



West Sussex Continuum of Need

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Introduction

The West Sussex Continuum of Need provides a framework for professionals who are working with children, young people and their families. It aims to help you identify when a child may need additional support to achieve their full potential through a graduated response from universal, early help, targeted early help or specialist services.

It describes a continuum of help and support that addresses need across the spectrum of children's ages, needs, family functioning and the environment they live in. It also provides descriptors for each level of need giving examples of some of the indicators that suggest a child or young person may be in need at each level of support. The document therefore reflects how local services provide support for children along a continuum and illustrates the principle that services become increasingly targeted and specialist as the child's level of need increases.

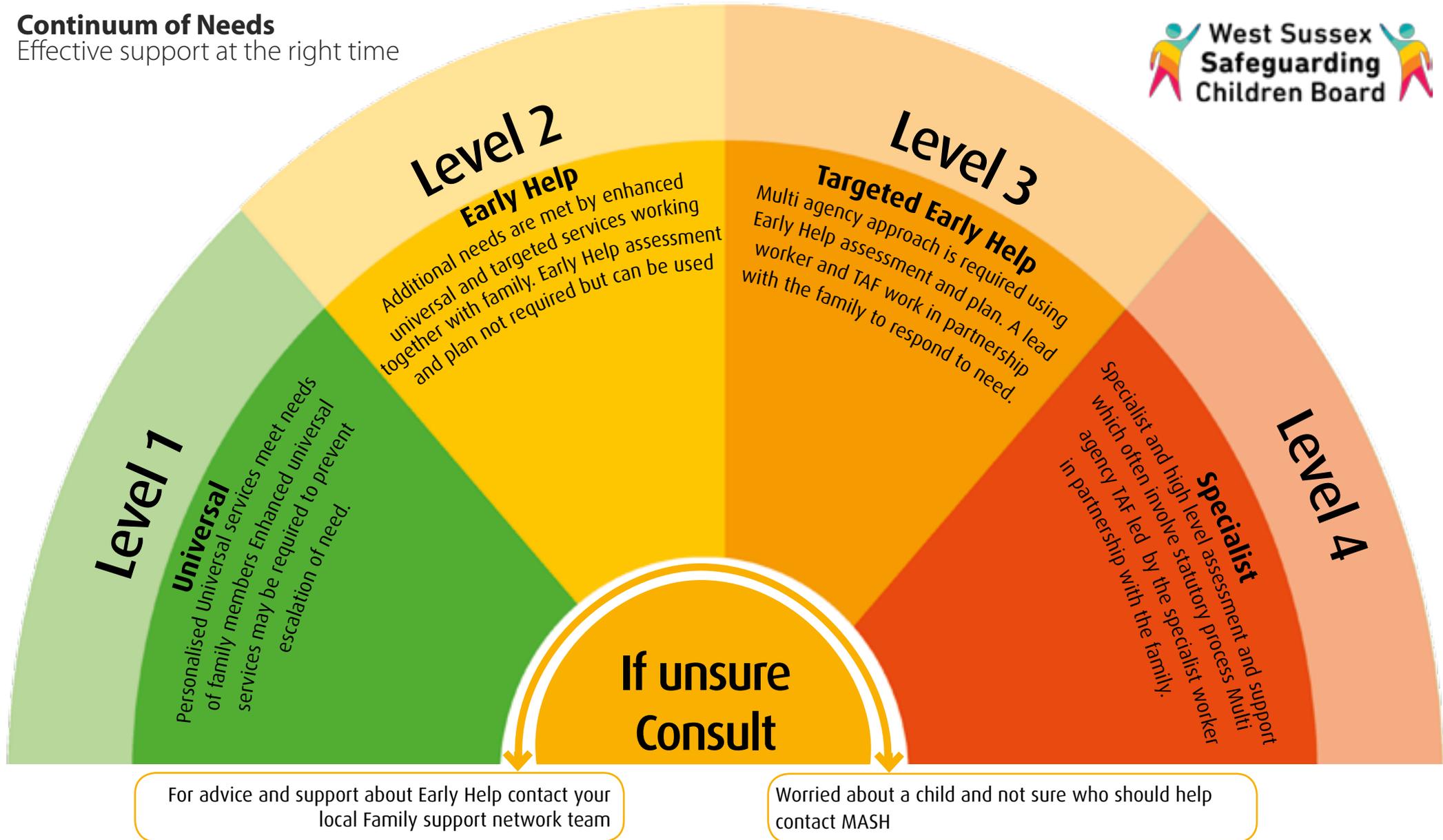
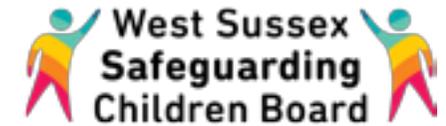
Children's needs are not static, and they may experience different needs – at different points on the continuum throughout their childhood years. This document also describes the actions required by you to help you support children and families who need to transition between levels of intervention in response to increasing or decreasing levels of need. It describes action required to support families who are stepping up or down across levels of intervention including when to refer to the new Multi Agency Safeguarding Hub (MASH) and how your local Family Support Network can support you in providing Early Help support to vulnerable children and their families who do not need specialist help.

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Continuum of Needs

Effective support at the right time



Children, young people and their families can require support from services that respond to different levels of need across the continuum from Universal to Specialist support. The challenges of family life can mean that some children and families will move between different levels of support. Local Safeguarding Children Board are committed to ensuring that this journey is supported by effective partnership working informed by good assessments and managed with care providing simple communication and clear accountability.

Universal Level 1

Family life can meet children's needs with support from universal provision. May need additional support from universal settings to prevent escalation.

Early Help Level 2

Child / young person has additional needs that can be met by support from one or two agencies working with the family. Early Help Plans used to co-ordinate support.

Targeted Help Level 3

Children in families with increasing levels of multiple and complex problems. Families require a co-ordinated, whole family approach led by a Lead worker or key worker enabling the family to meet the children's needs. Early Help Plans should be used.

Specialist Help Safeguarding children Level 4

Accumulation of unmet and complex needs/ evidence that a child is at risk of harm. Assessment by a specialist agency e.g. Children's Social Care is required. Multi-agency support in partnership with the family network is required to build a safety plan that protects the children and meets complex needs.

Health Needs

- Health needs are being met by universal services.
- Appropriate weight and height / meeting developmental milestones – including speech and language.
- Physically/psychologically healthy.
- Perinatal health needs are being met including mental health needs.
- Up to date immunisations and developmental checks.
- Adequate nutritious diet.
- Regular dental checks.
- Accessing optical care.
- No misuse of substances.
- Sexual activity / behaviour appropriate to age. Use LSCB Child Sexual Exploitation screening tool to id low risks

- Slow to reach developmental milestones.
- Additional health needs.
- Missing health checks/routine appointments /immunisations.
- Persistent minor health problems.
- Babies with low birth weight in proportion to the mother.
- Perinatal mental health, mild need identified, no previous history of mental health problems but identified feeling down, depressed or hopeless.
- Frequent accidents/injuries, parents seek out and accept advice.
- Issues of poor bonding / attachment.
- Minor concerns re healthy weight /diet / dental health/hygiene or clothing.
- Disability requiring support services.
- Concerns about developmental status i.e. speech and language problems.
- Signs of deteriorating mental health of child including self-harm.
- Starting to have sex (under 16).
- Conception to a child under 16 yrs
- Child Sexual Exploitation screening tool used and id vulnerabilities of being targeted and groomed for sexual exploitation.
- Is experimenting with drugs and alcohol.
- Family member with a known history of Female Genital Mutilation (FGM). Use FGM pathway and risk assessment tool.

- Child/young person who is consistently failing to reach their developmental milestones and concerns exist about their parent's ability to care for them.
- Growth falling 2 centile ranges or more, without an apparent health problem.
- Learning affected by significant health problems.
- Experiencing chronic ill health or diagnosed with a life-limiting illness.
- Accidents/injuries more frequent than expected of a child of similar age as a result of persistent poor supervision.
- Perinatal mental health, moderate need identified, previous history of mental health problems and increasing feelings of depression.
- High vulnerability or medium level risk of sexual exploitation. 'Un-safe'/ inappropriate sexual behaviour
- Problematic substance misuse (drugs and alcohol) / links to risk taking behaviour. Age 13 and under experimenting with drugs and alcohol.
- Failure to access medical attention for health chronic /recurring health needs.
- Concerns about diet / hygiene / clothing.
- Concerns about parenting capacity.
- Disability requiring significant support services to be maintained in mainstream provision.
- Family member known history of FGM and assessment identifies concerns re risk to child/ young person.
- Child or young person is starting to go missing from home

- Clear allegation of harm and/or disclosure of harm.
- Suffering or at risk of suffering serious physical, emotional or sexual harm or neglect.
- Growth faltering and no 'organic' cause.
- Failure to access medical attention for chronic /recurring health problems despite support and advice –including severe obesity and dental decay.
- Failure to follow prescribed medical treatment.
- Child suffering from numerous minor injuries and/or significant injury as a result of lack of supervision by parent/carer.
- Development significantly impaired due to parenting.
- Health impaired due to neglectful parenting.
- Sexual exploitation / abuse taking place
- Sexual activity under the age of 13.
- Conception to a child under the age of 14yrs.
- Disability requiring the highest level of support.
- Perinatal mental health - severe need identified. Acute psychotic episode requiring immediate intervention affecting ability to function as a parent.
- Self-harming likely to have a serious effect on the child or young person's health or wellbeing.
- Persistent and significant substance misuse (alcohol and drugs).
- Child or young person is missing from home regularly or for long periods. Under 13 is starting to go missing from home
- Child considered at immediate risk of or already undergone FGM, review need for mandatory reporting duty.

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Education and Learning

- Achieving key stages and full potential.
- Good attendance at nursery/school/college / training.
- Demonstrates a range of skills and or interests.
- No barriers to learning.
- Access to play/books.
- Enjoys participating in educational activities/schools.
- Sound home/school link.
- Planned progression beyond statutory education.
- Quality First teaching
- Uptake of free entitlement for under 5 year olds.

- Is regularly unpunctual for school/occasional truanting or persistent absence/parents condone absences.
- Escalating behaviour leading to a risk of exclusion.
- Frequent moves between schools or nurseries
- Not reaching educational potential, expected levels of attainment or development.
- Not reaching educational potential at school due to caring responsibilities.
- Pupil requires an individual learning plan to meet additional needs.
- Pupil requires an individual health care plan to meet additional needs.
- No participation in education, employment or training post 16 years.
- Few opportunities for play / socialisation.
- Identified language & communication difficulties.

- Fixed-term exclusion, persistent truanting or persistent absence.
- Previous permanent exclusions.
- Persistent 'Not in Education, Employment or Training' (NEET) / this could be as a result of compromised parenting.
- Alienates self from school and peers through extremes of behaviour.
- No, or acrimonious home/school links.
- Education, Health & Care plan (EHCP).
- Failure to cooperate with SEN.
- Missing school due to caring responsibilities.
- Permanently excluded from school or at risk of permanent exclusion.

- Significant developmental delay due to neglect / poor parenting.

Identity

- Demonstrates feelings of belonging and acceptance.
- Positive sense of self and abilities.
- Has an ability to express needs verbally and non-verbally.

- Some insecurities around identity/low self-esteem.
- Lack of positive role models.
- May experience bullying in either an online or real setting around perceived difference / bully others.
- Disability limits self-care.
- A victim of crime.
- Evidence of casual interest/ support for extremist views.

- Subject to persistent discrimination.
- Is socially isolated and lacks appropriate role models.
- Self-image is distorted and may demonstrate fear of persecution.
- Child/ young person known to have clear /fixed extremist views.
- Bullying and or the subject of discrimination

- Socially isolated and lacking appropriate role models.
- Poor self-worth that results in extreme behaviours towards themselves and others.
- Participates in gang activity / involved with serious or organised crime.
- Child/ young person has strong links with individuals/ groups with extremist activity.
- Demonstrates extremist views that put self and others at risk of harm.

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Family and Social Relationships

- Stable and affectionate relationships with caregivers
- Appropriate relationships with siblings.
- Positive relationship with peers.

- Some support from family and friends.
- Some difficulties sustaining relationships.
- Undertaking some caring responsibilities.
- Child of a teenage parent.
- Low parental aspirations.

- Relationship with family is experienced as negative, critical or rejecting.
- Regularly caring for another family member.
- Family no longer want to care for child.
- Family is experiencing a crisis likely to result in the breakdown of care.
- Child or young person has previously been looked after by a local authority.
- Exposure to violent behaviours within the family network.

- Child in care (looked after) or care leaver.
- Family have abandoned child.
- Subject to physical, emotional or sexual abuse/neglect.
- Adoption breakdown.
- Is the main carer for a family member.
- Unaccompanied asylum seeking child/young person.
- Forced marriage of a child/young person under 18 years.
- Persistent/ severe exposure to violent behaviours within the family network.

Social Presentation

- Appropriate dress for different settings.
- Good levels of self-care / personal hygiene.

- Can be over friendly or withdrawn with strangers.
- Personal hygiene is becoming problematic.

- Appearance reflects poor care and hygiene related health issues.
- Persistent presentation in unwashed / unsuitable clothing despite advice and support being offered

- Poor/inappropriate self-presentation / hygiene related health issues.

Self-Care Skills

- Age appropriate independent living skills

- Not always adequate self-care / poor hygiene.
- Slow to develop age appropriate self-care skills.
- Over protected/unable to develop independence.

- Absence of or poor self-care skills for age /level of understanding.
- Severe disability – relies on others to meet needs.

- Absence / neglect of self-care skills due to other priorities such as substance misuse.
- Takes inappropriate risks in self-care.
- Severe lack of age appropriate behaviour & independent living skills.

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Basic Care			
<ul style="list-style-type: none"> ● Child’s physical needs are met (food, drink, clothing, medical and dental). ● Carers able to protect children from danger or harm. 	<ul style="list-style-type: none"> ● Basic care not consistently provided e.g. non-treatment of minor health problems. ● Parents struggle without support or adequate resources e.g. as a result of mental health or learning disabilities. ● Professionals have some concerns about substance misuse (alcohol and drugs) by adults within the home. ● Parent or carer may be experiencing parenting difficulties due to mental or physical health difficulties / post natal depression. ● Some exposure to dangerous situations in the home / community. ● Teenage parents / young, inexperienced parents. ● Inappropriate expectations of child / young person for age/ability. ● Young carers may be undertaking parenting tasks as part of caring role where parents have poor mental health / physical health / post natal depression. 	<ul style="list-style-type: none"> ● Parent / carer is struggling or is unable to provide adequate care/ basic care is frequently inconsistent. ● Child or young person receives erratic or inconsistent care. ● Significant concern about prospective parenting ability, resulting in the need for a pre-birth assessment. ● Parents have previous history of struggling to care for child or sibling / children previously subject to a child protection plan / looked after. ● Parents learning disability, substance misuse (alcohol and drugs) or mental health negatively impacts on parent’s ability to meet the needs of the child. ● Level of supervision does not provide sufficient protection for a child. ● Either or both parents / carers have previously been looked after and their parenting ability is compromised. ● Private fostering / young carer. ● Teenage pregnancy or inexperienced young parent or carer with additional concerns. ● Parent’s physical health or disability negatively impacts on ability to meet needs of the child. There is a young carer in the family who is providing basic care for self and siblings. 	<ul style="list-style-type: none"> ● Parent / carer is unable to provide consistent parenting that is adequate (good enough) & safe. ● Parents have seriously abused/neglected the child. ● Previous child(ren) has been removed from parent’s care. ● Parent’s own learning disability/mental health /substance misuse significantly affects their ability to provide adequate and safe care. ● Parents do not recognise or accept danger and protect child/young person from harm. ● Persistent use of inappropriate care givers. ● Child/young person has no one to care for them. ● There is no relevant stimulation appropriate for age. ● Exposed to pornography or other exploitative / harmful material. ● Consistent instability / violence/ domestic abuse within the home. ● Teenage pregnancy / young inexperienced parents with additional concerns that could place the unborn child / child at risk of significant harm. ● Individuals in family present a risk to children / young people and are likely to be in contact with them. ● Child / young person subject to public law proceedings in family court. ● Parents / carers involved in criminal activity. ● Allegations of harm by a person in a position of trust. ● Parents’ physical health or disability significantly affects ability to provide adequate and safe care. ● There is a young carer in the family who is inappropriately left to provide adequate and safe care.

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Emotional Warmth

- The child is shown warm regard praise and encouragement.
- There may be low level post natal depression
- The child has secure attachment and a relationship which provides consistency of warmth over time.
- There may be low level post natal depression.

- Inconsistent parenting but development not significantly impaired.
- Post-natal depression affecting parenting ability.
- Child / young person perceived to be a problem by parents or carers / experiencing criticism and a lack of warmth.

- Child / young person has multiple carers but no significant relationship to any of them / receives inconsistent care.
- Child / young person receives little stimulation / negligible interaction.
- Child/ young person is scapegoated.
- Child / young person is rarely comforted when distressed / lack of empathy.
- Child / young person is under significant pressure to achieve/aspirer experiencing high criticism.

- Parents / carers inconsistent, highly critical or apathetic towards child / young person.
- Parents / carers are negative and abusive towards the child / young person.
- Child / young person is rejected or abandoned.
- Carer’s persistent hostility to the child / young person leads to their isolation.

Guidance, Boundaries and Stimulation

- The child is shown warm regard, praise and encouragement.
- The child has secure relationship which provides consistency of care over time
- Child engages in age appropriate use of internet including social media.
- Guidance Boundaries and Stimulation.

- May have a number of different carers. Parent/carer offers inconsistent boundaries e.g. not providing good guidance about inappropriate relationships formed, such as via the internet.
- Can behave in an anti-social way.
- Child / young person spends a lot of time alone.
- Inconsistent responses to child by parent.
- Parents struggle to have their own emotional needs met.
- Lack of stimulation impacting on development.
- Unsupervised access to the internet with child at risk of involvement in negative internet use.

- Parents struggle to set boundaries / act as good role models.
- Child or young person’s behaviour out of control.
- Child or young person is regularly beyond control of parent or carer.
- Parenting impairing emotional or appropriate behavioural development of child / young person.
- Child engaged in negative and harmful behaviour associated with internet and social media.
- Parents look to child/young person to meet their emotional needs.

- There are no effective boundaries set by parents.
- Regularly demonstrates anti-social behaviour in the community.
- Child / young person is beyond parental control.
- Subject to a parenting order which may be related to their child’s criminal / anti-social behaviour or persistent absence from school.
- Child actively concealing internet and social media activities and concerned about being groomed.
- Child/young person feels persistently responsible for meeting the needs of the parent.

Universal Level 1	Early Help Level 2	Targeted Help Level 3	Specialist Help Safeguarding children Level 4
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Family History and Functioning			
<ul style="list-style-type: none"> ● Good supportive relationship within family (including with separated parents and in times of crisis). ● Good sense of ‘family’ outside of smaller family unit. 	<ul style="list-style-type: none"> ● Child or young person’s relationship with family members not always stable. ● Parents have relationship difficulties which affect the child / acrimonious separation or divorce that impact on the child. ● Frequent unplanned and poorly managed moves which impact on child ● Experienced loss of a significant adult / child. ● Caring responsibilities for siblings or parent. ● Parents have health difficulties. ● Poor home routine. ● Child not often exposed to new experiences. ● Limited support from family and friends. 	<ul style="list-style-type: none"> ● Parents or carers are experiencing, on an on-going basis, one or more of the following problems significantly affecting their parenting: mental ill-health, substance dependency or domestic abuse/ potential honour based violence / forced marriage. ● Parental involvement in crime. ● Family characterised by conflict and serious chronic relationship problems. ● Parents or carers persistently avoid contact / do not engage with childcare professionals. ● Children or young people are subject to Kinship Care arrangements that require support. ● Children/young people who are privately fostered and assessed by CSC as requiring support at this level. ● Child/young person has caring responsibilities which impacts on the child/young person’s development and opportunities. ● 16/17 year olds relationship with family is experienced as negative, critical or rejecting threatening exclusion from the family home 	<ul style="list-style-type: none"> ● Parents / carers inconsistent, highly critical or apathetic towards child / young person. ● Parents / carers are negative and abusive towards the child / young person. ● Child / young person is rejected or abandoned. ● Carer’s persistent hostility to the child / young person leading to their isolation. ● There is a persistent expectation for a child/ young person to undertake inappropriate or overwhelming levels of care. ● Family have abandoned or evicted 16/17 year old dependant. ● Private fostering assessment. ● MARAC / DASH identify child and family at risk of harm. ● Risk of forced marriage or Honour Based Violence.
Family Social Integration			
<ul style="list-style-type: none"> ● The family have social and friendship networks. 	<ul style="list-style-type: none"> ● Family is socially isolated, limited extended family support. ● Victimisation by others impacts on the child. 	<ul style="list-style-type: none"> ● Family is socially isolated / excluded. ● Victimisation by others places child and family at risk. ● Has poor relationship/s with extended family. 	<ul style="list-style-type: none"> ● Family are socially chronically excluded. ● Victimisation by others places the child / young person at risk of significant harm.

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Housing, Employment and Finance			
<ul style="list-style-type: none"> ● Accommodation has basic amenities/ appropriate facilities. ● Appropriate levels of hygiene / cleanliness are maintained. ● Families affected by low income or unemployment. ● Legally entitled to live in the Country indefinitely and has full rights to education and public funds. 	<ul style="list-style-type: none"> ● Inadequate/poor quality or overcrowded housing. ● Requiring in-depth guidance and help to sustain accommodation ● At risk of homelessness or repossession. ● Child/young person from asylum seeking or refugee family and has identified additional needs. ● Children subject to Kinship Care arrangements made by their own family. ● Family significantly affected by low income or unemployment. ● Parents find it difficult to find employment due to basic skills or long term difficulties. ● Temporary entitlement to stay in the country / restricted access to public funds. ● Young person 16/17 needs supported accommodation and is estranged from their family. ● Significant unmanaged debt 	<ul style="list-style-type: none"> ● Statutorily overcrowded / temporary accommodation / notice seeking repossession has been served ● Prosecution/eviction proceedings commenced. ● Serious debts / poverty impacting on ability to care for the child/ young person. ● Home in poor state of repair and likely to significantly impair health and development. ● Legal status put them at risk of involuntary removal / limited financial resources / recourse to public funds. ● Young person 16/17 struggling to manage in supported accommodation and is at risk of eviction due to multiple issues which impact on their ability to manage the tenancy. (e.g. Mental Health, offending behaviour, substance misuse, risk of CSE. 	<ul style="list-style-type: none"> ● Housing accommodation places child / young person in danger / at risk of harm. ● Accommodation deemed unfit for habitation. ● No fixed abode / homeless. ● Extreme poverty / debt impacting on ability to care for the child / young person. ● Household income is used to fund parent or carers own prioritised needs (e.g. substance misuse / gambling) leading to significant neglect of the child / young person
Community Resources			
<ul style="list-style-type: none"> ● Appropriate access to universal and community resources. ● Community is generally supportive. ● Positive activities are available. 	<ul style="list-style-type: none"> ● Adequate universal resources but family may have difficulty gaining access to them. ● Community characterised by negativity towards child/young person. 	<ul style="list-style-type: none"> ● Parents / carers do not access or there is significantly poor access to local facilities and targeted services to meet assessed need. ● Lack of community support/tolerance or hostility towards the child, young person or family. ● Substantial multiple problems preventing a young person from engaging with opportunities. 	<ul style="list-style-type: none"> ● Substantial multiple problems preventing the family / young person from engaging with services / or non-engagement with the service.

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Emotional and Behavioural Development

- Good quality early attachments. Primary care giver is attuned to child's physical and developmental needs.
- Growing levels of competencies in practical and emotional skills.
- Sexual behaviour appropriate for age.
- Confident in social situations—has age appropriate knowledge of the difference.
- Able to adapt to change.
- Able to demonstrate age appropriate empathy.

- Parent inconsistently attuned / responsive to child's emotional physical and developmental needs.
- Development is compromised by parenting.
- Some concern about alcohol or/and substance misuse.
- Parent or child/young person involved in behaviour that is seen as antisocial.
- Superficial self-harm without suicidal intent.
- Food avoidance / emotional disorder issues requiring intervention.
- Child is withdrawn / unwilling to engage.
- Poor self-esteem.

- Evidence of insecure or traumatic attachment that is impacting the child's emotional, mental and physical development.
- Difficulty coping with emotions/unable to display empathy.
- Significant and on-going self-harm with some suicidal thoughts without plans or intent/any self-harm in a child.
- Unable to connect cause and effect of own actions.
- Behaviour is sufficiently extreme to place them at risk of removal from home.
- Early onset of sexual activity (13-14 yrs).
- Offending /prosecution for offence resulting in custodial sentences, ASBOs in the last 12 months.
- Puts self or others in danger.
- Child has gone missing from home.
- Emerging eating disorder requires specialist support.
- Alienates self from school and peers through extremes of behaviour.
- Physical/emotional development raising significant concerns.

- Poor attachment resulting in the primary care giver/s consistently failing to recognise or respond to the child's emotional, physical and developmental needs.
- Significant eating disorder that puts the individual in danger.
- Frequently missing from home for long periods placing the child at risk. Presenting sexualised behaviour.
- Child who abuses others.
- Attempted suicide - self harm with intent to take life resulting from non-fatal injury.
- Puts self or others in danger / including risk taking behaviour / self-harm or suicide attempts / substance misuse of drugs and/or alcohol.
- Failure or rejection to address serious (re)offending / anti-social behaviour.
- Significant emotional / psychological problems as a result of neglect / poor parenting.

Questions to ask yourself when worried about a child/young person

- If nothing changes, or if I do nothing, in what way is the child likely to be harmed or impacted?
- If the worries are related to the parent's needs or abilities, what is the likely impact of this on the child or young person?
- What is it I am most worried about?
- What is prompting me to ask for help or support now? Has the problem or issue got worse recently?
- What has changed if things were working well before?
- What evidence is there regarding needs or concerns identified?
- What positive resources, people, strengths and abilities do the child and family currently have?
- What do we already know about the child's development issues and parental capacity within the family?
- What has already been done to address the needs or concerns? (Including actions by other agencies where known).
- Have I asked consent from the parent (and child where appropriate) to share this information? (And if not, why not?)

Who to contact if you are concerned that a child or young person is at risk of harm:

POLICE: 101 or in an emergency 999

MASH: 01403 229 900

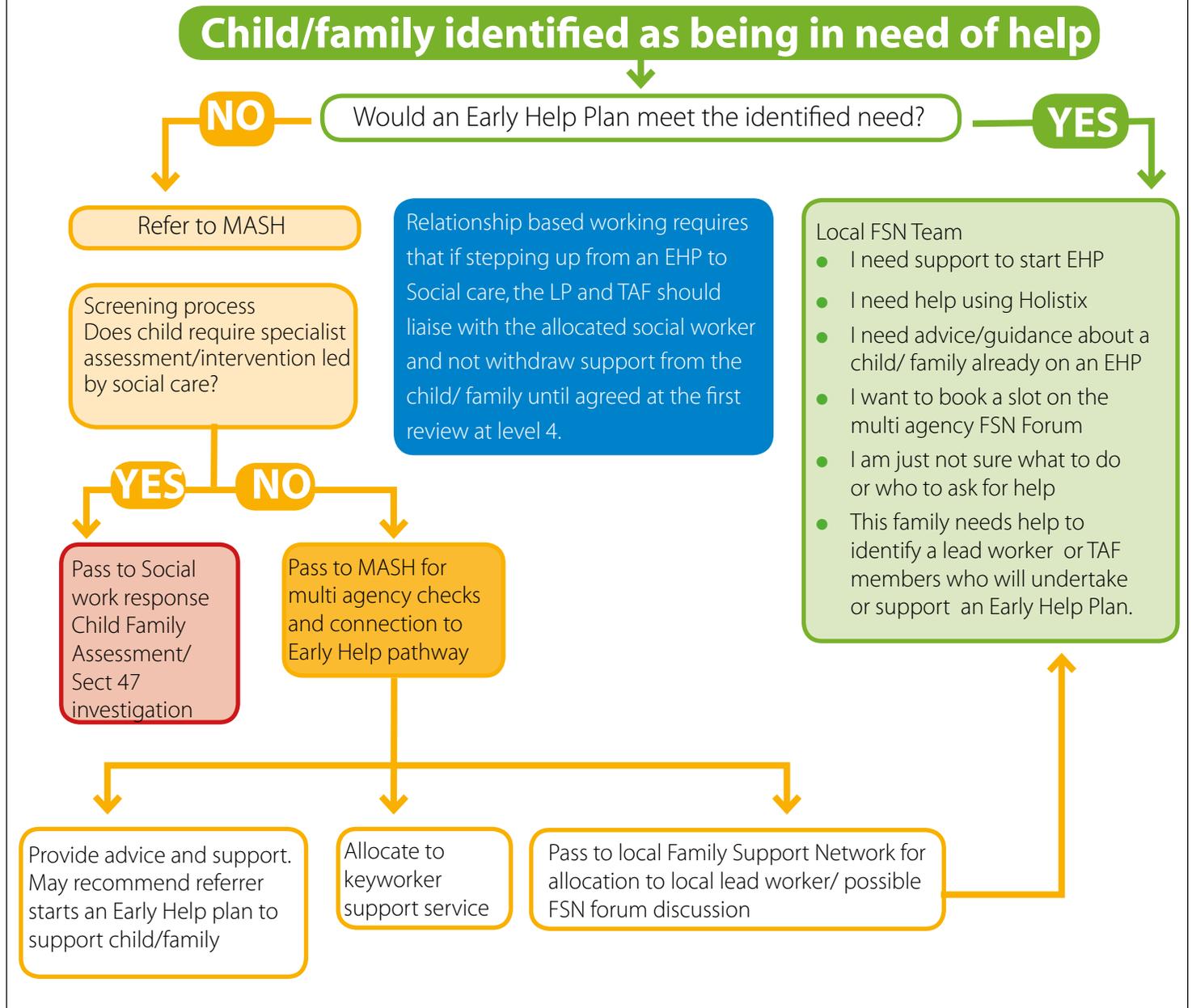
OUT OF HOURS DUTY TEAM: 0330 222 6664

For Early Help advice/support contact MASH by emailing mash@westsussex.gcsx.gov.uk

Or contact your local Family Support Network team

www.westsussex.gov.uk/ThinkFamily

How to step up



Step-down in practice

Step down refers to the process supporting a family as they move from a Specialist or statutory led, support plan at Level 4 to support from Early Help Services using an Early Help Plan usually at level 3. Successful stepping down relies on clear communication and good coordination that ensures the following:

- There is a clear understanding and open discussion with family and TAF about what the worries have been and what, if any, risks remain at an early help level. (e.g. risk of eviction, risk of exclusion, risk of ill health)
- Address any anxieties that other agencies, family members have about past or outstanding risks and how to manage this including some contingency arrangements being discussed and agreed.
- Celebration/ affirmation of the hard work and achievements for family and each member so far. Identification of the coping strategies/ new skills within the family that have enabled things to improve and will help sustain change
- A co produced and agreed on-going safety plan that builds on what has already been achieved and the resources within the families own network.
- Agreement on who the new Lead Worker will be and how the TAF will work together with the family to achieve their goals.
- Clearly defined SMART targets linked to outcomes and allocated support roles for the professional members of the TAF and a dedicated Lead Worker who will coordinate the on-going plan

The social workers closing conversation with the family and TAF.

- Describe simply and clearly the worries that led to Social Care involvement with the family and why it is no longer needed.
- What has happened during your involvement with the family to improve the situation and reduce the worry about danger/harm
- Have all of the safety goals for the child been met? If any of the goals are outstanding, are these goals that can be met through an Early Help Plan? "Where does everyone scale the child's safety?"
- Can you map with the family, the Lead Worker and the Team Around the Family the new and existing strengths and skills that ensure there is a sustainable safety plan in place as you end your work.
- What do you and the family think are the important things that should be the purpose and focus of an Early Help Plan supported by a multi-agency Team Around the Family? (inform and agree EHP outcomes)
- What if things don't continue to work well? What are the triggers that should cause us to be worried? Help us agree a contingency plan

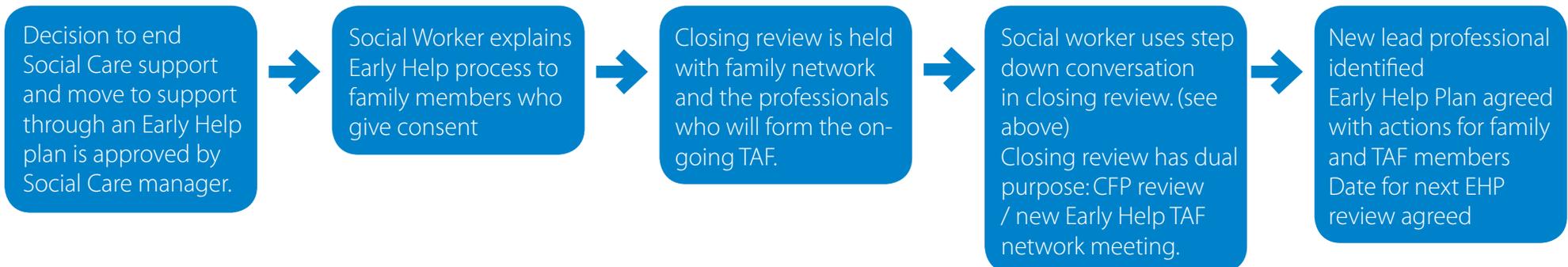
Quick guide to jargon

EHP = Early Help Plan

TAF – Team Around the Family

CFP – Child and Family Plan (previously referred to as CIN Plan)

Moving from Social Care to Early Help support



Understanding Radicalisation

Working Together to Safeguard Children (WT) 2013 identifies exposure to, or involvement with, groups, individuals who condone violence as a means to a political end as a particular risk for some children. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.

There is no obvious profile of anyone likely to become involved in extremism or a single indicator of when a person might move to adopt violence in support of extremist ideas. The process of radicalisation is different for every individual and can take place over an extended period or within a very short time frame. Young people may be vulnerable to a range of risks as they pass through adolescence. They may be exposed to new influences and potentially risky behaviours, influence from peers, influence from older people or the internet as they may begin to explore ideas and issues around their identity.

There is no single driver of radicalisation, nor is there a single journey to becoming radicalised. The internet creates more opportunities to become radicalised, since

it's a worldwide 24/7 medium that allows you to find and meet people who share and will reinforce your opinions. Research tells us that the internet and face-to-face communications work in tandem, with online activity allowing a continuous dialogue to take place.

How can we prevent it?

Prevent is designed to stop people from supporting terrorism or becoming terrorists themselves. Through our Prevent work we aim to identify those susceptible to violent extremism and provide access to appropriate interventions. Prevent addresses radicalisation to all forms of terrorism, including the extreme right-wing, for example, and the non-violent, which can popularise views that terrorists exploit.

For more information on Prevent and the support available go to West Sussex LSCB Prevent page to find out more westsussexscb.org.uk/prevent-anti-terrorism-and-anti-radicalisation-of-vulnerable-people/

Possible signs of radicalisation include:-

- The individual's views become increasingly extreme regarding another section of society
- They are observed downloading, viewing or sharing extremist propaganda from the web
- They become withdrawn and focused on one ideology
- The individual becomes increasingly intolerant of more moderate views.
- The individual may change their appearance, their health may suffer (including mental health) and they may become isolated from family, friends, peers or social groups.
- The individual expresses a desire/ intent to take part in or support extremist activity

Who to contact if you have a concern

If you have any concerns about an individual possibly being drawn into or supporting terrorism, examine them first with your manager. If this is not possible, or if, having considered the case, you still believe there may be grounds for a Channel referral, contact any of the following to discuss the case:

Sussex Police Prevent Team:

☎ 101 | Ext. 531355
✉ prevent@sussex.pnn.police.uk

Or

Local Channel Panel Chairs For West Sussex:

Beverly Knight, Better, Communities, WSCC
☎ 0330 222 4223 | 0789 458 9071
✉ beverly.knight@westsussex.gov.uk

For Crawley:

Lindsay Adams
Community Development, Crawley Borough Council
☎ 01293 438500
✉ lindsay.adams@crawley.gov.uk

What is Channel?

Channel is part of the Prevent programme in West Sussex. It is a multi-agency process for identifying, referring and supporting a person at risk of radicalisation, focusing on early intervention and engagement.

Through Channel we aim to:

- Identify people at risk of being drawn into terrorism
- Assess the nature and extent of the that risk; and
- Develop the most appropriate support plan for the individual or individuals concerned

<http://www.westsussexscb.org.uk/channel>

Understanding Female Genital mutilation (FGM)

FGM involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. Female Genital Mutilation is illegal in the UK. It is illegal to perform any FGM procedure and it is also a criminal offence to take a girl out of the country for that purpose, or to arrange it. The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is new-born, during childhood or adolescence, at marriage or during the first pregnancy.

However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk.

If FGM is observed or disclosed by an under 18 year old there is a statutory duty to report this.

Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl or woman being at risk of FGM, or already having undergone FGM.

There are a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person. These indicators can be found on the LSCB website via the hyperlink below.

Professionals should also note that the girls and women at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject.

Indicators that a girl may be at risk of or has undergone FGM?

Suspicious may arise in a number of ways that a child is being prepared for FGM to take place abroad. These include knowing both that the family belongs to a community in which FGM is practised and is making preparations for the child to take a holiday, arranging vaccinations or planning absence from school.

The child may also talk about a special procedure/ceremony that is going to take place.

Indicators that FGM may already have occurred include prolonged absence from school or other activities with noticeable behaviour change on return, possibly with bladder or menstrual problems.

Some teachers have described how children find it difficult to sit still and look uncomfortable, or may complain about pain between their legs, or talk of something somebody did to them that they are not allowed to talk about.

What to do if worried?

Always refer to the LSCB Flowchart and Tools available through the web link below which will help you identify risks of FGM taking place and indicators of whether a child has FGM. The flowchart describes what you should do.

If you are concerned that a girl is at significant or immediate risk of harm. This must be shared with social care via the Multi Agency Safeguarding Hub and/or the Police. If the risk of harm is imminent, emergency measures may be required and any action taken must reflect the required urgency.

POLICE: 101 or in an emergency 999

MASH: 01403 229 900

OUT OF HOURS DUTY TEAM: 0330 222 6664

For more information go to West Sussex LSCB website westsussexscb.org.uk/professionals/female-genital-mutilation

NSPCC FGM Helpline: 0800 028 3550

**FEMALE GENITAL MUTILATION HELPLINE:
0800 028 3550**

- It is estimated that over 20,000 girls under the age of 15 in the UK are at risk of FGM each year¹
- UK communities that are most at risk of FGM include Kenyan, Somali, Sudanese, Sierra Leonean, Egyptian, Nigerian and Eritrean.
- Non-African communities that practise FGM include Yemeni, Afghani, Kurdish, Indonesian and Pakistani.

¹ Dorkenoo et al, 2007., Available from FORWARD UK.

Understanding Forced Marriage

A marriage must be entered into with the full and free consent of both people. Forcing someone to marry is a criminal offence in England and Wales. The legislation is part of the Anti-social Behaviour, Crime and Policing Act 2014, and came into force on 16 June 2014. Forcing someone to marry can result in a sentence of up to 7 years in prison.

Forced marriage, includes:

- taking someone overseas to force them to marry (whether or not the forced marriage takes place)
- marrying someone who lacks the mental capacity to consent to the marriage (whether they're pressured to or not)

Everyone in the UK has the right to choose who they marry, irrespective of religion, family views, age or sexuality. An arranged or assisted marriage is not the same as a forced marriage, where, the families take a role in choosing and introducing the marriage partners. The marriage is entered into freely by both people

Recognising Risks

Young people aged between 16 and 25 are most at risk of being forced into marriage

Government guidance published in November 2013 entitled "The Right to Choose - Multi Agency Guidance in Relation to Forced Marriage". –

<http://sussexchildprotection.procedures.org.uk/tktz/children-in-specific-circumstances/forced-marriages/#s332>

Forced marriage may become apparent when other family issues are addressed, such as domestic violence, self-harm, child abuse or neglect, family / young person conflict, a child not attending school or a missing child / runaway.

Resources

The Forced Marriage Unit operates a public helpline (+44 (0) 20 7008 0151) giving advice and support to victims of forced marriage and professionals working with anyone who may be at risk. This ranges from simple safety advice, through to direct assistance, which in extreme circumstances can include rescuing victims held against their will overseas. A FMU film demonstrates the devastating impact of forced marriage on victims and their families.

<https://www.gov.uk/government/news/new-video-shows-the-devastating-impact-of-forced-marriage>

What to do if you are worried

If you are concerned that a young person is at risk of Forced Marriage this must be shared with social care via the Multi Agency Safeguarding Hub and/or the Police

Police: 101 or in an emergency 999

MASH: 01403 229 900

OUT OF HOURS DUTY TEAM: 0330 222 6664

For more information see the West Sussex LSCB website and Pan Sussex Child Protection and Safeguarding Procedures:

<http://sussexchildprotection.procedures.org.uk/tktz/children-in-specific-circumstances/forced-marriages/#s332>

Professionals may have only one opportunity to intervene to protect a child or young person and certain responses may place a victim at further risk of harm. These include a failure to share information promptly with Police and Children's Social Care and other key agencies. In cases where you have concerns you should not attempt to act as a mediator with the family or involve members in counselling, mediation or reconciliation, including Family group conferences

Understanding Child Sexual Exploitation (CSE)

Child Sexual Exploitation is a form of sexual abuse that involves the manipulation and/or coercion of young people under the age of 18 into sexual activity. Young people may be expected to engage in sexual activity in exchange for things such as money, gifts, accommodation, affection, status, food, drugs or alcohol.

The manipulation or 'grooming' process involves befriending children and gaining their trust. This may happen over a long period of time before the abuse begins and often involves the perpetrator feeding the victim drugs or alcohol. Those exploiting the young person will have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources.

Child sexual exploitation can manifest itself in different ways. It may involve older perpetrators controlling a young person through financial, emotional or physical means.

It can involve peers, sometimes within gangs, manipulating or forcing victims into sexual activity. Child sexual exploitation can occur through use of technology without the child's immediate recognition, for example the persuasion to post sexual images on the internet/mobile phones with no immediate payment or gain. It is increasingly a feature of the activity of organised crime groups too, where perpetrators may profit financially from trafficking young victims between different locations to engage in sexual activity.

A significant difficulty for parents and agencies seeking to protect children is that this is a form of abuse which is often misunderstood by victims and outsiders as consensual. Victims can be tricked into believing they are in a loving relationship, but the law is clear - no child under the age of 18 can ever consent to being abused or exploited.

Recognising CSE

If the young person you are concerned about has several of the following indicators they may be at risk of CSE.

- Links with older men/people
- Episodes of missing from home
- Concern about emotional/behavioural problems
- Truancy/excluded from school
- Self harm
- Looked after history
- History of neglect/abuse
- Early onset sexual activity
- Sexualised risk taking
- Misusing drugs and/or alcohol
- Poor relationships with family and peers
- Unexplained money or gifts
- Having more than one sim card/phone
- Associating with known sex workers
- Low self-esteem.

What to do if you're worried

Young people believed to be at risk of or being a victim of CSE are Children In Need and you should contact Children's Social Care and/or the Police to report this concern.

POLICE: 101 or in an emergency 999

MASH: 01403 229 900

OUT OF HOURS DUTY TEAM: 0330 222 6664

For more information on CSE, including the risk assessment tool, see information sheets and useful links on our West Sussex LSCB website <http://www.westsussexscb.org.uk>