## The Descriptors of Possible Need

#### A Child Centred Framework for Making Decisions



"Ensuring that children & young people are receiving the right services at the right time and for the right duration."





#### The Descriptors of Possible Need

The Descriptors of Need tool has been developed to help you think about the assessment triangle and domains of concern. Its purpose is to help you articulate concerns that you may have about the family, as well as an opportunity to reflect on their strengths.

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

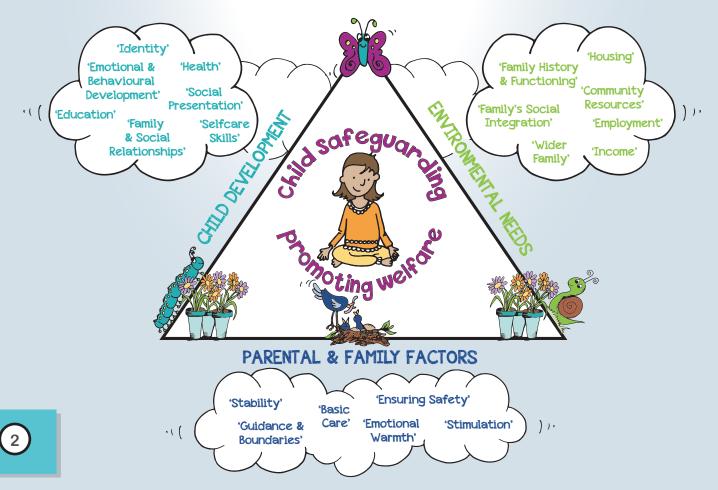
This is intended to give a quick-reference guide to support professionals in their decision-making, including conducting further assessments, referring to other services and understanding which service might be best placed to meet a family's needs.

Remember that if there is a combination of indicators of need at lower levels of concern the worry may accumulate to raise your concern. Equally one or two indicators of a stronger intervention, does not necessarily mean that the best response is one from a statutory service. An enhanced early help offer may meet the need more effectively.



Also remember that need is not static; the needs of a child/ young person/ family will change over time. Where a plan has been agreed, this should be reviewed regularly to analyse

whether sufficient progress has been made to meet the child's needs and on the level of risk faced by the child. This will be important in cases of neglect where parents and carers can make small improvements, but an analysis will need to be undertaken on whether this leads to significant improvements for the child/young person.



## Development of the baby, child or young person

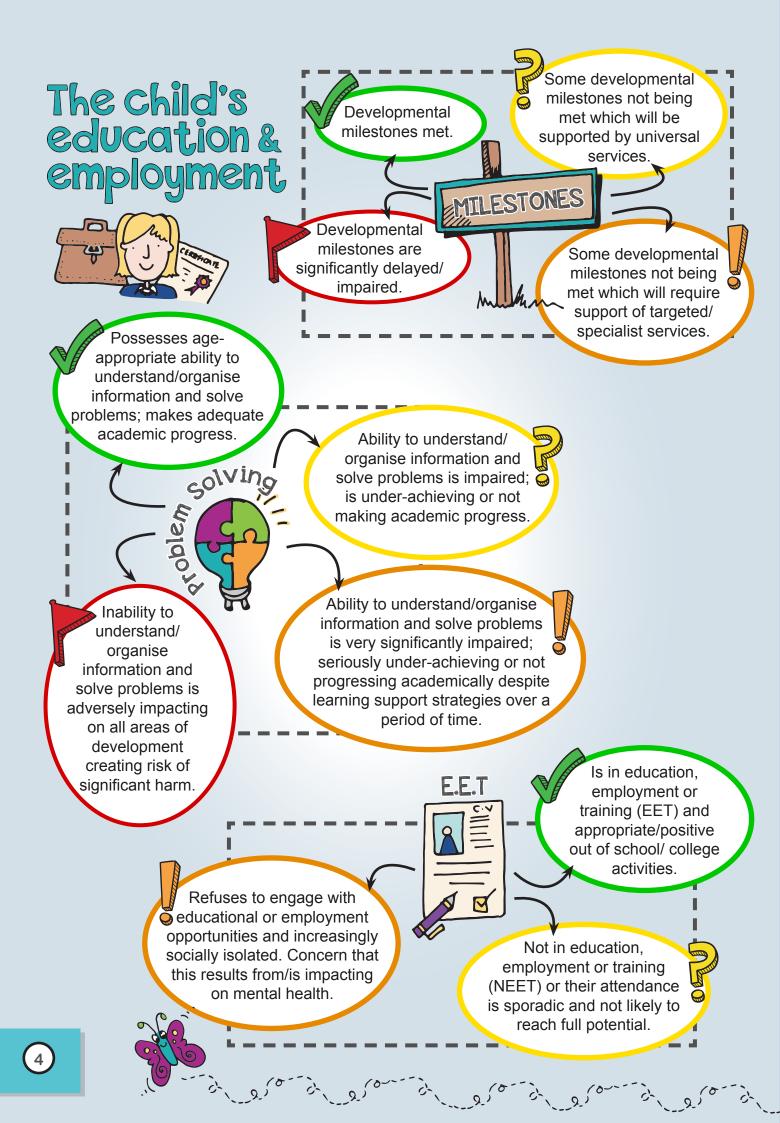


This includes the child's health, family and social **control** and behavioural development.

Some of the indicators will depend on the child's age. These are guidelines to support practitioners in their decision-making. This is not intended to be a 'tick box' exercise and practitioners should use their professional judgement.

#### Descriptors of Need Matrix Children, Young People Children, Young & Families with emerging People & Families, needs that require a whose needs coordinated early help are being met by response. preventative & universal services. Children, Young People & Families with complex multiple needs who need support from targeted and specialist Children & Young services. People who are at risk of immediate harm.

We have provided you with an illustrated tool to help you talk through your worries with the children and family you are working with, so they have a visual reference to what we are seeing.

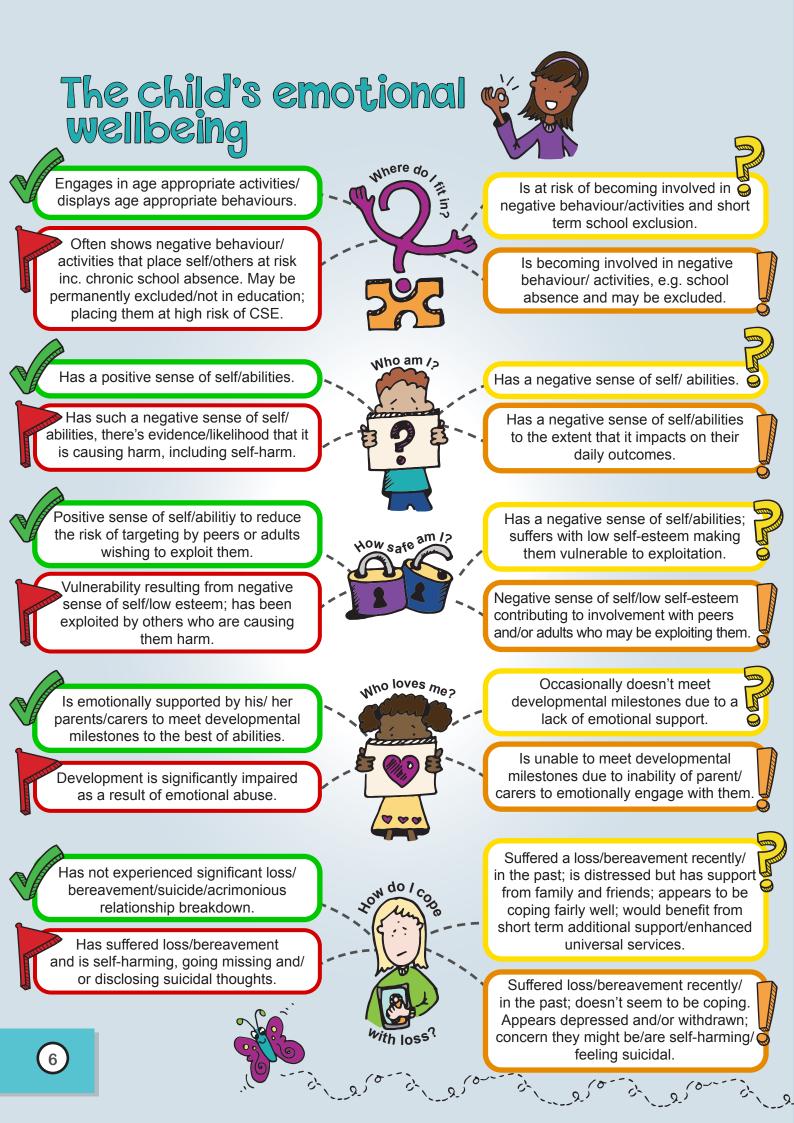


The child's health	Physical/ Mental health	Is healthy and doesn't have a physical or mental health condition or disability.	
	Access	Is healthy, and has access to/makes use of appropriate health/health advice services.	
	Diet/Activity	Undertakes regular physical activities and has a healthy diet.	
	Substance misuse	Has no history of substance misuse or dependency.	

Physical/ Mental health	Has mild physical or mental health condition or disability affecting everyday functioning but can be managed in mainstream schools. May be on school action or action plus/SEN statement. Child in hospital.	
Access	Rarely accesses appropriate health/health advice services, missing immunisations.	
Diet/Activity	Undertakes no physical activity, and/or has an unhealthy diet, impacting on health.	
Substance misuse	Is known to be using drugs/alcohol with occasional impact on social wellbeing.	

1	}	
	) Physical/ Mental health	Has a physical/ mental health condition or disability that significantly affects everyday functioning and access to education. May have an EHCP.
	Access	No evidence of accessing health/ health advice services and suffers chronic and recurrent health problems as a result.
	Diet/Activity	Undertakes no physical activity/has a diet that seriously impacts on health despite intensive support from early help services.
	Substance misuse	Substance misuse is affecting mental/physical health and social wellbeing.

Physical/ Mental health	Has a complex physical/mental health condition or disability that adversely impacts on physical, emotional or mental health and access to education.
Access	Has complex health problems attributable to the lack of access to health services.
Diet/Activity	Despite support, undertakes no physical activity/ has a diet that adversely affects health/causes significant harm.
Substance misuse	Has substance misuse dependency that places child at such risk that intensive specialist resources are required.



The child's social development

(0--

Ċ-

250-

ç

Friendship	Has strong friendships/positive social interaction with a range of peers.
Communication	Able to communicate with others, engages in positive social interactions/demonstrates positive behaviour in a wide variety of social situations. Shows respect for others.
Tolerance	Shows accepted behaviour/tolerance towards peers/others. If on occasion this isn't the case, this is managed through effective parenting/ universal services.
Belonging	Demonstrates feelings of belonging and acceptance.

**State** 

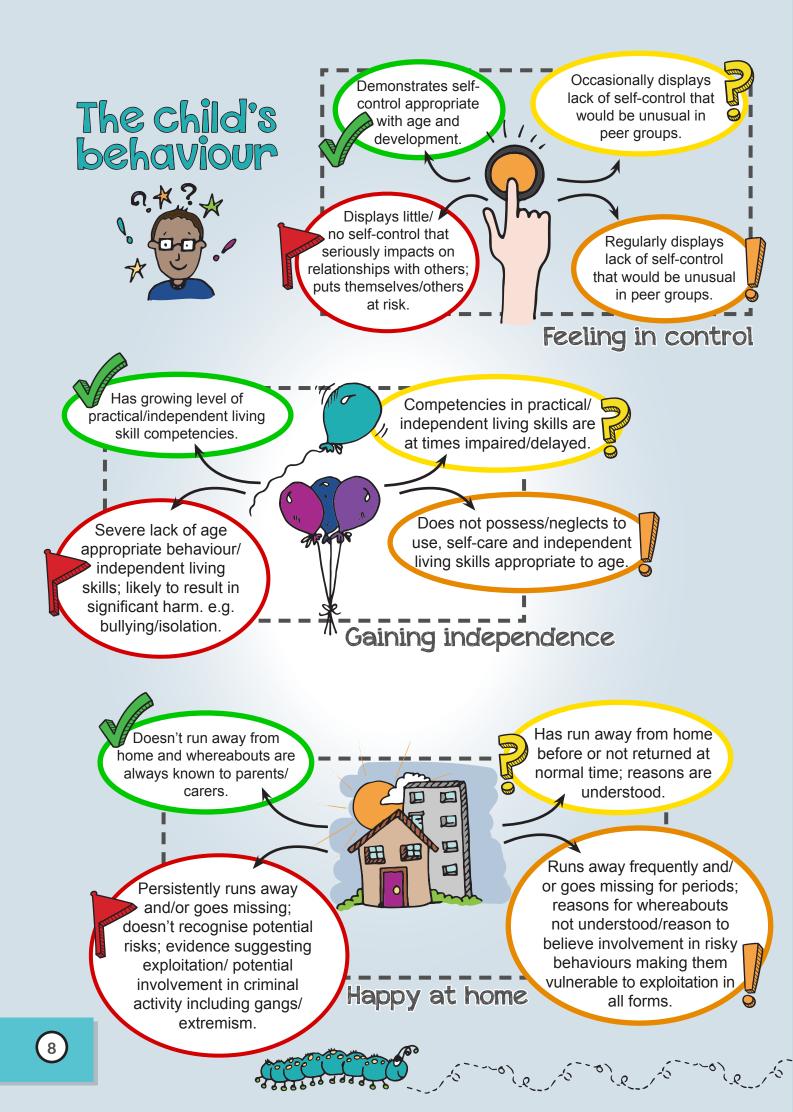
	}		
کے 🖁	Friendship	Has few friendships/limited social interaction with peers.	
Γ (	Communication	Has communication difficulties/poor interaction with others.	3
	Tolerance	Exhibits aggressive, bullying or destructive behaviours, impacting on peers, family and/ or local community. Support in place to manage behaviour.	
	Belonging	Is a victim of discrimination or bullying.	

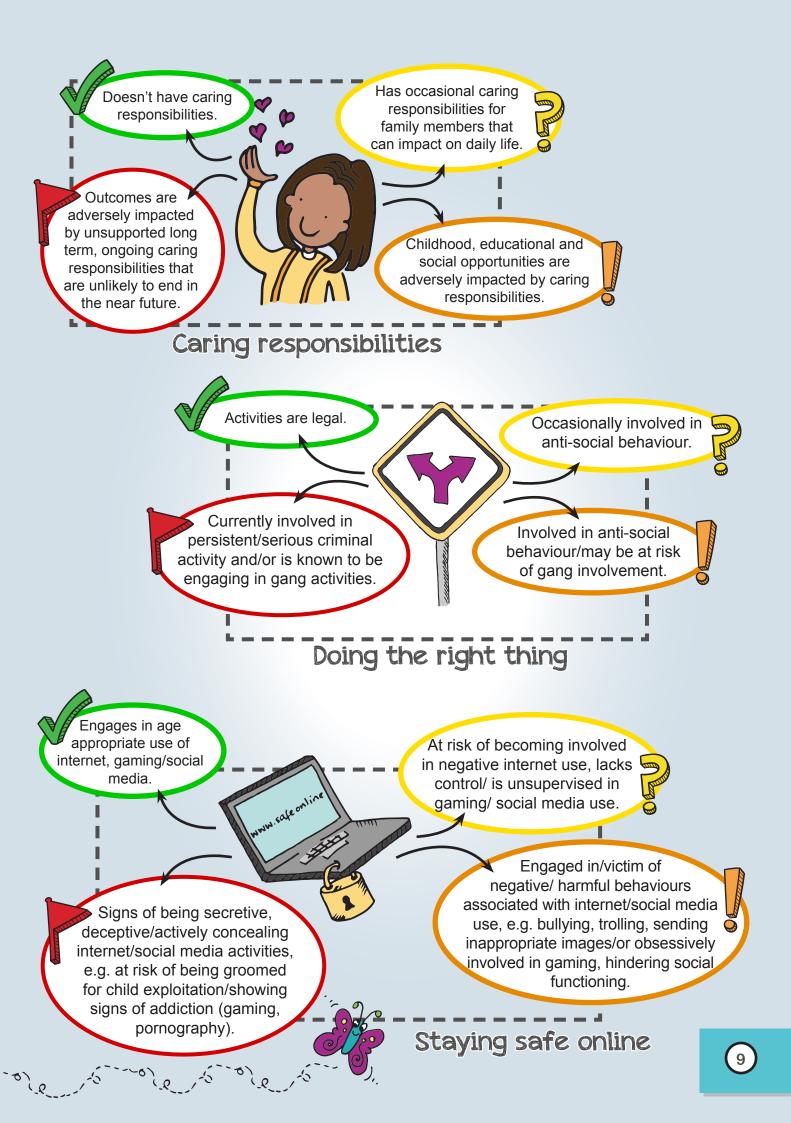
	Friendship Communication	Is isolated and refuses to participate in social activities. Has significant communication difficulties; interacts negatively with others. Demonstrates significant lack of respect for others.	
	Tolerance	Exhibits aggressive, bullying or destructive behaviours, impacting on peers, family and/or local community. Early support refused, or inadequate to manage behaviour.	
	Belonging	Experienced persistent/ severe bullying; impacting on daily outcomes.	

$\sim$				- <u>-</u> 2
	Sur.	Friendship	Is completely isolated, refusing to participate in any activities.	No A
		Communication	Has little/ no communication skills. Positive interaction with others is severely limited.	hing
		Tolerance	Exhibits aggressive, bullying or destructive behaviours, impacting on peers, family and/or local community and own wellbeing/ safety.	-
		Belonging	Has experienced such persistent or severe bullying that wellbeing is at risk.	
			-	

7

⊰₿





#### The child's behaviour



Engages in age appropriate internet use/ social media, displaying age appropriate behaviours/ self control; able to recognise right from wrong/has mutual respect/tolerance of those with different beliefs. Unsupervised internet access; at risk of becoming involved in negative internet use exposing them to extremist ideology/views; has disclosed to adults/peers intentions to research such ideologies/casual support for extremist views; expresses sympathy for ideologies linked to violent extremism but open to other views/loses interest quickly.

Significant concerns of grooming for involvement in extremist activities; viewed extremist websites/actively concealing internet/social media activities; refuses to discuss views/make clear their support for extremist views; possibly involved in extremist groups; supports travel to conflict zones for extremist/ violent purposes or with intent to join terrorist groups; expresses generalised intent to go/join.

10

Prevent

Engaged in negative/ harmful behaviours associated with internet/social media use; known to have viewed extremist websites/claims, shares these views; believes extreme violence should be used against people who disrespect their beliefs/ values.

Prevent Radicalisation

All resources found within this guide, can be found at <u>www.norfolklscb.org</u>

# Abuse and neglect

Don't forget to use the GCP to assess neglect!

11

$\sim$	>		
	Physical appearance	Shows no physical symptoms which could be attributed to neglect.	Krung
T	Clothing	Is appropriately dressed.	
	Injuries	Has injuries, such as bruising on their shins etc., which are consistent with normal childish play and activities.	
	Family environment	Is provided with an emotionally warm and stable family environment.	
			E E
	) Physical appearance	Occasionally shows physical symptoms which could indicate neglect such as a poor hygiene or tooth decay.	
	Clothing	Child/their siblings sometimes come to nursery/school in dirty clothing or they are unkempt or soiled.	··· ?}
	Injuries	Has occasional, less common injuries which are consistent with the parents' account of accidental injury. The parents seek out or accept advice on how to avoid accidental injury.	
	Family environment	Experiences parenting characterised by a lack of emotional warmth and/ is overly critical and/or inconsistent.	
A			
	Physical appearance	Consistently shows physical symptoms which clearly indicate neglect.	
	Clothing	Consistently comes to school in dirty clothing which is inappropriate for the weather are unkempt/soiled. Parents/carers reluctant/unable to address concerns.	
	Injuries	Has accounted for injuries e.g. bruising/scalds/burns/scratches, but are more frequent than would be expected for a child of a similar age.	
	Family environment	Experiences a volatile/unstable family environment that negatively impacrs on child who's vulnerable to grooming/exploitative relationships with abusive adults/risky peer groups due to emotional neglect.	
	Physical appearance	Shows physical signs of neglect e.g. thin/swollen tummy, poor skin tone/sores/rashes, prominent joints/bones, poor hygiene/tooth decay attributable to the care provided by parents/carers.	₩ What ★
	Clothing	consistently wears dirty/inappropriate clothing and subsequently suffering significant harm e.g. they are unable to fully participate at school/being bullied and/or are physically unwell].	ET ES
	Injuries	Has unaccounted for injuries, e.g. bruising/scalds/burns/scratches. Child alleges injuries were not accidental.	
~ ~	Family environment	Has suffered long term neglect of emotional needs and now at high risk of/already involved in sexual/other forms of exploitation as perpetrator/victim.	AND A
.,L			



#### Environmental Factors

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

}	
Community	Family feels integrated into community.
	Family has reasonable income over time; financial resources used appropriately to meet family's needs.
Financial security	The family living on very low income/has significant debt but the parents use limited resources in child's/childen's best interests; parents maximise income/resources.
	The parent/carer able to manage working/unemployment arrangements/not perceived as unduly stressful.
Accommodation	Stable/clean/warm/tidy family accommodation. No hazards that may impact child's safety/wellbeing, e.g. parent/carer ensures balcony access restricted/or adult supervising.
Neighbourhood	Safe neighbouhood/positive environment; encouraging good citizenship.
Legal status	Family/child has full legal rights to remain in country indefinitely; access to employment/public funds.
External safety	Child spends time in safe/positive environments outside of home.

P			
	کر	Community	Family is chronically socially excluded and/or there's absence of supportive community networks.
		Financial security	Concerns parents unable to budget effectively resulting in child occasionally without adequate food/warmth/essential clothing but parents working with support services to address issues.
	A	ccommodation	Family's accommodation stable but home not kept clean/tidy/ sometimes not hazard free/possibly impacts child's safety/wellbeing.
	N	leighbourhood	Child affected by local low level anti-social behaviour.
		Legal status	Family's has temporary legal right to remain in country and/or restricted access to public funds/right to work, placing child/family under stress.
	E	xternal safety	Child known to be/has been victim or perpetrator of bullying/is associated with/belongs to group of bullies.

5	کر Community	Family is socially excluded/isolated having an adverse impact on child.	
	Financial security	Family doesn't use financial resources in child's best interests and regularly without adequate food/warmth/essential clothing; e.g. spent on drugs/alcohol/gambling/other addictive behaviours leaving not enough money to meet child's basic needs.	
	Accommodation	Family home consistently dirty/constitutes health and safety hazards.	
	Neighbourhood	Neighbourhood/locality negatively impact child; e.g. is victim of anti- social behaviour/crime/participating in anti-social behaviour/at risk or participating in/victim of criminal activity.	
	Legal status	Family's/child's legal status increases risk of involuntary removal; e.g. asylum-seeking families/illegal workers OR having limited financial resources/no recourse to public funds, increases child's vulnerability to criminal activity; e.g. illegal employment/child labour/ CSE.	
	External safety	Child is repeated victim and/ or perpetrator of bullying including exploitation/ other targeted forms of bullying.	

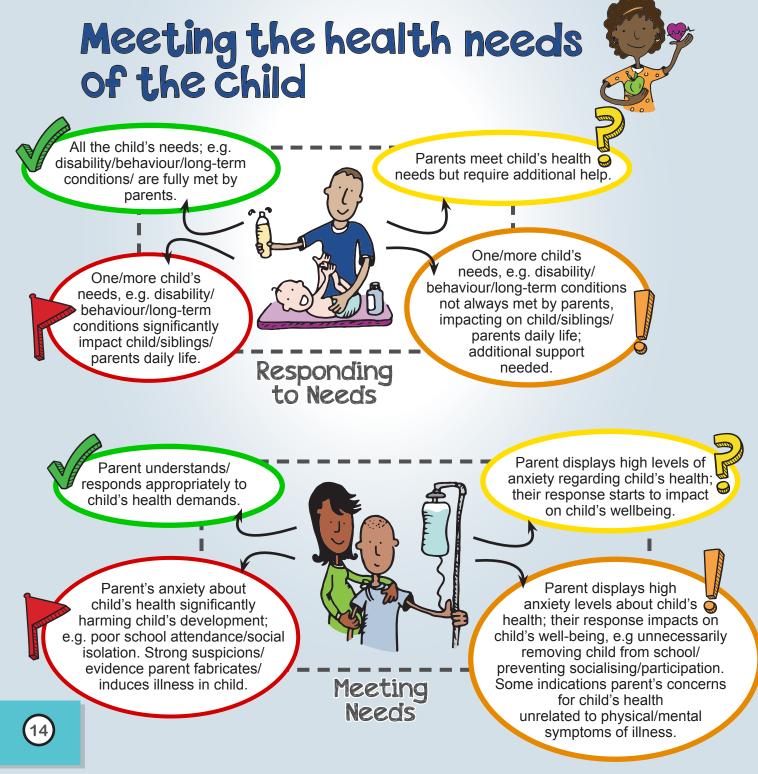
	C.Z.Z.
Community	Family is excluded, seriously affecting child/ family actively resists attempts to achieve inclusion/isolates child from sources of support.
Financial security	Child consistently without adequate food/warmth/essential clothing. Parents consistently unable to budget effectively and resisting engagement.
Accommodation	Family's home consistently dirty/constitutes health and safety hazards. No stable home/moving from place to place/sofa surfing.
Neighbourhood	Neighbourhood/locality has profoundly negatively affects child who is involved in frequent anti-social behaviour/criminal activity.
Legal status	Family members/young person detained/at risk of deportation/ or child an unaccompanied asylum-seeker.
External safety	Evidence child been exposed/involved in criminal activity to generate family income; e.g. illegal employment/ child labour/ CSE.
90	Child is repeated victim and/or perpetrator of serious/repeated/ escalating acts of bullying/sexual bullying.

Parental and Family Factors

Including basic care, emotional warmth, stimulation, guidance and boundaries, stability and parenting styles and attitudes, and whether

these meet the child's physical, educational, emotional and social needs. These are guidelines to support practitioners in their decision-making. This is not intended to be a 'tick box' exercise and practitioners should use their professional judgement.

NB Where it reads parents in the following pages this refers to both parent and carers. The document is written in the singular, but when applying the descriptors professionals need to consider all the people in the child's life with a parenting role, including, where relevant, absent/estranged parent(s).



## Parenting during pregnancy and infancy



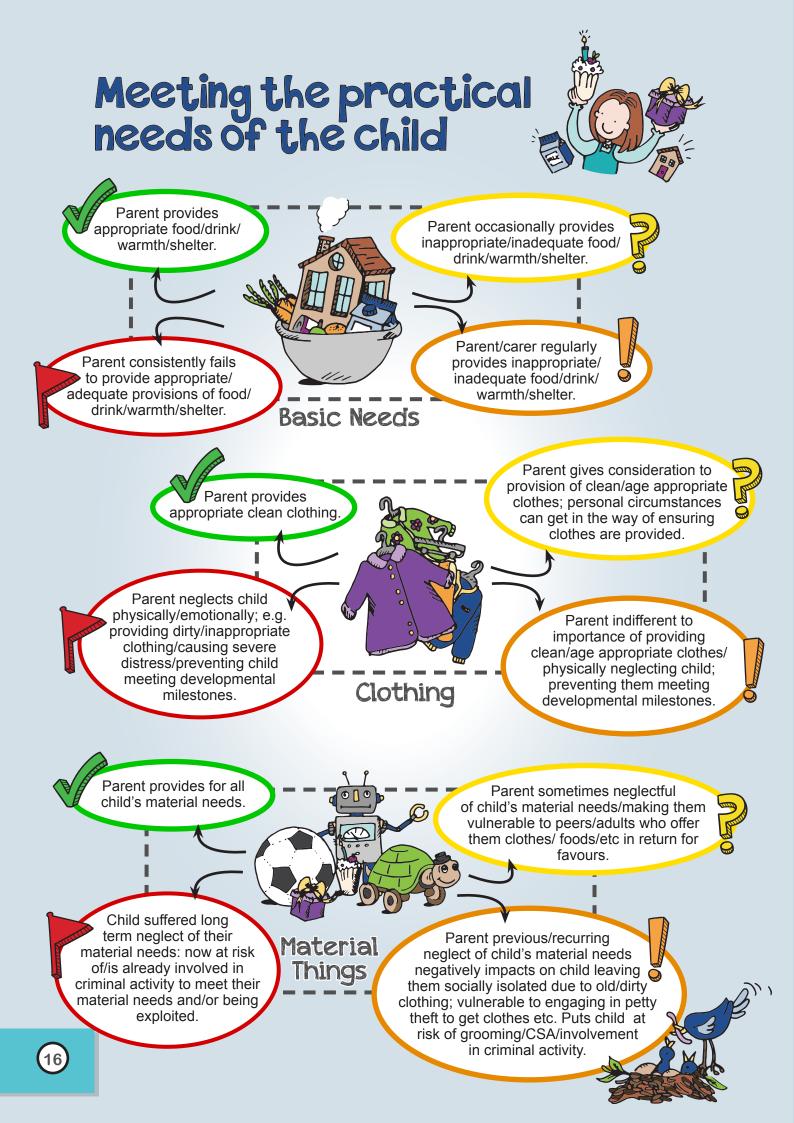
Ħ	)		
<b>ا</b> ر حر	) Natal care	Parent accesses ante-natal and/or post-natal care.	§ -
	Adjusting to parenthood	Parent copes well emotionally following birth of baby; accesses universal support services as required.	
	Managing newborns	Parent manages child's sleeping/feeding/crying; is appropriately responsive.	

, the	⋑			199
		) Natal care	Parent ambivalent about ante/post-natal care, e.g; irregular attendance/missed appointments.	
		Adjusting to parenthood	Parent struggles to adjust to role of parenthood.	
		Managing newborns	Parent has sustained difficulties managing child's sleeping/ feeding/crying but accepts support to resolve difficulties.	

٢		)	
5	کر ڈ	Natal care	Parent doesn't access ante-natal and/or post-natal care.
		Adjusting to parenthood	Parent suffers post-natal depression. Struggles to adjust to parenthood because of other vulnerabilities, e.g.domestic abuse/substance misuse/learning difficulty.
		Managing newborns	Parent has sustained difficulties managing child's sleeping/ feeding/crying despite intervention of support services; refuses support services.
			the second se

Natal care	Parent doesn't access ante/post natal care where there are complicating obstetric factors posing risk to unborn/new born child. Uses drugs/alcohol excessively whilst pregnant.	, s
Adjusting to parenthood	Parent suffers severe post-natal depression. Other vulnerabilities e.g. substance misuse/mental ill health/ domestic abuse causes serious risk to themselves/their child/children.	
Managing newborns	Parent can't manage child's sleeping/feeding/crying; can't/ won't engage with health professionals to address issues, impacting significantly/adversely on child.	





## Meeting the educational and employment needs of the child

Education	Parent positively supports learning/aspirations; engages with school.	
Employment and training	Parent supports young person to succeed in labour market.	
Social Opportunity	Child has appropriate education/opportunities for social interaction with peers.	

	٩			
		Education	Parent doesn't engage with/support learning/aspirations; not engaged with school.	
T		Employment and training	Parent doesn't support young person to succeed in labour market.	
		Social Opportunity	Child's education doesn't include teaching on different cultures/faiths/ideologies; is derogatory/dismissive of different faiths/cultures/ideas.	

ETT.	}		
	Education	Parent doesn't engage with school; actively resists suggestions of supportive interventions.	
	Employment and training	Parent often discourages young person from success in labour market.	
	Social Opportunity	Child educated to hold intolerant, extremist views. Public services, e.g. schools/ youth clubs not used; only mixes with children/ adults who hold similar intolerant/extremist views.	

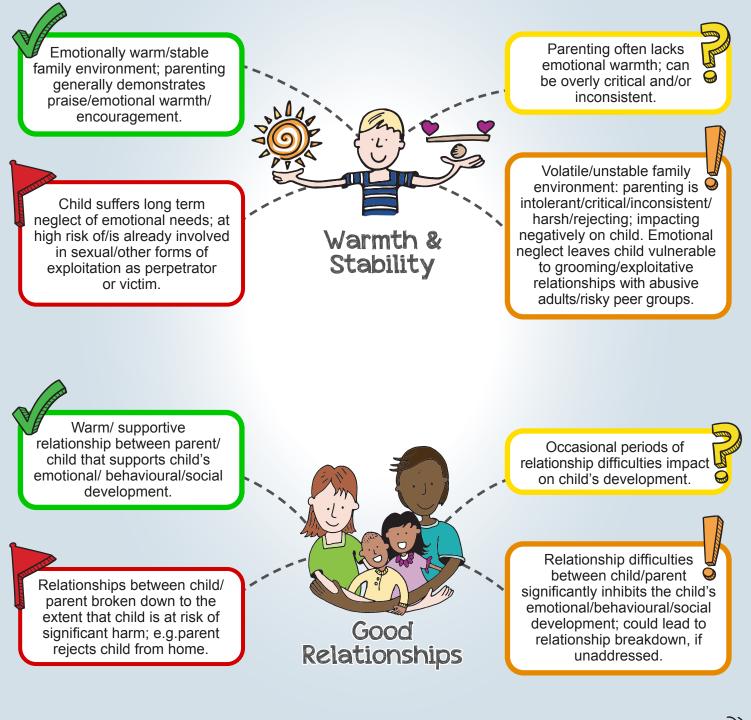
6		
	Education	Parent actively discourages/prevents child learning/ engaging with school.
	Employment and training	Parent actively obstructs/discourages young person succeeding in labour market.
	Social Opportunity	Child educated by adults who are members of/have links to prescribed organisations - see <u>Home Office Policy</u> on Proscribed terrorist groups or organisations.





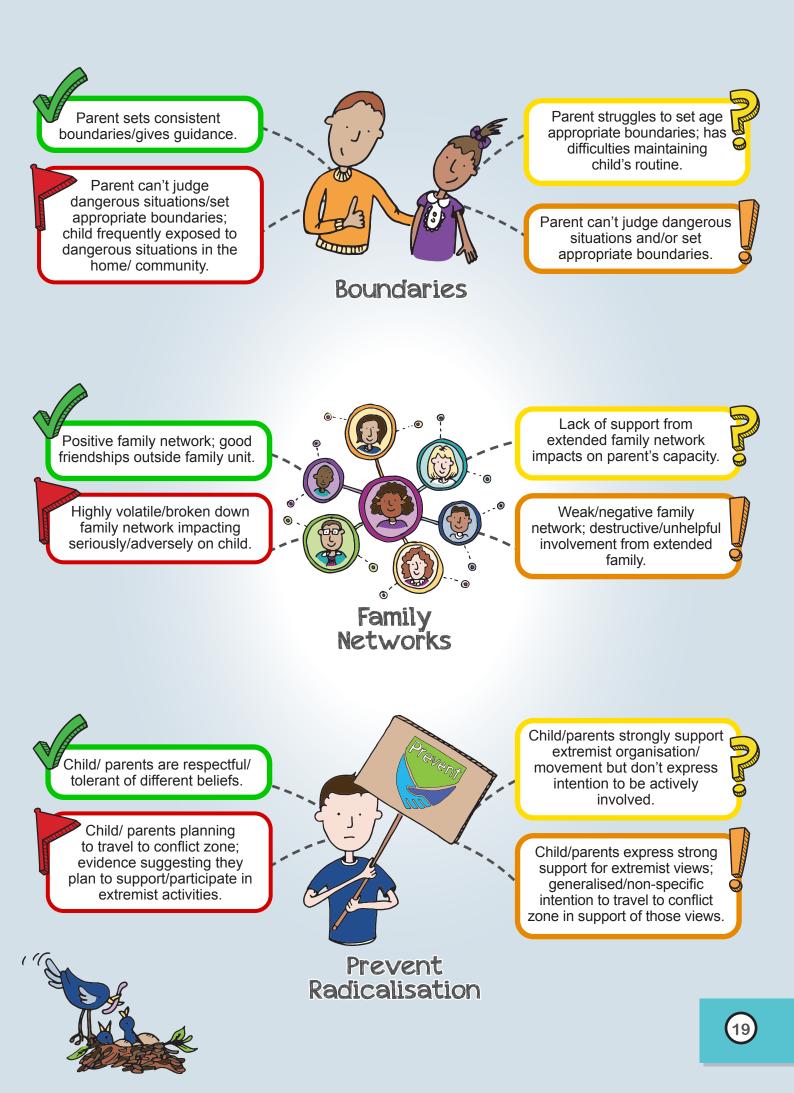


# Meeting the emotional needs of the child





(18)



# Domestic Abuse

Abusive relationships, including antenatal domestic abuse	Expectant mother/parent is not in an abusive relationship.
History of Domestic Abuse & Witnessing DA	No incidents of violence in the family; no history/previous assaults by family members.
Abusive relationships, including antenatal domestic abuse	Expectant mother/parent is a victim of occasional/low-level non-physical abuse.
History of Domestic Abuse & Witnessing DA	Isolated incidents of physical/emotional violence in family; harmful impact mitigated by protective factors within family e.g. supportive grandparents caring for child when arguments/disputes at home occur.
Abusive relationships, including antenatal domestic abuse	Expectant mother/parent previously been victim of domestic abuse/is victim of occasional/low-level non-physical abuse.
History of Domestic Abuse & Witnessing DA	One/more adult family members is physically/emotionally abusive to other family member/s. Perpetrator/s show limited/no commitment to changing behaviour; little/no understanding of the impact their violence has on child. Child/ren emotionally harmed by witnessing/awareness of violence; child/ren exhibits behaviours, suggesting risks of becoming perpetrators/victims of abuse/including CSE.
	including antenatal domestic abuse History of Domestic Abuse & Witnessing DA Abusive relationships, including antenatal domestic abuse History of Domestic Abuse & Witnessing DA Abusive relationships, including antenatal domestic abuse

Abusive relationships, including antenatal domestic abuse	Expectant mother/parent is victim of domestic abuse occurring on number of occasions.
History of Domestic Abuse & Witnessing DA	One/more adult family members is perpetrator of persistent/serious physical violence, possibly increasing in severity/frequency/duration. Child/ren emotionally harmed by witnessing/awareness of violence; child/ren may be at risk of physical injury e.g. trying to protect adult victim. Child/ren at high risk of/is already either a perpetrator/victim of serious abusive behaviour, including CSE.

#### Protection from harm: physical and sexual abuse

7	Protection	Parent protects family from danger/significant harm.
/ /	Safe from sexual abuse	No inappropriate sexual behaviour by parents/siblings. Appropriate age-related boundaries are in place within the family, promoting healthy development of physical/emotional relationships.
		No evidence of sexual abuse.
	Safe from physical abuse	Parent doesn't physically harm their child.
	Cultural practices	No concern that child may be subject to harmful cultural practices, e.g. FGM, HBA, Forced Marriage and Belief in Spirit possession.

	Protection	Parent occasionally doesn't protect family; could lead to risk/danger.	
	Safe from sexual abuse	History of sexual abuse within extended family/network but parent understands risks/responds appropriately to need to protect child.	
		Concerns relating to inappropriate sexual behaviour in wider family.	
	Safe from physical abuse	Parent physically chastises their child within legal limits but concern regarding negative impact on the child's emotional wellbeing,e.g child appears fearful of the parent; willing to access professional support.	
	Cultural practices	Concern that the family's cultural background includes harmful practices, however, parents oppose the practices in respect of their children.	-

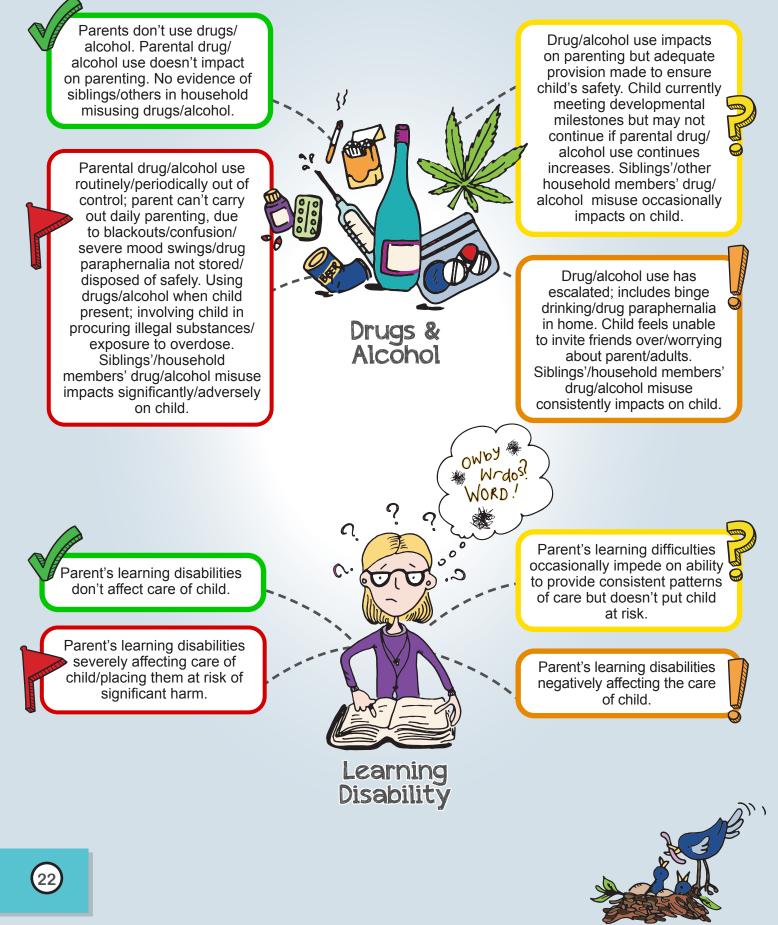
1 1			
	Protection	Parent often neglects/is unable to protect family from danger/significant harm.	
$\int$	Safe from sexual abuse	Concerns around parent's/sibling's possibly inappropriate sexual behaviour.	
		Previously family home occasionally used for drug taking/dealing/ prostitution/CSE and/or illegal activities.	
	Safe from physical abuse	Concern that chastisement may escalate in frequency/severity: parent believes in physical punishment to manage behavior, will access professional support to help them. Parent fails to provide adequate supervision, resulting in avoidable accidents/child injury.	
	Cultural practices	Concern that the child may be subject to harmful cultural practices.	
	-	Safe from sexual abuse Safe from physical abuse Cultural	

8	Protection	Parent is unable to protect their child from harm, placing their child at significant risk.
	Safe from	Parent/sibling has expressed thoughts that they may sexually abuse their child. Parent/sibling sexually abuses child. Evidence may be based on historical concerns/previous convictions/known history.
	sexual abuse	Family home used for drug taking/dealing, prostitution/CSE and/or illegal activities. Child is sexually abused/exploited. Schedule 1 Offender (serious risk) is in contact with the family.
	Safe from physical abuse	Parent physically chastises child, leaving visible bruising/grazes/ scratches/minor swellings/cuts, resulting from a loss of control. Parent deliberately physically harms child. Fails to provide age appropriate supervision, resulting in significant harm to the child.
L.	Cultural practices	Evidence that the child may be subject to harmful cultural practices.

6

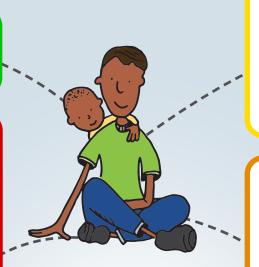
#### Parental and Family Health Issues and Disability





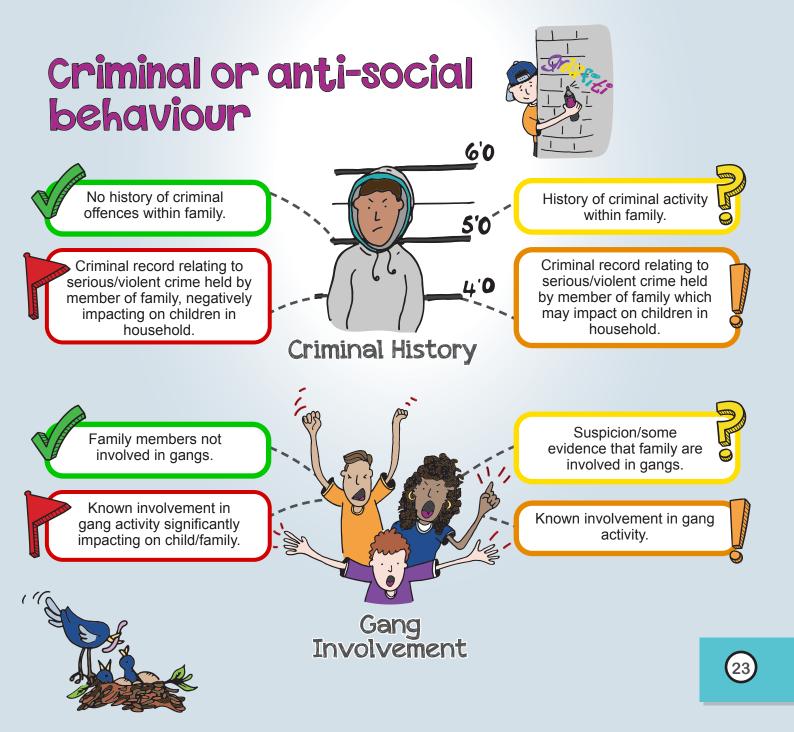
Parent's physical/mental health doesn't affect care of child. Parent's mental health doesn't adversely impact child.

Parent's physical/mental health significantly affects care of child, possible significant risk of harm. Parent's poor mental health impacts significantly on care of child/primary carer for child presents as acutely mentally unwell/attempts significant self-harm; child is subject of parental delusions.



Physical & Mental Health Parent's physical/mental health creates an adult focus that can detract attention away from child. Parent presents with mental health issues with sporadic/ low level impact on child but protective factors are in place.

Parent's physical/mental health put before child's welfare/development impaired. Parent presents with mental health issues with sporadic/ low level impact on child; no supportive networks/extended family to prevent harm.









If you need this document in large print, audio, Braille, alternative format or in a different language please contact Norfolk County Council on 0344 800 8020 or 0344 800 8011(Textphone) and we will do our best to help

Norfolk Safeguarding Children Partnership Room 60, Lower Ground Floor, County Hall Martineau Lane, Norwich, NR1 2DH

