The Hackney Child Wellbeing Framework

The Hackney Child Wellbeing Framework focuses upon the needs and risk of harm to children and families within their environment or context. It is intended to support discussion about the levels of harm and the most appropriate response, rather than a threshold for particular services. The framework is displayed as followed:

1. Hackney Child and Family Wellbeing Framework - this relates to needs or risk of harm as they relate to individual or familial situations

2. Hackney Contexts Wellbeing Framework - this relates to needs or risk of harm within contexts - i.e. a peer group, school or location.

The Framework is intended to be used as one policy document, supporting the wider service partnership to respond consistently and appropriately to individual, family and context where there are needs or risk of harm.

Critical Questions

When using this framework, we must constantly challenge ourselves to know:

- **How does the child feel, what do they want, and what is day-to-day life like for them?**

- **Is the immediate safety of the child assured?**

- **What needs to change for us to be less worried, and are changes happening quickly enough?**

- **What would life be like for the child in the long-term if things do not change?**

- **Are we putting the right interventions in place to support the change we need to see?**

- **What needs to happen if things do not change?**

The Framework provides a guide as to the most appropriate response to the needs of a child, family or context, by defining three levels:

- **Universal –** a response by universal services, often working individually. Within an extra-familial scenario, this also includes ensuring safety for young people within universally available leisure and recreational provision.

- **Universal Plus and Universal Partnership Plus –** a response by universal services working together in universal settings and sometimes bringing additional targeted resources into a multi-agency partnership plan to both assess and address concerns.

- **Complex and or high risk –** a response that requires multi-agency and/or specialist services, often governed by statutory frameworks, to take the lead role.

Universal services that meet universal need include schools and childcare providers, children's centres, health visiting, school nursing, GPs, play services, Young Hackney, police, housing and the voluntary, faith and community sector. It could also include universal provision such as leisure and retail facilities, and other spaces outside the home in which young people spend their time such as parks and shopping centres.

Some of the targeted services that can support universal services include family support services, First Steps (CAMHS), Young Hackney, Special Educational Needs, behaviour and educational support, speech and language therapy, short breaks and support for transitions, and voluntary and community services.

When needs are numerous or sufficiently intense to require a **Universal Plus or Universal Partnership Plus** response, this will often require a written **early help plan** so that the family and all workers involved are aware of the outcomes we hope to achieve, who is responsible for the actions to achieve them and how we will know when we are successful.

When children, families or contexts have **complex needs or are high risk**, specialist support will sometimes be provided by statutory social work services or through multi-agency partnerships. In the framework for individuals or families, this is indicated in the table by using a **bold typeface**. These are often situations where the child is at risk because of issues in parenting or carer capacity or due to other risks outside the family home e.g. an unsafe neighbourhood or peer group.

Other specialist services include Young Hackney, Specialist Child and Adolescent Mental Health Services and specialist Disability Services (social care and/or health).

It is important to remember that each child and family and extra-familial context will have a unique set of needs and strengths. The Child Wellbeing Framework is a guide and is not intended to replace professional knowledge, experience and discretion.

Professionals should be alert to the likely cumulative effect on children and young people of multiple concerns and consider whether the presence of numerous indicators (about the parenting being provided or within the extra-familial environment) amounts to the child's needs not being met.

Making a referral

If you require support and advice on making a referral to Children's Social Care, please contact the First Access and Screening Team (FAST).

Tel: 020 8356 5500
Email: FAST@hackney.gov.uk
Secure email: FAST@hackney.gov.uk.cjsm.net
Out of hours: 020 8356 2710

For further information about the criteria for when a case should be referred to Children's Social Care for assessment and for statutory services, please refer to pages 35 – 39 of the threshold document published by the London Safeguarding Children Board:
http://www.londoncp.co.uk/files/revised_guidance_thresholds.pdf
This provides information on the criteria related to Section 47, Section 20, and Section 31 of the 1989 Children Act.

Referral to the Extra-Familial Risk Panel (EFRP)

Hackney EFRP co-ordinates **multi-agency** interventions to **minimise risk** where a child or young person is:

- at risk or already experiencing significant harm caused by people outside their family

and/or

- at risk of or already causing significant harm to young people outside their family

Please consider the 'Context Wellbeing Framework' in addition to the Hackney Wellbeing Framework below when making a referral to the Extra Familial Risk Panel, please send referrals to EFRP@hackney.gov.uk

Escalating a referral

For information about how to escalate a concern and how to resolve professional differences, please refer to the City & Hackney Safeguarding Children Board escalation policy:
http://www.chscb.org.uk/escalation-of-concerns/

1) Child Wellbeing Framework

	Health	Emotional Health, Wellbeing and behaviour	Education	Social and Neighbourhood	Family and environment	Parent/parenting
Universal	Individual indicators: • Has had all age appropriate interventions in the Healthy Child Programme • Is healthy and well, development is age appropriate and has had all appropriate immunisations • Has a healthy diet and appears well nourished • Is registered with a GP and basic services such as dentist, optician • Achieving key developmental stages • Knowledgeable about the effects of crime and anti-social behaviour • Can manage own treatment for any condition e.g. asthma, and take part in everyday life Experiences/contexts: *Familial* • Child/young person's physical needs are adequately provided for • Income is consistent and sufficient to meet basic family needs • No barriers to learning *Extra-familial* • If sexually active and age appropriate which is in line with their mental capacity to make safe decisions, the child / young person is engaging in consensual sex and is practicing safe sex	Individual indicators: • Good mental health and psychological wellbeing Experiences/contexts: *Familial* • Good quality attachments and familial relationships *Extra-Familial* • Good quality relationships with peers, professionals and community • Child/young person has supportive and age-appropriate friends • Child/young person has safe, healthy and age appropriate digital activity	Individual indicators: • Good attendance at school/college/training • Planned progression beyond statutory school age • Achieving key stages • No barriers to learning Experiences/contexts: *Familial* • Family engage appropriately with education provision *Extra-familial* • Protective school context • Access to PSHE and RSE curriculum • Clear safeguarding and referral policies in education establishment • Child/ young person knows who to talk to and experiences appropriate response to any concerns	Individual indicators: • Knowledgeable about the effects of crime and anti-social behaviour • Age appropriate knowledge about sex and relationships • Age appropriate independent living skills • Child/young person is exposed to a range of ideas and opportunities to give them choices about their lives • Child/young person feels safe Experiences/context: *Familial* • Family context is supportive of social development *Extra-familial* • Development stimulated through play and/or appropriate peer group interaction • Child/young person has socially acceptable, consensual and reciprocal relationships • Child/young person is aware of safe online behaviour and knows who to contact if they experience digital harm.	Individual indicators: • Family has consistent income sufficient to meet basic family needs • Family and child/young person have access to community resources Experiences/contexts: *Familial* • Good family relationships • Family members are physically well and mentally stable • Family has positive relationships and appropriate support from others *Extra-familial* • Family feels accepted by the community which supports positive home/ family life • Family have access to good, age appropriate facilities which support positive home/family life • Family members feel safe in the local community	Individual indicators: • Child/young person's emotional and physical needs are provided for in an age appropriate way. Experiences/context: *Familial* • Consistent parenting providing appropriate guidance and boundaries • Child/young person's physical needs are adequately provided for • Parenting generally demonstrates praise, emotional warmth and encouragement • Positive family relationships, including between separated parents *Extra-familial* • Parents aware of extra-familial risks in the community and are confident to raise concerns at an early stage • Parents are connected to other parents of their child/young person's peers and know who to contact to ensure appropriate supervision • Parents appreciate the limited choice and pressure that extra-familial harm places on a child/young person and engage in protective support rather than blaming them for any harm taking place • Parents practice safe digital activity within their home (i.e. parental locks)

	Health	Emotional Health, Wellbeing and behaviour	Education	Social and Neighbourhood	Family and environment	Parent/parenting
Universal Plus/ Universal Partnership Plus	**Indicators of harm or vulnerability:** • Long term conditions or serious illness • Mild level of disability requiring additional support to be maintained in a universal setting • Poor nutritional status • Developmental delay • Non-immunised • Child/young person has significantly dropped in their placement along the 'centile' range for height/weight without adequate explanation • Child/young person is significantly delayed in speech/expressive communication • Frequent illness/accidents • Significantly under/overweight • Multiple attendances at A&E or acute healthcare settings • Missed appointments – routine and non-routine **Factors contributing to harm or vulnerability:** *Familial* • Child/young person has conditions which, because of parents/carers not adhering to treatment plan, or delayed presentation for treatment cause unnecessary levels of suffering	**Indicators of harm or vulnerability:** • Low self-esteem, withdrawn, anxious, stressed or low in mood • Challenging behaviour that parents find difficult to manage • Non-life-threatening self-harm • Bullying or being bullied • Anxiety, low level depression or other difficult feelings • Child/young person appears to participate in activity which causes harm to themselves or others and which suggests they have a limited range of behaviour choices available to them • Relationship difficulties with family, friends or teachers • Child/young person is significantly delayed in speech/expressive communication • Child/young person is hyper-vigilant or is experiencing effects of trauma • Child/young person has victim blaming views • Child/young person carries weapons **Factors contributing to harm or vulnerability:** *Familial* • Child/young person has caring responsibilities that impact on behaviour/development	**Indicators of harm or vulnerability:** • Poor concentration • Low motivation • Out of school/excluded • Regular truanting • Non-attendance which is not certified by health professionals • NEET or at risk of NEET • School Action Plus • Frequently moving school without reasonable cause • Child/young person has poor pro-social relationships and is being bullied and showing signs of developmental delay • Child/young person often falls asleep during lessons **Factors contributing to harm or vulnerability:** *Familial* • Educated at home with engagement from family but child / young person is not developing appropriately • Poor access to books, toys, educational materials, and/or correct uniform *Extra-familial* • Difficulties with peer relationships at their educational provision • Child/young person is being pressured to become gang involved via peers linked to their educational provision	**Indicators of harm or vulnerability:** • Family and child/young person experience barriers to accessing community and economic resources • Family and child/young person exposed to crime and violence through living in their neighbourhood • Child/young person exposed to pro-offending behaviour and attitudes within the local neighbourhood • Coming to the notice of police • Engaging in substance misuse • High levels of anti-social behaviour/criminality in the environment • Learning disability which is exploited by others leading to risk or harm • Child/young person is displaying extremist views and behaviours • Child/young person is undertaking activities that evidence gang-involvement i.e. videos • Child/young person normalises harm **Factors contributing to harm or vulnerability:** *Familial* • Child/young person is not appropriately supervised in the home or community	**Indicators of harm or vulnerability:** • Family live in inadequate housing • Family do not have access to adequate financial resources • Child/young person sometimes wears inappropriate clothing or appears unkempt • Child/young person persistently late to school • Child/young person is a young carer **Factors contributing to harm or vulnerability:** *Familial* • Family homeless or in temporary accommodation • Family routine not conducive to child's needs • Socially or physically isolated • Household members with disability or significant health problems • Scale 1 & 2 Domestic Violence as per Barnardo's Guidance • Home environment is not suitable for children/there are visible health and safety risks • The home is substantially cluttered • Inadequate/overcrowded housing	**Indicators of harm or vulnerability:** • Parent misses appointments with health and education provision **Factors contributing to harm or vulnerability:** *Familial* • Mental and/or physical health needs or learning difficulties that can affect care of the child • Postnatal depression • Excessive anxiety regarding child/young person's health • Colludes with or condones failure to attend school • Inconsistent or harsh parenting • Lack of consistent boundaries, supervision and guidance • Relationship difficulties that impinge on child/young person • Substance and or alcohol misuse affecting parenting • Criminal or anti-social behaviour in family context • Learning difficulties that affect parenting/caring • Parent/carer is begging for food/money • Parent/carer avoiding or refusing to engage with professionals where a concern has been raised • Parent/carer does not encourage development of child/young person's independence

	Health	Emotional Health, Wellbeing and behaviour	Education	Social and Neighbourhood	Family and environment	Parent/parenting
Universal Plus/ Universal Partnership Plus	**Factors contributing to harm or vulnerability:** *Familial* • Child/young person is not appropriately supervised *Extra-familial* • Child/young person is attending health services for sexually transmitted infections or unwanted pregnancies and there are concerns that they are engaging in sexual relations due to peer pressure • Attendance at A&E due to injuries or risks experienced in extra-familial settings	**Factors contributing to harm or vulnerability:** *Familial* • Parental or family separation, illness or health problems *Extra-familial* • Child/young person is being pressured to become gang-involved • Child/young person exposed to violence and trauma within their peer associations	*Extra-familial* • Child/young person is being bullied within their education provision • Child/young person experiences levels of academic pressure which places them under stress	*Extra-familial* • Illegal employment • Difficulties with peer relationships • Child/young person not exposed to new/ stimulating experiences • Being a victim of crime • Child/young person exposed to the selling or use of illegal substances • Child/young person is aware of others carrying weapons and feel compelled to do so themselves • Family experiencing harassment, discrimination or are victims of crime • Child/young person feels unsafe to go into neighbourhood spaces beyond their immediate environment	*Extra-familial* • Family experiencing harassment, discrimination or are victims of crime	**Factors contributing to harm or vulnerability:** *Familial* • Parents/carers fail to understand the physical, social and spiritual needs of child/young person at specific ages or stages • Parents/carers do not take responsibility for issues which are beyond a child/ young person's developmental maturity • Placing child/young person under excessive pressure to achieve academically • Teenage parent under 18 *Extra-familial* • Parent considers child/ young person to be to blame for extra-familial harm (i.e. sexual or criminal exploitation) • Absence of appropriate concern to implement parental safeguards in relation to their child/ young person's harmful digital activity • Unable to give a picture of child/young person's peer group
Complex and or High Risk	**Indicators of harm or vulnerability:** • Significant faltering growth of unknown cause • **Significant developmental delays, disability or long term condition**	**Indicators of harm or vulnerability:** • Complex mental health and learning disabilities issues requiring long term or specialist interventions and treatment	**Indicators of harm or vulnerability:** • Statement of Special Educational Needs/ Education Health and Care Plan • Child/young person who is being looked after in private fostering arrangements	**Indicators of harm or vulnerability:** • Family and child/young person exposed to high levels of physical violence and highly intrusive behaviours through their living environment	**Indicators of harm or vulnerability:** • Child/young person consistently appears dirty/ clothing is inappropriate for climate	**Familial and extra-familial factors:** *Familial*: • Failure to access pre/ postnatal care • Very young or vulnerable child/young person left alone

	Health	Emotional Health, Wellbeing and behaviour	Education	Social and Neighbourhood	Family and environment	Parent/parenting
Complex and or High Risk	Indicators of harm or vulnerability: • **Complex disability that cannot be maintained in a mainstream setting or without additional support** • **Child is born with indications of maternal substance misuse** • **Child in infancy has lost weight without adequate explanation** • **Child/young person in hospital setting continuously for 3 months** • **Child/young person is suffering as a result of inadequate access to primary/secondary healthcare** • **Injuries not consistent with explanation given** • **Disclosure of abuse which has taken place from child/young person** • **Child/young person is consistently dirty/ malodorous** Factors contributing to harm or vulnerability: *Familial* • **Serious concern regarding fabricated/ induced illness** • **Evidence of physical, emotional or sexual harm or neglect perpetrated by parents or adults connected to the family**	Indicators of harm or vulnerability: • **Severe impairment of functioning associated with mental health disorders (e.g. severe anxiety, severe OCD, Phobic, panic disorders, ADHD, ASD, Tourettes syndrome)** • School refusal where mental health disorder plays a significant role. • Conduct difficulties and those which co-exist with other disorders where specific interventions may influence outcome, including children and young people who present a forensic risk • Expression of suicidal thoughts • Severe or life threatening mental health conditions (e.g. psychosis, risk of suicide or severe self-harm, severe depressive episode, anorexia nervosa) • Moderate to severe depression • **Child/young person appears to participate in activity which causes imminent risk of harm to themselves or others and which suggest they have a limited range of behaviour choices available to them** • **Child/young person persistently goes missing**	Indicators of harm or vulnerability: • Chronic non-attendance, truanting • Permanently excluded due to behavioural or other issues • Child/young person missing from education • Child/young person avoids the school in order to stay safe Factors contributing to harm or vulnerability: *Familial* • No parental support for education • **Professional concerns about the safety or wellbeing of a child/ young person whose family has elected home education** *Extra-familial* • Child/young person groomed into sexual or criminal exploitation as either victim or instigator at school/ through school based networks • Child/young person exposed to physical or sexual violence at school or through school based networks	Indicators of harm or vulnerability: • Family and child/young person experience high levels of social exclusion (poverty, lack of access to community resources) • Child/young person has been victim of a knife or gun related injury • **Child/young person is begging/scavenging for food or money** • **Teenage parent under 16** • Child/young person being harmed through their own substance misuse • Child/young person who poses a risk of harm to others • Child/young person involved in the Criminal Justice System • Child/young person in secure remand • Inappropriate or harmful sexual/sexualised behaviour displayed by child/young person • **Child/young person in custody with no family support or involvement** • **Child/young person in hospital setting continuously for 3 months**	Indicators of harm or vulnerability: • Child/young person living with unstable living arrangements outside of the immediate family or private fostering arrangement Factors contributing to harm or vulnerability: *Familial* • **Adult who poses risk to child / young person is in household or in contact with family** • **Drug taking, prostitution, and illegal activities by a person in the child/ young person's family home that significantly impacts on child** • **Imminent family breakdown** • **Homeless and destitute in a family context i.e. with parent/carers** • **Scale 3 & 4 Domestic Violence as per Barnardo's Guidance** • **Medicines or harmful products have been ingested by the child/ young person** • **There is insufficient/ inadequate food for the child to eat** *Extra-familial* • Child/young person's sibling role models increase risk of criminal or sexual exploitation	Familial and extra-familial factors: *Familial* • Drug or alcohol abuse seriously affecting the ability of parent/carer to function • Child/young person rejected from home • Parental inability to judge dangerous situations • Parental inability to protect child / young person from harm • Emotional neglect where earlier interventions have failed to be effective • Adult mental health significantly impacting on the care of the child or young person • Parent has serious mental health condition and child/young person is subject of parental delusion • Parent/carer with significant learning disability seriously affecting ability to parent • Any parent/carer who attempts suicide or self-harm • Parent causing significant harm to child/young person *Extra-familial* • Parent blames child/ young person for the harm they experience outside the home

	Health	Emotional Health, Wellbeing and behaviour	Education	Social and Neighbourhood	Family and environment	Parent/parenting
Complex and or High Risk	Factors contributing to harm or vulnerability: *Familial* • **Child/young person has experienced or is at risk of experiencing Female Genital Mutilation** *Extra-familial* • Evidence of physical, emotional or sexual harm/ exploitation or neglect perpetrated by peers or adults in the community (not connected to the family) • Disclosure of significant harm from child/young person which is caused by and/or takes place in an extra-familial context • **Young person has been victim of knife or gun related injury**	Factors contributing to harm or vulnerability: *Familial* • Severe and/or complex relationship difficulties within home/family relationships leading to significant impairment of functioning and wellbeing • Missing or trafficked child/ young person primarily due to 'push' factors which come from the home environment *Extra-familial* • **Child/young person appears to have been trafficked** • Severe and/or complex relationship difficulties outside the home (i.e. peer group) leading to significant impairment of functioning and wellbeing • Missing or trafficked child/ young person primarily due to 'pull' factors outside the home		Factors contributing to harm or vulnerability: *Familial* • **Suspected rape of a child/young person – perpetrated by a family member or someone connected to the family** *Extra-familial* • **Suspected rape of a child/young person perpetrated by another child/young person or adult not connected to the family** • **Child/young person being groomed into violent extremism** • **Child/young person being sexually exploited** • **Child/young person exploited for criminal purposes** • Severe and/or complex relationship difficulties outside the home (i.e. peer group) leading to significant impairment of functioning and wellbeing • Child/young person involved in group sexual offence		*Extra-familial* • Parent seems to collude with extra-familial harm, i.e. facilitating/supporting harmful peer activity through the provision of resources

II) Context Wellbeing Framework

	Behaviours/Indicators	Experiences/Contexts
Universal	• Young people. and where present, staff and or/other appropriate adults in a context report friendship groups to be supportive and age-appropriate friends • Young people state that they feel safe in this context • Young people report they are exposed to a range of ideas and opportunities to give them choices about their lives • Young people are aware of safeguarding responses • Young people and staff (if present) report that sexual behaviour is developmentally appropriate in context • Young people report that relationships are socially acceptable, consensual and reciprocal	**Role of Adults** • Engagement in a multi-agency approach to safeguarding • Appropriate guardianship and oversight is in place • Adults and/or peers take an active and consistent approach to being community guardians – and feel equipped and empowered to protect the context • Young people feel confident to access multiple trusted adults who provide a protective role within the community • Schools consider safeguarding in both the school site and local neighbourhood • School has a designated Mental Health lead
	• School has a high rate of fixed-term exclusions or managed moves • School has high levels of non-attendance and lateness at school • Young people report high levels of bullying, including online • Young people are exposed to the selling or use of illegal substances • Normalisation of criminal activity/ASB i.e. shoplifting or Public Order Offence in a group • Young people hold victim-blaming views • Location where there are multiple instances of personal theft • Location where young people are exposed to single instances of violence • Location where multiple young people congregate during missing episodes leading to harm • Location where young people are aware of others carrying weapons and feel compelled to do so themselves • Context in which there is underage and problematic alcohol consumption • Multiple young people can identify the context as one in which problematic behaviours occur and/or they feel unsafe • Peer group or context is one in which a number of young people repeatedly display problematic and harmful behaviours • Young people have experienced or displayed instances of sexually inappropriate behaviour and language, including sexual harassment • Young people and peers normalise and accept harm and inappropriate behaviour	**Procedural, Systemic and Structural Factors** • School delivers PSHE and RSE • Safeguarding and referral policies (where relevant) include physical design of space and data to monitor trends • Placement decisions are made with relational, physical and psychological safety in mind • For businesses, licensing application and review process demonstrates attention to and compliance with safeguarding requirements **Role of Adults** • The behaviour displayed in the context, and the impact on young people, is primarily viewed as a behavioural/criminal issue rather than a matter for safeguarding • Professionals have limited understanding of the level/prevalence of risk due to inconsistent or unusable recording systems • Physical location of harmful incidents are not assessed or intervened in following incidents • Adults with responsibility only challenge individual behaviours or respond inconsistently when aware of them • Adults guardians normalise and accept harmful behaviours
Universal Plus/etc		
	• School has a high rate of permanent exclusion over a long-term period • Instances of sexual abuse/violence within school or other context • Young people groomed into sexual or criminal exploitation as either victim or instigator at school, through school-based networks or other contexts • Non-consensual harmful sharing of sexual images • Multiple or a pattern of suicide and/or significant self-harm • Young people have been intentionally victimised by peers or adults using significant grooming, coercion or force	**Procedural, Systemic and Structural Factors** • Schools respond to incidents in individualised or isolated manner • School or multi-agency professionals have limited understanding of the level/prevalence of risk due to inconsistent or unusable recording systems • Policies and procedures which govern the context insufficiently guide the response required to address the issues • Placement decisions (i.e. custodial arrangements) place young people at risk • Context is one in which harmful incidents take place • Where relevant some design/structural elements enable safeguarding issues to go undetected, for example low lighting and overgrown bushes
Complex/ High Risk	• Peer bystanders in the context actively encourage or normalise highly problematic behaviours (i.e. victimisation, criminality) • Young people are exposed to physically violent, highly intrusive behaviours, which may at times appear sadistic in nature • Significant harm occurring due to young people avoiding the context/school in order to stay safe • A peer group in which serious harmful sexual behaviour takes place • Peer recruitment of young people into criminal exploitation at school, in the local area or between students i.e. online • Young people commit crimes together causing them imminent or significant risk of harm	**Role of Adults** • Staff/adults have normalised the behaviour being displayed or blamed those being harmed for what has happened • Adults with responsibility hold victim-blaming views • Adults with responsibility have failed to identify and/or challenge the behaviours or attitudes which put young people at risk of harm • Adults with responsibility are reluctant to engage with partner organisations to address the concerns in this context • Place managers have failed to identify and/or challenge the behaviours or attitudes which put young people at risk of harm

Behaviours/Indicators	Experiences/Contexts
Complex/ High Risk	

	Behaviours/Indicators	Experiences/Contexts
Complex/ High Risk	• Young people involved in group sexual offences • Highly problematic normalisation of illegal substances • Context where a young person is murdered • Context in which there is underage and problematic alcohol consumption, alongside other risk factors, e.g. in the presence of adults of concern/at high risk times of day • Serious concerns about context where young people carry or are exposed to weapons e.g. knifes, guns, acid • Serious concerns about young people carrying and using drugs in this context • Location in which young people are being repeatedly coerced into criminal or sexual exploitation • Location where young people are exposed to adults who pose a risk of significant harm • Community disorder i.e. riots/uprising with implications for young people or particular locations of risk	**Role of Adults** • Adult bystanders in the community actively encourage or normalise the behaviour that has been displayed • There are no place managers with identified responsibility/oversight of this context **Procedural, Systemic and Structural Factors** • There is an absence of policies or procedures to guide practice responses to the context • Where safeguarding policies exist, they are not adhered to by those responsible for their implementation • There is an absence of effective behaviour policies • There is an absence of effective policies supporting emotional wellbeing, positive mental health and resilience