

Multi- Agency Threshold Document:

Guidance for all practitioners in Doncaster working together with children, young people and their families to provide early help, targeted and specialist support.

We aim to deliver the right help, at the right time, from the right service.



Foreword

We are very pleased to be introducing this updated guidance for the application of thresholds in Doncaster.

This new guidance is the result of consultation with practitioners from a wide range of partners who work with children, young people and their families, including schools, health colleagues from a range of different organisations, early years' settings, the police and a number of representatives from the voluntary sector, as well as practitioners and managers in Doncaster.

Working Together to Safeguard Children 2018 'A guide to inter-agency working to safeguard and promote the welfare of children' states 'the safeguarding partners should publish a threshold document, which sets out the local criteria for action in a way that is transparent, accessible and easily understood. This should include:

- the process for the early help assessment and the type and level of early help services to be provided
- the criteria, including the level of need, for when a case should be referred to local authority children's social care for assessment and for statutory services
- clear procedures and processes for cases

In this updated guidance the issue of consent is addressed as we know it is an area that may provide some challenges for partnership working. It is best practice to seek consent from the parent/ carer who hold parental responsibility unless information is available that suggest in doing so, this will place the child/ young person at risk. Working with vulnerable children, young people and their families is uniquely rewarding but occasionally very challenging. This work requires skill and considerable levels of knowledge and expertise. It also requires the willingness to accept that decisions we make about how best to support families will often carry with them a degree of risk. We hope that this revised guidance on the application of thresholds in Doncaster strikes the right balance between supporting practitioners from all settings to identify situations where children and young people might be at risk of significant harm and recognising the vital role of professional judgement in assessing the impact of risk and protective factors on long term outcomes for individual children and young people.

The Doncaster Safeguarding Children Partnership continues to host a wide range of information and support for practitioners on the website.

There is also a wide range of courses for practitioners working with children, young people and their families, full details of which are published on the website.

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Introduction

This document is for everyone who works with children and young people and their families in Doncaster. It is about the way we can work together, share information, and put the child, young person and their family at the centre of our practice, providing effective support to help them solve problems and find solutions at an early stage to prevent problems escalating. It sets out how we approach the difficult task of keeping children and young people safe and protected from harm.

The guidance for threshold of need and intervention is a vital tool that underpins the local vision to provide targeted support services at the earliest opportunity – right through to specialist and statutory interventions when it is needed to promote the welfare and safety of vulnerable children and young people. It aims to offer a clear framework and a common understanding of thresholds of need for practitioners within all agencies, to help to promote a shared awareness of the different interventions required to effectively support children, young people and their families or carers.

Protecting children and young people involves professionals in the difficult task of analysing complex information about human behaviour and risk. It is rarely straightforward, and responses should be based on robust assessment, sound professional judgement and where appropriate statutory guidance.

All of us who work with children and their families will encounter situations where we can see that outcomes for children may be being affected by the actions or inactions of parents or carers. In most situations, this will mean that we should try to engage with the family and offer support to enable them to change their approach to parenting. It is almost always the case that those who know the child (and family) well will be in the best place to offer support families to change, or to access the support that they needed and so to improve the outcomes for their children. This means that all of us working with children and young people will be working with and holding varying degrees of need, harm and risk.

Some young people experience significant harm beyond their families which requires a more contextual response to safeguarding. Traditional approaches to protecting children/young people from harm have focussed on the risk of violence and abuse from inside the home, usually from a parent/carer or other trusted adult and don't always address the time that children/young people spend outside the home and the influence of peers on young people's development and safety.

In Doncaster, we want to ensure that all those professionals working with children and families can identify the help that is needed by a child and their family as early as possible. Using their professional judgement along with this guide, practitioners will feel better equipped to direct families to appropriate resources at the appropriate time.

This document is therefore intended to assist practitioners in identifying a child's level of need (whether intra or extra familial) and what type of service/resource may best meet those needs.

The use of Levels of Need and Risk in the partnership

Needs analysis delivers partnership informed decision making to all need, harm and risk as opposed to focusing solely on thresholds and the identification of statutory social work case allocation. It is a need driven journey to support, intervention, or diversion. The driver becomes the early identification of opportunities to intervene at the appropriate level and to divert from statutory service provision. It will identify the cases for diversion and intervention earlier and more effectively. This will provide greater opportunities for services to succeed. Cases will be signposted (stepped down) appropriately and way before approaching a crisis point.

It will deliver a seamless pathway for the child and recognises the need to hear and see children with an understanding of their lived experience.

It delivers:

- Partnership analysis for early identification, prevention and eventually harm reduction – need to predict future harm and need
- Movement of need, harm, and risk to an appropriate service swiftly and safely (identification of change in levels of needs and risks at earliest opportunity)
- Outcomes for children and families are improved because of need being recognised earlier as opposed to cases being risk driven.

We recognise that each child and family member is an individual, and each family is unique in their make-up, so reaching decisions about levels of needs and the best intervention requires discussion, reflection and professional judgement.

This guidance seeks to give clear advice to all professionals and the public on the levels of need and thresholds for different services and responses in Doncaster.

Multi-Agency Safeguarding Hub (MASH)

The MASH provides a single point of access to the services in Doncaster that help keep children safe. It is a multi-agency team made up of representatives from a range of services that provide advice, support and protection as needed. Professionals within the MASH use the partnership's collective knowledge to risk assess any concerns that have been reported by professionals in relation to the child and their family and make decisions concerning the level of intervention that may be appropriate using the continuum of need and professional judgement.

A MASH takes place in the real world, not virtual where a range of safeguarding partners are co-located in a secure office space. They work to accepted processes agreed by the partnership and in harmony with all current relevant legislation. The MASH creates an environment where professionals have the trust and confidence to share information and to enable social work managers to make the most appropriate and timely decisions for children

The MASH is a consent-based model where consent can be overridden in certain circumstances as described on page 13. The aim will also be to do 'with families' not 'to families' and where safe to do so partners must ensure families are aware of the referral and seek consent.

Early Help

The prevention and early intervention system in Doncaster is pluralistic; a multitude of partners and services work together to deliver various preventative services and interventions to young and families across the partner.

Early Help is our approach to providing support to potentially vulnerable children, young people and families as soon as problems start to emerge, or when there is a strong likelihood that problems will emerge in the future.

Early Help may occur at any point in a child or young person's life, from childhood to adolescence, and includes both interventions early in life as well as interventions early in the development of a problem.

It is about the way we can all work together, share information, and put the child and their family at the centre providing effective support to help them solve problems and find solutions at an early stage, so we avoid needs becoming so great that specialist statutory interventions are required. Information and guidance regarding the completion of an Early Help Assessment.

Guidance on how to complete an Early Help Assessment is available within the Early Help Section of the Doncaster Children's Safeguarding Partnership (DSCP) website: <https://dscp.org.uk/professionals/early-help>

The Early Help Handbook and Lead Practitioners toolkit provide information about the early help process, how to engage families and tools and resources to facilitate this. The Early help Coordinator team delivery a suite of training to develop the skills and knowledge of practitioners, whatever their level of experience, this can be accessed via BuyDoncaster website: <https://buy.doncaster.gov.uk/Training>.

Levels of Needs

In this guidance we have identified four levels of need descriptors:

Level 1: Universal – Addressing the needs of children, young people and families via universal services

Children, young people and families whose needs are being met through mainstream universal services. Children and young people at this level are achieving expected outcomes. There are no unmet needs or need is low level and can be met by the universal services or with some limited additional advice or guidance.

Level 2: Children, young people and families with additional needs

Children, young people and families at this level have low level additional needs that are likely to be met via a short term intervention. The need may not be met by a universal service/setting alone but can be met by additional single agency service or a group of additional single services. A Lead Practitioner will support the family by completing a whole family assessment (this could be an Early Help Assessment) and supporting the family via a family plan.

Level 3: Children with complex multiple needs

Children requiring Level 3 services are children with high level additional unmet needs and those with complex needs likely to require longer term targeted intervention from statutory and/or specialist services.

At Level 3, there is likely to be a combination of factors which will require careful information gathering and sound assessment and analysis to ensure that the services offered to children and families meet need and prevent further escalation of risk in their circumstances.

A Lead Practitioner will complete a whole family assessment (Early Help Assessment), a family plan and a chair a multi-agency Team Around the Family Meeting ensuring the needs of the family are met.

Some children/young people, depending on level of risk and vulnerability, may require a service from children's social care to prevent moving into a higher level of risk. They will require an assessment to determine whether or not they are children in need as defined by **section 17 of the Children Act 1989**. Under these circumstances, a social worker will act as Lead Practitioner.

Section 17 CA 1989 - Provision of services for children in need, their families and others.

(1) It shall be the general duty of every local authority (in addition to the other duties imposed on them by this Part) —

(a) to safeguard and promote the welfare of children within their area who are in need; and

(b) so far as is consistent with that duty, to promote the upbringing of such children by their families

The consent of the parents/carers is required to undertake an assessment and accept any services under section 17. Whilst they should be encouraged to do so to avoid escalation to level 4, a refusal to give consent is not sufficient alone to escalate and the local authority must have reasonable cause to justify compulsory intervention.

Level 4: Safeguarding / Specialist Needs

Children with acute needs due to the complexity or urgency of those needs or degree of risk. The local authority has a duty to make enquiries where it has reasonable cause to suspect a child is suffering or likely to suffer significant harm as defined by **section 47 of the Children Act 1989**. This intervention (under sec47) in family life is compulsory and justified by the need to act in the best interest of the child to determine whether or not action is required to protect the child.

Children at this level include those children who require child protection plans, those subject to care proceedings, those who become looked after by the local authority, those subject to youth offending orders, and those in need of specialist services such as mental health services and in-patient care. Children assessed at this level may be determined following assessment as children in need at level 3 but will still receive a service from children's social care.

Section 47 CA 1989 - Local Authority's duty to investigate.

(1) Where a local authority—

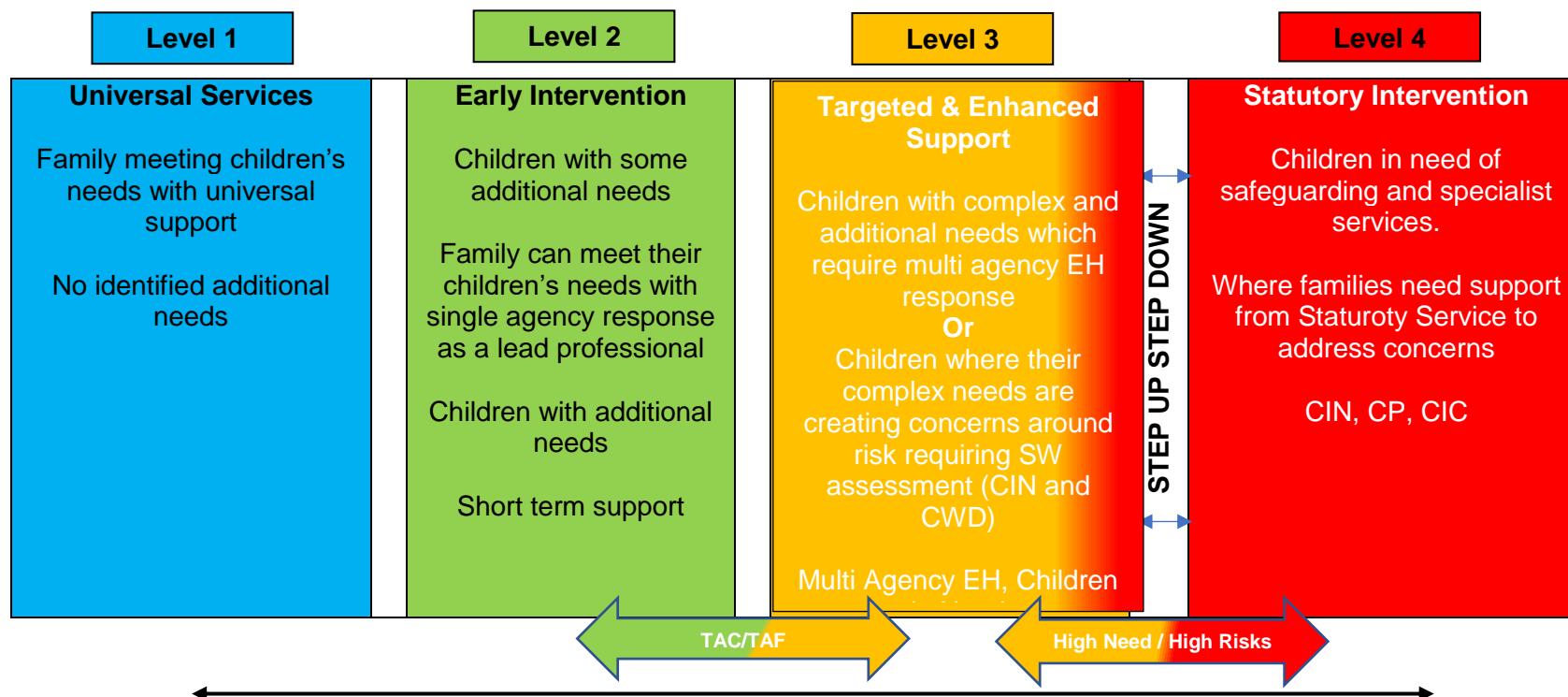
(a) are informed that a child who lives, or is found, in their area—

(i) is the subject of an emergency protection order; or

(ii) is in police protection;

(b) have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm, the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare.

Continuum of need and response



The levels of need descriptors are a way of developing a shared understanding and explaining the Doncaster approach across all our services and partnerships, ensuring a consistent response is applied by all.

The windscreen and descriptors illustrate how we will respond to the requirements of children and families across the four levels of need. All services and interventions seek to work openly with the family (or with young people on their own where it is appropriate) in order to support them to address identified needs at the right level of intervention.

We recognise that this is never a static process, situations change and as a result so does the level of need and risk. We understand that children and young people may “**step up**” and need more specialist intervention and “**step down**” as interventions have impact and the need, harm and risk factors change consequently.

The Levels of Need descriptors (**See Appendix 1**) illustrate how support in Doncaster is delivered and clarifies the threshold between each level.

How to Access Services at Levels 1, 2, 3, and 4 (The Thresholds for intervention)

Level 1: Requiring universal services – children with no additional needs

The majority of children and families locally and nationally will have their needs met by accessing their local universal services. In general, children who only require universal provision are those with 'no identified additional need'.

Early support may be given from agencies, providing information, advice and guidance, signposting to self-help support to ensure children, young people's health and developmental needs will be met by good parental care.

Information about other resources available to families can be through the [Families Information Service website](#):

Families needs change and there may be times when very quick low level practice help is needed from another service. The Local Solution Groups can provide this type of response in the local area.

LocalSolutionCentral@doncaster.gov.uk / LocalSolutionEast@doncaster.gov.uk / LocalSolutionNorth@doncaster.gov.uk / LocalSolutionSouth@doncaster.gov.uk

Level 2: Requiring early intervention – children with some additional needs

This should be done in partnership with the child or young person's parents or carers and you **must** seek their consent to share information, ***unless you have reasonable cause to believe that to do so would place the child at risk of significant harm.***

If it appears that the need for support can be met by your agency, discuss this with the child and family and put agreed support and plan in place.

If it appears that the need for support can be met by another single agency and is a short term, quick piece of work, again discuss this with the child/young person and/or parents or carers and complete the conversation form in partnership and submit to your Local Solutions Group via:

LocalSolutionCentral@doncaster.gov.uk / LocalSolutionEast@doncaster.gov.uk / LocalSolutionNorth@doncaster.gov.uk / LocalSolutionSouth@doncaster.gov.uk

If the needs are such that a longer piece of work is needed, or the family have significant history, then Local Solutions Group may ask practitioners to make an enquiry to MASH to enable appropriate screening, via the [online form](#). Following screening, MASH will make a decision regarding the level of need. If

this is deemed to be Level 2, a Lead Practitioner will be identified and advised to follow the Early Help process (whole family assessment, family plan, do and review cycle) in partnership with the child, young person and family. The Lead Practitioner will complete the agency assessment, create a Family Plan and support the child/young person to address any unmet need to ensure improved outcomes for the child/young person and the family.

The Early help Coordinator Team can assist throughout the process and support your agency/Lead Practitioner in the early help process, provide case oversight, case mapping and support with threshold guidance and step up if required.

You will receive a confirmation of receipt of your referral and then within 24 working hours, feedback on the outcome of your referral. If you do not receive this, it is the referrer's responsibility to follow up the referral to ensure it has been received and that appropriate action is being taken. If as a referrer you have concerns about the response to a referral, please refer to the [DSCP Multi-Agency Resolving Professional Difference Protocol](#).

Level 3: Requiring targeted and enhanced support, children with additional and/or complex needs

This should be done in partnership with the child or young person's parents or carers and you **must** seek their consent to share information, ***unless you have reasonable cause to believe that to do so would place the child at risk of significant harm.***

Once consent is obtained, an enquiry should be made to the MASH via the [online form](#).

Following screening, MASH will make a decision regarding the level of need. If this is deemed to be Level 3, multi-agency package of support, a Lead Practitioner will be identified and advised to follow the Early Help process (Early Help Assessment, Family Plan, 'do' and 'review' cycle) in partnership with the child, young person and family. The Lead Practitioner is responsible for gathering the partnership information and coordinating the multi-agency response, chairing Team Around the Family meetings ensuring timely progression of interventions.

This process ensures there is no duplication of work and all agencies involved work together to provide a clearly defined package of support for the child and family.

If the Level of need and risk identified requires Social Work Intervention then the child/young person will be allocated a Social Worker who will complete a Children and Families Assessment.

You will receive a confirmation of receipt of your referral and then within 24 working hours, feedback on the outcome of your referral. If you do not receive this, it is the referrer's responsibility to follow up the referral to ensure it has been received and that appropriate action is being taken. If as a referrer you have concerns about the response to a referral, please refer to the DSCP Multi-Agency Resolving Professional Difference Protocol.

If, following consideration of all the information available, including multi-agency information obtained via the Multi-Agency Safeguarding Hub (MASH), the referral is judged to meet the Level 3 threshold a Lead Practitioner will undertake an Early Help Assessment or a social worker will undertake a children and families' assessment under Section 17 of the Children Act 1989. You will receive a confirmation of receipt of your referral and then within 24 working hours,

feedback on the outcome of your referral. If you do not receive this, it is the referrer's responsibility to follow up the referral to ensure it has been received and that appropriate action is being taken. If as a referrer you have concerns about the response to a referral, please refer to the [DSCP Multi-Agency Resolving Professional Difference Protocol](#).

Level 4: Requiring Statutory Intervention – children in need of safeguarding and specialist services.

Within Doncaster all enquiries about children come through the MASH (unless the child has an allocated social worker). All enquiries received will be responded to by the MASH who will undertake information gathering, analysis and decision making about whether there is a need for statutory intervention and if not what the appropriate intervention for the child, young person and their family might be.

If a child is at immediate risk of significant or actual harm you should telephone the following number:

- South Yorkshire Police 999
- **Multi Agency Safeguarding Hub (MASH) on 01302 737777**
- Emergency Social Services Team (out of hours) -ESST can be contacted on 01302 796000

Based on the information provided they will consider the action to be taken for appropriate and proportionate intervention. All telephone referrals will need to be followed up in writing within **24 hours** by the referring professional.

The referring professional will be contacted and updated as to the outcome of their referral and what actions if any will be taken within one working day.

If a child is not at risk of immediate harm but you have ongoing concerns about a child:

If you believe that the child requires Children's Social Care intervention, you should follow your organisation's internal safeguarding policy, speak with your line manager or safeguarding lead.

Use the online referral form to report concerns about the child via the [online form](#).

Consent

The clear expectation is that all professionals will discuss their concerns openly and honestly with the child, where appropriate, and their parents or carers/those with parental responsibility, except where to do so might place the child or another person at immediate risk of harm or prejudice the prevention or detection of crime. Where this is the case, consent to refer is not required and contact should be made with the MASH and with a Social Worker as soon as possible.

In emergency situations, where a child or young person is in immediate danger, contact should be made with the Police.

Consent to make a referral will always be needed where a practitioner is requesting support of services on behalf of a child or family - this is regardless of whether they are seeking support from early help services or from Children's Social Care for child in need [Children Act 1989, Section 17] services.

Consent enables services to work with families in an open and transparent way, where consent is given, but the concerns continue require a referral being made, families should be informed of this decision.

If a family refuse prevention or early help services, this does not mean that children's social care will automatically become involved. Children's Social Care will only become involved if threshold for their services are met.

Where families are refusing to engage with early help services and where practitioners can see that there is the likelihood of a long term impact on outcomes for the child or young person, they should continue to engage with the family and seek to persuade them of the benefit of accessing additional support, and if unsuccessful but the concerns remains then a referral should be made.

Where practitioners are concerned about the long-term impacts on outcomes for a child or young person, they should consult with their safeguarding lead or seek advice and support from the **Multi Agency Safeguarding Hub (MASH) on 01302 737777 or by email on ChildrenAssessmentService@dcstrust.co.uk**

The out of hours service (Emergency Social Services Team -ESST) can be contacted on 01302 796000

Information Sharing

Working Together 2018 states that effective sharing of information between practitioners and local organisations and agencies is essential for early identification of need, assessment and service provision to keep children safe. In most cases information will only be shared with consent, but there are circumstances in which there will be a need to override this.

The following are guidelines to help practitioners decide whether they should share information or not:

1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about families is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information about them to be shared.
5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who might be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to- date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Necessity, proportionality and relevance

Once a professional has considered the legality of sharing a person's personal information and decided about the matter of consent, they need to consider three further tests before they share any personal information with another professional or organisation. Some professionals find it useful to remember this as the NP&R test. It is vital all three tests are considered, not either or.

N – The amount and type of information shared should only be that **necessary** to achieve the lawful aim.

P – Information is always to be considered in terms of its **proportionality** in each set of circumstances, but it must always be remembered that the right to private life is paramount.

R – Only **relevant** information should be shared. This should be decided on a case-by-case basis.

Finally, it is also useful to consider two very simple questions before sharing information with another professional or organisation: does the person or organisation 'need-to-know' the information, or is it really a case of it being nice for them to know?

For further guidance on Information Sharing and Working Together

Please visit the documents below;

- [Working Together to Safeguard Children 2018](#)
- [Information sharing advice for practitioners providing safeguarding services to children, young people and carers](#)
- [Data Protection Act 2018](#)

Appendix 1 – Level of Needs Descriptors

Doncaster Safeguarding Children Partnership Levels of Need Descriptors



These indicators are meant as a guide and clearly rely on professional analysis and interpretation. If you are in doubt about whether the child's circumstances are at level 3 or 4 you can ask for case mapping with an Early Help coordinator or a consultation with a social worker.

Level 1 – Universal – Addressing children’s, young people’s and families’ needs via universal services	Description: Children, young people and families whose needs are being met through mainstream universal services. Children and young people at this level are achieving expected outcomes. There are no unmet needs or need is low level and can be met by the universal services or with some limited additional advice or guidance.	Guidance
Children with no additional needs and children who may from time to time require additional support that can be met within universal services.	Development needs	<p>Children should access universal services in a normal way. These are services which are accessible by all children and families.</p> <p>Key agencies that are involved at this level: Education Family Hub 0 – 19 Healthy Child Service Midwifery School nursing GP Police Housing Early years childcare settings Schools (including SEN/ pastoral support) Online counselling services Parenting groups Adult mental health Parenting Team SALT Sexual health services Dentist Ophthalmic services DSCT Counselling Services Audiology Services</p>
	Health <ul style="list-style-type: none"> • Good physical health with age appropriate development, including speech and language • Meeting developmental milestones • Adequate diet, hygiene and clothing • Developmental checks/ immunisations up to date • Regular dental / optical care • Health appointments kept 	
	Learning/education <ul style="list-style-type: none"> • General development is age appropriate • Access to books and toys, play • Achieving education key stages • Good attendance at school/college/training • Planned progression beyond statutory school age • Child / young person home schooled and no concerns 	
	Social and emotional presentation/ behaviour/ identity <ul style="list-style-type: none"> • Feelings/ actions demonstrate appropriate responses • Ability to express needs 	
	Self-care and independence <ul style="list-style-type: none"> • Age appropriate/ independent living skills • 	
	Family and environmental factors	
	Family and social relationships <ul style="list-style-type: none"> • Stable families where parents are able to meet the child’s needs • Good relationships with siblings • Positive relationships with peers • Supportive family relationships even when parents are separated 	

	<ul style="list-style-type: none"> • Absent parent • Few significant changes in family composition • Sense of larger familial network/ good friendships outside the family network • Sense of associates and how they support 	<p>The Family Information Service has knowledge of services able to offer support to children and their families including information about Family Hub, activities for children and young people, information on local voluntary services as well as details of childcare support available in the local area.</p>
	Housing, employment and finance <ul style="list-style-type: none"> • Child fully supported financially • Good quality stable housing/amenities • Parents able to manage working/ unemployed • Reasonable income over time and resources used appropriately to meet child's needs 	
	Social and community resources <ul style="list-style-type: none"> • Good social and friendship networks exist • Family integrated into the community • Safe and secure environment • Access to consistent and positive activities • Good universal services in the neighbourhood • 	
	Parents and carers	
	Basic care, safety and protection <ul style="list-style-type: none"> • Parents able to provide care for child's needs e.g. food, drink, clothing, medical and dental care • Protect from danger elements or significant harm in the home/ elsewhere • Restrict/ monitors internet access appropriately 	
	Emotional warmth & stability <ul style="list-style-type: none"> • Parents provide secure and caring parenting – praise and encouragement • Ensures that sense of belonging is not disrupted • Ensure that the child access education available to them 	
	Guidance boundaries and stimulation <ul style="list-style-type: none"> • Parents provide guidance and boundaries to help child develop appropriate values • Enables and encourages the child to reach his/ her potential 	

Level 2: Features - Additional / Emerging needs (Level 2)	Additional / emerging needs (Level 2)– example indicators Children and families with some emerging needs may require support of another service alongside universal provision to prevent an escalation of needs. A Family Early Help Assessment may be appropriate for some children at this level	Guidance
<p>Children and families with additional needs who would benefit from or who require extra help to improve education, parenting and/or behaviours, or to meet specific health or emotional needs, or to improve material situation.</p> <p>May require multi-agency intervention. Lead professional and Team around the Family (TAF).</p> <p>Children with additional needs are best supported by those that already work with them such as Family Hub and schools organising additional support with local partners as needed.</p> <p>The purpose of this intervention is to address these needs and prevent them escalating to a level that requires targeted services.</p> <p>Consent required: The clear expectation is that all professionals will discuss their concerns openly and honestly with the child, where appropriate, and their parents or carers/ those with parental responsibility. Except where to do so might place the child or another person</p>	Development needs	<p>One or two services work together to meet child and family needs, coordinated by a service that knows the child/family best.</p> <p>A family early help assessment should be completed to gain a full understanding of the family's needs, A Team around the Family (TAF) convened and a plan agreed with the family, agreeing clear outcomes to be achieved and progress regularly reviewed.</p> <p>Level 2 Early Help – If the level of need has changed and you need to step up to Level 3 to offer a multi-agency response and a Team Around the Family, please consult with your Early Help Coordinator to initiate the steps on Mosaic, or make a referral to MASH if the family are not open on the Early Help Pathway. All Level 3 cases should be held on the agreed case management system, following the agreed Early Help Pathway.</p> <p>Key agencies that may provide support at this level: Portage School nursing</p>
	Health	
	Learning/education	
	<ul style="list-style-type: none"> • Slow in reaching development milestones • Overdue immunisations or health checks • Minor health problems • Inadequate diet e.g. no breakfast, being under/overweight • Inadequate general hygiene • Missed some antenatal appointments • Dental problems and untreated decay – poor dental hygiene • Bedwetting or soiling • Experiment with tobacco, alcohol and illegal drugs • Parent has undergone FGM procedure, but risk assessment undertaken by health professionals identifies there isn't a perceived risk of the child being subject to the procedure • Concern of self-harm (including substance misuse) • Parent has physical or mental health issues and is requesting support • Changes in presentation, mood or behaviour, expressed by others or by the child themselves • Hygiene has some effect on child's personal presentation <ul style="list-style-type: none"> • Limited access to books, toys, the internet or educational materials • Poor stimulation • Identified language and communication difficulties • SEN support at school level • Some learning or disability needs that require support • Occasional truanting or non-attendance and poor punctuality • Persistent late arrival • Pattern of school absences • Not always engaged in learning – poor concentration, low motivation and interest • Not reaching full educational potential • Some fixed term exclusions or reduced timetable 	

<p>at likelihood/ immediate risk of harm. Where this is the case, consent to refer concerns is not required and contact should be made with the Multi Agency Safeguarding Hub and followed up in writing or in an emergency contact the police on 999.</p>	<ul style="list-style-type: none"> • Few or no qualifications • Some emerging concerns for a child/ young person being home schooled <p>Social and emotional presentation, behaviour, identity</p> <ul style="list-style-type: none"> • Difficulty making and sustaining relationships with peers and with family • Social isolation • Lack of positive role models • Exhibits antisocial/anti - authoritarian behaviour • Low level mental health or emotional issues requiring intervention • Children involved in bullying/may experience bullying or low-level cyber bullying • Child at times not able to show empathy • Early onset of sexual activity or at risk of early pregnancy • Lack of confidence/low self-esteem which affects behaviour and development • Child subject to persistent discrimination • Emerging concerns in relation to sense of belonging • Low level concern about child being radicalised or exposed to extremism • Resistance to boundaries and adult guidance • Exhibits aggressive challenging behaviour • Some evidence of inappropriate responses and actions by child • Unsure or unable to disclose sexual orientation • Some insecurities around identity expressed • Finds it difficult to cope with anger, frustration or upset <p>Self-care and independence</p> <ul style="list-style-type: none"> • Lack of age appropriate self-care skills and independent living skills that increase vulnerability. <p>Family and environmental factors</p> <p>Family and social relationships and family wellbeing</p> <ul style="list-style-type: none"> • Conflict between parents/ family members where police have been called • Parents/carers have relationship difficulties which affect the child • Parent struggles to regulate emotions • Child has some caring responsibilities • Family is socially isolated • Multiple changes of address • Low level inter-sibling violence and aggression • Unresolved issues arising from parents' separation and family reconstitution or bereavement 	<p>Early years childcaresettings Housing Family Wellbeing Service DAN DAC Freedom Project Young carers Adult mental health Young Women's Resource Project Education Family Hub PAFSS Parenting Team 0 – 19 Healthy ChildService Midwifery School nursing GP Police Housing DSCT Counselling Services Voluntary and communityservices Schools (including SEN/pastoral support) Online counselling services Parenting groups Adult mental health SALT Sexual health services Dentist Ophthalmic services Audiology Services</p>
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	<ul style="list-style-type: none"> • Family history of criminal gang involvement • Child to adult abuse • Some support from friends and family 	
	Housing, employment and finance <ul style="list-style-type: none"> • Overcrowding in poor housing conditions • Housing arrangements are temporary or unsecure • Unsecure or unknown immigration status • Financial pressures • Low income 	
	Social and community resources <ul style="list-style-type: none"> • Families are victim of hate crime • Poor access to leisure and recreational amenities and activities • Associating with anti-social or criminally active peers • Risk of gang involvement or vulnerability to gang activity/exploitation • Some social exclusion experiences • Negative influences from peer groups or friends • Marginalised from the community 	
	Parents and Carers	
	Basic care, safety and protection <ul style="list-style-type: none"> • Inappropriate childcare arrangements • Low level concerns about parental alcohol or substance use • Young or inexperienced parents • Requires advice on parenting issues • Professionals are beginning to have some concern about the child's needs being met • Parental decision/ stressors have some impact on the child's safety • Some exposure to dangerous situation in or outside the family home including online violent and /or extremist websites or influences • Child is left at home alone for a short period and this has not compromised his/ her safety(consider age and vulnerability) 	
	Emotional warmth and stability <ul style="list-style-type: none"> • Inconsistent parenting, but development not significantly impaired • Inconsistent responses to child/young person • Failure to pick up on the child's emotional cues 	

	<ul style="list-style-type: none">• Parents ability to cope with needs of disabled child – requesting support• Key relationships with family not always maintained• Unstable family environment	
	<ul style="list-style-type: none">• Guidance, boundaries and stimulation• Lack of routine and inconsistent boundaries• Poor supervision within the home• Anti-social behaviour in neighbourhood• Parents failing to challenge any inappropriate viewpoint• Low level physical chastisement that does not cause physical injury• Inappropriate parental chastisement e.g. puts child in stress positions• Threatening and frightening behaviour towards the child	

Level 3: Children with complex multiple needs	Description: Children requiring Level 3 services are children with high level additional unmet needs and those with complex needs likely to require longer term targeted intervention from statutory and/or specialist services. At Level 3, there is likely to be a combination of factors which will require careful information gathering and sound assessment and analysis to ensure that the services offered to children and families meet need and prevent further escalation of risk in their circumstances. <i>Some children/young people, depending of level of risk and vulnerability may require a service from children's social care to prevent moving into a high level of risk.</i>	Guidance A Lead Practitioner will complete a whole family assessment (Early Help Assessment), a family plan and chair a multi-agency Team Around the Family Meeting ensuring the needs of the family are met. If a social worker is allocated, they will act as Lead Practitioner.
<p>Children and families with complex needs requiring integrated targeted support or a statutory child in need assessment.</p> <p>Because of the complexity of needs, especially around behaviour and parenting, a multidisciplinary/agency coordinated plan developed with the family is needed, coordinated by a lead professional.</p> <p>Vulnerable children and their families with multiple needs or whose needs are more complex, such as children and families who: have a disability resulting in complex needs, exhibit antisocial or challenging behaviour, suffer neglect or poor family relationships, have poor engagement with key services such as schools and health, are not in education or work</p>	<div data-bbox="573 557 1733 584"> Development needs </div> <div data-bbox="573 592 1733 1385"> Health <ul style="list-style-type: none"> • Child has some chronic/recurring health problems or a disability; requiring some support to manage ; may include some cases of perplexing presentations • Developmental milestones unlikely / not being met due to parental care and where parent want support • Inappropriate sexualised or personal behaviour • Hygiene problems impacting on the child's presentation and health • Regular substance misuse • Missing routine appointments • Increasing concern regarding the child's diet or development • Unsafe sexual activity and/or STIs • Emerging self-harming behaviours • Sexual harmful behaviours • The impact on mental well-being is having a direct impact on day to day life • Some emerging concern regarding unborn baby and mother attending antenatal services inconsistently • History of Female Genital Mutilation (FGM) in family • Some episodes of suicide thoughts • Growing professional concern about fabricated and induced illness and some perplexing presentations but there is no current evidence of significant harm • Teenage pregnancy - consider and age/ maturity/ consent and social circumstances • Children with a disability who require support would be met via S17, this includes care packages of support being explored. </div> <div data-bbox="573 1393 1733 1415"> Learning/education </div>	<p>Where practitioners identify that a child and their family would benefit from a more intensive multidisciplinary response than they can provide, they should discuss this with the family and complete a family early help assessment.</p> <p>Professionals are advised not to delay starting the Early Help Assessment and should speak to a member of the Early Help Team for advice.</p> <p>The early help assessment needs to identify the child's and family's needs and develop a SMART plan to address these.</p> <p>A Team around the Family (TAF) is to be convened and a lead professional to be identified. There is an expectation that the Team around the Family (TAF) will have worked intensively together to meet the</p>

<p>long term.</p> <p>The object of the work of the Team around the Family (TAF) is to enable the family to have their needs met within the universal and additional services tier.</p> <p>Where the Team around the Family (TAF) has attempted to work with the family but several unmet needs remain, which are impacting on the child's health or development, or further escalation and risk is identified, these children may require intervention from children's social care (Sec 17 CA89)</p> <p>Children may require social care support to meet complex needs such as those children with severe and profound disability.</p> <p>Consent at this level is required.</p>	<ul style="list-style-type: none"> • Short term exclusions or at risk of permanent exclusion, persistent truanting • Poor school attendance and punctuality • Not engaged in education or reaching education potential • Children who are home schooled where there are concerns that their educational needs are not being consistently met and parent requesting support • Parent does not engage with school and actively resists support • Special Education Needs (SEN) school support or EHCP • No access to books, toys, internet or educational materials and inadequate stimulation leading to developmental concerns • NEET (Not in Education, Employment or Training) • Children who are home schooled where there are significant concerns that the child's educational needs are not being met <p>Social and emotional presentation, behaviour, identity</p> <ul style="list-style-type: none"> • Child under 18 is pregnant where there are significant social family concerns • Low or medium level indicators of CSE (please see CSE risk assessment guidance and strategy) • Starting to commit offences and reoffend • Disruptive / challenging behaviours at school or in the neighbourhood • Lack of empathy • Child is engaging in cyber activity that potentially places others or themselves at risk of harm • Evidence of regular/frequent drug use which may be combined with other risk factors • Concerns regarding peer groups • Concerns regarding Criminal exploitation • Evidence of gang affiliation and gang related activities – need, harm and risk beyond the family • Concern about child being radicalised or exposed to extremism • Parental mental health/physical needs showing signs of impact on the care of the child • Escalating level of concern of low self-esteem and confidence affecting emotional presentation, behaviour and identity • Subject to discrimination e.g. racial, sexual orientation or disabilities • Sudden display of unexplained gifts / clothing • Lack of positive role models • Regular care for a sibling or another family members • Parental Conflict and/or alienation which is impacting on the child's wellbeing • Allegations of child on child sexual harmful behaviour • Child under 16 but over 13 and is pregnant where there are significant social family concerns 	<p>additional needs of the child and the family.</p> <p>Level 3 Early Help – if you feel the level of risk is escalating to the point that statutory social care involvement is needed (S17 of the CA89), please use the following step up process:</p> <p>Doncaster Council/DCST staff - speak with the your Line Manager, for management oversight of level of need and risk. If met, your Line Manager will have a conversation with the DCST Assessment Team Manager about the level of need and risk to identify next steps, which may include a step up to a social worker.</p> <p>External staff - speak with your Early Help Coordinator who will undertake case mapping with you to identify level of need and risk. If met, they will then arrange for a conversation with the DCST Assessment Team Manager to discuss the level of need and risk to identify next steps, which may include a step up to a social worker (S17 of the CA89).</p> <p>Level 3 – Child in Need - these children have an allocated social worker. If the level of risk escalates, procedures under sec47 CA89 will be followed and / or legal intervention sought.</p> <p>As level of need and risk reduces,</p>
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	<ul style="list-style-type: none"> • Complex mental health issues requiring specialist interventions • Poor and inappropriate self-presentation • Family breakdown relating to child's behaviour difficulties and risk of child entering care • Subject to peer/ gang culture and pressure • Persistent but unsubstantiated concerns about physical, emotional or sexual abuse and neglect <p>Self-care and independence</p> <ul style="list-style-type: none"> • Lack of age appropriate behaviour and independent living skills, likely to impair development or compromise safety • Pre – occupation with the internet • Lack of friends of the same age <p>Family and environmental factors</p> <p>Family and social relationships and family wellbeing</p> <ul style="list-style-type: none"> • Emerging pattern of parental conflict • Verbal Abuse/ arguments / parental conflict • Poor family support • Risk of relationship breakdown leading to child possibly becoming looked after • Parental illness or disability affecting ability to provide basic care • Concerns about inter-sibling violence and aggression which does not result in significant emotional or physical harm • Unhelpful involvement from extended family • Multiple change of addresses starting to affect the child/ young person's wellbeing <p>Housing, employment and finance</p> <ul style="list-style-type: none"> • Unsuitable accommodation • Intentionally homeless or living in a hostel (family) • Families financial resources impact on child's basic physical needs being met • Poor state of repair, hoarding, lack of cleanliness • Parents experience stress due to unemployment or over working • Parent find it difficult to obtain employment due to poor / basic skills • Serious debt/ poverty impacts on ability to meet the child's basic needs • No recourse to public funds (immigration) • Families financial resources starting to compromise child's basic physical needs being met/their general wellbeing • Clear evidence that a family is destitute and homeless 	<p>children, young people and families will step down the continuum of need.</p> <p>If you feel that the level of risk is such that the child has suffered or is at imminent risk of harm, you should not wait to follow a step up process and instead call:</p> <p>South Yorkshire Police 999</p> <p>Multi Agency Safeguarding Hub (MASH) on 01302 – 737777 (office hours)</p> <p>Emergency Social Services Team -ESST on 01302 – 796000 (out of office hours)</p> <p>Key agencies that may provide support at this level:</p> <p>Portage School nursing Early years childcare settings Housing Family Wellbeing service DAC DAN Freedom Project IDVA Probation Young carers Adult mental health Young Women's Resource Project</p>
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	<ul style="list-style-type: none"> • Inappropriate / unsafe accommodation - health and safety concerns • Chronic unemployment severely affecting parents own identify and therefore impacting on the child • Extreme poverty/ debt/ gambling /substance abuse impacting on parent's ability to care for the child <p>Social and community resources</p> <ul style="list-style-type: none"> • Family require support services as a result of social exclusion • Parents socially excluded, no access to local facilities • Access difficulty to community resources and targeted services • Imminent risk of parental/carer and child relationship breakdown with risk of child entering care • Child is young carer and this is significantly impacting on their development and welfare • Parental illness or disability resulting in inability to provide basic care leading to neglect of the child's needs • Concerns about inter-sibling violence and aggression which does result in significant emotional or physical harm and is not managed by the parent • Child is privately fostered - Child under 16 years (or 18 if the child has a disability) (S.66 Children Act 1989) is placed for 28 days or more in the care of someone who is not the child's parent(s) or a 'connected person' • There is nobody with parental responsibility to ensure the child's long term wellbeing and stability of care • Requests from prisons for a prisoner to have a contact with a child <p>Parents and carers</p> <p>Basic care, safety and protection</p> <ul style="list-style-type: none"> • Patterns are emerging that the child is left at home alone, but this does not seriously place them at significant risk (consider age and vulnerability) • Previously child in care by another local authority / Doncaster • Professionals are concerned about parental mental health, learning difficulties, drug and alcohol misuse that may impact on ability to care if no coordinated response • Inappropriate childcare arrangements which are consistently prejudicing the child's safety and welfare • Health and safety hazards in the home • Parent not actively preventing the child's exposure to potentially unsafe situations • Parents mental health or substance misuse seriously compromises the health, welfare and safety of the child, including unborn child • Parent has a history of being unable to care for previous children 	<p>SALT PAFSS Parenting Team Education Family Hub 0 – 19 Healthy Child Service Midwifery School nursing GP Police Housing DSCT Counselling Services Voluntary and community services Schools (including SEN/pastoral support) Online counselling services Parenting groups Adult mental health Sexual health services Dentist Ophthalmic services Audiology Services Children's social care</p>
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	<ul style="list-style-type: none"> • Parent has a severe physical or learning difficulty that compromises their ability to meet their child's basic needs <p>Emotional warmth and stability</p> <ul style="list-style-type: none"> • Inconsistent/ erratic parenting impacting emotional or behavioural development • Episodes of poor quality of care • Have no other positive relationships • Multiple carers • Parent is unresponsive or fails to recognise child's emotional needs • Parent ignores child or is consistently inappropriate in responding to child • Parents ability to cope with needs of disabled child is affected and requesting support <p>Guidance boundaries and stimulation</p> <ul style="list-style-type: none"> • Parent provides inconsistent boundaries or responses • Parent not offering good role model • Parents enforcing unrealistic boundaries and guidance • No restrictions imposed re access to extreme groups • Child not receiving positive stimulation with lack of new experiences or activities • Deliberating restricting access to positive experiences • Child/ parent persistently behaves in an anti-social way in the neighbourhood 	
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Level 4: Safeguarding / Specialist Needs	Safeguarding / Specialist Needs Example Indicators: A comprehensive statutory assessment will be required. Specialist services are required where the needs of the child have been significantly compromised, they are suffering significant harm or impairment and statutory and/or specialist intervention is required to keep them safe.	Guidance
<p>Children who are at risk of significant harm which require a child protection response or legal intervention.</p> <p>Children who need to be accommodated by the local authority either on a voluntary basis or by way of a Court Order.</p> <p>Parent has had a child/children previously subject to a Child Protection Plan or Care proceedings (if presenting concerns have continued)</p>	Development Needs	<p>Immediate safeguarding concerns/child protection</p> <p>If a child is at risk of physical, emotional, sexual abuse, or neglect, refer to MASH</p> <p>Where an immediate response is required because of the child's physical / medical health dial 999 for an ambulance.</p> <p>Where a child's safety is at immediate risk contact the police by dialling 999.</p> <p>After any immediate protective action has been taken you need to speak in person to Children's Social Care. If this incident occurs out of hours contact ESST.</p> <p>Key agencies that may provide support at this level:</p> <p>Children's Social Care Youth Offending Team CAMHS Prevent Probation</p>
	<p>Health</p> <ul style="list-style-type: none"> Evidence of Neglect, Emotional Abuse, Physical Harm, and/or Sexual abuse Serious physical and emotional health concerns that are consistently not addressed by the parent e.g. failure to thrive, seriously obese/underweight, serious dental decay, persistent and high risk substance misuse, child sexual exploitation and specific physical or medical conditions which require specialist interventions Acute mental health problems which require specialist interventions Concern about serious unexplained injury Health concerns and the parent intentionally does not engage with health professionals Children is engaged in sexual activity and aged 13 or below (statutory rape) Persistent presentation to professionals with injuries: Raising concerns about child safety/ parental behaviour Child is at serious risk of Female Genital Mutilation (FGM) / travel arrangements, seeking doctor, seeking finance for procedure Professional concern about fabricated and induced illness and there is evidence of significant harm Small baby/non mobile child bruising Parent has been victim to Female Genital Mutilation (FGM) procedure but risk of child being subject to procedure is unknown and needs to be further assessed within partnership 	
	<p>Learning / Education</p> <ul style="list-style-type: none"> Failure to stimulate and no interest in the child/ young person's education / learning 	
	<p>Social and Emotional presentation, Behaviour and Identity</p> <ul style="list-style-type: none"> Serious persistent offending behaviour attributable to neglectful absent parenting Evidence of the child being sexually exploited (based on risk assessment evidence) Safety and welfare seriously compromised by gang involvement (criminal exploitation) Frequently go missing from home for long periods which seriously compromises the child's safety and wellbeing Child emotional health and physical safety is compromised by exposure to radicalisation and extremist ideology Child is engaging in cyber activity that places them at risk of harm from others and is not managed 	

	<p>by the parent</p> <ul style="list-style-type: none"> • Prosecution of offences resulting in court orders/ remand in Local Authority care • Persistent but unsubstantiated concerns about physical, emotional or sexual abuse and neglect <p>Family & Environmental Factors</p> <p>Housing, Employment & Finance</p> <ul style="list-style-type: none"> • Clear evidence that a 16/17-year-old is destitute and homeless • Deliberate avoidance of authority and safeguarding intervention by professionals impacting on the child / young person • Who lives in a household in which a registered sex offender or convicted violent offender subject to MAPPA resides. <p>Social & Community Resources</p> <ul style="list-style-type: none"> • Escalation of levels of domestic abuse that put the child at risk of serious harm • There are indicators that a child/young person is at risk of honour based violence or forced marriage • There are indicators of engagement in terrorist activity, concerns a child may be being radicalised • Child is subjected to physical, emotional, sexual abuse or neglect including peer on peer exploitation • Unaccompanied minors • Trafficked children • Family member is known to be a significant risk to children <p>Parents and Carers</p> <p>Basic Care, Safety and Protection</p> <ul style="list-style-type: none"> • Parent has a history of being unable to care for previous children and legal action is likely required • Parental disclosure of serious harm to the child • Parent is unable to assess and manage serious risk to the child from others within their family and social network, which has placed the child at risk <p>Emotional Warmth & Stability</p> <ul style="list-style-type: none"> • Inconsistent, highly critical and apathetic parenting significantly impairing emotional or behavioural development • Family breakdown and parent/ carer not willing or able to care for the child/young person any longer – requesting the child/ young person to be accommodated by the Local Authority. • Evidence of child being groomed – parents no longer able to safeguard <p>Guidance Boundaries & Stimulation</p> <ul style="list-style-type: none"> • Consistent lack of effective boundaries set by the parent leading to risk of serious harm to the child 	
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Governance

Version Governance	Sign off Date
New Version 1 updated	December 2021
MASH Group	December 2021
Improvement board sign off – recommended approval of the documents to the Chief Officer Group	14/12/2021
DSCP sign off – recommended approval of the documents to the Chief Officer Group	15/12/2021
COSOG sign off	11/01/2022