



North Yorkshire Safeguarding Children Partnership

Vulnerability Checklist

Practice Guidance

North Yorkshire Safeguarding Children Partnership

Title	Vulnerability Checklist
Version	3.7
Date	12 November 2019
Edited By	Jonathan Giordano, NYSCP Policy and Development Officer

Update and Approval Process			
Version	Group/Person	Date	Comments
3.0	NYSCB Executive	20 July 2016	Baseline approved version
3.1	NYSCB P&DO	09/08/2016	Minor amendments to include links.
3.2	NYSCB P&DO	24/02/2017	Clarification regarding levels for Female Genital Mutilation
3.3	NYSCB P&DO	07/06/2017	Additional changes for CSE, neglect links to the Prevention Service and Pre-birth
3.4	NYSCB P&DO	30/10/2017	Updated to include slavery and trafficking
3.5	NYSCB P&DO	26/09/2018	Additional indicators for mental health and other
3.6	NYSCB P&DO	23/11/2018	Amended text to indicators Amended formatting to remove blank pages Added missing page numbers
3.7	NYSCP Buisness Unit	12/11/2019	Updated following NYSCP launch

Issue Date	12 November 2019
Review Date	12 November 2021
Reviewing Officer	NYSCP Policy & Development Officer

Contents

Section	Page
Version Control	2
Contents	3
Introduction	4
Dimensions of Parenting Capacity	6
Children's Developmental Needs	8
▪ 0-2 years (including prebirth)	9
▪ 2-4 years	13
▪ 5-9 years	18
▪ 10-14 years	24
▪ 15-18 years	30
Dimensions of Parenting Capacity	36
▪ Parenting Capacity	38
Family and Environmental Factors	42
▪ Family and Environmental Factors	43

Introduction

This vulnerability checklist is intended to help identify how children's needs might be met across universal, early help, targeted prevention and intensive/acute services.

All agencies working within North Yorkshire Safeguarding Children Partnership have a responsibility to address the needs of children and young people in their area. Effective joint working provides the framework in which children's needs are met across the spectrum.

The provision of Early Help services should form part of a continuum of help and support to respond to the different levels

Where need is relatively low level individual services and universal services may be able to take swift action through completing an Early Help Assessment. For other emerging needs a range of Early Help services may be required, coordinated through the completion of an Early Help Assessment and Team Around a Family (TAF). Where there are more complex needs, help may be provided under section 17 of the Children Act 1989 (children in need). Where there are child protection concerns (reasonable cause to suspect a child is suffering or likely to suffer significant harm) local authority Children's Social Care must make enquiries and decide if any action must be taken under section 47 of the Children Act 1989.

It is important that there are clear criteria for taking action and providing help across this full continuum. Having clear thresholds for action which are understood by all professionals, and applied consistently, should ensure that services are commissioned effectively and that the right help is given to the child at the right time.

Early help, child centred services, support for families, the engagement of families,

including children and young people, information sharing and improved coordination of services are at the heart of integrated working.

Research has shown that taking a systematic approach to enquiries using a conceptual model is the best way to deliver a comprehensive assessment for all children. A good assessment is one which investigates the following three domains:

- The child's developmental needs, including whether they are suffering or likely to suffer significant harm;
- Parents' or carers' capacity to respond to those needs, and
- The impact and influence of wider family, community and environmental circumstances.

The interaction of these domains requires careful investigation. The aim is to reach a judgement about the nature and level of needs and/or risks that the child may be facing within their family.

It is important to take a holistic view of the child's needs. A child or young person may have high levels of need, but these needs may well be met by the parents, wider family or community and the provision of services.

If the child or young person has additional needs which require additional coordination, an assessment will assist in producing evidence-based information to enable effective planning for the child and family.

The child's development needs

Parenting capacity

Family and environmental factors



Dimensions of Parenting Capacity

Principles of Integrated Working

The principle of integrated working is that different organisations and agencies have different roles to play in the development of the child. All agencies are more effective when they are able to share information about individual children at different times in the child's development.

Integrated working is the name given to a series of processes and procedures that allow agencies across the different sectors (statutory, voluntary and private) to work together to best support the child. These procedures work with the child and their family and put the child at the centre of the decision making process.

Principles of Early Help

Early Help can prevent problems occurring by building resilience and reducing risk factors. It increases the protective factors and decreases the risk factors facing children, young people and families. Early Help refers to the complex mix of individual, family, community and factors which combine to keep individuals safe and well and for any problems or concerns to be tackled quickly without the need for more specialist support.

Examples of early help services include:

- Health visitors and the range of advice and support provided to families
- Children and Families Services: Early Help core offer
- Schools and the management of low level attendance or behavioural issues

Early intervention is about putting in place action to address an issue as soon as possible to stop things getting worse. It relies on early identification of difficulties and early action which is targeted and evaluated. It can involve intensive intervention or lighter touch support and is usually based on a clear support plan, with identified actions, responsibilities and outcomes which is then reviewed. Early intervention is a form of targeted activity with a specific action being put in place to address a specific issue or a

combination of issues. It therefore forms part of a continuum of activity in supporting families.

- The role of services is to ensure that the life chances of children and young people are maximised, especially those who are disadvantaged.
- Parents have primary responsibility for their children and are the main influence. The role of services is to strengthen parents' positive role in their children's lives whilst steadfastly remaining vigilant with regard to agencies duty to safeguard vulnerable children and young people.
- The best way of helping people is to empower them to help themselves. Support should be offered to families to enable them to become self-reliant and less dependent on public services and to take control of their own outcomes
- Families are central to defining and addressing the problems that they face and they are key partners in the process. The voice of the child and their parents should be sought at all stages with due reference to the child's age, developmental stage and level of understanding
- Children's needs are best met when addressed in the context of the whole family. Services should therefore be committed to identifying family's needs in a holistic manner. This is on the basis that the needs of the children, parents and carers in a family are inextricably linked and therefore a 'think family' approach to the assessment of needs, will have a positive impact upon all individuals within the whole family.
 - Intervening early prevents longer term more complex difficulties developing.
- Services should seek to invest in prevention services so that we see fewer children and young people requiring specialist services.

Using the vulnerability checklist

The Vulnerability Checklist should be used as a guide to understanding how the identified

needs of the child may be best responded to and which level of service is most appropriate to meeting those needs.

Definitions of Levels

Level 1 – Universal Services

Universal Services are those services provided by a range of services for children and young people for all children including, schools, general practitioners, health visitors and other community based services.

Level 2 – Prevention

We know that in North Yorkshire there are a number of children, young people and families who are more likely to experience difficulties at some stage in their lives and who need support and guidance to help overcome them. Those people are likely to be:

- Those at risk of entering or re-entering Children’s Social Care
- Children and young people who are regularly missing school or college
- Those with disabilities or special educational needs
- Those involved with the police or the criminal justice system
- Children, young people emotional mental & mental health difficulties
- Adult carers with emotional & mental health difficulties
- Children and young people who are experiencing a range of physical health issues
- Families affected by domestic abuse;
- Those with alcohol and/or drug/substance misuse issues or those living with a parent or carer with those issues
- Children & young people who are experiencing neglect
- Children and young people affected by parental separation and divorce and family bereavement
- Families experiencing poverty, homelessness or long term unemployment
- Teenage parents and pregnant teenagers
- Young carers
- Asylum seekers and refugees
- Young people who are attending Pupil Referral Units
- Young people who are not engaged in Education, Employment or Training

Level 3 – Specialist

Where there are more complex needs, multi-agency help may be provided under section 17 of the Children Act 1989 (children in need). Where there are child protection concerns (reasonable cause to suspect a child is suffering or likely to suffer significant harm) Local Authority Children’s Social Care must make enquiries and work with multi-agency partners to decide if any action must be taken under section 47 of the Children Act 1989.

Level 4 – Acute

Cases where specialist assessment indicates the need for more complex, intensive and structured interventions are required.

Vulnerability, Exploited, Missing and Trafficked (VEMT)

A child may be considered to be MACE at all levels. Children seen to be at risk within the arrangements covered under the MACE process are the responsibility of all agencies at all levels of intervention. For further information please see the [NYSCP MACE practice guidance](#).

Referrals for Services

Where people are seeking support from universal services they can contact agencies directly. If you are considering making a referral for early help and/or you are seeking advice you should contact the Customer Resolutions Centre on (01609) 780780.

Where a referral to the Children and Families Service is being made either in respect of Early Help or Children’s Social Care assessment, these can be made directly to the Customer Resolution Centre. Please also see NYSCP Referral Procedure available from the address below:

<https://www.safeguardingchildren.co.uk/professionals/nyscp-b-procedures/>

Children's Developmental Needs

Health

Includes growth and development as well as physical, emotional and mental wellbeing. The impact of genetic factors and of any impairment should be considered. It involves receiving appropriate health care when ill, an adequate and nutritious diet, exercise, immunisations where appropriate and developmental checks, dental and optical care and, for older children, appropriate advice and information on issues that have an impact on health, including sex education and substance misuse.

Education

Covers all areas of a child's cognitive development which begins from birth. Includes opportunities:

- for play and interaction with other children
- to have access to books
- to acquire a range of skills and interests; to experience success and achievement.

Involves an adult interested in educational activities, progress and achievements, who takes account of the child's starting point and any special educational needs.

Emotional and Behavioural Development

The identification and provision of support and services should be child centred and examine issues relating to the cause of behaviours. Concerns regarding the appropriateness of response demonstrated in feelings and actions by a child, initially to parents and caregivers and, as the child grows older, to others beyond the family.

It includes the nature and quality of early attachments, characteristics of temperament, adaptation to change, response to stress and degree of appropriate self-control.

Self-Care Skills

Concerns the acquisition by a child of practical, emotional and communication competencies required for increasing independence.

Includes early practical skills of dressing and feeding, opportunities to gain confidence and practical skills to undertake activities away from the family and independent living skills as older children.

Includes encouragement to acquire social problem solving approaches. Special attention should be given to the impact of a child's impairment and other vulnerabilities, and on social circumstances affecting these in the development of self-care skills.

Identity

Concerns the child's growing sense of self as a separate and valued person.

Includes the child's view of self and abilities, self-image and self-esteem, and having a positive sense of individuality. Race, religion, age, gender, sexuality and disability may all contribute to this. Feelings of belonging and acceptance by family, peer group and wider society, including other cultural groups.

Family and Social Relationships

Development of empathy and the capacity to place self in someone else's shoes.

Includes a stable and affectionate relationship with parents or caregivers, good relationships with siblings, increasing importance of age appropriate friendships with peers and other significant persons in the child's life and response of family to these relationships.

Social Presentation

Concerns the child's growing understanding of the way in which appearance, behaviour, and any impairment are perceived by the outside world and the impression being created.

Includes appropriateness of dress for age, gender, culture and religion; cleanliness and personal hygiene, and availability of advice from parents or caregivers about presentation in different settings

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
Health	<ul style="list-style-type: none"> ▪ Appropriate growth pattern ▪ Reaching developmental milestones ▪ Physically healthy ▪ Adequate and nutritious diet ▪ Immunisations up to date, unless parent decides otherwise ▪ Ongoing support required as a consequence of Female Genital Mutilation (FGM) 	<ul style="list-style-type: none"> ▪ Growth pattern not at expected rate ▪ Slow in reaching developmental milestones ▪ Persistent minor health problems ▪ Child has chronic health problems ▪ Immunisations not up to date, where parent is not objecting ▪ Missing appointments ▪ Ongoing targeted support required as a consequence of Female Genital Mutilation (FGM) ▪ Care is unpredictable and inconsistent ▪ Childs basic oral health needs not being met ▪ 	<ul style="list-style-type: none"> ▪ Growth pattern becoming a cause for concern ▪ Chronic health problems ▪ Missing appointments ▪ Developmental milestones unlikely to be met ▪ Poor nutrition linked to neglect ▪ Severe disability ▪ Child at risk or victim of Female Genital Mutilation (FGM). <i>Where a person is in a regulated profession (i.e. a teacher, social worker or healthcare professional) and in the course of their work they believe that that an act of female genital mutilation appears to have been carried out on a girl who is aged under 18 years, they must also notify the police.</i> ▪ Where either the history of the care provided to a previous child or where there are reasons to believe the care likely to be provided to an unborn child when it is born will place the child at risk of harm. 	<ul style="list-style-type: none"> ▪ Life limiting health problems ▪ Child at immediate risk of Female Genital Mutilation (FGM) <i>Where a person is in a regulated profession (i.e. a teacher, social worker or healthcare professional) and in the course of their work they believe that that an act of female genital mutilation appears to have been carried out on a girl who is aged under 18 years, they must also notify the police.</i>

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
Education and Learning	<ul style="list-style-type: none"> ▪ No concerns about cognitive and language development ▪ Adequate opportunities for play and stimulation ▪ Physically healthy ▪ Good home/child care provider contact ▪ Enjoys and participates in learning activities 	<ul style="list-style-type: none"> ▪ Emerging concerns about cognitive and language development ▪ Child not being provided with an age appropriate stimulating environment 	<ul style="list-style-type: none"> ▪ Serious concerns about cognitive and language development ▪ Child left for long periods without adult contact or stimulation ▪ Has obvious learning disability 	
Emotional and Behavioural Development	<ul style="list-style-type: none"> ▪ Good quality early attachments demonstrates appropriate responses in feelings and actions ▪ Concerns identified regarding extremist or radicalised beliefs which may impact on the emotional and behavioural development of the child (prevent) 	<ul style="list-style-type: none"> ▪ Poor early attachment ▪ Some evidence of inappropriate actions or responses ▪ Concerns identified regarding extremist or radicalised beliefs which are impacting on the emotional and behavioural development of the child (prevent) ▪ Child may present as over familiar with strangers ▪ Child displays behaviour outside of normal developmental expectations which is persistent or repeated. (not at two) 	<ul style="list-style-type: none"> ▪ Rejection, no attachment to parents ▪ Withdrawn or unwilling to engage 	<ul style="list-style-type: none"> ▪ Where there is information to indicate that a child is at immediate risk of being removed from the county linked to extremist or radicalised behaviour (Prevent)
Family and Social Relationships	<ul style="list-style-type: none"> ▪ Stable and affectionate relationship with parents/carers ▪ Good relationship with siblings ▪ Beginning to develop relationship with peers 	<ul style="list-style-type: none"> ▪ Some inconsistencies in relationships with family ▪ Unresolved issues arising from complex situations i.e. parents' divorce, step parenting, or death of carer 	<ul style="list-style-type: none"> ▪ Relationships with parents/carers characterised by inconsistencies ▪ Involved in conflicts with peers/siblings ▪ May have previously had 	<ul style="list-style-type: none"> ▪ Child is a victim of trafficking/modern slavery ▪ Where there is information to indicate that a child is at immediate risk of being removed from the county linked to extremist or

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
	<ul style="list-style-type: none"> ▪ Concerns identified regarding extremist or radicalised beliefs which may impact on the emotional and behavioural development of the child (prevent) 	<ul style="list-style-type: none"> ▪ Difficulties sustaining relationships ▪ Concerns identified regarding extremist or radicalised beliefs which are impacting on the emotional and behavioural development of the child (prevent) ▪ Generational Abuse ▪ Children display lack of expression/or awareness of feelings ▪ not under 2 ▪ Little evidence of positive attachment with care giver ▪ Child may present as over familiar with strangers 	<p>periods of LA accommodation</p> <ul style="list-style-type: none"> ▪ Rejection by parent/carer ▪ A family breakdown ▪ Family no longer want to care for child ▪ Child abandoned ▪ Child suffering physical, sexual, emotional abuse or neglect ▪ Child living in private fostering arrangement (see NYSCP Private Fostering Practice Guidance) ▪ Children who have returned from being missing ▪ Child is a victim of trafficking/modern slavery ▪ Where there is information to indicate that a child may be at risk of significant harm as a consequence of their exposure to extremism or directly involved in radicalised behaviour or there is significant impact on the health and development of the child (Prevent) ▪ Where either the history of the care provided to a previous child or where there are reasons to 	<p>radicalised behaviour (Prevent)</p>

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
			believe the care likely to be provided to an unborn child when it is born will place the child at risk of harm.	
Social Presentation	<ul style="list-style-type: none"> Appropriately dressed for circumstances 	<ul style="list-style-type: none"> Clothing inappropriate for season, too tight or ill fitting Child not kept clean child presents as unkempt 	<ul style="list-style-type: none"> Clothing always inadequate and child dirty and unkempt through neglect 	
Identity	<ul style="list-style-type: none"> Child has a sense of belonging and growing self-assurance 	<ul style="list-style-type: none"> Child is showing early signs of attachment difficulties to parent and or vice/versa Where an assessment has been undertaken using the Bedfordshire model that has identified the risk of CSE is Low 	<ul style="list-style-type: none"> Child/parent relationship is harmful to the child 	
Self-Care	<ul style="list-style-type: none"> Child has the opportunity to assist with their personal hygiene needs according to their age and stage of development 	<ul style="list-style-type: none"> Inconsistent approach to encouraging child to assist with their personal hygiene needs 	<ul style="list-style-type: none"> Child/parent relationship is harmful to the child 	

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
Health	<ul style="list-style-type: none"> ▪ Appropriate growth pattern ▪ Developmental checks up to date ▪ Physically healthy ▪ Adequate and nutritious diet ▪ Good emotional health ▪ Ongoing support required as a consequence of Female Genital Mutilation (FGM) 	<ul style="list-style-type: none"> ▪ Growth pattern not increasing at expected rate ▪ Slow in reaching developmental milestones ▪ Persistent minor health problems ▪ Limited diet ▪ Child's basic oral health needs not being met ▪ Unduly anxious, angry or defiant ▪ Ongoing targeted support required as a consequence of Female Genital Mutilation (FGM) ▪ Where an assessment has been undertaken using the Bedfordshire model that has identified the risk of CSE is Low ▪ Care is unpredictable and inconsistent, there is a lack of planning, needs have to be met immediately ▪ 	<ul style="list-style-type: none"> ▪ Growth pattern becoming a cause for concern ▪ Child has chronic health needs or severe disability ▪ Concerns about developmental progress and milestones unlikely to be met ▪ Lack of food may be linked with neglect ▪ Dental decay and no attendance for treatment ▪ Severe disability ▪ Child at risk or victim of Female Genital Mutilation (FGM) <p><i>Where a person is in a regulated profession (i.e. a teacher, social worker or healthcare professional) and in the course of their work they believe that that an act of female genital mutilation appears to have been carried out on a girl who is aged under 18 years, they must also notify the police.</i></p>	<ul style="list-style-type: none"> ▪ Life limiting health problem ▪ Child at immediate risk of Female Genital Mutilation (FGM) <p><i>Where a person is in a regulated profession (i.e. a teacher, social worker or healthcare professional) and in the course of their work they believe that that an act of female genital mutilation appears to have been carried out on a girl who is aged under 18 years, they must also notify the police.</i></p>
Education and	<ul style="list-style-type: none"> ▪ No concerns about cognitive development ▪ Adequate opportunities for 	<ul style="list-style-type: none"> ▪ Concerns about cognitive development ▪ Inadequate opportunities 	<ul style="list-style-type: none"> ▪ Serious concerns about cognitive development ▪ Child left for long periods 	

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
Learning	<ul style="list-style-type: none"> play and stimulation ▪ Acquiring skills ▪ Experiences of success/achievement ▪ Good home/childcare provider, school links 	<ul style="list-style-type: none"> for play and stimulation ▪ Poor concentration ▪ Occasional unexplained absences from nursery childcare provider/school ▪ Poor home / nursery / childcare provider, school links ▪ Child not being provided with an age appropriate stimulating environment 	<ul style="list-style-type: none"> without adult contact or stimulation ▪ Frequent unexplained absences from nursery/childcare provider/school ▪ No, or acrimonious home/childcare provider/nursery, school links 	
Emotional and Behavioural Development	<ul style="list-style-type: none"> ▪ Evidence of positive early attachments between child and main care giver(s) ▪ Demonstrates appropriate responses in feelings and actions ▪ Emerging ability to adapt to change ▪ Beginning to demonstrate empathy ▪ Concerns identified regarding extremist or radicalised beliefs which may impact on the emotional and behavioural development of the child (prevent) 	<ul style="list-style-type: none"> ▪ Poor early attachment between child and main care giver(s) ▪ Some evidence of inappropriate age related responses and actions ▪ Finds managing change difficult and easily distracted ▪ Unable to show empathy for siblings and peers in distress ▪ Child can be either over-friendly, withdrawn or isolated ▪ Disruptive/challenging behaviour at school, home, or in neighbourhood ▪ Child being bullied or exhibiting inappropriate aggressive behaviour to other children ▪ May have ▪ Regular episodes of 	<ul style="list-style-type: none"> ▪ Attachment difficulties, rejection ▪ the child increasingly displays regular difficulty regulating a range of emotions Child withdrawn, unwilling to engage ▪ Unable to display emotion ▪ Where there is information to indicate that a child may be at risk of significant harm as a consequence of their exposure to extremism or directly involved in radicalised behaviour or there is significant impact on the health and development of the child (Prevent) 	<ul style="list-style-type: none"> ▪ Where there is information to indicate that a child is actively engaged in extremism or radicalised behaviour, or actively engage in terrorist activity, or is at immediate risk of being removed from the county (Prevent)

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
		<p>emotional distress</p> <ul style="list-style-type: none"> ▪ Concerns identified regarding extremist or radicalised beliefs which are impacting on the emotional and behavioural development of the child (prevent) ▪ Children presents overly demanding to gain attention ▪ Child displays behaviour outside of normal developmental expectations which is persistent or repeated. ▪ 		
<p>Family and Social Relationships</p>	<ul style="list-style-type: none"> ▪ Stable and affectionate relationships with parents/carers ▪ Good relationship with siblings ▪ Beginning to develop relationships with peers ▪ Concerns identified regarding extremist or radicalised beliefs which may impact on the emotional and behavioural development of the child (prevent) 	<ul style="list-style-type: none"> ▪ Inconsistencies in family relationships ▪ Difficulties in sustaining relationships ▪ Lack of positive role models ▪ Low warmth, high criticism environment ▪ Concerns identified regarding extremist or radicalised beliefs which are impacting on the emotional and behavioural development of the child (prevent) ▪ Generational Abuse ▪ Children display lack of expression/or awareness of feelings 	<ul style="list-style-type: none"> ▪ Rejection by parent/carer ▪ A family breakdown ▪ Family no longer want to care for child ▪ Child abandoned ▪ Child suffering physical, sexual, emotional abuse or neglect ▪ Child is a victim of trafficking/modern slavery ▪ Child living in private fostering arrangement (see NYSCP Private Fostering Practice Guidance) ▪ Children who have returned from being missing ▪ Where there is 	<ul style="list-style-type: none"> ▪ Child is at immediate risk of trafficking/modern slavery ▪ Where there is information to indicate that a child is actively engaged in extremism or radicalised behaviour, or actively engage in terrorist activity, or is at immediate risk of being removed from the county (Prevent)

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
		<ul style="list-style-type: none"> ▪ Children often do well at school and can appear overly resilient/competent mature ▪ Children take on the role of care giver to the parent which permits some closeness that is safer for the parent ▪ Children may appear falsely happy, self-reliant, but have poor social relationships due to isolation ▪ Carer has inappropriate expectations in relation to child's age and development 	<p>information to indicate that a child may be at risk of significant harm as a consequence of their exposure to extremism or directly involved in radicalised behaviour or there is significant impact on the health and development of the child (Prevent)</p>	
Social Presentation	<ul style="list-style-type: none"> ▪ Appropriately dressed for circumstances ▪ Good level of hygiene maintained 	<ul style="list-style-type: none"> ▪ Inappropriately dressed for circumstances ▪ Child not always clean and may be teased ▪ Over friendly or withdrawn, may not discriminate effectively with strangers ▪ child presents as unkempt ▪ 	<ul style="list-style-type: none"> ▪ Clothing inappropriate, dirty due to neglect ▪ Dirty and unkempt due to neglect and no attention paid to hygiene ▪ Child watchful, wary of parents/carers ▪ Demonstrating sexualized behaviour ▪ Child unable to discriminate with strangers, potentially putting self at risk 	
Identity	<ul style="list-style-type: none"> ▪ Beginning to develop a positive sense of self ▪ Child has a sense of belonging and growing 	<ul style="list-style-type: none"> ▪ Some insecurity around identity and sense of self ▪ Limited self confidence ▪ Child is showing early 	<ul style="list-style-type: none"> ▪ Significant insecurities ▪ Poor self confidence ▪ Child/parent relationship is harmful to the child 	

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
	self-assurance	signs of non-attachment to parent and/or vice-versa <ul style="list-style-type: none"> ▪ Where an assessment has been undertaken using the Bedfordshire model that has identified the risk of CSE is Low 		
Self-Care	<ul style="list-style-type: none"> ▪ Beginning to develop competencies in practical skills – feeding, dressing ▪ Child is actively encouraged to address their person hygiene needs according to their age and stage of development 	<ul style="list-style-type: none"> ▪ Child slow to develop age appropriate practical skills ▪ Child’s disability limits development of practical skills ▪ Inconsistent approach to encouraging child to address their own personal hygiene needs 	<ul style="list-style-type: none"> ▪ Child takes little or no responsibility for practical skills in relation to peer group ▪ Disability means child relies totally on others to meet care needs ▪ Child is not encouraged to become competent in addressing personal hygiene issues 	

Child's Developmental Needs

5-9 years

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
Health	<ul style="list-style-type: none"> ▪ Appropriate growth pattern ▪ Physically healthy ▪ Developmental checks up to date ▪ Adequate and nutritious diet ▪ Good state of emotional and mental health ▪ Ongoing support required as a consequence of Female Genital Mutilation (FGM) 	<ul style="list-style-type: none"> ▪ Growth pattern not at expected rate ▪ Slow in reaching developmental milestones ▪ Not attending routine appointments ▪ Persistent minor health problems resulting in poor school attendance ▪ Child's basic oral health needs not being met ▪ Emotional or mental health needs e.g. resulting from acrimonious divorce, poor attachment ▪ Limited or restricted diet ▪ Child smokes ▪ Continence problems ▪ Frequent accidents or A&E attendance ▪ Health problems exacerbated by failure to access treatment/ appointment ▪ Ongoing targeted support required as a consequence of Female Genital Mutilation (FGM) ▪ Where an assessment has been undertaken using the Bedfordshire model that 	<ul style="list-style-type: none"> ▪ Growth pattern becoming a cause for concern ▪ Chronic health problems or severe disability ▪ Concerns about developmental milestones ▪ Dental decay, due to neglect or lack of treatment ▪ Learning significantly affected by health problems ▪ Emotional, mental health needs emerging – conduct disorder, ADHD, anxiety, parental rejection, scapegoating ▪ Inappropriate sexualized behaviour ▪ Complex mental health issues ▪ Child engaged in activities which impact on self-care e.g. substance or alcohol misuse and impact on vulnerability to child sexual exploitation (CSE) where the Bedfordshire model identifies the risk of CSE as medium or above ▪ Unwilling to engage 	<ul style="list-style-type: none"> ▪ Life limiting health problem ▪ Child at immediate risk of Female Genital Mutilation (FGM) <i>Where a person is in a regulated profession (i.e. a teacher, social worker or healthcare professional) and in the course of their work they believe that that an act of female genital mutilation appears to have been carried out on a girl who is aged under 18 years, they must also notify the police.</i>

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
		<ul style="list-style-type: none"> has identified the risk of CSE is Low ▪ Care is unpredictable and inconsistent, there is a lack of planning, needs have to be met immediately ▪ Poor Dental Health 	<ul style="list-style-type: none"> ▪ Child at risk or victim of Female Genital Mutilation (FGM) <i>Where a person is in a regulated profession (i.e. a teacher, social worker or healthcare professional) and in the course of their work they believe that that an act of female genital mutilation appears to have been carried out on a girl who is aged under 18 years, they must also notify the police.</i> 	
Education and Learning	<ul style="list-style-type: none"> ▪ Acquiring a range of skills, interests ▪ Experiences of success, achievement ▪ Cognitive and language development appropriate for age ▪ Access to books, toys, play, sport and leisure activities ▪ Enjoys and participates in educational activities and school life ▪ Good home, school link 	<ul style="list-style-type: none"> ▪ Not achieving as anticipated ▪ Poor school attendance and/or punctuality ▪ Developing a pattern of occasional unauthorised absences ▪ Multiple fixed-term exclusions ▪ Often not engaged in learning ▪ Levels of attainment varied ▪ Unable to access curriculum without support ▪ Poor home, school link intervention strategy ▪ SEND graduated approach not progressing as anticipated 	<ul style="list-style-type: none"> ▪ Has an Education, Health and Care Plan requiring coordinated services ▪ Not educated at school, or at home by parents ▪ Few, if any, achievements ▪ Unable to access curriculum without considerable support ▪ Permanent exclusion from school ▪ No, or acrimonious home, school link 	
Emotional and	<ul style="list-style-type: none"> ▪ Demonstrates appropriate 	<ul style="list-style-type: none"> ▪ Some difficulties with 	<ul style="list-style-type: none"> ▪ Difficult family 	<ul style="list-style-type: none"> ▪ Where there is information

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
Behavioural Development	<p>responses in feelings and actions</p> <ul style="list-style-type: none"> ▪ Good quality early attachments ▪ Ability to adapt to change ▪ Able to demonstrate empathy ▪ Confident in social situations, but sufficiently discriminating between 'safe' and 'unsafe' contacts ▪ Concerns identified regarding extremist or radicalised beliefs which may impact on the emotional and behavioural development of the child (prevent) 	<p>family relationships</p> <ul style="list-style-type: none"> ▪ Some difficulties with peer relationships ▪ Evidence of inappropriate responses and actions – over friendly or withdrawn, unnecessarily fearful ▪ Watchful or wary of parent/carer ▪ Difficulty in adapting to change ▪ Child finds it difficult to cope with anger and frustration ▪ Not always able to understand how behaviour impacts on others ▪ Not compliant to adult requests, provocative in behaviour ▪ Behaviour which disrupts or challenges, in school or community ▪ Starting to commit offences ▪ Some evidence of inappropriate age- related responses and actions ▪ Unable to maintain peer relationships – is bullied, or a bully ▪ Concerns identified regarding extremist or radicalised beliefs which are impacting on the emotional and behavioural 	<p>relationships</p> <ul style="list-style-type: none"> ▪ Child withdrawn, unable to display empathy ▪ Limited ability to understand how actions impact on others ▪ Regularly involved in anti-social, criminal behaviour ▪ Puts self and others at risk through behaviour ▪ Where there is information to indicate that a child may be at risk of significant harm as a consequence of their exposure to extremism or directly involved in radicalised behaviour or there is significant impact on the health and development of the child (Prevent) 	<p>to indicate that a child is actively engaged in extremism or radicalised behaviour, or actively engage in terrorist activity, or is at immediate risk of being removed from the county (Prevent)</p>

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
		<p>development of the child (prevent)</p> <ul style="list-style-type: none"> ▪ Children become overly demanding to gain attention ▪ Child is likely either to give up through lack of response and become withdrawn/sullen, or behaviour may become extreme ▪ Child is bullied or demonstrates bullying behaviour ▪ 		
<p>Family and Social Relationships</p>	<ul style="list-style-type: none"> ▪ Stable and affectionate relationship with parents/carers ▪ Good sibling relationship ▪ Positive relationship with peers ▪ Concerns identified regarding extremist or radicalised beliefs which may impact on the emotional and behavioural development of the child (prevent) 	<ul style="list-style-type: none"> ▪ Relationships with parents/carers characterised by inconsistencies ▪ Involved in conflict with siblings, peers ▪ May be undertaking role of young carer ▪ May have had period of L.A. care ▪ Child subject to discrimination e.g. racial, sexual or due to disabilities or appearance ▪ May be a victim of crime ▪ Children who have returned from being missing ▪ Concerns identified regarding extremist or radicalised beliefs which 	<ul style="list-style-type: none"> ▪ Family relationships critical and/or negative – low warmth, high criticism ▪ Rejection ▪ Family breakdown threatened ▪ Child abandoned by family ▪ Suffering physical, sexual, emotional abuse, or neglect ▪ Child may have previously been removed from parents care ▪ Child living in private fostering arrangement (see NYSCP Private Fostering Practice Guidance) ▪ Children who have returned from being missing 	<ul style="list-style-type: none"> ▪ Child is at immediate risk of trafficking/modern slavery ▪ Where there is information to indicate that a child is actively engaged in extremism or radicalised behaviour, or actively engage in terrorist activity, or is at immediate risk of being removed from the county (Prevent)

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
		<p>are impacting on the emotional and behavioural development of the child (prevent)</p> <ul style="list-style-type: none"> ▪ Generational Abuse ▪ Children learn to block expression/or awareness of feelings ▪ Children often do well at school and can appear overly resilient/competent mature ▪ Children take on the role of care giver to the parent which permits some closeness that is safer for the parent ▪ Children may appear falsely happy, self-reliant, but have poor social relationships due to isolation ▪ Carer has inappropriate expectations in relation to child's age and development 	<ul style="list-style-type: none"> ▪ Child is a victim of trafficking/modern slavery ▪ Where there is information to indicate that a child may be at risk of significant harm as a consequence of their exposure to extremism or directly involved in radicalised behaviour or there is significant impact on the health and development of the child (Prevent) 	
Social Presentation	<ul style="list-style-type: none"> ▪ Appropriate dress for setting, season ▪ Good level of personal hygiene 	<ul style="list-style-type: none"> ▪ Clothing inappropriate for setting, season ▪ Child may not always be clean, may suffer teasing as a consequence ▪ Lack of adequate hygiene ▪ Lack of heating 	<ul style="list-style-type: none"> ▪ Child's appearance reflects poor care, poor hygiene from neglect ▪ Rejection or taunting by peers 	
Identity	<ul style="list-style-type: none"> ▪ Positive sense of self ▪ Demonstrates feeling of belonging and acceptance 	<ul style="list-style-type: none"> ▪ Some insecurities around identity – low self esteem ▪ Poor self confidence 	<ul style="list-style-type: none"> ▪ Demonstrates significantly low self- esteem across a range of situations 	

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
	<ul style="list-style-type: none"> by ▪ Family, peers, wider community 	<ul style="list-style-type: none"> ▪ Child subject to discrimination – race, disability, religion ▪ Where an assessment has been undertaken using the Bedfordshire model that has identified the risk of CSE is Low 	<ul style="list-style-type: none"> ▪ No self confidence ▪ Persistent discrimination on basis of ethnicity, disability ▪ Socially isolated with no appropriate role models ▪ Child's self-image is distorted 	
Self-Care	<ul style="list-style-type: none"> ▪ Growing level of competencies in practical skills such as feeding and dressing 	<ul style="list-style-type: none"> ▪ Slow in developing age appropriate self-care skills ▪ Disability prevents self-care across a significant range of tasks ▪ Lack of adequate hygiene ▪ 	<ul style="list-style-type: none"> ▪ Child takes no responsibility for self-care in comparison with peer group ▪ Disabled child relies totally on others to meet care needs 	

Child's Developmental Needs

10-14 years

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
Health	<ul style="list-style-type: none"> ▪ Appropriate growth pattern ▪ Physically healthy ▪ Developmental checks up to date ▪ Adequate and nutritious diet ▪ Good state emotional and mental health ▪ Sexual activity appropriate for age ▪ Smoking or misuse of substances or alcohol ▪ Ongoing support required as a consequence of Female Genital Mutilation (FGM) 	<ul style="list-style-type: none"> ▪ Growth pattern not at expected rate ▪ Slow in reaching developmental milestones ▪ Not attending routine appointments ▪ Persistent minor health problems resulting in poor school attendance ▪ Dental care not sufficient ▪ Vulnerability to emotional or mental health needs – acrimonious divorce, poor attachment ▪ Limited or restricted diet ▪ Child smokes ▪ Early sexual activity ▪ Smoking or experimenting with drugs and/or alcohol ▪ Ongoing targeted support required as a consequence of Female Genital Mutilation (FGM) ▪ Where an assessment has been undertaken using the Bedfordshire model that has identified the risk of CSE is Low ▪ Care is unpredictable and inconsistent, there is a lack of planning, needs 	<ul style="list-style-type: none"> ▪ Growth pattern becoming a cause for concern ▪ Chronic health problems or severe disability ▪ Concerns about developmental milestones ▪ Dental decay, due to neglect or lack of treatment ▪ Learning significantly affected by health problems ▪ Emotional, mental health needs emerging – conduct disorder, ADHD, anxiety, parental rejection, scapegoating ▪ Inappropriate sexualized behaviour ▪ Dangerous, risk taking sexual behaviour ▪ Early teenage pregnancy ▪ Child who is identified as at medium or above risk of sexual exploitation (CSE) using the Bedfordshire model ▪ Persistent substance and alcohol misuse ▪ Mental health problems self-harm, depression (see 	<ul style="list-style-type: none"> ▪ any acute mental health presentation that requires intensive home treatment or inpatient stay Life limiting medical condition ▪ Child at immediate risk of Female Genital Mutilation (FGM) <i>Where a person is in a regulated profession (i.e. a teacher, social worker or healthcare professional) and in the course of their work they believe that that an act of female genital mutilation appears to have been carried out on a girl who is aged under 18 years, they must also notify the police.</i>

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
		<p>have to be met immediately</p> <ul style="list-style-type: none"> ▪ Poor Dental Health 	<p>self-harm pathway)</p> <ul style="list-style-type: none"> ▪ Threat of suicide ▪ Refusing medical treatment endangering life ▪ Severe disability – child/young person relies totally on other people to meet care needs ▪ Child at risk or victim of Female Genital Mutilation (FGM) <p><i>Where a person is in a regulated profession (i.e. a teacher, social worker or healthcare professional) and in the course of their work they believe that that an act of female genital mutilation appears to have been carried out on a girl who is aged under 18 years, they must also notify the police.</i></p>	
<p>Education and Learning</p>	<ul style="list-style-type: none"> ▪ Acquiring a range of skills, interests ▪ Experiences of success, achievement ▪ Language development appropriate for age ▪ Access to books, toys, play, sport and leisure activities ▪ Enjoys and participates in educational activities and school life ▪ Good home, school link 	<ul style="list-style-type: none"> ▪ Not achieving as anticipated ▪ Poor school attendance and/or punctuality ▪ Developing a pattern of occasional unauthorised absences ▪ Multiple fixed-term exclusions ▪ Often not engaged in learning ▪ Levels of attainment varied 	<ul style="list-style-type: none"> ▪ Has an Education, Health and Care Plan requiring complex coordinated services ▪ Not educated at school, or at home by parents ▪ Few, if any, achievements unable to access curriculum without considerable support ▪ Permanent exclusion from school ▪ No, or acrimonious home- 	<ul style="list-style-type: none"> ▪ Young people who are placed in specialist residential accommodation

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
		<ul style="list-style-type: none"> ▪ Unable to access curriculum without support ▪ Poor home, school link ▪ Weak language and communication skills ▪ Not always engaged in learning, e.g. poor concentration, low motivation, over tiredness 	<p>school link highly individualised learning packages required</p>	
<p>Emotional and Behavioural Development</p>	<ul style="list-style-type: none"> ▪ Demonstrates appropriate responses in feelings and actions ▪ Good quality early attachments ▪ Ability to adapt to change ▪ Able to demonstrate empathy ▪ Confident in social situations, but sufficiently discriminating between 'safe' and 'unsafe' contacts ▪ Demonstrates respect for others ▪ Concerns identified regarding extremist or radicalised beliefs which may impact on the emotional and behavioural development of the child (prevent) 	<ul style="list-style-type: none"> ▪ Some difficulties with family relationships ▪ Some difficulties with peer relationships ▪ Evidence of inappropriate responses and actions over friendly or withdrawn, unnecessarily fearful ▪ Watchful or wary of parent/carer ▪ Difficulty in adapting to change ▪ Child finds it difficult to cope with anger and frustration ▪ Not always able to understand how behaviour impacts on others ▪ Not complaint to adult requests, provocative in behaviour ▪ Behaviour which disrupts or challenges, in school or community ▪ Starting to commit offences ▪ Offending and/or anti- 	<ul style="list-style-type: none"> ▪ Difficult family relationships ▪ Child withdrawn, unwilling to engage ▪ Unable to display empathy ▪ Limited ability to understand how actions impact on others ▪ Regularly involved in anti-social, criminal behaviour ▪ Offending and re-offending resulting in court orders, custodial sentences, ASBO's ▪ Puts self or others in danger ▪ Where there is information to indicate that a child may be at risk of significant harm as a consequence of their exposure to extremism or directly involved in radicalised behaviour or there is significant impact on the health and development of the child 	<ul style="list-style-type: none"> ▪ Sentenced to custodial or remand disposal and placed in secure accommodation (criminal grounds) ▪ Placed in secure accommodation on welfare grounds under Section 25, Children Act 1989 ▪ Where there is information to indicate that a child is actively engaged in extremism or radicalised behaviour, or actively engage in terrorist activity, or is at immediate risk of being removed from the county (Prevent)

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
		<p>social behaviour</p> <ul style="list-style-type: none"> ▪ Unable to maintain peer relationships – is bullied or a bully ▪ Concerns identified regarding extremist or radicalised beliefs which are impacting on the emotional and behavioural development of the child (prevent) ▪ Children become overly demanding to gain attention ▪ Child is likely either to give up through lack of response and become withdrawn/sullen, or behaviour may become extreme ▪ Child is bullied or demonstrates bullying behaviour ▪ Carer has inappropriate expectations in relation to child's age and development 	<p>(Prevent)</p> <ul style="list-style-type: none"> ▪ Emotional, mental health needs emerging – conduct disorder, ADHD, anxiety, parental rejection, scapegoating 	
<p>Family and Social Relationships</p>	<ul style="list-style-type: none"> ▪ Stable and affectionate relationship with parents/carers ▪ Good sibling relationship ▪ Positive relationship with peers ▪ Concerns identified regarding extremist or radicalised beliefs which 	<ul style="list-style-type: none"> ▪ Relationships with parents/carers characterized by inconsistencies ▪ Involved in conflict with siblings, peers ▪ May be undertaking role of young carer ▪ May have had period of 	<ul style="list-style-type: none"> ▪ Family relationships critical and/or negative – low warmth, high criticism ▪ Rejection ▪ Family breakdown threatened ▪ Child abandoned by family ▪ Suffering physical, sexual, emotional abuse, child 	<ul style="list-style-type: none"> ▪ Child is at immediate risk of trafficking/modern slavery ▪ Where there is information to indicate that a child is actively engaged in extremism or radicalised behaviour, or actively engage in terrorist activity,

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
	<p>may impact on the emotional and behavioural development of the child (prevent)</p>	<p>L.A. care</p> <ul style="list-style-type: none"> ▪ Children who have returned from being missing ▪ Concerns identified regarding extremist or radicalised beliefs which are impacting on the emotional and behavioural development of the child (prevent) ▪ Generational Abuse ▪ Children learn to block expression/or awareness of feelings ▪ Children often do well at school and can appear overly resilient/competent mature ▪ Children take on the role of care giver to the parent which permits some closeness that is safer for the parent ▪ Children may appear falsely happy, self-reliant, but have poor social relationships due to isolation 	<p>sexual exploitation (CSE) assessed as medium or above using the Bedfordshire model, or neglect</p> <ul style="list-style-type: none"> ▪ Child is a victim of trafficking/modern slavery ▪ Child living in private fostering arrangement (see NYSCP Private Fostering Practice Guidance) ▪ Children who have returned from being missing ▪ Where there is information to indicate that a child may be at risk of significant harm as a consequence of their exposure to extremism or directly involved in radicalised behaviour or there is significant impact on the health and development of the child (Prevent) 	<p>or is at immediate risk of being removed from the county (Prevent)</p>
Social Presentation	<ul style="list-style-type: none"> ▪ Appropriate dress for setting, season ▪ Good level of personal hygiene 	<ul style="list-style-type: none"> ▪ Clothing inappropriate for setting, season ▪ Child may not always be clean, may suffer teasing as a consequence ▪ Appearance and/or behaviour which impacts 	<ul style="list-style-type: none"> ▪ Child's appearance reflects poor care, poor hygiene from neglect ▪ Rejection or taunting by peers 	

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
		<p>on self-care e.g. substance or alcohol misuse</p> <ul style="list-style-type: none"> ▪ Lack of hygiene 		
Identity	<ul style="list-style-type: none"> ▪ Positive sense of self demonstrates feeling of belonging and acceptance by family, peers, wider community 	<ul style="list-style-type: none"> ▪ Some insecurities around identity – low self esteem ▪ Poor self-confidence child subject to discrimination – race, disability, religion sexual orientation ▪ Where an assessment has been undertaken using the Bedfordshire model that has identified the risk of CSE is Low 	<ul style="list-style-type: none"> ▪ Demonstrates significantly low self-esteem across a range of situations ▪ No self confidence ▪ Persistent discrimination on basis of ethnicity, disability, race, religion, sexual orientation ▪ Socially isolated with no appropriate role models ▪ Child's self-image is distorted ▪ Victim of repeat crime of a serious nature e.g. sexual /physical assault / child sexual exploitation 	
Self-Care	<ul style="list-style-type: none"> ▪ Growing level of competencies in practical skills such as feeding and dressing ▪ Developing social problem solving skills 	<ul style="list-style-type: none"> ▪ Slow in developing age appropriate self-care skills ▪ Disability prevents self-care across a significant range of tasks ▪ Engaging in behaviour which impacts on self-care, e.g. substance or alcohol misuse ▪ Where an assessment has been undertaken using the Bedfordshire model that has identified the risk of CSE is Low ▪ Lack of hygiene 	<ul style="list-style-type: none"> ▪ Child takes no responsibility for self-care in comparison with peer group ▪ Disabled child relies totally on others to meet care needs ▪ Self-care neglected because of other priorities, e.g. persistent substance or alcohol misuse ▪ Sexual activity, substance or alcohol misuse leading to a medium or above risk of child sexual exploitation (CSE) using the Bedfordshire model 	

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
Health	<ul style="list-style-type: none"> ▪ Appropriate growth pattern ▪ Physically healthy ▪ Developmental checks up to date ▪ Adequate and nutritious diet ▪ Good state emotional and mental health ▪ Sexual activity appropriate for age ▪ Smoking or misuse of substances or alcohol ▪ Ongoing support required as a consequence of Female Genital Mutilation (FGM) 	<ul style="list-style-type: none"> ▪ Growth pattern not at expected rate ▪ Slow in reaching developmental milestones ▪ Not attending routine appointments ▪ Persistent minor health problems resulting in poor school attendance ▪ Dental care not sufficient ▪ Vulnerability to emotional or mental health needs – acrimonious divorce, poor attachment ▪ Limited or restricted diet ▪ Young person smokes ▪ Unsafe or inappropriate sexual activity ▪ Smoking or experimenting with drugs and/or alcohol ▪ Ongoing targeted support required as a consequence of Female Genital Mutilation (FGM) ▪ Where an assessment has been undertaken using the Bedfordshire model that has identified the risk of CSE is Low 	<ul style="list-style-type: none"> ▪ Growth pattern becoming a cause for concern ▪ Chronic health problems or severe disability ▪ Concerns about developmental milestones ▪ Dental decay, due to neglect or lack of treatment ▪ Learning significantly affected by health problems ▪ Emotional, mental health needs emerging – conduct disorder, ADHD, anxiety, parental rejection, scapegoating ▪ Inappropriate sexualized behaviour ▪ Dangerous, risk taking sexual behaviour ▪ Teenage pregnancy ▪ Child at medium or above risk or victim of sexual exploitation (CSE) using the Bedfordshire model ▪ Persistent substance or alcohol misuse ▪ Mental health problems – 	<ul style="list-style-type: none"> ▪ Child at immediate risk of Female Genital Mutilation (FGM) <i>Where a person is in a regulated profession (i.e. a teacher, social worker or healthcare professional) and in the course of their work they believe that that an act of female genital mutilation appears to have been carried out on a girl who is aged under 18 years, they must also notify the police.</i>

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
		<ul style="list-style-type: none"> ▪ Care is unpredictable and inconsistent, there is a lack of planning, needs have to be met immediately ▪ Poor Dental Health 	<ul style="list-style-type: none"> self- harm, depression ▪ Threat of suicide ▪ Refusing medical treatment endangering life ▪ Severe disability – child/ young person relies totally on other people to meet care needs ▪ Child at risk or victim of Female Genital Mutilation (FGM) <i>Where a person is in a regulated profession (i.e. a teacher, social worker or healthcare professional) and in the course of their work they believe that that an act of female genital mutilation appears to have been carried out on a girl who is aged under 18 years, they must also notify the police.</i> 	
Education and Learning	<ul style="list-style-type: none"> ▪ Acquiring a range of skills, interests ▪ Experiences of success, achievement ▪ Cognitive and language development appropriate for age ▪ Access to books, toys, play, sport and leisure activities ▪ Enjoys and participates in educational activities and school life 	<ul style="list-style-type: none"> ▪ Not achieving as anticipated ▪ Poor school attendance and/or punctuality ▪ Occasional unauthorised absences ▪ Multiple fixed-term and/or permanent exclusions ▪ Not always engaged in learning ▪ Levels of attainment varied ▪ Unable to access 	<ul style="list-style-type: none"> ▪ any acute mental health presentation that requires intensive home treatment or inpatient stay Life limiting medical condition ▪ Has an Education, Health and Care Plan requiring complex coordinated services ▪ Not educated at school, or at home by parents ▪ Few, if any, achievements ▪ Unable to access 	<ul style="list-style-type: none"> ▪ Young people who are placed in specialist residential accommodation ▪ any acute mental health presentation that requires intensive home treatment or inpatient stay

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
	<ul style="list-style-type: none"> ▪ Good home, school link ▪ Planned progression and aspirations, beyond statutory education 	<ul style="list-style-type: none"> ▪ curriculum without support ▪ Poor home, school link ▪ Weak language and communication skills ▪ Not always engaged in learning, e.g. poor concentration, low motivation, over tiredness ▪ Limited evidence of progression planning ▪ At risk of making ill-informed, inappropriate decisions about progression ▪ Limited participation in education, employment or training post 16 	<ul style="list-style-type: none"> ▪ curriculum without considerable support ▪ Permanent exclusion from school ▪ No school placement ▪ No, or acrimonious home, school link ▪ Highly individualised learning packages required ▪ Not in education, employment or training 	
Emotional and Behavioural Development	<ul style="list-style-type: none"> ▪ Demonstrates appropriate responses in feelings and actions ▪ Good quality early attachments ▪ Ability to adapt to change ▪ Able to demonstrate empathy ▪ Confident in social situations but sufficiently discriminating between safe and unsafe contacts ▪ Demonstrates respect for others ▪ Concerns identified regarding extremist or radicalised beliefs which may impact on the emotional and behavioural 	<ul style="list-style-type: none"> ▪ Some difficulties with family relationships ▪ Some difficulties with peer relationships ▪ Evidence of inappropriate responses and actions over friendly or withdrawn, ▪ Unnecessarily fearful ▪ Watchful or wary of parent/carer ▪ Difficulty in adapting to change ▪ Child finds it difficult to cope with anger and frustration ▪ Not always able to understand how behaviour impacts on others ▪ Not compliant to adult 	<ul style="list-style-type: none"> ▪ Difficult family relationships ▪ Young person withdrawn, unwilling to engage ▪ Unable to display empathy ▪ Limited ability to understand how actions impact on others ▪ Regularly involved in anti-social, criminal behaviour ▪ Offending resulting in court orders, custodial sentences, ASBO's ▪ Puts self or others in danger ▪ Where there is information to indicate that a child may be at risk of significant harm as a 	<ul style="list-style-type: none"> ▪ Sentenced to custodial or remand disposal and placed in secure accommodation (criminal grounds) or in young offenders institution ▪ Placed in secure accommodation on welfare grounds under Section 25 Children Act 1989 ▪ Where there is information to indicate that a child is actively engaged in extremism or radicalised

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
	<p>development of the child (prevent)</p>	<p>requests, provocative in behaviour</p> <ul style="list-style-type: none"> ▪ Behaviour which disrupts or challenges in school or community ▪ Starting to commit offences ▪ Offending and/or anti-social behaviour ▪ Unable to maintain peer relationships – is bullied, or a bully ▪ Concerns identified regarding extremist or radicalised beliefs which are impacting on the emotional and behavioural development of the child (prevent) ▪ Children become overly demanding to gain attention ▪ Child is likely either to give up through lack of response and become withdrawn/sullen, or behaviour may become extreme ▪ Child is bullied or demonstrates bullying behaviour 	<p>consequence of their exposure to extremism or directly involved in radicalised behaviour or there is significant impact on the health and development of the child (Prevent)</p>	<p>behaviour, or actively engage in terrorist activity, or is at immediate risk of being removed from the county (Prevent)</p>
<p>Family and Social Relationships</p>	<ul style="list-style-type: none"> ▪ Stable and affectionate relationships with parents/carers ▪ Good sibling relationships ▪ Positive relationship with 	<ul style="list-style-type: none"> ▪ Relationships with parents/carers characterized by inconsistencies ▪ Involved in conflict with 	<ul style="list-style-type: none"> ▪ Family relationships critical and/or negative – low warmth high criticism ▪ Rejection ▪ Family breakdown 	<ul style="list-style-type: none"> ▪ Child is at immediate risk of trafficking/modern slavery ▪ Where there is information to indicate that a child is

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
	<ul style="list-style-type: none"> peers ▪ Concerns identified regarding extremist or radicalised beliefs which may impact on the emotional and behavioural development of the child (prevent) 	<ul style="list-style-type: none"> siblings/peers ▪ May be undertaking caring role ▪ May have had a period of LA care ▪ Children who have returned from being missing ▪ Concerns identified regarding extremist or radicalised beliefs which are impacting on the emotional and behavioural development of the child (prevent) ▪ Generational Abuse ▪ Children learn to block expression/or awareness of feelings ▪ Children often do well at school and can appear overly resilient/competent mature ▪ Children take on the role of care giver to the parent which permits some closeness that is safer for the parent ▪ Children may appear falsely happy, self-reliant, but have poor social relationships due to isolation 	<ul style="list-style-type: none"> threatened ▪ Young person abandoned by family ▪ Suffering physical, sexual, emotional abuse or neglect. ▪ Child living in private fostering arrangement (see NYSCP Private Fostering Practice Guidance) ▪ Children who have returned from being missing ▪ Child is a victim of trafficking/modern slavery ▪ Where there is information to indicate that a child may be at risk of significant harm as a consequence of their exposure to extremism or directly involved in radicalised behaviour or there is significant impact on the health and development of the child (Prevent) 	<ul style="list-style-type: none"> actively engaged in extremism or radicalised behaviour, or actively engage in terrorist activity, or is at immediate risk of being removed from the county (Prevent)
Social Presentation	<ul style="list-style-type: none"> ▪ Appropriate dress for setting, season ▪ Good level of personal 	<ul style="list-style-type: none"> ▪ Clothing inappropriate for setting/season ▪ Child may not always be 	<ul style="list-style-type: none"> ▪ Young person's appearance reflects poor care, poor hygiene from 	

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
	hygiene	clean, may suffer teasing as a consequence <ul style="list-style-type: none"> ▪ Lack of hygiene ▪ Lack of heating 	neglect <ul style="list-style-type: none"> ▪ Rejection or taunting by peers. 	
Identity	<ul style="list-style-type: none"> ▪ Positive sense of self ▪ Demonstrates feeling of belonging and acceptance by family, peers, wider community 	<ul style="list-style-type: none"> ▪ Some insecurities around identity and low esteem ▪ Poor self confidence ▪ Young person subject to discrimination – ethnicity, disability, religion, sexual orientation ▪ Where an assessment has been undertaken using the Bedfordshire model that has identified the risk of CSE is Low 	<ul style="list-style-type: none"> ▪ Demonstrates significantly low self-esteem across a range of situations ▪ No self confidence ▪ Persistent discrimination on basis of ethnicity, disability, religion, sexual orientation ▪ Social isolated with no appropriate role models ▪ Young person’s self-image is distorted ▪ Victim of repeat crime of a serious nature e.g. sexual/physical assault ▪ Child identified as medium or above risk of child sexual exploitation (CSE) using the Bedfordshire model. 	
Self-Care	<ul style="list-style-type: none"> ▪ Competent in all aspects of self-care 	<ul style="list-style-type: none"> ▪ Slow in developing age appropriate self-care skills ▪ Disability prevents self-care across a significant range of tasks ▪ Lack of hygiene ▪ Lack of heating 	<ul style="list-style-type: none"> ▪ Young person takes no responsibility for self-care in comparison with peer group ▪ Disabled young person relies totally on others to meet care needs. 	

Dimensions of Parenting Capacity

Basic Care

Providing for the child's physical needs, and appropriate medical and dental care.

Includes provision of food, drink warmth, shelter, clean and appropriate clothing and adequate personal hygiene.

Ensuring Safety

Ensuring the child is adequately protected from harm or danger.

Includes protection from significant harm or danger and from contact with unsafe adults/other children and from self-harm. Recognition of hazards and dangers both in the home and elsewhere.

Emotional Warmth

Ensuring the child's emotional needs are met and giving the child a sense of being specially valued and a positive sense of own racial and cultural identity.

Includes ensuring the child's requirements for secure, stable and affectionate relationships with significant adults, with appropriate sensitivity and responsiveness to the child's needs. Appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise, and encouragement.

Stimulation

Promoting child's learning and intellectual development through encouragement and cognitive stimulation and promoting social opportunities.

Includes facilitating the child's cognitive development and potential through interaction, communication, talking and responding to the child's language and questions, encouraging and joining the child's play and promoting educational opportunities. Enabling the child to experience success and ensuring school attendance or equivalent



opportunity. Facilitating child to meet challenges of life.

Guidance and Boundaries

Enabling the child to regulate their own emotions and behaviour.

The key parental tasks are demonstrating and modelling appropriate behaviour and control of emotions and interactions with others, and guidance which involves setting boundaries, so that the child is able to develop an internal model of moral values and conscience, and social behaviour appropriate for the society within which they will grow up. The aim is to enable the child to grow into an autonomous adult, holding their own values, and able to demonstrate appropriate behaviour with others rather than having to be dependent on rules outside themselves. This includes not over protecting children from exploratory and learning experiences.

Includes social problem solving, anger management, consideration for others, and effective discipline and shaping of behaviour.

Stability

Providing a sufficiently stable family environment to enable a child to develop and maintain a secure attachment to the primary caregivers in order to ensure optimal development.

Includes ensuring attachments are not disrupted, providing consistency of emotional

warmth over time and responding in a similar manner to the same behaviour. Parental responses change and develop according to child's development progress. In addition, ensuring, children keep in contact with important family members and significant others.

Parenting Capacity

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
Basic Care	<ul style="list-style-type: none"> Provides for child/young person's physical needs – food, drink, appropriate clothing, medical and dental care 	<ul style="list-style-type: none"> Basic care not provided consistently Food, warmth and other basics not always available Parents struggling without support or adequate resources Parents have struggled to care for previous children Supervision haphazard Potential substance or alcohol misuse or mental health needs Parents have closed down awareness of children's needs 	<ul style="list-style-type: none"> Food, warmth and other basics rarely or inconsistently available Parents have abused/neglected child/young person Previous child/young person has been removed from parents care 	<ul style="list-style-type: none"> Serious and persistent abuse or neglect Parents own needs are such that they are unable to keep child/young person safe
Ensuring Safety	<ul style="list-style-type: none"> Protecting child/young person from danger, either at home or elsewhere Protecting child/young person from significant harm Parent sets inappropriate boundaries in relation to the age/stage of the child or young person 	<ul style="list-style-type: none"> Insufficient awareness of dangers Poor supervision of child/young person Unaware of child/young person's whereabouts Safety equipment not available or used Inappropriate child care arrangements Inappropriate, frequent visits to GP/A&E 	<ul style="list-style-type: none"> Level of care and supervision inadequate given child's age Parents unable to restrict access to home by dangerous adults Child/young person left in care of offenders known to be a risk to children Persistent and serious domestic abuse involving child/young person 	
Emotional Warmth	<ul style="list-style-type: none"> Parents demonstrate warmth, praise and encouragement on a consistent basis 	<ul style="list-style-type: none"> Inconsistent responses to child/young person Parents struggling to have own emotional needs met 	<ul style="list-style-type: none"> Parental instability affecting ability to nurture Low warmth, high criticism Rejection 	

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
		<ul style="list-style-type: none"> ▪ Erratic or inconsistent care ▪ Parental approval/attention achieved through performance ▪ High criticism/low warmth ▪ Family may be materially advantaged and physical needs may be met but no emotional connection made ▪ Child scared or humiliated or isolated ▪ Parents may go through the basic functions of caring, but lack responsiveness to child's signals 	<ul style="list-style-type: none"> ▪ Parents own emotional needs impacting on ability to meet child, young person's needs 	
Stimulation	<ul style="list-style-type: none"> ▪ Facilitates development through play and interaction ▪ Enable child/young person to have positive experiences and achievements ▪ Access to sport and leisure appropriate to age and interests 	<ul style="list-style-type: none"> ▪ Child/young person spends considerable time alone ▪ Child/young person not given opportunities for new experiences ▪ Child/young person not receiving positive stimulation ▪ Child/young person under pressure to achieve, unrealistic expectations ▪ Not showing an interest in the child's development ▪ Parent may have inappropriate expectations in relation to the child's age/development 	<ul style="list-style-type: none"> ▪ No stimulation appropriate to age and needs of child/young person ▪ Exposure to inappropriate or harmful material e.g. sexually explicit images 	

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
		<ul style="list-style-type: none"> ▪ Parent will feel threatened by any proposed intervention ▪ Parents love their children but do not perceive their needs or believe anything will change ▪ Parent is passive and helpless ▪ Parental presentation is generally withdrawn 		
Stability	<ul style="list-style-type: none"> ▪ Child/young person has secure attachment to parents ▪ Parent provides consistency of emotional warmth 	<ul style="list-style-type: none"> ▪ Important relationships to child not always maintained ▪ Multiple carers, with no significant relationships ▪ Poor home routines ▪ Parent appears to need/want help and professionals are welcomed, but efforts by professionals are sabotaged by the parent ▪ Families have multi-problems and are crisis ridden ▪ Families constantly recreate crisis, because feelings dominate behaviour ▪ Parents feel threatened by attempts to put structures and boundaries into family life ▪ Families respond least to attempts by professionals 	<ul style="list-style-type: none"> ▪ Chaotic family life ▪ No-one to care for child ▪ Parents unable to exercise control of child/young person 	

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
		<p>to create order and safety in the family</p> <ul style="list-style-type: none"> ▪ Parent is uninterested in professional support and unmotivated to change 		
<p>Guidance and Boundaries</p>	<ul style="list-style-type: none"> ▪ Parents provide guidance enabling child to develop positive behaviour and values ▪ Consistent and appropriate boundaries are established and maintained 	<ul style="list-style-type: none"> ▪ Erratic or inadequate guidance is provided ▪ Parents struggle to establish and maintain consistent boundaries ▪ Parents do not provide good role model – e.g. by behaving in an inappropriate or anti-social way ▪ Children have more rules to respond to and don't know their role within the family ▪ Interpersonal relationships are based on the use of coercive strategies to meet need 	<ul style="list-style-type: none"> ▪ No effective boundaries are set, resulting in child/young person behaving in an antisocial way or engaging in criminal activity 	

Family and Environmental Factors

Family History and Functioning

Family history includes both genetic and psychosocial factors. Family functioning is influenced by who is living in the household and how they are related to the child; significant changes in family/household composition; history of childhood experiences of parents; chronology of significant life events and their meaning to family members; nature of family functioning, including sibling relationships and its impact on the child; parental strengths and difficulties, including those of an absent parent; the relationship between separated parents.

Wider Family

Who are considered to be members of the wider family by the child and the parents? Includes related and non-related persons and absent wider family. What is their role and importance to the child and parents and in precisely what way?

Housing

Does the accommodation have basic amenities and facilities appropriate to the age and development of the child and other resident members? Is the housing accessible and suitable to the needs of disabled family members?

Includes the interior and exterior of the accommodation and immediate surroundings. Basic amenities include water, heating, sanitation, cooking facilities, sleeping arrangements and cleanliness, hygiene and safety and their impact on the child's upbringing.

Employment

Who is working in the household, their pattern of work and any changes? What impact does this have on the child? How is work or absence of work viewed by family members?

How does it affect their relationship with the child?

Includes children's experience of work and the impact on them.

Income

Income available over a sustained period of time. Is the family in receipt of all its benefit entitlements? Sufficiency of income to meet the family's needs. The way resources available to the family are used. Are there financial difficulties which affect the child?

Family's Social Integration

Exploration of the wider context of the local neighbourhood and community and its impact on the child and parents.

Includes the degree of the family's integration or isolation, their peer groups, friendship and social networks and the importance attached to them.

Community Resources

Describes all facilities and services in a neighbourhood, including universal services of primary health care, day care and schools, places of worship, transport, shops and leisure activities.

Includes availability, accessibility and standard of resources and impact on the family, including disabled members.



Family and Environmental Factors

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
Family History and Functioning	<ul style="list-style-type: none"> ▪ Good family relationships (including where parents separated) ▪ Few significant changes in family composition ▪ Good sibling relationships ▪ Family able to self-refer to support services 	<ul style="list-style-type: none"> ▪ Parents have conflict or difficulties that can involve children/young people ▪ Incidents of domestic abuse ▪ Child/young person has suffered loss of significant adult through bereavement or separation ▪ Child/young person may need to care for younger sibling or parent ▪ Parent has physical, mental health needs ▪ Limited extended family support 	<ul style="list-style-type: none"> ▪ Significant parental discord ▪ Persistent domestic abuse ▪ Family characterized by conflict and serious, chronic relationship difficulties ▪ History of rejection ▪ Poor/abusive sibling relationships ▪ Parent or sibling in custody ▪ Adults reliant on children being carers ▪ Family members involved in criminal activity which is effecting children/ young people 	<ul style="list-style-type: none"> ▪ History of inter-generational, inter familial sexual abuse ▪ Home used as a brothel
Wider Family and Kinship Network	<ul style="list-style-type: none"> ▪ Good familial network ▪ Friendships outside of the family 	<ul style="list-style-type: none"> ▪ Some support from family and friends ▪ Family has poor relationships with extended family ▪ Little communication with extended family ▪ Family is socially isolated ▪ History of forced marriage/female genital mutilation (FGM – also known as female castration)/honour based violence <i>Where a person is in a</i> 	<ul style="list-style-type: none"> ▪ Family has poor relationship with extended family ▪ No effective support from extended family or wider family friends ▪ Destructive, unhelpful involvement of wider family ▪ Female Genital Mutilation (FGM) leading to significant impact of the emotional wellbeing of the child's development and capacity of the parents to 	<ul style="list-style-type: none"> ▪ Threatening or abusive responses from extended family or community

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
		<p><i>regulated profession (i.e. a teacher, social worker or healthcare professional) and in the course of their work they believe that that an act of female genital mutilation appears to have been carried out on a girl who is aged under 18 years, they must also notify the police.</i></p> <ul style="list-style-type: none"> ▪ Unauthorised absences 	<p>meet the child's needs <i>Where a person is in a regulated profession (i.e. a teacher, social worker or healthcare professional) and in the course of their work they believe that that an act of female genital mutilation appears to have been carried out on a girl who is aged under 18 years, they must also notify the police.</i></p>	
Housing	<ul style="list-style-type: none"> ▪ Accommodation adequate, with basic amenities and appropriate facilities 	<ul style="list-style-type: none"> ▪ Poor housing ▪ Basic amenities inadequate and poor state of repair ▪ Overcrowding ▪ Rent arrears 	<ul style="list-style-type: none"> ▪ Prosecution, eviction proceedings ▪ Homeless ▪ Accommodation seriously threatening to health or safety ▪ Family seeking asylum, or refugees 	<ul style="list-style-type: none"> ▪ Adult who poses a significant risk is living in the home or visiting the home

Employment	<ul style="list-style-type: none"> ▪ Parent/s working and arrangements for child/young person in place ▪ Parent/s unemployed but managing arrangements 	<ul style="list-style-type: none"> ▪ Unemployment of wage earning parent ▪ Work/stress impacting on family life ▪ Poor employment prospects 	<ul style="list-style-type: none"> ▪ Family unable to gain employment due to long-term difficulties e.g. substance or alcohol misuse, or mental health issues ▪ No expectation or aspiration that young person will work ▪ Child is a victim of trafficking/modern slavery 	<ul style="list-style-type: none"> ▪ Child is at immediate risk of trafficking/modern slavery
Income	<ul style="list-style-type: none"> ▪ Income used to meet family needs 	<ul style="list-style-type: none"> ▪ Low income ▪ Debt 	<ul style="list-style-type: none"> ▪ Extreme financial difficulties resulting in family's basic needs not 	

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
			being met e.g. housing, food, warmth <ul style="list-style-type: none"> ▪ Financial issues ▪ Family income not used to meet needs ▪ Not entitled to benefits 	
Family's Social Integration	<ul style="list-style-type: none"> ▪ Family integrated into community ▪ Good social and friendship networks 	<ul style="list-style-type: none"> ▪ Some conflict within the community ▪ Isolated from community ▪ Family willing to engage with early targeted services ▪ Lack of positive role models ▪ Evidence of hate crime (instigator or victim) ▪ Family hostile to community engagement 	<ul style="list-style-type: none"> ▪ Serious, acrimonious relationships within community ▪ Community hostile to family, high levels of conflict and volatility which is affecting children ▪ Family not willing to engage with support services ▪ Family members influenced by negative role models 	
Community Resources	<ul style="list-style-type: none"> ▪ Supportive community ▪ Available universal services 	<ul style="list-style-type: none"> ▪ Community negative towards children/ young people ▪ Family may be unable to access universal services ▪ No community support ▪ Extreme rurality ▪ Poor access to targeted services 		