide_Sept_2015v4WEB1.pdf

Nice Guidance – When to suspect Child Maltreatment <https://www.nice.org.uk/guidance/cg89>

Nursing and Midwifery Council <http://www.nmc.org.uk/standards/safeguarding/england/>

General Medical Council - http://www.rcpch.ac.uk/sites/default/files/asset_library/Health%20Services/ChildProtCompL.pdf

Information about the [Jersey's Children First](#)

Information about Jersey's Safeguarding Partnership Board [inter agency child protection procedures](#)

Multi agency guidance in relation to [Child Sexual Exploitation](#)

Additional information regarding [Domestic Violence and Abuse](#)

Link to the [MASH Enquiry Form](#) for professionals