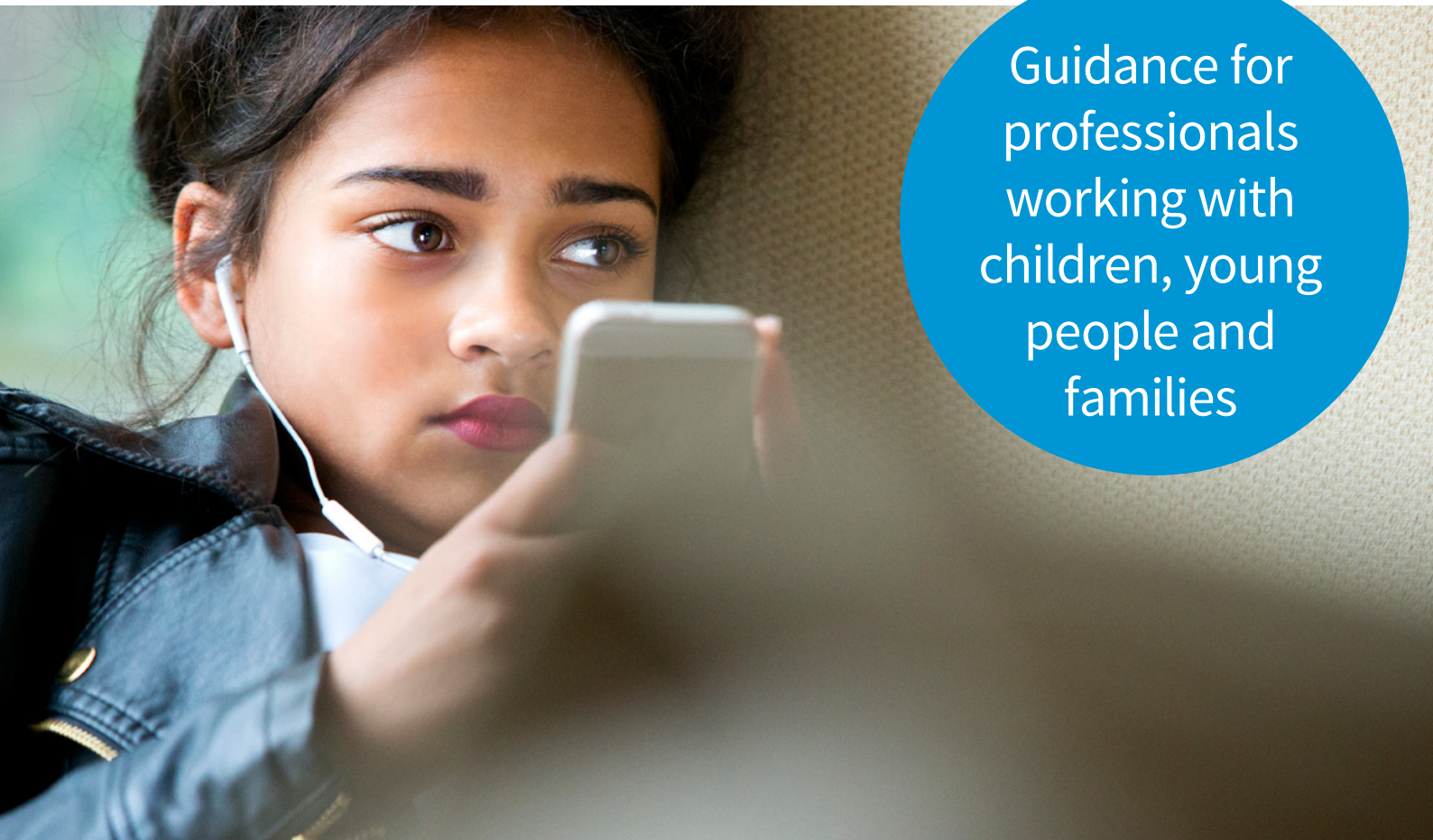


# Increased vulnerability and hidden harm



Guidance for  
professionals  
working with  
children, young  
people and  
families

“ If I am not visible to you, I may be more vulnerable and at increased risk of harm. ”

### With thanks

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## Foreword

What does it mean to be vulnerable? Vulnerable groups of people are those that are disproportionately exposed to risk, but who is included in these groups can change dynamically.

A person not considered vulnerable at the outset of a pandemic or any crisis can become vulnerable depending on a number of both internal and external factors.

As a result, there may be a number of socioeconomic groups within our communities that may be struggling to cope financially, mentally, or physically at any given time.

We recognise that the unprecedented global events of 2020/21 have impacted those within our communities that, for a variety of reasons, already find themselves marginalised and isolated. Furthermore, the recent pandemic has highlighted the importance of adopting preventative, whole family approaches across communities to enable the children, young people and families we work alongside to thrive. Our role as professionals is to create opportunities for children, young people and families to further develop their resilience and for us to work as a multi-disciplinary collective to recognise where the potential vulnerable people in our society are and work together to provide a kind and compassionate response that is consistent, sustainable, timely and appropriate.

With particular attention will need to be given to those identified as living with known additional risk factors as this could exacerbate known vulnerabilities adversely impacting on the acute issues already present.

This document is aimed at supporting professionals working with children, young people and families, a blend of existing tools, strategies and approaches currently adopted across Cornwall inclusive of newly recognised and developed approaches that address adversity, vulnerability and trauma. Within the body of

this document is a tool designed to guide and support in the identification of those who may be experiencing increased vulnerabilities due to a number of individual and environmental factors. A document created to aid us further in our understanding of risk factors in relation to hidden harm and vulnerability, providing guidance and strategies that actively promote early intervention, a stepped care approach to meeting need, prevention and deescalation of risk and the importance of supporting with the maintenance of positive health, wellbeing and safety.

Keeping children at the centre of all we do is paramount. This document recognises that a key determinant of children's health and wellbeing is the presence of nurturing and loving families - parents or carers - and other helpful and trusted adults in the community. For this reason the document focuses upon children, families and trusted adults. It adopts a family approach to all aspects of help and support.

### Why?

Because... 'Children can be highly vulnerable in terms of their size, development, inexperience and in their lack of voice and power. They are dependent on family, community and society to meet their needs and there is a very strong body of evidence that when developmental, physical and mental health need is not assessed and met, (or indeed social and environmental factors negatively impact upon their life), poor lifelong outcomes can occur which if not addressed rapidly will impact on demand across the whole of their life course - potentially causing significant cost to the system later in life' - Meredith Teasdale, Strategic Director - Together for Families.

# Contents

03	Foreword	25	Steps you can take before referring to specialist and targeted services
05	Children at risk from Increased Vulnerability and Hidden Harm	27	The role of the emotionally available adult <ul style="list-style-type: none"><li>- Children and young people</li><li>- iThrive Model</li></ul>
06	Vulnerable children	30	Addressing adversity and trauma <ul style="list-style-type: none"><li>- What is adversity?</li><li>- Urie Bronfenbrenner's Socio – ecological model</li><li>- The window of tolerance</li><li>- How adversity and trauma can affect your window of tolerance</li></ul>
09	Continuum of Need and iThrive <ul style="list-style-type: none"><li>- Integrated Childrens Services – Continuum of Need</li><li>- iThrive Model</li></ul>	35	Vulnerability profiles <ul style="list-style-type: none"><li>- Profile of vulnerabilities impacting child aged 0-2</li><li>- Profile of vulnerabilities impacting child aged 3-5</li><li>- Profile of vulnerabilities impacting child aged 5-11</li><li>- Profile of vulnerabilities impacting child aged 11-16</li><li>- Profile of vulnerabilities impacting YP aged 16-24</li></ul>
14	Resilience. What is it and how can it help to minimise the impact of adverse events?	43	Glossary and resources*
15	Resilience and Vulnerability Matrix		
16	Risk factors		
18	Protective factors		
20	Support framework		
22	Safeguarding and responding to identified risk of Hidden Harm		
24	Increased Vulnerability/ Hidden Harm Pathway		

\*Please refer to the glossary where an abbreviation is used as you are unsure of its meaning. Abbreviations have been used throughout to support ease of reading.

# Children at risk from Increased Vulnerability and Hidden Harm

This document has been produced in response to concerns being raised by professionals that families, children and young people may be adversely impacted as a result of the COVID-19 Pandemic,

but is relevant to any practitioners working with those impacted and effected by adverse situations. Put together to consolidate current processes, guidance and practice adopted across Health, Social Care, Early Help and Education. Each section interlinks and shows how tools can be used together.

A common concern is feeling like you don't know enough to respond well, but simply listening can help someone to break the silence around their situation.

Providing someone with an opportunity to talk, along with the offer of emotional and practical

support about where to go for help are most helpful, particularly when offered by someone trusted, and an organisation familiar to them.

**The information in this guidance will help you understand what is meant by Increased Vulnerability/Hidden Harm, the increased risks and what steps you can take to respond.**

Any concerns of immediate risk of harm should be reported to the Multi- Agency Referral Unit and/ or Police in accordance with organisational policy and procedures (pg 22).

**Hidden harm is harm or abuse that is usually hidden from public view** occurring behind closed doors, often not recognised or reported and often within the context of family life. **Spotting the signs early is key to helping families access support and in preventing risks from escalating.** Risks from Hidden harm can include (but are not limited too), psychological, physical, sexual, financial and emotional abuse, as well as 'honour' based violence and forced marriage.

**When we say Increased Vulnerability, we are referring to groups of people that are disproportionately exposed to risk.** Who is included in these groups can change dynamically dependent on a number of factors including the situation and circumstances. A person not considered vulnerable at the outset of a pandemic or any adverse event can suddenly find themselves vulnerable and at risk. Vulnerable groups not only constitute older persons, those with ill health and comorbidities, those known to social care or who are homeless, but also people from a gradient of socioeconomic groups that might struggle to cope financially, mentally, or physically with the crisis.

# Vulnerable children

This section focuses upon the identification of children considered to be vulnerable based on key indicators as highlighted in one of three groups.

- 1** Children who experience **'hidden harm'**, made worse during the Covid lockdown, because of an increase in domestic violence, parental drug or alcohol misuse, or parental mental health problems (Devon and Cornwall Police data; Hidden Harm taskforce data). **Hidden Harm** refers to the harmful impact upon children of living in households where there is DV, parental alcohol or drug misuse or marked parental mental health problems, where the families are not known to support agencies, or where the harmful impact on children's social and emotional development and wellbeing is neither understood nor attended to. The extent of hidden harm is likely to be greater, when infants and children are less visible to universal and other support services, as is the case during Covid lockdown.
- 2** Children who are known to be vulnerable, because of (a) their history of harm and/or trauma (including children in care, children subject to Child Protection Planning, or young people, who are part of leaving care services); (b) their existing mental health problems, or (c) their special health, neurodevelopmental or learning needs - will face increased mental health and wellbeing difficulties because of the Covid related pressures (YoungMinds; local data). Many children are vulnerable because they cannot rely upon the support of safe, loving, reliable, calm and consistent parents, in the face of stressful circumstances during the lockdown. Nor do they have ease of access to other systems of support and helpful adults.
- 3** Children with little or no known history of harm, trauma or mental health problems may face increased threats to their mental health and wellbeing because of the risks and challenges of Covid-19 lockdown (YoungMinds

data). Many of these children live in supportive families, but the risks and pressures of Covid lockdown are experienced as extremely stressful, and threaten their mental health and wellbeing. Although it will be important to normalise much of this distress and attend to it at home, parents may feel unskilled in knowing how to do this. These risks are presented below.

## Challenges and risks for children and family mental health and wellbeing during Covid-19 lockdown.

- 1 Increased social isolation and limited space.** This reduces access to social support and help from trusted adults (including community, education, early years settings and mental health support); limited access to friendship groups; loss of structure and routines; loss of activities; loss of space; pressure on family relationships, including domestic conflict/violence; parental mental health problems. Loss of routines and friendships of school; loss of access to learning opportunities and group leisure activities. Increased loneliness and feelings of loss and alienation.
- 2 Economic insecurity and increased poverty.** This increases parental/carer anxiety (and indirectly children's anxiety) and parental conflict; may reduce children's ease of access to free school meals; toys; learning opportunities (including tools for learning and access to online learning); housing insecurity; food insecurity.
- 3 Lack of visibility.** Children and families are less visible to wide range of health, social and educational systems of support. Parents

may be reluctant to attend GP, and other health and support services. Many services provided only by virtual means. It is more difficult to identify and support children, who are experiencing difficulties or harm during lockdown. Children may not be able to access normal systems of support and helpful, emotionally available adults (such as school based staff).

- 4 Parental Factors:** parental anxiety, depression, irritability, anger, conflict and uncertainty may increase due to the pressures of lockdown; this is likely to reduce parental capacity to attend to the needs of their children. There may be an increase in parental mental health problems, domestic violence or drug and alcohol misuse (toxic trio), which impact markedly on all aspects of child development and wellbeing, and harm children.
- 5 Reduced or changed access to mental health services** and other systems of support – including primary health care; social care and community support service. Difficulty in accessing trusted and needed systems of support for families, children and young people (some of these systems are vital in supporting children's and parental mental health and wellbeing). Difficulty in accessing usual face-to-face mental health therapeutic support from known and trusted staff.
- 6 Exploitation:** there is an increased risk of exploitation of vulnerable children and families during lockdown. These risks include, online exploitation (of physical and sexual harm), as well as real risks to children and young people in the community, e.g. vulnerable teenagers. During lockdown children are spending more time online, and are at greater risk of exploitation and online harm.
- 7 Reduction in availability of foster homes:** this will impact on the availability of care and support for children needing safe homes.

## Impact of risks and challenges upon children and young people:

- 1 Exacerbation of existing mental health problems** –including eating disorders; anxiety; depression and serious mental health problems, among children, young people and parents/carers.
- 2 Healthy child development including social and emotional wellbeing compromised in some families.** This is due to the many ways in which parent/carer capacity to attend to the needs of children is reduced by the consequences of lockdown. This includes parents who themselves have a history of harm and trauma; isolated parents who are struggling with new born babies; parents overwhelmed by economic pressures of Covid lockdown; parents in conflict or violence; parents who misuse alcohol.
- 3 Children not accessing face to face, important health care** –including immunisation; routine medical care; health visiting; mental health service.
- 4 Increased health and educational inequalities** –due to differential impact of Covid lockdown on poorer families; some families cannot access online services; are not able to access healthy regular food; access healthy activities; not managing sleep and lack of routines.
- 5 Increased poverty; increased family debt and risks of homelessness.**
- 6 Increase in risky and externalising behaviours among young people.** Some young people resort to externalising and risky behaviours when facing underlying anxieties and threats. They may engage in risky behaviours to demonstrate their 'brave and don't care attitudes'; or may engage in risky behaviours as a result of desperate longing to connect with others even if the others prove to be dangerous to them. Many teenagers turn to externalising behaviour to show that they are not afraid, anxious or depressed (even though deep down they fear these emotions).

## Challenges for professionals:

- 1 **Identify children who may experience 'hidden harms'**, and find effective ways of supporting families and attending to the needs of children. This will require a range of agencies working well together, in sharing intelligence and providing support in accessible ways (drug and alcohol; DV, mental health services; police; social care; education; Voluntary Sector).
- 2 **Identify vulnerable children and families not accessing services.** This may include children leaving care; in foster care; children with history of harm or trauma; children who are or who have been subject to CP planning; children with history of mental health difficulties; children whose disabilities (including neurodevelopmental; learning and physical) render them more vulnerable to harm or experiencing mental health problems.
- 3 **Providing support to vulnerable children/families in innovative and accessible ways** –using outreach; trusted adults to develop helpful relationships as part of support; using what works for the young vulnerable person (rather than relying upon evidence based practice).
- 4 **Managing risk in helpful, accessible and effective ways.** This requires agencies to work well together to reach out; engage and form supportive relationships with vulnerable young people, and use relationships to help and support. Shared Safety Planning in collaboration with young person.
- 5 **Planning for increase in demand for services** (surge planning), and ensuring flexibility of services to meet need in accessible & effective ways. This will include planning for increased complexity and severity of mental health need; increased entrenchment of mental health problems (that were not attended to during lockdown).
- 6 **Plan to support families with children facing increased threats to their mental health and emotional wellbeing** because of the consequences of Covid lockdown (but no previous history of mental health problems). This will require provision of mental health (or psychological) First Aid rather than highly specialist mental health services. This will support families to attend to the needs of their children in more informed and skilled ways, and reduce the need for more formal mental health care.



# Continuum of Need and iThrive

Across Cornwall there are a number of solution focused strengths-based approaches that are used to aid practitioners in identifying risk, vulnerability, protective factors and levels of need within families.

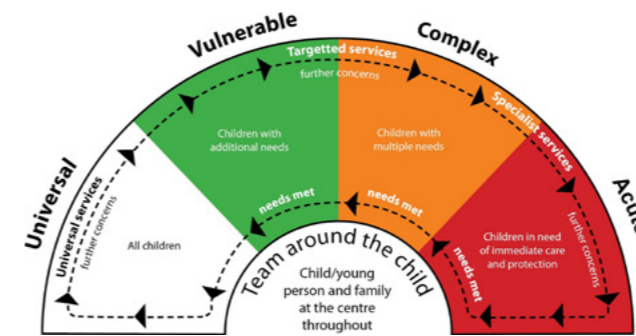
The two models most familiar with professionals working across Childrens Services that enable this are the Continuum of Need and iThrive.

Our Safeguarding Children Partnership (OSCP) for Cornwall and Isles of Scilly advocates using the continuum of need model embedded within the threshold document to support a multi-agency, whole system, holistic approach to assessment, prevention and the implementation of interventions for children, young people and their families based on identified need and vulnerability.

or young person moves between different levels of support. This whole system approach also highlights the importance of having a practitioner in place to co-ordinate service activity and to act as single point of contact whenever a child or young person requires integrated support. It is important to keep in mind that movement up and down the continuum of need is not exactly the same for each child; it will depend on level of risk, engagement of the child/young person or family with services and the history of past harm for a child or young person.

For more information on using The continuum of need and The Threshold Tool in practice click on this link CIOS Safeguarding Children Partnership - Threshold Tool.

## Integrated Childrens Services – Continuum of Need



The diagram of the model is a visual representation of the spectrum of support and shows the inter-relationship between the different levels of need, and how the level can dynamically move forward and backwards across the continuum, dependent on the presenting needs of the child. This model advocates the importance of adopting an integrated approach to service delivery and reinforces the need for an effective seamless process to ensure continuity of care when a child

[https://ciossafeguarding.org.uk/assets/1/cios\\_scp\\_threshold\\_guidance\\_july\\_2018\\_-\\_revised\\_15\\_08\\_18.pdf](https://ciossafeguarding.org.uk/assets/1/cios_scp_threshold_guidance_july_2018_-_revised_15_08_18.pdf)

These can be used together with Working Together to Safeguard Children 2018

[www.gov.uk/government/publications/working-together-to-safeguard-children--2](http://www.gov.uk/government/publications/working-together-to-safeguard-children--2)

which provides professionals with statutory guidance on inter-agency working in order to safeguard and promote the welfare of children.

iTHRIVE is a model used across services with a focus on mental health and emotional wellbeing. It conceptualises four clusters (or groupings) of young people in an attempt to improve access for the most vulnerable children and young people in Cornwall and the Isles of Scilly.

## iThrive Model

Cornwall has adopted the iThrive Model, across children's emotional and mental health systems and services as a framework to enable children, young people and their families to get the right help, at the right time, in the right place and in the right way and thereby intervening earlier to prevent escalation, minimise harm and promote recovery. It replaces the old tiered system of care.

The following infographic shows a blending of the two models which we have called the iThrive Continuum of need to show how both strengths-based models can combine to align and complement each other. The iThrive Continuum of Need in no way replaces either model but rather has been created to provide professionals with a good understanding of each model and how they inter-relate thereby encouraging a shared language across services.

This visual tool can be used when considering both the health and social needs of an individual or family, as well as the level of need and risk, and can be used alongside the support framework (see pages 21-22) to identify appropriate interventions that reflect the need of the child, young person, and family.

The descriptors and indicators of these models are there to provide guidance to professionals and should not be used to predict sudden changes in the child's lived experience. Any sudden change in a child's presentation should be explored to establish if there is a cause for concern. In addition, the age of the child and any protective factors that may enhance resilience need to be taken into account and consideration.




If you have immediate concerns for a child, young person or vulnerable adult then refer to the safeguarding section of this document (Page 22)



# IThrive

## Continuum of Need

 Risk from Increased Vulnerability and Hidden Harm can present at any stage in this continuum.



# Resilience. What is it and how can it help to minimise the impact of adverse events?

**Resilience enables us to cope when things are challenging and helps us adapt to changes in a more positive way.** Resilience can enable individuals to transform potentially traumatic stress into tolerable stress and therefore can reduce the negative impact a situation has on a person's life.

The iThrive Continuum of Need demonstrates that the needs of children, young people and families lie along a continuum and are not static. This highlights the necessity for them to be supported by flexible and responsive services which become increasingly targeted and specialist according to need. An increase in resilience enables individuals to mitigate the impact and effects of adversity; cope with uncertainty and be more likely to bounce back and recover from traumatic adverse events.

As a professional you can use the resilience and vulnerability matrix to help inform conversations

**“The single most common factor for children who develop resilience is at least one stable and committed relationship with a supportive parent, caregiver, or other adult. These relationships provide the personalised responsiveness, scaffolding and protection that buffer children from developmental disruption. They also build key capacities - such as the ability to plan, monitor, and regulate feelings and behaviour - that enable children to respond adaptively to adversity, and thrive. This combination of supportive relationships, adaptive skill-building and positive experiences is the foundation of resilience”.**

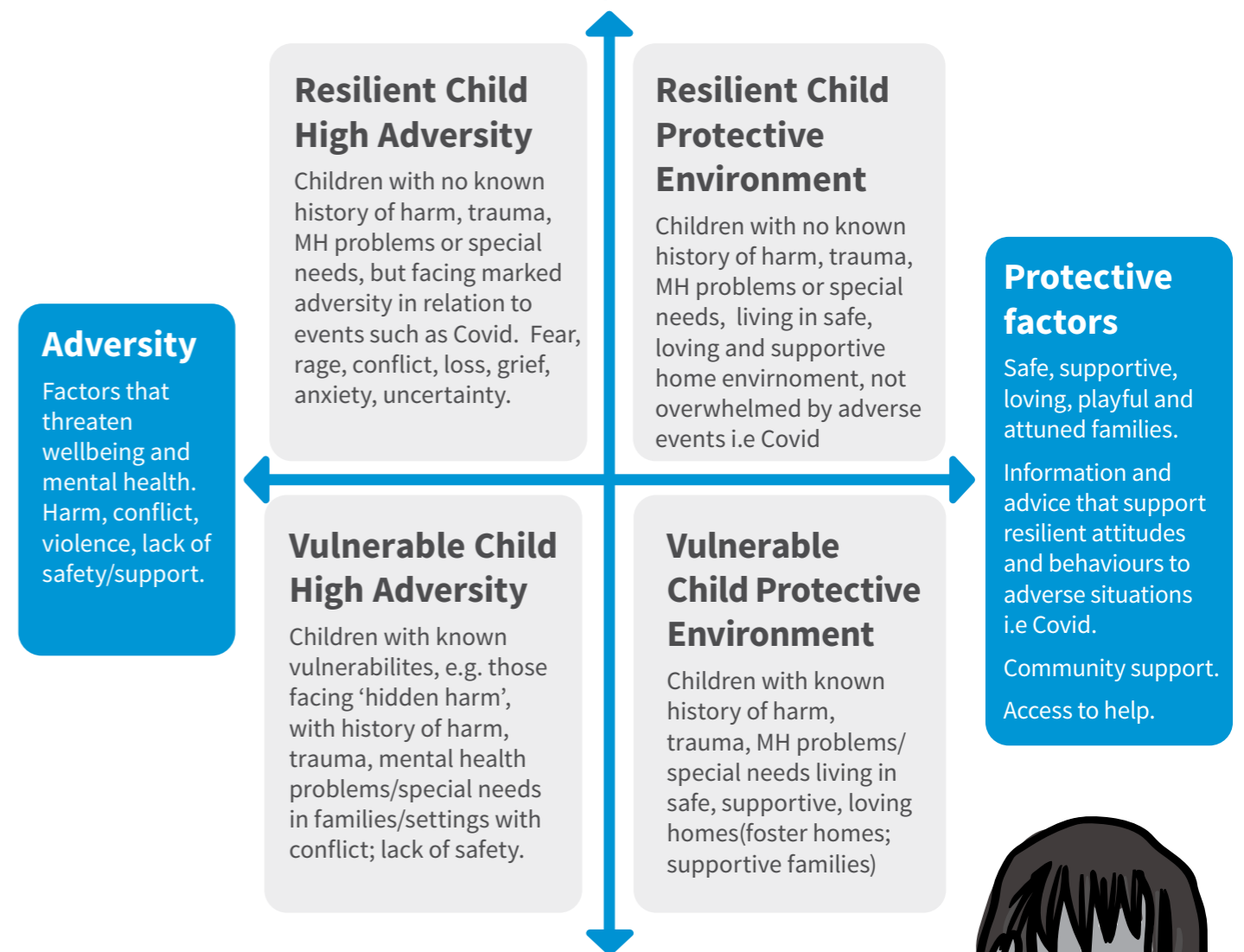
Harvard Child Development Centre

and explore with an individual or family to find out what the challenges they are experiencing or currently facing. Be conscious that the presenting needs may not be the causal factors and these may have been triggered by a historic traumatic experience or historic vulnerability.

- To consider the impact and effect on an individual who has experienced adversity.
- To aid in the identification of challenges, barriers and needs of each person, as well as their strengths and any protective factors they may have in place.
- As part of a wider assessment to highlight where there may be gaps in available resources for vulnerable children, young people and adults who are most in need of targeted, specialist interventions. This can also help services estimate potential numbers needing more support and take steps to address this.

# Resilience and Vulnerability Matrix

**Resilience.** Relationships and characteristics that enhance, promote and support healthy emotional growth and development. Child is supported by safe and loving environments, has secure attachments and demonstrates pro-social behaviour.



**Vulnerability.** Relationships and characteristics of child that threaten healthy development. e.g Conflict/ lack of safety/ lack of or poor attachment to an emotionally available adult.

When a number of protective factors are present, they can help to mitigate the impact and therefore significantly reduce the levels of emotional distress an individual may experience from any experiential risk factors, as described on pages 16 and 17.





## Risk factors

Risks factors are dynamic and can change dependent on the influencing variables. This will not always be obvious or apparent. In the table

below are a number of potential risks factors that may impact on a child, young person and adult increasing their level of vulnerability.

Risk factors	Under 5s	5-11 years	11-16 years	16-24 years	
<b>Parental</b>	High impact of risks of toxic trio. Infants and young children less visible and impact of harm greater in early years. Greater risk of child injury and serious harm.	This group is very susceptible to feeling anxious, because they are able to see dangers, but do not have resources to cope with them. They may rely heavily on parents to recognise and attend to their anxieties. Parents may not be able to do this (because of their own distress or impact of toxic trio).		Young people may feel forced to remain at home, even if relationships are strained, or in conflict or where there is domestic violence. Experience the impact of toxic trio. Young people may long to be with peers, so feel lost and lonely with reduced social and school-based contact.	Vulnerable young people may continue to experience the impact of impoverished parenting or poor care. There may be unresolved or ongoing conflict. The impact of this on their capacity to assume more independence and more adult responsibilities may be compromised. More vulnerable as a consequence to a wide range of mental health problems.
<b>Lack of visibility</b>	Infants and young children are less visible than older children. Less regular face-to-face contact with universal services. If there are harmful relationships in family are harder to recognise with very young children.	During lockdown difficulties of primary school children may not be recognised or attended to. Children may not have access to their usual systems of support, in school or with other trusted adults.		Young people experiencing emotional, social or mental health difficulties are less visible to other adults as they are not attending school or other regular social connections. Young people who normally access face-to-face support services may not be able to access them or access them in their preferred ways.	Young people may fall in between services, including children's and adult services just when their need is at its greatest. They may not be visible and their needs poorly understood. They may be homeless or leaving care; they may have history of harm or trauma, which compromises their ability to form loving and trusted relationships. Increased risks of mental health problems. Difficulties in accessing work and training.
<b>Isolation</b>	Infants and young children thrive in loving supportive families and access to playful environments and other children (such as nurseries; play centres; parent support groups). In lockdown, greater isolation from playgroups; nurseries and access to play with other children. Parents may be more isolated and may find this stressful, resulting in greater anxiety, irritability and even depression.	During lockdown primary school aged children may feel very isolated, with little or no access to friends, extended family and other systems of support. They may feel sad or lost without seeing people important to them. They may feel lonely. They may feel lost without their normal routines. They may miss teachers and other supportive adults they see in school.		Young people rely heavily on connections with other children and young people, as part of normal growing up and becoming more independent. They may feel acute loneliness and lack of purpose without these regular connections and friendships.	Young people may experience very high degree of isolation, loneliness and lack of support from trusted, safe and reliable adults. They may experience lack of work and training, which bring social connections.
<b>Poverty/ economic insecurity</b>	Poorer accommodation; fewer toys; less access to nature and play outdoors. Increased debt, increased family anxiety and conflict, impacting on very young children. Impact on health and social and emotional development of infants and young children may be great.	May be impacted by the anxieties of parents about debt and economic insecurity. Lack of toys; play space; access to outdoors and nature; lack of stimulation; unequal access to learning and the tools of learning.		Impacted by anxieties and conflicts of parents in relation to economic uncertainties and growing debt. Lack of access to good accommodation; play spaces; outdoors and nature; unequal access to learning opportunities and the tools of learning. Lack of family stimulation and loss of routines.	Work and training may be more difficult to access. They may face real economic challenges and poverty. Poor housing. Young people leaving care very vulnerable.
<b>Lack of access to systems of support</b>	Parents of infants and young children may not be able to easily access face-to-face support. Parents may experiencing pressures related to lockdown, feel greater anxiety and depression and less able to attend to and prioritise the needs of their infants and young children. They may not be able to access support to enable them to respond in more healthy ways to the needs of their very young children.	Parents of primary school aged children may not be able to access support in relation to the needs of their children (MH or parenting support). Family conflict or violence may threaten the mental health and wellbeing of all family members, but young children are especially susceptible.		Young people may not be able to access their normal systems of support; or only access them in less familiar ways (virtually). They may not have the support of their teachers and school based support staff or their mental health team. They may not have the support of members of extended family that are highly supportive.	Young people may fall between adult and children's mental health services and may have great difficulty in accessing appropriate care and support. Vulnerable young people are less likely to access GP services and other health services. Vulnerable to self-harm and suicide.
<b>Exploitation and risk taking behaviour</b>	Isolated and vulnerable parents of infants and young children may be experience high degrees of distress, anxiety or depression and may seek support in unhealthy ways; using alcohol, drugs or engaging in unhealthy relationships (that are conflict-ridden or violent). All of these factors threaten the wellbeing of infants and young children.	Young children may spend more time online (or watching videos) accessing inappropriate material or may be vulnerable to exploitation online. They may be watching inappropriate material such as violent or sexualised material, which impedes their healthy social and emotional development.		Spending more time online; potentially unsafe; increase in loneliness and longing to connect with others may lead to unsafe contacts and risky behaviour outside. May be misusing drugs and alcohol (as coping mechanisms). May not socially distance. May be exploited by adults (sexually or physically).	Young people are vulnerable to online and real exploitation, especially those who long for loving and social connections, but are not able to discriminate well between those that are harmful, and those that are not.

## Protective factors

**A way in which we can support children, young people and their families to overcome adversity and therefore lessen the risk of increased vulnerability is to identify protective factors.**

This will support an individual to survive in their immediate environment and mitigate or reduce the impact of the adverse event through access to available resources, help to establish a sense

of safety (emotional, psychological, physical) and reflect on and make sense of what they have experienced.

Those most at risk could include but are not limited to individuals affected by: domestic abuse or sexual violence, drug or alcohol dependency and those just about managing before the start of the pandemic, but the crisis was the tipping point for them catapulting into chaos.

### What protects young people?



**For families living in adverse social environments,** for example due to poverty, social isolation or poor housing; collectively **adopting a mutually supportive ethos and approach enables highly effective community support and will therefore help to address the health and social inequalities** thus protecting those most at risk and vulnerable whilst also counteracting the long term risks (of deepening social, economic and health inequities).

Dr Pooky Knightsmith recognises 4 core protective factors that are likely to increase the resilience of children and young people in relation to adverse events and subsequent trauma: the relationship with nurturing care givers (if they are not the origin of the adversity) social connectedness with a supportive peer group, (person centered factors), the ability to problem solve and communicate can moderate risk factors, and an interest, hobby or

skill that the child or young person highly values in themselves (social factors). These can be simplified as four P's – Parents, Peers, Problem-solving and Passion.

[www.pookyknightsmith.com](http://www.pookyknightsmith.com)

“ Supporting resilient families mitigates the impact of adversity; enables children and families to cope with uncertainty; and helps them to recover from adverse events and trauma more readily. ”

As a professional working with families you can help and support them to find ways and use strategies. Connecting families to help, support and activities that promote and build resilience. For more idea's on activities that you can do together as a family that support and promote the building of positive mental wellbeing and resilience go to Start Now, Your Way or Cornwall Council's Emotional Resilience and Mental Health support pages

[www.startnowcornwall.org.uk](http://www.startnowcornwall.org.uk)

[your-way.org.uk](http://your-way.org.uk)

[www.cornwall.gov.uk/education-and-learning/coronavirus-advice-for-children-and-families/emotional-resilience-and-mental-health/](http://www.cornwall.gov.uk/education-and-learning/coronavirus-advice-for-children-and-families/emotional-resilience-and-mental-health/)

# Support framework



# Safeguarding and responding to identified risk of Hidden Harm

Everyone impacted and affected by COVID-19 (or any adverse event) should have access to and be offered help and support.

Early Help aims to ensure that services to support children, young people and their parents are there when they need them. Early Help is about identifying problems at an early stage and providing purposeful and effective help swiftly once they have been identified.

The Cornwall Early Help Hub is the single point of access for both council and community health services, in line with the Early Help Offer. This is the point of contact for advice and requests for support for a child or young person who may have additional needs that cannot be met solely by universal services but which do not meet social care thresholds.

For further advice on what support is available you can contact the **Early Help Hub on 01872 322277** or visit the website to download and complete a request for help

 [www.cornwall.gov.uk/earlyhelp](http://www.cornwall.gov.uk/earlyhelp)

If a person makes a disclosure that either they or someone in the family is at risk of immediate harm their safety and the safety of others including any children who may be affected is the first priority. If you have immediate concerns or are worried about a child or young person's safety, please telephone the Multi Agency Referral Unit (MARU) on **0300 123 1116** or e-mail [multiagencyreferralunit@cornwall.gov.uk](mailto:multiagencyreferralunit@cornwall.gov.uk)

If you are concerned that a child or vulnerable adult is at risk of immediate harm please ensure you follow organisational safeguarding procedures. This forms part of a wider response to interventions in childhood adversity, and works

in a way that supports and safeguards the child, young person or vulnerable adult to recover from the adversity or trauma they have or are facing. Referral to specialist services such as the MARU ensures that those at risk receive coordinated support from knowledgeable, qualified, trustworthy and well-trained professionals.

If you have concerns in relation to vulnerable adults you can ring the **Adult Safeguarding Service on 01872 326433** for advice or email [adultsafeguardingconcerns@cornwall.gov.uk](mailto:adultsafeguardingconcerns@cornwall.gov.uk)

For further information please refer to:

Our Safeguarding Children Partnership (OSCP) - introduction: [ciossafeguarding.org.uk/scp](http://ciossafeguarding.org.uk/scp)

All organisations have arrangements to safeguard and promote the welfare of children. This includes having policies for dealing with allegations against people who work with children.

If you are concerned that this has happened you can refer to the LADO (Local Authority Designated Officer) for advice and support: [www.cornwall.gov.uk/lado](http://www.cornwall.gov.uk/lado)

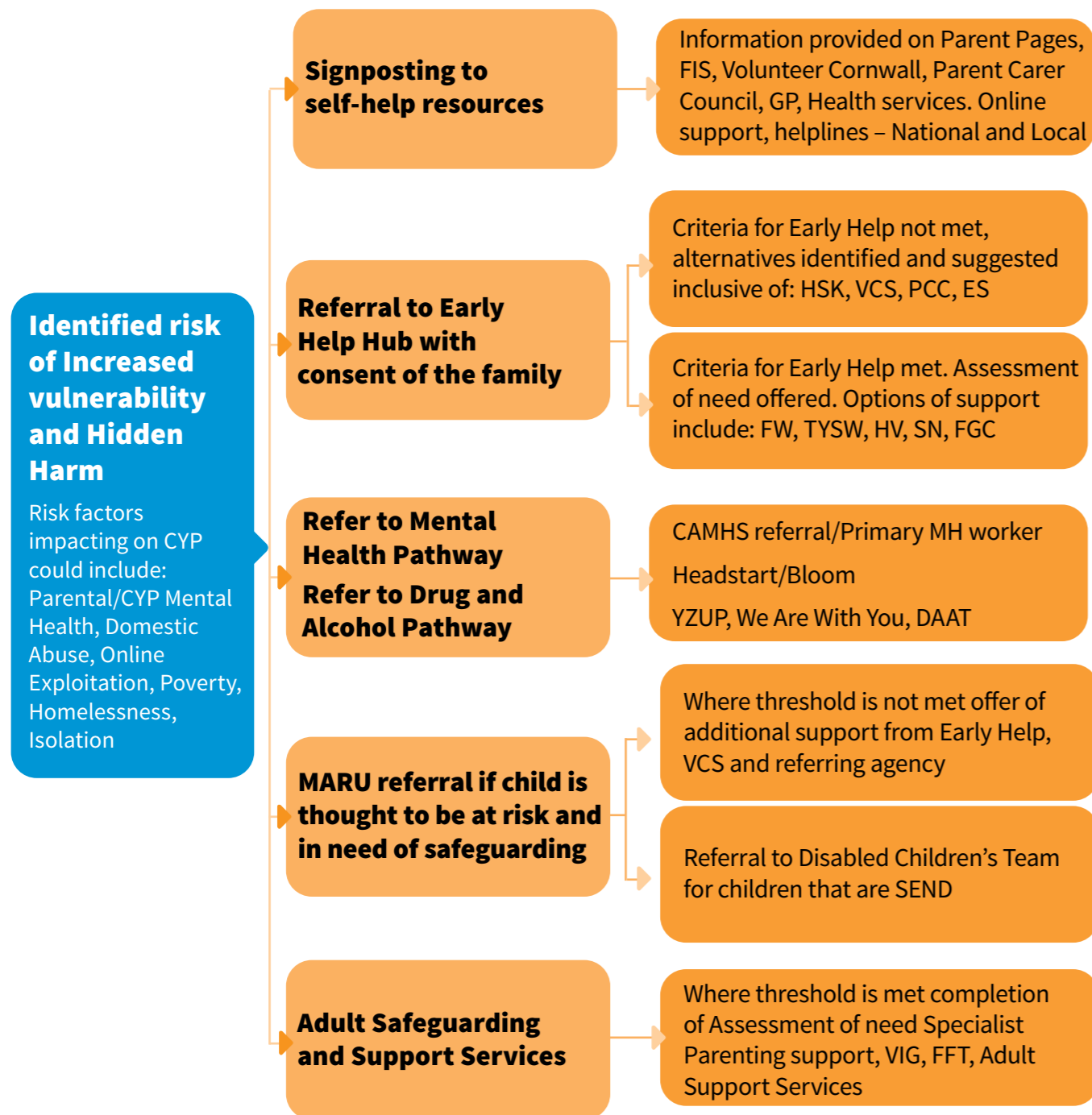
If you have concerns that the person you are speaking with is at risk of Hidden Harm, and there are signs that they are vulnerable, but they have not disclosed **Speak to your line manager and the MARU for advice.**

“ Intervene early to prevent an escalation of need and avoid preventable exposure to additional adversity and trauma in children and young people’s lives ”



# Increased Vulnerability/ Hidden Harm Pathway

**This pathway has been put together to support professional's in identifying the most appropriate action** to take once level of need has been established and any risks identified. It promotes and encourages taking a stepped care approach to recommending and referring to support services for children, young people and families. Please ensure when considering the safeguarding and promotion of child welfare you refer to Working Together to Safeguard Children 2018\* and the safeguarding advice on page 22



\* [www.gov.uk/government/publications/working-together-to-safeguard-children-2](http://www.gov.uk/government/publications/working-together-to-safeguard-children-2)

# Steps you can take before referring to specialist and targeted services

Services can help people to talk about their worries and concerns.

If you are able to make contact, ask about the person's experiences whether they need help and support. Look or listen out for signs of possible Hidden Harm, are they at Increased Vulnerability as a result of current circumstances? Listening and acknowledging that things may be difficult are the first steps in making sure they receive the right help and support. For more information on how to spot the signs and respond to identified risk and need please read the whole document.

**“** If you are concerned that someone is adversely impacted as a result of COVID-19 offer to talk with them privately to explore support options, at a time convenient for them. Provide reassurance and reinforce that you are in contact to offer help and support. **”**

**Start conversations gently by conveying your concern.** Ask about things you have noticed “You haven't been in contact is everything OK?” or “I'm worried that I haven't heard from you in a while, are you ok?”

**Other examples could include:**

- ➔ Do you need access to more support?
- ➔ You seem worried/anxious is there anything I can do to support you at this time?
- ➔ How are you feeling?

Remember to validate how someone is feeling this shows empathy and demonstrates you are listening



**“** When asking questions sensitivity and gentle curiosity can help a person open up and talk about their experiences and ask for help and support **”**

“ Many people will be worried about sharing what is going on for them. Afraid of the perceived stigma associated with getting help and support. Your response will be key to helping them feel reassured that you are there to help, and that accessing support could make all the difference for them as an individual and as a family ”

Children in particular may feel unable and afraid to speak out. Try to provide opportunities so that individual family members can talk to you on a one to one basis to share their worries and concerns.

Individuals are less likely to disclose in a group situation.

Listen with a supportive attitude and an open mind. The important things to convey are that you are there to help and assist, and that you are concerned and worried about them and that you want to help.

**There may be a number of reasons why a family is not engaging with an offer of help and support.** The following pages explore a variety of socio-ecological theories and models which can help to explain where a family may be at in terms of their presenting behaviours and help you to understand the potential reasons behind these.

**If you're unable to make contact, consider the following**

- ➔ attempt to make further calls
- ➔ try other mediums to make contact such as texting, Facebook, email
- ➔ record all attempts to make contact
- ➔ send a letter offering support, highlight any concerns you have
- ➔ safely undertake a home visit
- ➔ if you are worried, you can arrange a welfare check
- ➔ maintain open communication with your line manager throughout to ensure they are aware of escalating concerns
- ➔ if concerns remain, speak with the MARU/ police for advice

“ The ability to cope and thrive is not dependent on learning the skills that you need alone and in isolation, but is also about how adults in children's lives, in their schools and communities take action to offset the family and environmental factors and barriers that can undermine children's ability to flourish. ”

# The role of the emotionally available adult

**The role of an emotionally available adult (EAA) is key for both children and adults to thrive.**



As a professional working with families you will have a good understanding on the importance of building rapport and connection and that when appropriately fostered relationships can positively influence the emotional health and mental wellbeing of others. For some families you may be their preferred (or only) EAA, a person they rely on to provide boundaries, a safe space and to enable them through facilitated conversation to find ways in which they can feel empowered, learn to self-regulate, and explore and identify ways to resolve issues and circumnavigate adversity.

## Children and young people

Children who seek attachments (not attention!) with adults do so in a number of ways and through a number of behaviours. Where this relationship is nourished and reciprocated, it can have an amazing effect on the child's emotional health, wellbeing, happiness and consequently behaviour. Children who seek attachments and are not responded to may result to less than positive behaviours in order to get any response whether it is positive or negative. By pre-empting that a child, young person may need your support ahead of an interaction you can create an environment where a child does not need to act in a way that causes challenges and distress to the child, young person or to you as a professional.

For a child, young person, or adult experiencing adversity being able to connect and speak with another can help them process negative life events in order to minimise the potential impact and effect, and go some way in mitigating the likelihood that the individual will internalise feelings of hurt and distress which may escalate and manifest as challenging behaviours.

Having a trusted adult to talk to can support with the reduction of stress and anxiety and the child, young person will feel valued, and listened too. To be heard is incredibly powerful.

Human resilience is an ongoing process supported by loving relationships; it is neither a fixed point nor inherent quality. It can fluctuate over time and as a response to different circumstances; a child, young person or adult may struggle in one domain but adapt well in others. Their resilience can be greater or lesser at different points in time. When we have at least one supportive & loving relationships and positive connections with parents and trusted emotionally available adults then we are more likely to approach these trusted adults to seek help and support when needed.



**An EAA can provide a secure safe space and environment and through facilitated conversation empower a child, young person or adult to regain a sense of control and coping, and enable them to move towards problem solving and self-efficacy.**

The EAA can support with:

- Enabling individuals to strengthen their adaptive skills and find ways to safely ground themselves and regulate emotions
- Embracing new experiences in flexible ways, overcoming perceived obstacles and barriers
- Maintaining a hopeful and optimistic outlook
- Providing positive interactions and role model resilience building skills (calm, flexible and problem-solving approach)
- Building strong social and emotional connections and attunement
- Developing problem solving skills
- Helping children, young people and adults to identify, describe and regulate their emotions. 'Name it to tame it'
- Building confidence and self-esteem by taking on manageable challenges
- Promoting optimism, playfulness; seeing the bright side of things

“ Having a trusted adult to talk to can support with the reduction of stress and anxiety and the child, young person will feel valued, and listened too. To be heard is incredibly powerful. ”

- Promoting and demonstrating coping skills. Giving children, young people and adults ideas on how to overcome challenges and adverse situations
- Helping children, young people and adults to face frustration or disappointment in a healthy way
- Promoting self-care including the need to get enough sleep, outdoor exercise and opportunities to connect with the outside world

## Remember:

In order for a child, young person or adult to feel safe, their basic physiological and emotional needs must be met first. Think Maslow's Hierarchy of Needs. Positive relationships that encourage connection and attunement are key in promoting safe, secure environment's in which an individual can thrive.



Children, young people and adults considered particularly vulnerable may not behave in a way that reflects their chronological age and or developmental stage. The individual may not be able to process an adverse event that will likely compound feelings and levels of stress and anxiety. Dealing with strong emotions may be a struggle to regulate and make sense of without additional support from an emotionally available adult.



If the child, young person or adult is unable to access help from a support network or emotionally available adult they may move out of their window of tolerance (pg 30) and move in to experiencing feelings associated with Freeze, Flight, Fight (pg 31) This may then escalate and manifest as behaviours considered challenging and difficult to manage. Keep in mind this is a response to environmental factors (causation) and triggers rather than to you and other people. It is a maladapted form of communication to demonstrate distress, hurt and pain.



**The role of the emotionally available adult is central in the provision of a physically and emotionally safe and nurturing environment.** The emotionally available adult can support in the adoption of pro-social behaviours and strategies that enable emotional regulation and build resilience.

### Those supported by an EAA are more able to:

- Seek help/support from family and trusted adults when needed
- Can access a safe and secure base when needed
- Know when to stop, rest, and replenish resources
- Describe and regulate their emotions
- Manage challenges, frustrations, and disappointments
- Be persistent, especially in the face of obstacles
- Meet challenges of learning, playing and relationships
- Problem-solve and take actions to deal with challenges

- Have a sense of independence, self-efficacy and worth
- Form and enjoy positive relationships
- Have sense of purpose and goals
- Be hopeful & optimistic (belief 'things will turn out alright')
- Feel gratitude -good things in life & supportive relationships

**It does not take something extraordinary to thrive against the odds. We need to build resilience through everyday loving connections, compassion, kindness, attunement and support from caring adults.**

The following pages provide some theories, models and approaches that you can use to enhance support and promote the role of an EAA.

# Addressing adversity and trauma

## What is adversity?



Adverse experiences are **highly stressful**, and **potentially traumatic events** or **situations** that can occur over a course of our lifetime

When this happens during childhood and/or adolescence we refer to this as an Adverse Childhood Experiences (ACE's)



### Adversity can be experienced as a result of either:

- ➔ a singular event
- ➔ prolonged exposure to ongoing and/or multiple events/threats



These experiences often directly impact and affect the individual as well as their immediate environment.



Adverse situations can lead to an individual experiencing feelings of trauma and therefore **addressing adversity** and **trauma as it occurs can help to reduce the potential for situations to escalate** to the point of requiring a statutory response

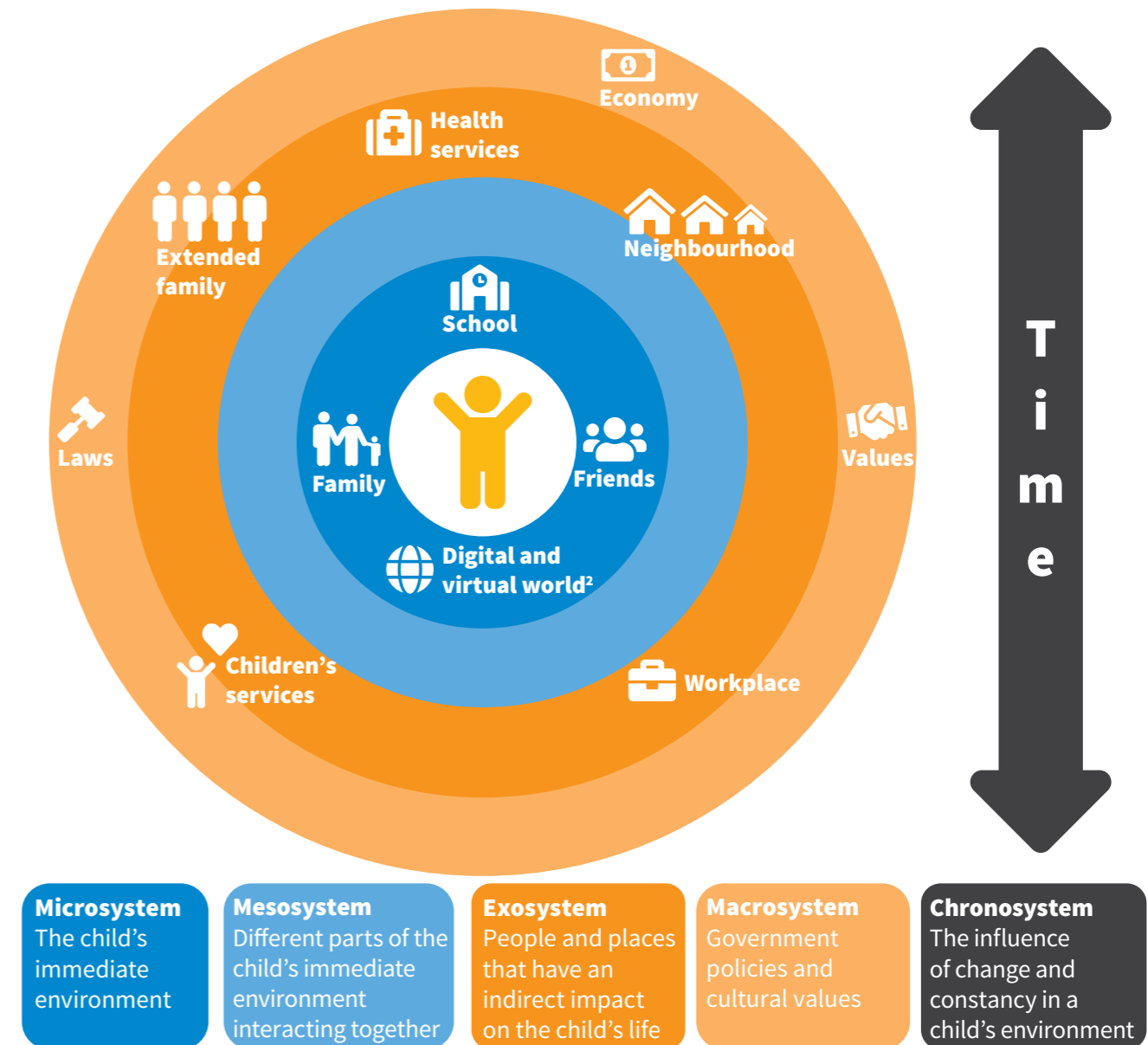


- Families may find themselves impacted by a number of environmental factors, that increase levels of risk and vulnerability** which may include but not limited to:
- Deterioration in Child/Parental Mental Health
  - Financial Insecurities as a result of job loss/being furloughed
  - Homelessness
  - Poverty

- Health inequalities
- Loss of support systems/networks
- Direct face to face support from services no longer in place
- Substance, Alcohol misuse
- Domestic Abuse, Prolonged Parental Conflict
- Parental incarceration
- Bereavement

## Urie Bronfenbrenner's Socio – ecological model<sup>1</sup>

This ecological model helps us to better understand the connection between the individual and their environment and how the layers of adversity are interrelated and how our environment can both increase and decrease vulnerability and the impact it has on our lives. As a professional, this helps us to better understand and address the factors that may be compounding and impacting on an individual.



<sup>1</sup>Bronfenbrenner's Ecological Theory (1979)

<sup>2</sup>The original model did not include digital, online world as an influencing factor for individuals. This was an added by Headstart Kernow following discussions with young people who felt it should be given the large part that social media and the virtual world plays in modern day life.



## The window of tolerance

The window of tolerance was originally described by Dr. Dan Siegel as the optimal zone of arousal in which a person would be able to function and deal with day-to-day stress most effectively. Where emotions are processed in a healthy way allowing the individual able to function and react to stress and anxiety in a more positive way.

### The window of tolerance

**Think of the window of tolerance as a road that you want to cross.** When it is busy and there's lots of traffic speeding along, it can feel fast and unsafe, and individuals can experience feelings of hyper/hypo arousal and dysregulation. When the same road is quieter, and you're helped across by a well-placed zebra crossing you feel more in control and safer, more able to deal with the challenge.



#### Hyperarousal

- Feeling anxious, angry and out of control
- May feel as though they want to fight or run away
- Responses can appear chaotic. May be overly responsive to any given situation



#### Dysregulation

- Individual may become less flexible in their opinions
- Behaviours may present as more impulsive
- Individuals may begin to feel overwhelmed



#### Dysregulation

- May begin to feel overwhelmed, not feel or be present in any given situation
- Loss of memory, time and focus.
- Functioning on autopilot
- Disassociated from others



#### Hypoarousal

- Emotional detachment, feeling flat
- May share that they feel exhausted, low or depressed. May experience your body shutting down or
- Individual may be underly responsive to any given situation

Staying within the window of tolerance enables individuals to remain in their comfort zone, so they are more likely to be emotionally regulated, deal with situations when they arise (including a little bit of pressure) process emotions in a healthy way and be in a place where they feel the 4 C'S in control, calm, collected and connected

**Ideally this is where we want to support individuals to be - in the Window of tolerance.**  
The optimal zone

Most people can deal with the demands and stress of everyday life without much difficulty. However, for those who have experienced trauma, anxiety, or other mental illness, it can be difficult to stay in your optimal zone.



As a professional working with families recognizing when individuals are not in the window of tolerance can help

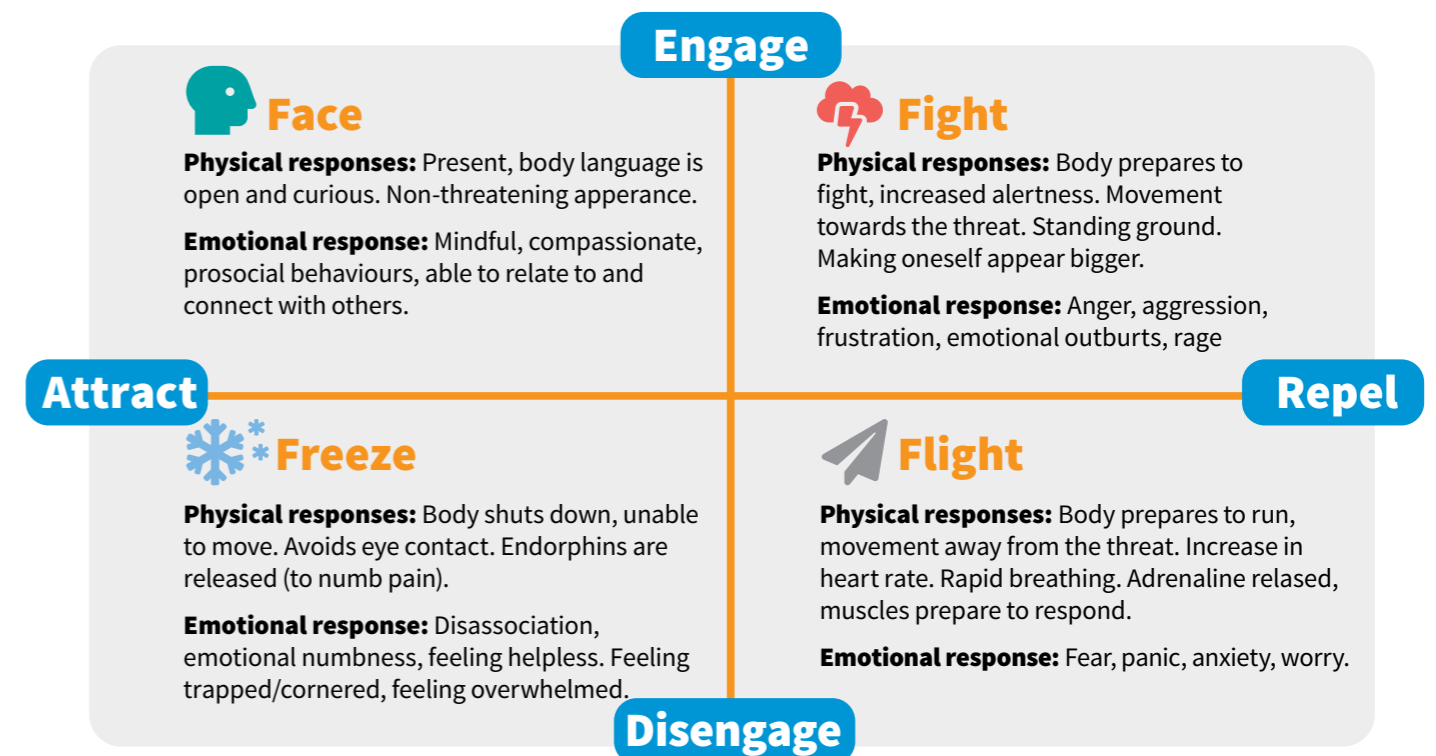
It allows you to respond to the demands and stress of everyday life without much difficulty. It is the comfort zone in which we have the ability to self-soothe and self-regulate our emotional state.

Try and think of a time when you were in a balanced calm state of mind, you felt relaxed and in control. Do you remember feeling calm, grounded, alert, safe, and present? This is what it feels like when you are in the optimal zone.

### How adversity and trauma can affect your window of tolerance

When the balance is tipped, either due to trauma or extreme stress, we tend to move out of our window of tolerance. Our bodies and minds typically react defensively to this shift, an automatic response to threatening events and, or perceived danger.

This is where you will begin to dysregulate and experience fight or flight responses. If it is not possible to fight or flee, your body will collapse to the freeze state.



When the body responds defensively, it is just trying to keep us safe. This is a normal response when you are put in unsafe situations. However, trauma and extreme stress can create these similar responses that stick with us, even long after the event has passed.

As a professional working with families you may observe individuals and/or households presenting as dysregulated, chaotic, and dysfunctional. Ultimately we want to support individuals to remain in their window of tolerance and be able to 'face' challenges head on.

“Children are not the face of this pandemic. But they risk being among its biggest victims. All children, of all ages, and in all countries, are being affected, in particular by the socio-economic impacts and, in some cases, by mitigation measures that may inadvertently do more harm than good. This is a universal crisis, and, for some children, the impact will be lifelong.”

- UN, 20 April 2020

## Vulnerability Profiles ▶ for Children, Young People and Young Adults aged 0-24

The following profiles show a snapshot of the most prevalent environmental factors and risks that appear to have impacted and effected children, young people and young adults during the COVID-19 crisis across the age ranges: 0-2, 3-5, 5-11, 11-16, and 16-24.

# Profile of vulnerabilities impacting child aged 0-2

## Increased risk at home

With current pressures as a result of lockdown, and limited access to extended family support and nursery settings providing parents with opportunities to prioritise self-care they may be more prone to suffering from fatigue. When added to this the combination of trying to balance the needs and demands of a family and work pressures then there is a risk of reduced parental supervision and capacity. Therefore, children may be at increased risk of harm in the home from bumps, scrapes, grazes and there is potential to impact on the emotional health and wellbeing of the child if the care giver is emotionally unavailable. Additionally, for those children living in unsuitable housing there is increased risk from their immediate environment.

## Parental factors

This age group are particularly vulnerable and at risk from any of the so-called 'toxic trio' of addiction, mental health and domestic abuse, with some facing multiple risks from a combination of the above. Any singular incident could result in child injury, or death as a result of reduced parental capacity. Increased risk of parental conflict in households.

## Social emotional development

Children in this age group are developmentally non-verbal (until about 12 months) forming simple sentences at about 18 months, and non-mobile up until around 9 to 18 months. Reduced opportunities for social interaction with others therefore has the potential to impact the social emotional development and literacy of this age group, particularly if parents are not responsive, interactive and encouraging of them meeting

their developmental milestones. Speech and language development could also be affected if communication does not remain a priority. Lack of additional support from extended family, friends and wider support networks could also be an impacting factor. Engaging in regular positive interactions with help to build and increase verbal literacy and provide the child with stimulation to aid in brain development. Ensuring care givers understand the importance and role of play and communication is key to reducing this vulnerability.

## Poverty – economic insecurity

Resulting loss of earnings and or loss of employment impacting some families. This reduction in financial security could impact access to money and resources (food, bills, books, toys). Families living in unsuitable accommodation potentially lack access to inside and outside spaces and nature. There is also an increased risk of debt, leaving families vulnerable to eviction/loss of home/forced to move. This will compound each of the other areas of vulnerability in particular parental factors.

## Health inequalities

Before COVID -19 some (working) families were experiencing food poverty, which we know was on the increase. It is possible therefore that the divide between children whose health needs are being met and those that are not may have exponentially grown. There will be children who do not have access to a nutritionally balanced diet and could be experiencing malnutrition and those not accessing specialist interventions i.e midwifery and health visiting services due to current COVID measures. There is also the risk of impact of health-related complications if parents do not seek early medical support/interventions.

## Lack of visibility

Parents reluctance and potential failure to present children to GP, ED due to fear of contracting COVID-19. Children who would usually be accessing support services i.e public health nursing no longer have face to face contact. Most support services being largely phone based. This age group is at particular risk from increased vulnerability and hidden harm.

# Profile of vulnerabilities impacting child aged 3-5

## Parental factors

This age group are particularly vulnerable and at risk from the impact and effect of the 'toxic trio' - mental health, substance/alcohol misuse and domestic abuse, with some children facing multiple risk from a combination of these factors. Inadequate parental supervision due to the above could result in child injury or death. Living in closer proximity to each other may also increase the risk from parental conflict in households.

## Environmental - increased risk at home

As a result of reduced parental supervision, children that are newly mobile may be at more risk of harm in the home from bumps, scrapes, grazes. Emotional wellbeing may also be impacted if children are exposed to inappropriate media content. Lack of quality time and engagement with parents could also have a detrimental impact and effect on a child's sense of wellbeing. For those children living in unsuitable housing there is increased risk from their immediate environment.

## Pre School - social emotional development

Reduced opportunities for social interaction with peers could impact the social emotional development and verbal literacy of this age group. Engaging in regular positive interactions helps to build and increase cognitive functioning, social emotional and communication skills. Settings that usually provide a safe stable environment are no longer accessible therefore it is up to the parent to provide opportunities to learn and develop the skills to progress social emotional development at home. Play will be key to reducing this vulnerability.

## Poverty – economic insecurity

Loss of earnings as a result of being furloughed or losing a job is likely impacting a number of families in Cornwall. This reduction in financial security means less access to money and resources (food, bills, books, toys). For families living in unsuitable or unsecured housing there is a risk of homelessness. Coupled with an increased risk of debt, this will leave families vulnerable to eviction/legal processes to recover debt. This will compound each of the other areas of vulnerability in particular parental factors.

## Health inequalities

Before COVID -19 some (working) families were experiencing food poverty, which we know was on the increase. It is likely therefore that the divide between children who's health needs are being met and those that are not will have exponentially grown. There will be children who do not have access to a nutritionally balanced diet, and could be experiencing malnutrition and those not accessing specialist interventions i.e speech and language, or accessing outside spaces. Risk of impact of health related complications if parents do not seek medical support/interventions.

## Lack of visibility

Parents may be reluctant to present children to GP, ED due to fear of contracting COVID-19. Children who would usually be accessing support services i.e public health nursing or attending nursery/ preschool settings no longer have face to face contact. Most support services being largely phone based. Lack of additional support from extended family, friends and wider support networks could place some children in this age group at additional risk from Hidden Harm.

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# Profile of vulnerabilities impacting child aged 5-11

## Online exploitation

Many children and young people in this age group will be new to or just building up an online presence (at the upper end of the age range). Children still lacking adequate access to a device or connectivity at home will be at significant disadvantage compared to their peers. For those children with access to the internet there are additional risks that come with extended use of the internet and potential for online exploitation, radicalisation, or abuse, particularly if there is little to no parental supervision. Upskilling parents and children on the importance of online safety goes some way to safeguarding and protecting children from risks associated with online use, and guiding on appropriate use.

risks to overall emotional health and wellbeing of young people come by way of increased or ongoing parental, and familial conflict and that the usual pathways for accessing help and support are limited and self-removing to friends or extended family member is not possible due to the current COVID related measures in place. Children in this age range are more self sufficient compared to younger children, but would still feel the impacts and effects of the above and from an emotionally unavailable parent/carer. Children may be exposed to emotional, physical as well as economic poverty if their parent/s/carer/s are emotionally absent and withdrawn.

## Parental factors

With pressures as they are currently, children may be at increased risk from the impact and effect of one or more environmental factors effecting parents, in particular the 'toxic trio' of addiction, mental health, and domestic abuse. Additional

## Education inequalities

School is often considered important in playing a central role in supporting children and young people to maintain good emotional health wellbeing. Weeks of absence from what for some may be a safe, stable, supportive environment could certainly be having a detrimental impact on some children and young people, although not all. Some children and young people in this group will also be transitioning in to primary education

from Pre-school settings and from Primary to secondary education which could result in some children experiencing feelings of stress and anxiety, particularly those children that may have needed more support during transition. When added to this scenario we include the uncertainty surrounding a return to education then stress may be unduly increased. In addition children without or with limited access to equipment and who would normally access educational support such as help with literacy are more likely to experience poor educational progress In relation to their peers. This could impact and affect long term educational attainment if left unaddressed.

## Environmental factors

For some children limited access to outdoor spaces to enable them to explore the world around them and engage in outdoor activities may be having a detrimental impact on their overall emotional health and wellbeing. When you add to this the lack of external stimulation that can help encourage and promote play, creativity and development of social emotional skills and problem solving. For some children this may manifest as lack of confidence in themselves and their abilities and low self-esteem.

## Impact on social emotional wellbeing

Reduced opportunities for social interaction with peers could impact the social emotional development and wellbeing of some children in this age group. At age 5 children are just beginning to form social groups and friends which increases in importance as they age. For some children who are reliant on the emotional support provided through peer friendships they may be struggling during this challenging time. Separation from friends and Isolation as a result of lockdown and school bubbling could also be impacting detrimentally on the wellbeing of some children.

## Reduced economic security - Poverty

Loss of earnings as a result of being furloughed or losing a job is likely impacting a number of families in Cornwall. This reduction in financial security means less access to money and resources (food, bills, books, toys). For families living in unsuitable or unsecured housing there is a risk of homelessness. Coupled with an increased risk of debt, this will leave families vulnerable to eviction/legal processes to recover debt. This will compound each of the other areas of vulnerability in particular parental factors.

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# Profile of vulnerabilities impacting child aged 11-16

## Relationships - Social Emotional Wellbeing

Children and Young People reliant on the emotional support provided through peer relationships may be struggling during this challenging time. Isolation as a result of lockdown could also be impacting detrimentally on the wellbeing of children and young people. Access to and support to be outdoors, involved in physical leisure activity and

engaged with external providers and friends will be limited. Additionally, the support networks often surrounding children and young people normally available through extended family, teachers / school staff, youth workers are no longer there and accessible in the same way. This reduces visibility of the child/young person which could further increase their vulnerability.

## Education Inequalities

School is often considered important in playing a central role in supporting children and young people to maintain good emotional health and wellbeing. Weeks of absence from what for some may be a safe, stable, supportive environment could certainly be having a detrimental impact on some children and young people, although not all. Some children and young people in this group will also be transitioning in to and out of secondary education which can exacerbate feelings of stress and anxiety. When added to this we include the uncertainty surrounding a return to education then stressors may be unduly increased. In addition young people without or with limited access to equipment and educational support such as help with literacy and finding space at home to complete work are likely to experience poor educational progress. In relation to peers that do. This could affect long term educational attainment and possible end of school qualifications.

## Digital Divide and Online Exploitation

Many children and young people in this age group will just be building up an online presence. Young people and families, still lacking adequate access to a device or connectivity at home, will be at significant disadvantage compared to their peers. The government has announced a package of support for disadvantaged children. However, this package is only for secondary school pupils who receive social work support and care leavers. For those children and young people with access to the internet there are additional risks that come with extended use of the internet and potential for online exploitation, radicalisation or abuse. Upskilling the workforce, parents, children and young people on online safety goes some way to safeguarding and protecting them from risk associated with online use.

## Risky behaviours

As well as the reported increase in isolation and loneliness experienced by young people, there are also emerging issues relating to sexual health/relationships, vulnerability to gang-related activity or exploitation, exposure to unsafe environments and non-compliance of social distancing under lengthy

emergency lockdown measures. In addition, young people may be misusing alcohol and substances in the home, and self-harming as a coping mechanism. Evidence also suggests that children and families may not be accessing medical advice when needed, placing children and young people at further risk of harm.

## Risk at home – Parental factors

With pressures as they are currently children and young people may be at increased risk from the impact and effect of one or more environmental factors affecting parents, in particular the ‘toxic trio’ of addiction, mental health, and domestic abuse. Locally it has been reported that there was a reduction in the number of calls to the Safeguarding units. This could indicate one of two things, either that families are unified in supporting each other through the challenges of lockdown or for those unseen children and young people they are being exposed to risks associated with but not limited to the above, otherwise known as Hidden Harm. Additional risks to overall emotional health and wellbeing of young people come by way of increased parental, and familial conflict remaining and that the usual pathways for accessing help and support are limited and self-removing to friends or extended family member is not possible due to the current COVID related measures in place.

## Reduced Economic Security

Many families under lockdown are experiencing loss of earnings and a reduced standard of living as a result of Covid-19. Families may be living in a single bedroom or shared accommodation with inadequate space. Young people could find themselves living in temporary accommodation or at risk of homelessness. Economic insecurities also effect access to money increasing likelihood of food poverty. These environmental factors could be adversely impacting a child/young persons emotional health and wellbeing.

# Profile of vulnerabilities impacting YP aged 16-24

## Increased mental health problems

Many young people/adults are self-reporting an impact on their emotional, mental health and wellbeing. There has been a rise in concerns raised by families and professionals reporting worsened mental health following school and college closures, loss of employment, career pathways halted and no longer being able to access mental health support.

## Without a home

Many families and individuals under lockdown are living in a single bedroom or shared accommodation with inadequate space. When added to this the loss of employment and the means to upkeep a home some young people/adults could find themselves living in temporary accommodation, sofa surfing, homeless or at risk of homelessness. Support networks of college, work, family, friends, professionals who normally support individuals may have been withdrawn or digitised. For some, the lack of direct access to practical help and support could increase their level of vulnerability. Those young people leaving care may also be at increased risk.

## Risk at home – Parental Factors

Young people and vulnerable young adults could find themselves at increased risk of physical, emotional and psychological harm due to environmental factors impacting and affecting their parent/carers i.e the ‘toxic trio’ of addiction, mental health, and domestic abuse. Potential to be caught up in incidents within the home places the young person at further risk of harm. Additional risks to overall emotional health and

wellbeing of young people and young adults come by way of increased unresolved parental and familial conflict. Please be aware that young people in this cohort may also be young parents themselves and therefore may be more vulnerable and in need of additional help and support.

## Digital divide and Exploitation

Across Cornwall we know that some children, young people and their families, still do not have adequate access to a device or connectivity at home. With ongoing measures preventing opportunities for socialisation the need to address the digital inequality and improve online accessibility and mobility so that young people/adults are able to connect with peers is vital. To increase digital resilience across Cornwall to the greatest extent possible, we need to be working towards the provision of freely accessible IT hardware, software and the internet to help give rise to the resilience of young people using them.

## Risky behaviours

Young people are now in potentially unsafe environments. As well as the reported increase in isolation and loneliness experienced in young people, there are also emerging issues, such as sexual health/relationships, vulnerability to gang-related activity or exploitation, and non-compliance of social distancing under lengthy emergency measures. In addition, early reporting suggests that children and families are not accessing medical advice due to concerns of exposure.

## Self-harm and suicide

Latest figures seem to indicate an upward trend in self-harm, suicide and attempted suicides in young people/adults which may coincide with the recent economic downturn as a result of COVID. In addition, ongoing periods of lockdown that reduce opportunities to spend time with peers and support networks could further impact and affect young people/adults' emotional and psychological wellbeing, particularly those already identified as vulnerable. Research shows that bereavement, abuse, neglect, self-harm and mental ill-health are common risk factors for suicide among young people. Self-harm has also become further normalised as a way to cope with emotional distress and can be considered as an indicator of an increase in future suicides. Suicide related internet use could also be linked, so raising awareness on this for everyone could reduce / mitigate the potential impact of this information on the young person/adult



# Glossary

Where possible we have avoided using abbreviations, however where we have used them, it has been to make the content easier to read.

### **CAMHS**

Children and Adolescent Mental Health Service

### **CAPS**

Clinical Associate Psychologist (Secondary)

### **CYP**

Children and Young People

### **ES**

Early Support

### **EP**

Educational Psychologist

### **FGC**

Family Group Conference

### **FIS**

Family Information Service

### **FFT**

Functional Family Therapy

### **FW**

Family Worker

### **GP**

General Practice

### **HSK**

HeadStart Kernow

### **HV**

Health visitor

### **MHST**

Mental Health Support Team (Primary)

### **PCC**

Parent Carers Cornwall

### **PH**

Primary Health

### **SEND**

Special Educational Needs & Disability

### **SN**

School Nurse

### **TIS**

Trauma Informed Schools

### **TYSW**

Targeted Youth Support Worker

### **VC**

Volunteer Cornwall

### **VCS**

Voluntary Community Sector

### **VIG**

Video Interaction Guidance

### **YP**

Young people

### **YPC**

Young People Cornwall

# Resources for Professionals

## Local

### Headstart Kernow

[www.headstartkernow.org.uk](http://www.headstartkernow.org.uk)

### Training (including TIS)

[www.headstartkernow.org.uk/calendar](http://www.headstartkernow.org.uk/calendar)

### School Support PSHE

[www.headstartkernow.org.uk/sec-sch-support/pshe-cornwall](http://www.headstartkernow.org.uk/sec-sch-support/pshe-cornwall)

### SWAN recovery framework

[www.headstartkernow.org.uk/sec-sch-support/recovery](http://www.headstartkernow.org.uk/sec-sch-support/recovery)

### Moving beyond C-19 a Virtual Ring Binder

[www.headstartkernow.org.uk/virtual-ring-binder](http://www.headstartkernow.org.uk/virtual-ring-binder)

### Online Resilience Tool

[www.headstartkernow.org.uk/digital-resilience/](http://www.headstartkernow.org.uk/digital-resilience/)

### Parent Support – SPACE

(Support Parents and Children Emotionally)

[www.headstartkernow.org.uk/parents--carers](http://www.headstartkernow.org.uk/parents--carers)

### Bloom

Bloom is a professional consultation model bringing together professionals from different organisations/services to discuss referrals for young people aged 0 – 18 who live or are educated in Cornwall. CAMHS Clinical Psychologists and Primary Mental Health Workers attend each meeting and during each meeting a psychological formulation and suggestions for support for the young person referred are agreed. Currently meetings are held online via Microsoft Teams.

Referrals should be emailed to the Early Help Hub:

[earlyhelp@cornwall.gov.uk](mailto:earlyhelp@cornwall.gov.uk)

### Start Now

The website created and run BY young people in Cornwall FOR young people in Cornwall.

[www.startnowcornwall.org.uk](http://www.startnowcornwall.org.uk)

### Transition Mission

Transition Mission has been created by a group of YP working with the Headstart Youth Facilitators and Young People Cornwall at The House in St Austell. Started in the time before the lockdown, it was intended for perhaps a different transition. Free hard copies will be made available to all schools and other colleagues such as family workers etc. (by request of the young people themselves) - Contact us if you'd like to order / know more.

**Mission Transition** is also included in the Start Now Wellbeing Action Plan - Toolkit

[www.headstartkernow.org.uk/sec-sch-support/start-now-resources](http://www.headstartkernow.org.uk/sec-sch-support/start-now-resources)

**Cornwall Council Emotional Resilience and Mental Health Pages for children, young people and parent/carers**

[www.cornwall.gov.uk/education-and-learning/coronavirus-advice-for-children-and-families/emotional-resilience-and-mental-health/](http://www.cornwall.gov.uk/education-and-learning/coronavirus-advice-for-children-and-families/emotional-resilience-and-mental-health/)

### Your Way

[your-way.org.uk](http://your-way.org.uk)

### Healthy Schools

[www.healthycornwall.org.uk/organisations/healthy-schools/](http://www.healthycornwall.org.uk/organisations/healthy-schools/)

### KOOTH

New Cornish mental health support line launches: A new mental health support phone line for our residents has been launched by Cornwall Partnership Foundation Trust, which gives anyone access to mental health advice from a professional 24 hours a day, 7 days a week. The contact number is 0800 038 5300.

[www.koothplc.com/our-products/young-people](http://www.koothplc.com/our-products/young-people)

### Health Visiting/School Nurse

[www.cornwall.gov.uk/health-and-social-care/childrens-services/health-visiting-and-school-nursing](http://www.cornwall.gov.uk/health-and-social-care/childrens-services/health-visiting-and-school-nursing)

01872 322779

### Care and Support in Cornwall (Family Information Service)

[www.supportincornwall.org.uk](http://www.supportincornwall.org.uk)

## National

### Anna Freud National Centre for Families and Children

[www.annafreud.org](http://www.annafreud.org)

### Self-Care

[www.annafreud.org/on-my-mind/self-care](http://www.annafreud.org/on-my-mind/self-care)

### UK Trauma Council

[uktraumacouncil.org/resources/childhood-trauma-and-the-brain](http://uktraumacouncil.org/resources/childhood-trauma-and-the-brain)

### Trauma Informed Schools UK

Trauma Informed Schools UK. What every child professional needs to know about key brain chemicals.

[www.traumainformedschools.co.uk](http://www.traumainformedschools.co.uk)

### Families Under Pressure

A series of twelve short films offering parenting tips featuring the recognisable voices of a host of well-known parents. The tips are based on decades of research from the UK's leading experts and rooted in the experience of NHS teams working with families and feedback from parents, and are available free on a dedicated website, along with informative resources.

[familiesunderpressure.maudsleycharity.org](http://familiesunderpressure.maudsleycharity.org)

### Young Minds

[youngminds.org.uk](http://youngminds.org.uk)

### Young Minds - Parents Lounge

[youngminds.org.uk/find-help/for-parents/parents-lounge](http://youngminds.org.uk/find-help/for-parents/parents-lounge)

### Mind

[www.mind.org.uk](http://www.mind.org.uk)

### Barnardos

[www.barnardos.org.uk](http://www.barnardos.org.uk)

### Action for Children

[www.actionforchildren.org.uk](http://www.actionforchildren.org.uk)

### Parent talk

[parents.actionforchildren.org.uk](http://parents.actionforchildren.org.uk)

### The Children's Society

[www.childrensociety.org.uk/what-we-do/our-work/well-being](http://www.childrensociety.org.uk/what-we-do/our-work/well-being)

### Good Childhood report

[www.childrensociety.org.uk/good-childhood](http://www.childrensociety.org.uk/good-childhood)

 [www.headstartkernow.org.uk](http://www.headstartkernow.org.uk)

 [www.startnowcornwall.org.uk](http://www.startnowcornwall.org.uk)

 [hskyouth](https://www.instagram.com/hskyouth)  [hskyouth](https://www.facebook.com/hskyouth)  [hskyouth](https://twitter.com/hskyouth)