

Children in need census

Additional guide on the factors identified at the end of assessment

April 2021

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The purpose of collecting the factors identified at the end of assessment data

The effective assessment of an individual child's needs is a process requiring the skills, knowledge and professional judgement of practitioners. This is in order to ascertain the child's needs, the parent's ability to meet those needs, and the impact of wider family and environmental factors.

Recording this data after assessment means that the professional skills taken to complete the assessment can be utilised to record findings, from the assessment, systematically in a manner which facilitates analysis and service planning based on the social worker's understanding. For example, the prevalence of domestic abuse and substance misuse has an impact on the services (including multi-agency services) needed. It can also be used to gain an understanding of the impact of services over time for example by looking at what happens to children where there are these factors present and by looking at trends of prevalence. It means that information informed by professional skills about the needs of children can then inform other processes such as the work of the local safeguarding partners.

The process of selecting factors identified at the end of assessment data

For many children assessed following a referral or whose families seek help, the issues of concern may be relatively straightforward, parents will be clear about requiring assistance and the impact on the child will not be difficult to identify. For a smaller number of children, the causes for concern will be serious and complex and the relationship between their needs, their parents' responses and the circumstances in which they are living, less straightforward.

The framework for assessment¹ is a conceptual map which describes that assessment should take account of the three domains:

- the child's developmental needs
- the parents' or caregivers' capacities to respond appropriately
- · the wider family and environmental factors

While it is in no way exhaustive we have included the key data items which have been suggested in terms of facilitating service planning and that would become evident through the assessment process. This is in terms of an analysis of the needs of the child and parenting capacity within their family and community context as a basis for formulating a plan for the child.

We have included key factors which affect the child's health and development and are factors which mean the child may be at risk of harm. The needs of the parents and carers are an integral part of assessment. Providing services which meet the needs of the parents or carers is often the most effective means of promoting the welfare of children.

We have also included key issues which research has shown affects parents' ability to respond appropriately to the child's needs in terms of the ability to nurture their children, protect them from risk and support their development. In addition, we have included some environmental and family factors which play a role in reducing or increasing the stresses on families, depending on the support available to them. We have included a 'no factors identified category' in the end of assessment factors although in practice it is unlikely that no factors would be identified though an assessment. We would only expect this category to be used in cases which were closed following assessment where it was determined the child was not in need.

Our knowledge and understanding of children's welfare – and how to respond in the best interests of a child to concerns – develops over time, informed by research, experience and the critical scrutiny of practice. Sound professional practice involves making judgements supported by evidence: evidence derived from research and experience about the nature and impact of maltreatment, and when and how to intervene to improve

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¹ Working Together to Safeguard Children, 2018 – Page 30

outcomes for children; and evidence derived from a thorough assessment of a specific child's health, development and welfare, and his or her family circumstances.

Factors Identified at the end of assessment – additional information

Code	Code descriptor	Additional Information
1A, 1B and 1C	Alcohol Misuse	The alcohol misuse factor should be recorded where problem, harmful or dependent drinking impacts on the individual, and if applicable, their role as a parent /carer.
		Code (1A) should be used for concerns about the child's alcohol misuse, (1B) for concerns about the parent's or carer's alcohol misuse and (1C) for concerns about alcohol misuse by another person in the household.
		Further information about problem drinking is available from the <u>National Institute for Health and Care Excellence (NICE).</u>
2A, 2B and 2C	Drug misuse	The drug misuse factor should be recorded where an individual is intoxicated by regular excessive consumption of and /or dependence on substances, which has led to social, psychological, physical or legal problems. It includes problematic use of both legal and illegal drugs (including alcohol when used in combination with other substances).
		Code (2A) should be used for concerns about the child's drug misuse, (2B) for concerns about the
		parent's or carer's drug misuse and (2C) for concerns about drug misuse by another person in the household.
3A, 3B and 3C	Domestic Abuse	The domestic abuse factor should be recorded where a child has experienced domestic abuse, directly as a victim in their own right, or indirectly due to the impact the abuse has on others such as the non-abusive parent.
		Code (3A) should be used where the child is a direct or indirect victim of domestic abuse, (3B) where the parent or carer is a victim of domestic abuse and (3C) where another person in the household is a victim of domestic abuse.
		Domestic abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. Domestic abuse is not limited to physical acts of violence or threatening behaviour, and can include emotional, psychological, controlling or coercive behaviour, sexual and/or economic

Code	Code descriptor	Additional Information
		abuse. Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse (peer on peer abuse) and adolescent to parent violence. Anyone can be a victim of domestic abuse, regardless of gender, age, ethnicity, socio-economic status, sexuality or background and domestic abuse can take place inside or outside of the home.
		Further information about Domestic Abuse is available from the <u>draft Domestic Abuse Statutory</u> Guidance Framework.
4A, 4B and 4C	Mental health disorder	The mental health factor should be recorded where the effects of mental health impact on a child.
		Code (4A) should be used for concerns about the child's mental health, (4B) for concerns about the parent's or carer's mental health and (4C) for concerns about the mental health of another person in the household.
		The Mental Health Act 2007 defines mental disorder as any disorder or disability of the mind. This assessment factor is broader than mental disorders and can be used where there are concerns about mental health that are not categorised as a disorder or disability.
5A, 5B and 5C	Learning disability	The learning disability factor should be recorded where a learning disability impacts on a child. This could include, but is not limited to, a reduced ability to understand new or complex information or to learn new skills, a reduced ability to cope independently and a lasting effect on development.
		Code (5A) should be used for concerns about the child's learning disability, (5B) for concerns about the parent's or carer's learning disability and (5C) for concerns about the learning disability of another person in the family/household.
6A, 6B and 6C	Physical disability or illness	The physical disability or illness factor should be recorded where the child's health or development is impacted due to their physical disability or illness; or the capacity of a parent to respond to the child's needs is impacted because of the parent's physical disability or illness. If recording a parent's physical disability or illness which impacts on parenting capacity,

Code	Code descriptor	Additional Information
		consider whether there is a need to record the young carer factor for the child.
		Code (6A) should be used for concerns about the child's physical disability or illness, (6B) for concerns about the parent's or carer's physical disability or illness and (6C) for concerns about the physical disability or illness another person in the family/household.
7A	Young carers	The young carers factor should be recorded for children under 18 who provide or intend to provide care assistance or support to another family member.
		The child intends to or will carry out on a regular basis, significant or substantial caring tasks and assume a level of responsibility, which would usually be associated with an adult. The person receiving care could be a parent, sibling, grandparent or other relative who is disabled, has a chronic illness, mental health problem or other condition connected with a need for care support or supervision.
		Code (7A) should be used for concerns that services may be required, or the child's health or
		development may be impaired due to their caring responsibilities.
8B, 8C, 8D, 8E and 8F	Private fostering	The private fostering factor should be recorded where an arrangement has been made privately for the care of a child under the age of 16 (or under 18 if disabled) by someone other than a parent or close relative with the intention that it should last for 28 days or more. Private foster carers may be from the extended family, such as a cousin or great aunt. A person who is a relative under the Children Act 1989 i.e., a grandparent, brother, sister, uncle or aunt (whether full or half blood or by marriage) or stepparent will not be a private foster carer.
		Code (8B) should be used where there are concerns that services may be required or the child may be at risk as a privately fostered child (overseas children who intend to return), (8C) should be used where there are concerns that services may be required or the child may be at risk as a privately fostered child (overseas children who intend to stay), (8D) should be used where there are concerns that services may be required or the child may be at risk as a privately fostered child (UK children in educational placements), (8E) should be used where there are concerns that services may be

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		required or the child may be at risk as a privately fostered child (UK children making alternative family arrangements), (8F) should be used where there are concerns that services may be required or the child may be at risk as a privately fostered child ('Other').
9A	Unaccompanied asylum seeker	The unaccompanied asylum seeker (UASC) factor should be recorded where a child is separated from their country of origin and are without the care and protection of their parents or a legal guardian.
		The child (aged under 18) is applying for asylum in their own right. The child must be without the care of both parents and are not being cared for by any other adult who, by law, has responsibility to do so.
		Code (9A) should be used where there are concerns that services may be required, or the child may be at risk of harm as an unaccompanied asylum-seeking child.
10A	Missing children	The missing children factor should be recorded where a child up to the age of 18 has gone missing from their school, home or care placement, has been forced to leave, or whose whereabouts is unknown.
		Code (10A) should be used where there are concerns that services may be required, or the child may be at risk of harm due to going/being missing.
		Further information about Missing Children is available from the <u>Statutory guidance on children</u> who run away or go missing from home or care.
11A	Child sexual exploitation	The child sexual exploitation (CSE) factor should be recorded where a child or young person under 18 is at risk of, is being, or has been, sexually exploited.
		Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears to be consensual. Child sexual exploitation

Code	Code descriptor	Additional Information
		does not always involve physical contact; it can also occur through the use of technology.
		A child may also be at risk of child sexual exploitation (even if they have not yet experienced this directly) if they live with an adult who is accessing child images of a sexual nature online. Code (11A) should be used where there are concerns that services may be required, or the child may
		be at risk of harm due to child sexual exploitation. Further information about child sexual exploitation is available from the Department for Education .
12A	Trafficking	The trafficking factor should be recorded where a child is moved for reasons of exploitation. This is considered to be trafficking, whether or not the child has been forced or deceived. Trafficking is defined as "the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs." Code (12A) should be used where there are concerns that services may be required, or the child may be at risk of harm due to trafficking.
		Further information about child trafficking is available from the <u>United Nations Office on Drugs and Crime.</u>
13A	Gangs	The gangs factor should be recorded along with the child criminal exploitation factor where a child is part of a street or organised crime gang for whom crime and violence are a core part of

Code	Code descriptor	Additional Information
		their identity.
		Code (13A) should be used where there are concerns that services may be required, or the child may be at risk of harm because of involvement in/with gangs.
14A	Socially unacceptable behaviour	The socially unacceptable behaviour factor should be recorded where the child's behaviour impacts detrimentally on the community. This includes children who require services because they offend, are considered to be at risk of offending, are behaving in such a way that they cause alarm or disturb the peace or are 'pushing at the boundaries' of community acceptance.
		This factor can also be used for children who create concern within the community because they put themselves at unacceptable risk, and children and young people being served by staff in a Youth Offending Team (YOT). This factor may also be used for children who are receiving services as part of the Youth Crime Prevention Programme.
		Code (14A) should be used where there are concerns that services may be required, or the child may be at risk due to their socially unacceptable behaviour.
15A	Self-harm	The self-harm factor should be recorded where a child has attempted or carried out harm against themselves. Self-harm is defined as self-poisoning or self-injury, irrespective of the apparent purpose of the act.
		Code (15A) should be used where there are concerns that services may be required, or the child may be at risk due to suspected/actual self-harming.
16A	Neglect	The neglect factor should be recorded where there is a persistent failure to meet a child's basic physical and/or psychological needs which may result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.
		Neglect may involve a parent or carer:
		not providing adequate food, clothing and shelter (including exclusion from home or

Code	Code descriptor	Additional Information
		 abandonment) not protecting a child from physical and emotional harm or danger not providing adequate supervision (including the use of inadequate caregivers) not providing access to appropriate medical care or treatment being unresponsive to a child's basic emotional needs. Code (16A) should be used where there are concerns that services may be required, or the child may be suffering or likely to suffer significant harm due to abuse or neglect.
17A	Emotional abuse	The emotional abuse factor should be recorded where there is persistent ill-treatment of a child that causes severe and continual adverse effects on the child's emotional development. Some level of emotional abuse is implied in all types of ill-treatment of a child, although it may occur on its own. Emotional Abuse may involve a parent or carer: • conveying to the child that they are inadequate, worthless or unloved or valued only as far as they meet the needs of another person • imposing inappropriate age or development related expectations on the child • overprotecting or limiting exploration and learning or preventing the child from participating in normal social interactions • allowing the child to see or hear the ill-treatment of others • bullying • causing the child to frequently feel frightened or in danger • exploiting and/or corrupting the child. Code (17A) should be used where there are concerns that services may be required, or the child may be suffering or likely to suffer significant harm due to abuse or neglect.
18B and 18C	Physical abuse	The physical abuse factor should be recorded where there is abuse or serious violence that may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, stabbing, beating up or otherwise causing serious injury /physical harm to a child. Physical

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		abuse may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
		Code (18B) should be used where there are concerns that services may be required, or the child may be suffering or likely to suffer significant harm due to abuse or neglect by another child - child (age under 18) to child (age under 18) physical abuse. Note: record this factor for all children referred and assessed as being in need of services. This includes children who have carried out physical abuse or serious violence, as well as child victims. Code (18C) should be used where there are concerns that services may be required, or the child may be suffering or likely to suffer significant harm due to abuse or neglect by an adult.
19B and 19C	Sexual abuse	The sexual abuse factor should be recorded where there are concerns that a child or young person is at risk of, is being, or has been subject to sexual harassment, sexual violence or sexual abuse and may have been forced or enticed to take part in sexual activities, including online, whether or not the child is aware of what is happening.
		Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse including via the internet.
		Code (19B) should be used where there are concerns that services may be required, or the child may be suffering or likely to suffer significant harm due to abuse or neglect by another child. Sexual abuse can occur between two children of any age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children with or without their consent. Child to child (peer on peer) sexual abuse involves a person, or group of persons under the age of 18, sexually abusing another person or persons under the age of 18.
		Note: record this factor for all children referred and assessed as being in need of services. This includes both victims of CSA, and children who have carried out sexual abuse or are displaying

Code	Code descriptor	Additional Information
		harmful sexual behaviour, as children who harm will also be in need of support.
		Code (19C) should be used where there are concerns that services may be required, or the child may be suffering or likely to suffer significant harm due to abuse or neglect by an adult.
20	Other	Code (20) Other
21	No factors identified	Code (21) - only use this code if there is no evidence of any of the other factors and no further action is being taken.
22A	Female Genital Mutilation	The Female Genital Mutilation (FGM) factor should be recorded where a child or young person is at risk of, is being, or has been subjected to a procedure involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons (FGM). With regard to 'at risk', this factor should only be recorded if the girl herself is perceived to be at risk, not if the only risk factor is that her family are from a practising community. Further information on Female Genital Mutilation is available from the World Health Organization. Code (22A) concerns that services may be required, or the child may be at risk due to female genital mutilation.
23A	Abuse linked to faith or belief	The abuse linked to faith or belief factor should be recorded where a child has is at risk of, has been or is being abused because of his or her parents or carers' belief system. This includes, but is not limited to, belief in witchcraft, spirit possession, demons or the devil, the evil eye or djinns, dakini, kindoki, ritual or muti murders and use of fear of the supernatural. The beliefs involved are not confined to one faith, nationality or ethnic community. The abuse concerned may be of any form but can include physical (including excessive physical discipline), sexual, emotional, neglect (including the denial of necessary medical treatment), domestic slavery, sexual exploitation. Code 23A should be used where there are concerns that services may be required, or the child may be at risk due to abuse linked to faith or belief.

Code	Code descriptor	Additional Information		
		The following should not be recorded as this factor: • cultural practices that are themselves a specific form of abuse, for example female genital mutilation or forced marriage • child abuse in faith settings which are incidental to the abuse, for example, sexual abuse by paedophiles in a religious community		
24A	Child criminal exploitation NEW for 2021 to 2022 onwards	The child criminal exploitation factor should be recorded where a child is at risk of, is being of has been criminally exploited. Child criminal exploitation is common in 'county lines' and occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulation or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology. It is important to note that the experience of girls who are criminally exploited can be very different to that of boys. The signs of involvement may not be the same, and professionals should be alert to this.		
		 Child criminal exploitation may be present in cases where there are some of the following concerns: Children who appear with unexplained gifts or new possessions; children who go missing for periods of time from home or school or who come home late or are missing and are subsequently found in areas away from their home. Children who have been the victim or perpetrator of serious violence (for example, knife crime). Children who are involved in receiving requests for drugs via a phone line (for example, county lines), moving drugs, handing over and collecting money for drugs. Children who are exposed to techniques such as 'plugging', where drugs are concealed internally to avoid detection Children found in a 'trap house/ house invasion' where there is drug activity. Children who owe a 'debt bond' to their exploiters. Children who have their bank accounts used to facilitate drug dealing 		

Code	Code descriptor	Additional Information
		Code (24A) should be used where there are concerns that services may be required, or the child may be at risk of harm due to child criminal exploitation. Further information on County Lines is available from the Home Office.



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