Multi-agency continuum of need

Supporting children, young people and families
Strategic Overview

1 Introduction

1.1 The Children Act 2004 states that local agencies, including the Police, Health and Education should work together to safeguard and promote the welfare of children. Working Together to Safeguard Children 2015 states that the provision of early help services should form part of a continuum of help and support to respond to the different levels of need of individual children, young people and families.

1.2 Working Together to Safeguard Children 2015 identifies the potential need for early help for:

- Children with disabilities (any child or young person who is disabled under the Equality Act 2010)
- Children with special educational needs (as defined in the Education Act 1996)
- Young Carers
- Children showing signs of engaging in crime or anti-social behaviour
- Families whose circumstance present challenges for their children e.g. adult mental health problems, domestic abuse, substance abuse
- Children showing early signs of abuse or neglect

1.3 Part 3 of The Children and Families Act 2014 and the statutory guidance Special educational needs and disability code of practice: 0-25 years states that agencies, services and institutions must work together to:

- Identify all children with disabilities and those with special educational needs
- Fulfil the local authority responsibility for all children with disabilities and those with special educational needs
- Promote integration and joint commissioning
- Assess, secure and review provision for all children with disabilities and those with special educational needs
- Publish The Local Offer

1.4 Some services are provided universally to all children and families. This is Level 1 of the Continuum of Need. Where needs are identified, individual services and universal services may be able to take swift action and provide early help at Levels 2 and 3. Wakefield has seven Integrated Early Help Hubs designed to give structure and governance to the provision of early help at Levels 2 and 3. For more complex needs at level 3 of the Continuum, the Integrated Early Help Hubs will provide a more intensive approach and will coordinate early help services to the family. A minority of children, young people and families will require intervention at Level 4 due to very high levels of need, risk of significant harm or entry into the criminal justice system.

1.5 It is important that there are clear criteria for taking action across this whole continuum. Having clear thresholds for action which are understood by all professionals and applied consistently should ensure that services are commissioned effectively and that the right help is given at the right time.
Our vision is that by 2018 we know all children are safe. This continuum of need and provision has been developed by the Wakefield and District Safeguarding Children Board and the Wakefield Together partnership to support the delivery of the Wakefield District Outcome; Ambitious for Our Young People and the Early Help Strategy. It will support the children’s and adult workforce to work together to protect children from harm and grow their resilience to ensure Communities in the Wakefield District achieve the best possible outcomes for themselves and their families, facilitated by co-ordinated services, provided as close to home as possible.

The continuum:

- Sets out our levels of need
- Details the processes to be followed when an unmet need has been identified
- Provides examples of possible indicators that will assist workers to establish the level of need and the response that is required
- Provides guidance on when to provide early help, when to complete a Common Assessment or MY Support Plan and when to consult with one of the Integrated Early Help Hubs or Wakefield Early Support, Advice, Information and Liaison for families with Children with disabilities
- When to conduct an Education Health and Care Assessment (EHC) and when to refer to Education, Health and Care Panel in line with the Children and Families Act 2014
- When to refer to a specialist service such as the Safeguarding and Family Support Service in line with the Children Act 1989 and Working Together 2015

This continuum has been agreed by the Children and Young People’s Partnership Board and by the Wakefield and District Safeguarding Children Board and will be used in all settings that provide services for children and young people.

Every child or young person in the Wakefield district children deserves the opportunity to achieve their full potential.

Focusing on improving and sustaining outcomes is the key to improving children and young people’s wellbeing.

As a partnership, the outcomes we aspire to for our children and young people are contained within the Early Help Strategy and are as follows:

- Children develop secure attachment
- Children develop their potential to fulfil positive ambitions
- Adults in families have a sense of purpose and positive aspirations
- Children and Families have strengthened support networks
- Our communities embed an understanding of good relationships in childhood and adolescence
2 Key Principles

Early Help

2.1 Early identification of need and the provision of early help are crucial because they support children and families to reach their full potential and enable all children to achieve their best outcomes with fewer adverse experiences during their childhood.

2.2 The provision of timely early help supports the meeting of needs at the lowest level of intervention which in some circumstances also helps to reduce unnecessary professional intrusion into family life.

2.3 Research has identified the huge savings in public expenditure that can be created by providing effective early help. For example the provision of early help to a family in relation to parenting could yield savings of more than £7 for every £1 spent collectively by agencies over the following six years. In her review of the child protection system professor Eileen Munro identified the benefits of early help including the fact that early help is cheaper and therefore extremely cost-effective when compared to the costs associated with higher levels of intervention.

2.4 Whenever a child or family need support this should be provided at the earliest opportunity and level of provision to avoid delays and prevent unnecessary escalation to targeted or specialist services.

2.5 All partners should ensure that their workers are suitably trained and supported to ensure they provide a high quality service which meets children’s needs and prevents families from escalating to specialist services wherever possible.

2.6 Quality assurance mechanisms will audit the implementation of thresholds to ensure that they are appropriately and consistently applied by all partners. Additional support and training can then be provided to ensure workers have the skills necessary to support families and to understand the thresholds.

A continuum of need

2.7 Support should be delivered by the whole partnership to ensure children and families receive the right help at the right time. A family’s need for support will change with time and circumstances. For this reason it is crucial that we work together to ensure that we respond appropriately and in a prompt and timely way when need either increases or reduces.
The Wakefield continuum of need and service provision

A child-centred and coordinated approach

2.8 Ultimately, meeting children’s individual needs and the effective safeguarding of children can only be achieved by putting children at the centre of the system, and by every individual and agency playing their full part and working together effectively. Many failures in the safeguarding system have occurred when professionals have lost sight of the needs or views of children.

2.9 Working Together to Safeguard Children 2015 identifies that children have said that they need:

- Vigilance: to have adults notice when things are troubling them
- Understanding and action: to understand what is happening; to be heard and understood; and to have that understanding acted upon
- Stability: to be able to develop an on-going stable relationship of trust with those helping them
- Respect: to be treated with the expectation that they are competent rather than not
- Information and engagement: to be informed about and involved in procedures, decisions, concerns and plans
- Explanation: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response
- Support: to be provided with support in their own right as well as a member of their family
- Advocacy: to be provided with advocacy to assist them in putting forward their views

2.10 Part 3 of The Children and Families Act 2014 states local authorities must:

- Pay attention to the views, wishes and feelings of children and their parents
- Note the importance of children and families participating as fully as possible in decision making
- Support children children’s development and help them to achieve the best possible educational and other outcomes
A ‘whole family’ multi-agency, flexible and coordinated approach to improve outcomes

2.10 In March 2011, C4EO (Centre for Excellence and Outcomes in children and Young people’s services) published detailed findings evidencing the need to work with Families, Parents and Carers to improve outcomes for children:

- Children’s outcomes were improved by provision of support to parents with physical and mental health problems
- Children’s outcomes were improved by supporting couple relationships, reducing family conflict and addressing domestic violence
- The importance of parenting and family support strategies on children and young people’s outcomes.

2.11 Across this comprehensive review they identified three key themes:

- “Multi-agency, flexible and coordinated services, with an underpinning ‘think family’ ethos, are most effective in improving outcomes. This includes staff in adults’ services being able to identify children’s needs, and staff in children’s services being able to recognise adults’ needs. Such services are viewed positively by families and professionals alike.
- Early help prevents problems becoming entrenched; the practical help, advice and emotional support which many parents value can often be given without referral to specialist services. Children and young people also prefer an informal approach.
- In order to access services, parents must feel reassured that they are not being judged or stigmatised, and be helped to overcome their fears of having their children removed.

Safeguarding is everyone’s responsibility

2.12 Everyone who works with children or who comes into contact with them in their role has a responsibility to provide support to keep them safe.

2.13 No single professional can have a full picture of a child’s needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

2.14 In order that organisations and practitioners collaborate effectively, it is vital that every individual working with children and families is aware of the role that they have to play and the role of other professionals. In addition, effective safeguarding requires clear local arrangements for collaboration between professionals and agencies.

2.15 Local arrangements for safeguarding are coordinated and governed by the Wakefield and District Safeguarding Children Board. Arrangements receive strong leadership from Chief Officers in all agencies, the Lead Member for Children’s Services, the Director of Children’s Services and local authority members.
3 Assessing the need for early help

3.1 Working Together to Safeguard Children 2015 states that children, young people and families may need support from a wide range of local agencies. Where a child, young person or family would benefit from coordinated support from more than one agency (e.g. education, health, housing, police etc.) there should be an inter-agency assessment. This is achieved by using the Common Assessment Framework, MY Support Plan, Education Health and Care Plan or the signs of safety assessment tool called the Early Help Assessment.

3.2 For an early help assessment to be effective it should:

- Involve children and families
- Are child centred and focus on the needs and views of the child
- Are holistic in approach, addressing the child’s needs within their family and wider community
- Build on strengths as well as identify difficulties
- It should be focussed on the outcomes that are desired for the child, young person or family
- Are a continuing process, not a single event
- Lead to action, including the provision of services
- The plans implemented as a result of the assessment should be reviewed in line with the desired outcomes

3.3 Early Help Assessment will be undertaken by a lead professional who should:

- Provide support to the child, young person or family
- Act as an advocate on their behalf
- Coordinate the delivery of support services

Decisions about who should act as lead profession should be made on a case by case basis and should be informed by the child and their family as well as discussion about who is best placed to undertake this role effectively.

4 Wakefield Early Support, Advice, Information and Liaison for families with Children with disabilities

4.1 The first point of call for information, advice and signposting if you are a parent/carer of a disabled child, or a professional working with the family, is to contact Wakefield Early Support Advice Information and Liaison (WESAIL).

4.2 The Information Network enables professionals and families of children with disabilities or additional needs to receive regular information and newsletters about services and events for disabled children.

4.2 WESAIL also provides specific support to families of children and young people (up to the age of 25) with a disability; for example providing Early Support, through a district wide Designated Keyworker Service, for children aged 8 and under with a disability. A team of workers from other agencies (Social Care, Connexions and Health) support this service.
5. The Integrated Early Help Hubs

5.1 The Integrated Early Help Hubs (Integrated Early Help Hub) are designed to provide additional structure and governance to the provision of early help to families in the Wakefield District and to ensure that professionals offering early help are supported to provide the right services to families at the right time.

5.2 There are seven Integrated Early Help Hubs, one in each of the local Areas of the Wakefield District.

5.3 The Integrated Early Help Hubs will integrate a variety of early help professionals and services in locality based hubs where they can work closely together to provide support to families across the entire continuum of need. The Integrated Early Help Hubs will enable these professionals to work jointly together and to support and learn from each other.

5.4 Each Integrated Early Help Hub will also be able to develop close links with other services in their area including the local schools and voluntary sector groups as well as specialist and targeted services including the Safeguarding and Family Support Service Locality Safeguarding Teams. These close links will ensure that support to families is coordinated and should enable the level and intensity of service provision to increase or decrease with the family’s needs.

5.5 Professionals located in or linked to the Integrated Early Help Hub will provide support across the entire continuum of need from universal services right through to Level 4.

5.6 At Level 3 of the continuum, where early help provided by professionals at a lower level e.g. CAF has not resulted in the desired outcomes, the Integrated Early Help Hub will assume responsibility and will take the lead role in coordinating the services to the family.
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Practitioner Guide

(Thresholds) Level 1-4; Universal, Universal Plus, Coordinated Support, Specialist and Protective Services at a glance

The purpose of this document is to establish a common language and definition across all levels of the continuum to support multi-agency practitioners to identify an individual child’s, young people and/or family’s/carer’s level of need.

When the needs of a child and their family are met they will achieve the outcomes identified in the Early Help Strategy, examples of these are provided in this guidance as desired outcomes.

Most children and families will have their needs met with support from extended family, friendships, their community and via access to universal services. Some children and families will require additional help and a very small minority will need intervention aimed at protecting them from significant harm. The Children Act 1989 & 2004 necessitates an assessment process where priorities of need can be identified.

Where it is felt that a child, young person or families has needs that are beyond the remit of universal services alone the Common Assessment Framework, MY Support Plan or Education Health and Care plan should be used as a means of identifying the level of need.

This guidance identifies indicators which provide examples of what you might see, suggested actions to take and wherever possible a description of the agencies/services who may be able to help. The indicators listed are examples only and can never replace professional judgement, analysis and discussion. The continuum assumes that it will usually be a combination of criteria that will determine the level of concern, rather than any one indicator.

If a practitioner has reasonable cause to suspect a child is suffering, or is at immediate risk of suffering significant harm they must make an immediate referral to Social Care Direct who will ensure the Joint Investigation Team or Emergency Duty Team undertake an investigation under Section 47 of The Children Act. It is especially critical that appropriate referrals are made to Children’s Social Care to ensure the safety and well-being of children and young people in Wakefield.
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<tr>
<th>Description</th>
<th>Examples of what you might see</th>
<th>Action to take</th>
<th>Desired outcome</th>
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| Children, young people and Families whose needs are being met or whose additional needs can be met by universal services | The indicators listed below are examples only and are not intended to be a comprehensive list. The indicators can never replace professional judgement and analysis.  
These children, young people and families have no additional needs other than those which are provided by universal services for example relating to health or education.  
This includes:  
• Immunisation and vaccination  
• Routine health visiting services  
• Housing needs  
• Positive youth activities  
• Neighbourhood policing  
• Supporting the community with accident prevention initiatives, healthy eating and obesity  
• Supporting the community to provide cleaner, safer neighbourhoods  
• Providing help to find employment  
• Supporting the community to reduce anti-social behaviour e.g. by implementing alcohol exclusion zones | At this level needs are met by parents, carers and communities and by universal services  
Universal services include:  
• Antenatal support via midwifery  
• New baby support via Health Visitor  
• Baby groups, “stay and play” groups etc.  
• Early Years Library  
• Child-minder support and advice on childcare  
• Advice on benefits  
• Advice on school enrolment  
• Schools and out of school provision  
• Community/ Voluntary Sector Groups  
• Private and Independent sector services  
• School Nursing  
• General Practitioners and other universal health services  
• Neighbourhood policing  
• Jobcentre Plus  
*And many others.......* | Children and young people are:  
• Physically, emotionally and sexually healthy  
• Looked after by parents or carers who promote healthy and safe choices  
• Not affected by avoidable hospital admissions as a result of health, accidents etc.  
• Safe from abuse, neglect and exploitation  
• Ready for school and able to attend and enjoy school and achieve educational milestones  
• Achieve developmental milestones in accordance with their potential ability.  
• Are ready to participate in appropriate employment, education or training after leaving school  
• Safe from bullying, maltreatment, exploitation, discrimination & non-accidental injury.  
• Safe from criminal or anti-social behaviour and do not take part in it either.  
• Confident and taking part in leisure, sporting and social opportunities  
Parents:  
• Provide a safe, supportive home  
• Provide age appropriate boundaries  
• Promote healthy life-style choices.  
• Promote positive behaviour |
# Universal Plus

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<tr>
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<tr>
<td>Children, young people and families who need extra support that can be provided by universal services or can be met by signposting to another service</td>
<td>The indicators listed below are examples only and are not intended to be a comprehensive list. The indicators can never replace professional judgement and analysis.</td>
<td>Consider using CAF Assessment as a means of identifying the level of need*.</td>
<td>The overall outcome from activity at level 2 is that the child and family are provided with appropriate support to enable them to achieve the outcomes described in Level 1 developing their potential to fulfil positive ambitions.</td>
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<td>• Children and young people with emerging health or developmental problems for example relating to diet and nutrition, dental health etc.</td>
<td>“Universal Plus” means that a family’s needs can be met by a universal service offering extra support within its own remit or by signposting to another service. Universal Plus can be provided by many different services including:</td>
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<td>• Children with disabilities who require help/ signposting to leisure activities and/or peer groups/ social activities to provide social inclusion</td>
<td>• Health Visiting support</td>
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<td></td>
<td>• Children and young people with isolated or unsupported carers</td>
<td>• Wakefield Early Support, Advice, Information and Liaison for families with Children with disabilities</td>
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<td>• Children and young people who need support due to mental or physical health difficulties</td>
<td>• Community/ Voluntary Sector Groups</td>
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<td>• Children and young people requiring additional educational support e.g. behaviour, emotional or social difficulties</td>
<td>• Private and Independent sector services</td>
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<td></td>
<td>• Children and young people who have brief</td>
<td>• Extra learning support</td>
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<td>* Some agencies and services that provide</td>
<td>• Money and debt advice</td>
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<td></td>
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<td>• Family Learning</td>
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<td>• Help to find work</td>
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<td>• 1:1 family support and home visits</td>
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<td>• Healthy lifestyle support e.g. weight management, smoking cessation etc.</td>
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<td>• Substance and alcohol support</td>
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<td>• Adult support services</td>
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**Universal Plus**

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<th>Examples of what you might see</th>
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<td>and occasional episodes of unauthorised absence from their home</td>
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<td>support at Level 2 of the Continuum of Need will require a CAF assessment to have been undertaken prior to referral. This will help the service to ensure that the child, young person or family meets their criteria. Some services may undertake a CAF themselves or offer support to others to do this.</td>
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<td>Children and young people who live in households where there has been parental conflict</td>
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<td>Young people who need support or advice in relation to housing</td>
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<td>Young people who are starting to experiment with substances</td>
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<td>Children and young people who have parents in custody</td>
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<td>Children and young people who are involved in anti-social or nuisance behaviour in their communities</td>
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<td>Children and young people who are NEET or at risk of becoming NEET</td>
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<td>Parents who need support to deal with low level domestic conflict or substance misuse</td>
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<td>Parents who are struggling to manage their children’s behaviour</td>
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<td>Parents who need support to maintain school attendance</td>
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<td>Parents or carers who are affected by low</td>
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# Universal *Plus*

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| level mental, physical or learning disabilities | • Parents or carers needing support with finances  
• Parents or carers who need support to improve hygiene or safety in the home | | |
## Co-ordinated Support

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<th>Examples of what you might see</th>
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<th>Desired outcome</th>
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<tbody>
<tr>
<td>Children, young people and families who need a co-ordinated programme of support led by a Universal Service</td>
<td>The indicators listed below are examples only and are not intended to be a comprehensive list. The indicators can never replace professional judgement and analysis.</td>
<td>Professionals should utilise the family Common Assessment Framework, MY Support Plan or Education, Health and Care assessment to establish a holistic plan for the family that is aimed at reducing the level of need.</td>
<td>The overall outcome is that following the early help and support and access to appropriate services the child and family gain resilience and achieve the outcomes identified in their plan developing their potential to fulfil positive ambitions.</td>
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<td>• Children and young people with multiple Level 2 indicators</td>
<td>NB some agencies and services who provide support at Level 3 of the Continuum of Need will require a CAF assessment to have been undertaken prior to referral. This will help the service to ensure that the child, young person or family meets their criteria.</td>
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<td>• Children with disabilities, who require substantial assistance to take part in leisure activities, spend time with their peer groups/social activities to provide social inclusion and develop independence, choice and control.</td>
<td>The Wakefield Risk and Resilience Frameworks and similar tools can support the measurement of changes in risk and resilience.</td>
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<td>• Parents/carers/ siblings of Children with disabilities who require assistance to engage in personal leisure activities not appropriate for their Child with disabilities and/or to give uninterrupted time attention to themselves/other dependents</td>
<td>The Education, Health and Care panel** can be referred to for support with identifying appropriate provision for Children with disabilities and their families/carers.</td>
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<td>• Parents/ carers of Children with disabilities who require a one off/ time limited short break in an emergency because their capacity to care is temporarily exhausted.</td>
<td>In cases where a young person may be vulnerable to CSE the West Yorkshire CSE Risk Assessment should be used to assess need and risk.</td>
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| | • Children and young people whose parents need coordinated support to meet their child’s needs as a result of illness, mental | Involve other services** to work alongside agencies to provide coordinated multi-disciplinary support aka a “team around the
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</table>
| health or learning difficulty or disability | • Children and young people with increasingly severe behavioural, emotional and social difficulties  
• Children and young people with prolonged or acute absence from school  
• Children and young people who are at risk of becoming homeless  
• Children who have previously been subject to a Child in Need or Child Protection Plan and whose parents need support to help them maintain progress in the longer term  
• Children and young people who are consistently not accessing universal services and are therefore “invisible” to agencies  
• Children and young people whose health is being impaired as a result of health appointments not being kept  
• Children and young people whose parents are unable to meet their basic needs as a result of extreme poverty  
• Children and young people who are at risk of becoming involved with crime or anti-social behaviour | Support children, young people and families to engage with targeted services  
Coordinate multi-agency meetings to review progress with the family.  
Where the Integrated Early Help Hub is identified as the lead professional they will provide intensive support through specialist skilled workers as well as coordinating the support offered by partners outside the Integrated Early Help Hub.  
**Support on how to refer to other agencies and Education, Health and Care panel can be accessed through the Integrated Early Help Hubs and/ or Wakefield Early Support, Advice, Information and Liaison for families with Children with disabilities |
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<tr>
<td>Co-ordinated Support</td>
<td>• Families who have frequent neighbour disputes or are reported for nuisance behaviour or are reported for ASB or issues regarding physical the state of their home</td>
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<td>• Victims of ASB and crime including racial abuse or other hate crime</td>
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<td>• Children, Young people and families previously supported by specialist services where the risk of harm has reduced, who continue to require intensive and coordinated support to ensure they are not likely to suffer significant harm.</td>
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<td>• Children, young people and families whose needs have not addressed despite coordinated support using the family CAF, MY Support Plan or Education, Health and Care plan</td>
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<td>Children who have acute health needs requiring significant medical interventions.</td>
<td>The indicators listed below are examples only and are not intended to be a comprehensive list. The indicators can never replace professional judgement and analysis. Examples could include:  • Children or families whose needs have not been addressed despite intensive and coordinated support at level 3, as detailed in the step up process  • Children or young people who need intensive support packages due to complex disability or health issues  • Children and young people with chronic ill health or life-limiting conditions  • Children and young people who are not able to live at home due to complex, life-threatening or terminal illnesses  • Children with special educational needs or disabilities who require overnight respite care provided by the local authority  • Parents/carers of Children with disabilities who require regular short breaks to maintain their capacity to care.  • Children and young people whose parents/carers are unable to provide care</td>
<td>If you have reasonable cause to suspect a child is suffering, or is at immediate risk of suffering significant harm you must make an immediate referral through Social Care Direct who will ensure the Joint Investigation Team or Emergency Duty Team undertake an investigation under Section 47 of The Children Act.</td>
<td>The overall outcomes from activity at level 4 are that the level of risk to the child is reduced to the point at which the child is no longer likely to suffer significant harm. When the risk of harm to the child has reduced and the family continue to require intensive and coordinated support to maintain progress it is expected that services will be “stepped down” to lower levels of support. In some cases where this is not possible the outcome is likely to be that alternative arrangements are made for the care of the child for example in specialist medical provision, with family members or within the Looked After Children system.</td>
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whether for physical, social, intellectual or emotional reasons, where evidence suggests the child is at immediate risk of or is suffering from significant harm. N.B. these could include unborn babies

- Children and young people who have suffered or are likely to suffer significant harm as a result of sexual, physical or emotional abuse by an adult or a child
- Children and young people who are at risk of significant harm due to chaotic or multiple substance misuse issues
- Children and young people who have suffered or are likely to suffer significant harm due to sexual exploitation or violence within a relationship
- Children and young people who have entered the criminal justice system
- Children and young people whose behaviour presents a serious risk to themselves or other
- Young people aged 16 and 17 who are homeless and require the council to provide accommodation

Children may be subject to Child Protection Plans or may be in the care of the Local Authority including in specialist therapeutic or secure facilities.

Dependant on the circumstances, actions may include:

- Seeking emergency medical treatment by calling an ambulance.
- Seeking advice from your designated worker or child protection lead.
- An urgent referral should be made to the Police if a child, young person or adult is in immediate danger
- If you feel a child has suffered significant harm you have a duty to refer to the Safeguarding and Family Support Service.

If you are referring to the Safeguarding and Family Support Service you must provide evidence of the support that has been provided to the family such as CAF documentation and/or plans and reviews

The referral should be followed up in writing within 48 hours

Those families with serious crime and domestic abuse can be referred to the MARAC or in some cases will be dealt with through MAPPA arrangements.
Glossary

For the purposes of this we have used the following definitions:

**Vulnerable:** the term used when a child or family is at risk of experiencing one or more poor outcomes without the provision of additional help and support.

**Early Help:** the term used to describe our approach and a range of interventions that are provided to respond to the needs of children, families and communities in Wakefield early in the life of a problem.

**Universal Services:** Services available to all children, families and communities across the Wakefield District such as schools, health visiting, GP, a number of groups delivered by the voluntary sector and so on.

**Signs of Safety:** The approach the Wakefield Children’s Partnership has collectively agreed to use to provide help and support to children and families across all levels of the continuum of need. ‘Signs of Safety’ provides an evidenced based framework recognised as strengths based approach alongside an exploration of danger and risk to enable practitioners across different disciplines to work collaboratively and in partnership with families and children.

**Common Assessment Framework (CAF):** The assessment framework used by universal services to coordinate early help at Level 3 of the Continuum of Need. This assessment utilises the ‘signs of safety’ approach and is aligned to the Early Help Assessment and the Single Assessment.

**Early Help Assessment:** The assessment framework used by Wakefield Council Early Help practitioners to coordinate early help at Level 3 of the Continuum of Need when CAF support cannot improve and sustain outcomes. This assessment utilises the ‘signs of safety’ approach and is aligned to the CAF Assessment and the Single Assessment.

**Single Assessment:** The assessment framework used by Wakefield Council Safeguarding and Family Support practitioners to assess risk and coordinate statutory support at Level 4 of the Continuum of Need. This assessment utilises the ‘signs of safety’ approach and is aligned to the CAF Assessment and the Early Help Assessment.

**ASSET:** The assessment framework used by Wakefield Council Youth Offending Team practitioners to assess risk and coordinate statutory support at Level 4 of the Continuum of Need.

**MY Support Plan:** The assessment and planning tool used by universal services to coordinate support when a child or young person is identified as having extra needs as a result of special educational needs or disability at Levels 2 and 3 of the Continuum of Need.

**Education Health and Care Plan:** The assessment and planning tool used by the Special Educational Needs Assessment and Review Team (SENART) when a child or young person is identified as having extra needs as a result of special educational needs or disability and the MY Support plan cannot improve and sustain outcomes.

**Integrated Early Help Hub:** the term used to describe a building where partners are integrated to deliver services within each geographical area (through co-location or partnership working arrangements).