

Delivering Effective Support for Children and Families

Understanding the Continuum of Children's Needs

DOCUMENT PROFILE

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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. The Jersey's Children First practice model underpins the way that practitioners work with families with shared values and principles which promote a restorative, strengths-based, child and family-centred way of working across the continuum of need. It establishes the responsibility for all those working with children and their families to identify when an unborn child/child has additional needs for support or protection through a pre-birth assessment and/or child and family assessment. For those requiring multi-agency support, the model promotes effective partnership working with a team around the child and family and an identified lead worker developing a single plan with the family. The model promotes providing support as soon as a problem emerges at any point in a child's life through early help and into social care involvement. The shared assessment and plan templates ensure that there is continuity in the work with families if they move up or down the continuum of need into or out of statutory provision. There is continuity of the team around the child and family model for meetings to plan and review progress.

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 committed to putting the child at the centre of all that 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 tiers 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 and 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 Children and Families Hub.

Remember, Never Do Nothing

2. Principles

- Wherever possible an unborn child/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. They need to 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 share information without the consent of the parent/carer.¹
- We will treat families and each other with respect, being clear about mutual expectations and we will communicate clearly and promptly with them. Where we will work in a non-discriminatory with an anti-oppressive approach demonstrating through mutual respect and sensitivity the diversity of children and adult circumstance, backgrounds in respect of age, gender physical or mental ability, culture, religion, language, sexual orientation or socio-economic status.
- 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 single agency or multi agency early help isn’t working, conversations may become challenging within and across agencies. Where agreement cannot be reached, practitioners should refer to the escalation and resolution pathway² to help with this. Practitioners are also reminded to use appropriate resources within their own agencies, including their line managers and Designated Safeguarding Leads.

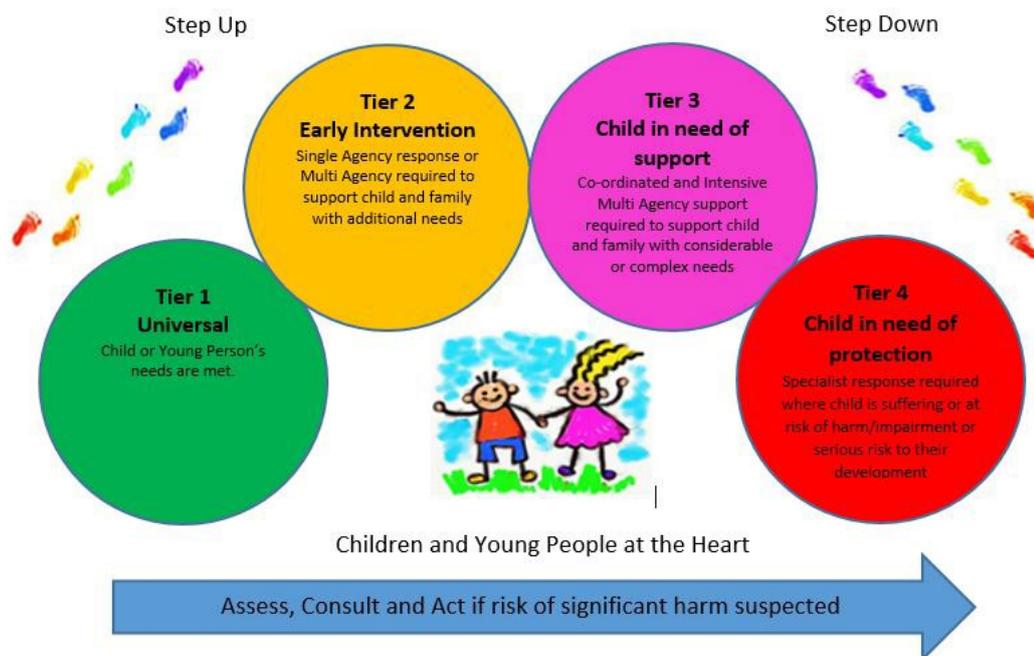
When thinking about levels of need please consider:

- 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?
- What is the cumulative impact on the child’s wellbeing of little or no change?

¹https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/428222/ID%20JCF%209%20Sharing%20Information.pdf

²[20210126-V5-Resolving-Professional-Differences-Escalation-Policy-FINAL-Operational.pdf \(safeguarding.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/428222/20210126-V5-Resolving-Professional-Differences-Escalation-Policy-FINAL-Operational.pdf)

3. Understanding the Continuum of Children's needs



Universal Needs

Unborn Children/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, health and wellbeing.

Early Help

Unborn Children/Children with emerging needs are best supported by those who already work with them, such as midwives, health visitors, school nurses, 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 and their families 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 practice model. This involves designating 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 of how to do this, they can seek advice from their line manager, Designated Safeguarding Lead or the Children and Families Hub.

Child in Need of Support

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

If a practitioner identifies that an unborn child/child's needs cannot be met at an early help level and are in line with the indicators of a child in need of support, they should complete a Children and Families Hub *request for support* form. It is expected that the child and family (early help) assessment and any subsequent plan is uploaded onto the Children and Families Hub *request for support* form to inform decision making by the Children and Families Hub and MASH (Multi Agency Safeguarding Hub) decision makers. This information also provides the allocated social worker with helpful context from which to build when they undertake a pre-birth assessment or child and family (social work) assessment

Following assessment, with consent of the parent/carer, a Child in Need plan may be formulated with the social worker acting as lead worker for the family, co-ordinating the team around the child and family with practitioners who have provided support at an early help level continuing their support alongside any additional support identified by the assessment.

Child in Need of Protection

Acute/Significant Needs are where the unborn child/child's needs are so great that statutory and/or specialist timely intervention is required to keep them safe. Specialist services include provision by the Children's Social Care Service and tier 4 Child and Adolescent Mental Health Service (CAMHS).

If a practitioner identifies that an unborn child/child's circumstances are in line with the indicators of a child in need of protection, they should complete a Children and Families Hub *request for support* form.

The Children and Families Hub decision maker will provide to MASH the information received about an unborn child/child or young person who may be suffering or at risk of harm where a safeguarding response needs to be considered. The MASH team will prioritise information sharing according to the perceived risks in each situation, gathering information from relevant individuals, family members and partner agencies to assist in deciding on next actions to protect the child or young person.

Where an unborn child/child or young person may need to be protected immediately, the Children's Social Care Service will convene a multi-agency strategy discussion or meeting to share information and agree the action required, including whether to initiate an investigation under Article 42 of the Children (Jersey) Law 2002. At this stage a social worker will be allocated to lead and co-ordinate the support and intervention being provided to the child and family. Where there is to be an ongoing social care involvement, this may be under a Child in Need or Child Protection Plan, developed and reviewed by the team around the child and family and including involvements by other services or specialists as necessary.

4. Overview of the Continuum of Need

Children's needs and risks to children can change rapidly and may need reassessment if new information emerges. If a child has a range of indicators present at the early help tier then submission of a Children and Families Hub *request for support* form may be appropriate especially if early help support is not achieving positive change. Deciding when to make a request for support for a child to the Children and Families Hub 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 consulting the Children and Families Hub or the Multi Agency Safeguarding Hub.

5. Consent [a reminder]

The practitioner should discuss and ask for consent from the parents/carers who have parental responsibility for the child/young person before submitting a *request for support* form to the Children and Families Hub, unless doing so would increase the risk to the child/young person. Safeguarding concerns override the need for consent where it is not appropriate for it to be sought because it would increase the risk to the child, or it has been refused. The practitioner records on the form, whether parents/carers and, when appropriate, children and young people, have been informed and whether they have given consent for the submission. When the parent/carer is not informed, the reason for this is also recorded. Guidance on information sharing is available [here](#).

In high-risk cases where there may be a resultant Police investigation, the timing of when to inform those with parental responsibility about the concerns may be taken at a strategy discussion.

6. The role of the Children and Families Hub and MASH in ensuring children and their families get the right help at the right time

The Children and Families Hub and MASH undertake work with partner agencies to ensure that children get the right help at the right time. The Children and Families Hub receives requests for support from members of the public and practitioners. The Children and Families Hub decision maker triages requests guided by the indicators of need outlined in section 7 below as requiring:

- An early help response (including support from universal services)
- Consideration of a specialist service response (e.g., specialist short break request or complex needs assessment)
- A MASH response

- A CAMHS response
- A combination of the above

When submitting a request for support form to the Children and Families Hub, if there has been an early help team in place around the child and family, the practitioner submits copies of the early help child and family assessment, plan, reviews and chronology with their request for support. Sharing this information reduces the need for the family to repeat their story. It ensures the Children and Families Hub and MASH have a clear understanding of the practitioners already working with the child and family and the work that has already been undertaken. It also promotes continuity of support across the continuum of need if, following triage and work by MASH to understand the needs and risks, a children's social care response is provided. It ensures that the social worker is informed of the practitioners already supporting the child and family and the work that has already been undertaken so that they can build upon this. The sharing of early help work also reduces the need for families to repeat their story.

When following Children and Families Hub triage or MASH work, the recommendation is for an early help team around the child and family, the Children and Families Hub decision maker or MASH worker discusses with the family and practitioners currently working with them to agree which practitioner will undertake the child and family (early help) assessment and/or which practitioner will be the lead worker.

When risk has decreased following social care intervention, and where ongoing Early Help support is still required, the following guidance should be followed:

Step down following social care assessment where no child in need or child protection plan is taken forward:

- The social worker completes all records relating to the unborn/child as they would normally do: an up-to-date assessment and plan as well as an up-to-date chronology and complete case notes. The closure needs to be agreed by the team manager.
- The social worker confirms with the family that they are willing to engage with early help, discusses who they would like to lead the early help plan and gains consent to share the child and family assessment.
- The social worker contacts the proposed lead worker to seek their agreement to take on the lead worker role.
- An early help notification is completed by the social worker with a summary of the step-down conversation completed including the recommendation of the proposed lead worker and whether consent to share the assessment has been obtained from the family.
- The Children and Families Hub decision maker follows up this recommendation with the identified partner agency or allocates the case to a family partnership worker if this has been agreed, recording the allocated lead worker and date of allocation in the outcomes section of the early help notification and in the early help spreadsheet.

- Where there is no agency willing to take on the lead worker role, the children and families hub decision maker seeks line manager support and uses the Jersey Safeguarding Partnership Board Escalation Policy and Resolution Pathway as indicated above.
- If no lead worker can be agreed, then the Children and Families Hub decision maker records the unmet need in the outcomes section of the early help notification and the reasons behind this.

Step down following a Child in Need Plan:

- The social worker completes all records relating to the child as they would normally do: an up-to-date assessment and plan as well as an up-to-date chronology and complete case notes. The closure needs to be agreed by the team manager.
- The social worker confirms with the family that they are willing to engage with early help.
- The social worker arranges the final child in need multi-agency meeting.
- At the meeting, agreement is reached on which agency/lead worker could take on the ongoing support (early help), either from within or external to the group.
- Where there is multi-agency ongoing work, it is expected that the same workers and agencies continue to be involved as part of the team around the child and family.
- In the very rare circumstances where the new lead worker has not been part of the child in need plan, the social worker contacts the relevant agency and gains their agreement to taking on the lead role.
- The social worker ensures that there is a managed handover of the family to the new lead worker, in order to build relationships. This is ideally done through a joint meeting with the family.
- An early help notification is completed by the social worker with a summary of the step-down conversation undertaken including the recommendation of the proposed lead worker and whether consent to share the assessment has been obtained.
- The Children and Families Hub decision maker follows up this recommendation with the identified partner agency or allocates the case to a family partnership worker if this has been agreed, recording the allocated lead worker and date of allocation in the outcomes section of the early help notification and in the early help spreadsheet.
- Where there is no agency willing to take on the lead worker role, the children and families hub decision maker seeks line manager support and uses the Jersey Safeguarding Partnership Board Escalation Policy and Resolution Pathway as indicated above.
- If no lead worker can be agreed, then the Children and Families Hub decision maker records the unmet need in the outcomes section of the early help notification and the reasons behind this.

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 childcare 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/carer • 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/carer 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 childcare 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 	<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

	<ul style="list-style-type: none"> High mobility e.g., newly arrived on island, ability to remain uncertain, no access to benefits 		
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 (under review)

[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 – [Raising Concerns, guidance for nurses, midwives and nursing associates](#)

Royal College of Paediatrics and Child Health (RCPCH) – [Child Protection Portal](#) (*some elements of this portal require a subscription to access*)

Information about [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](#)

[SPB Child Neglect Strategy](#) and [Tool Kit](#)

Frontline Briefing

(www.researchinpractice.org.uk/media/2860/child_development_frontline_briefing_2010.pdf)

Available Research in Practice resources and charts:

- [Child development chart: 0-11 years](#)
- [Attachment in children and young people](#)
- [Attachment: Understanding and supporting parent/carer bonding before birth and in infancy](#)

Child development and trauma guide (Australia) www.wa.gov.au/government/publications/child-development-and-trauma-guide