



## **The Right Service at the Right Time**

Meeting the Needs of Children in Rotherham

## **Rotherham Multi-Agency Continuum of Need Guidance**

# Introduction

**This Multi-Agency Continuum of Need guidance has been developed alongside multi-agency partners to offer guidance for practitioners in agencies working with children, families and adults with access to children in Rotherham.**

The purpose of the guidance is to assist with decision making in order that children and their families receive the right help at the right time from the most appropriate service(s).

The guidance acknowledges that there are different levels of need and risk that may require support and intervention and that this can be delivered by a range of agencies. It clarifies that Rotherham is committed to a needs led approach which avoids a “one size fits all” method and has been designed to help professionals make decisions based upon what needs and risks have been identified and what support is best placed to enable effective sustainable change.

**This guidance encourages a holistic view of the child and family by using the ecological approach (assessment triangle) and the principle of identifying and building on strengths and resilience within families, as well as identifying welfare concerns.**

This guidance supports the overall framework for **Referring Safeguarding Concerns about Children**, as outlined in the LSCB multi-agency safeguarding children procedures. These contain more detailed multi-agency procedures and practice guidance on specific issues relating to children eg Neglect, Child Sexual Exploitation, Domestic Abuse and Female Genital Mutilation (FGM).

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The document entitled **LSCB Multi-Agency Threshold Descriptors** is comprehensive supplementary guidance designed to support professionals in understanding levels of need and is aligned to the key developmental stages of a child.

It can be used to aid the identification of strengths and protective factors for a child as well as any additional unmet needs, welfare or safeguarding concerns.

**The Early Help website.** The majority of children thrive without additional support and through receipt of universal services such as schools, GP’s etc. However, if you have concerns about a child that leads you to believe that there are additional needs that would benefit from support, you should speak to the family about the benefits of an Early Help Assessment and the support that this can lead to. The Early Help Assessment enables holistic understanding of need within a family and helps to establish a structured plan of support to meet that need and improve outcomes for the child. The Early Help Assessment is a multi-agency process that facilitates a coordinated response by appropriate professionals.



## Our Values and Principles

**Safeguarding children is everyone's responsibility. We want all children and young people to be safe, secure and able to reach their full potential. In our engagement with children and their families and each other as practitioners, we are committed to the following values and principles:**

- Be child centred – the child is at the forefront of everything that we do
- Listening to family members and giving importance to what they say
- Understanding children in the context of their family
- Listening and acting on the views and voices of children and young people
- Our practice is informed by child development and evidence
- Building on strengths as well as identifying difficulties
- Focused on actions and outcomes for children
- Respectful to all people at all times
- Recognising difference - understanding and respecting the child and family's individuality, values, beliefs and culture
- Being honest and transparent about what we do and why we are involved, setting out clearly in a way appropriate to the family any concerns that we have and what needs to happen to reduce those concerns.
- Minimising intrusion - doing all that we can to assist in keeping our intervention at the lowest possible safe level

## What do we mean by thresholds in decision making?

**The development of a common understanding of language across a partnership is important to enable practitioners to be clear and unambiguous about what the risks and needs are for a child.**

The term 'threshold' and the detailed descriptors should be used as a guide to aid professional judgement about the level of need and the access to services to meet that need.

The challenge of safeguarding children is about an effective assessment and evaluation of need, risk and protective factors. This is best achieved by professionals working together in a collaborative way, through engagement, conversations, evidence, and challenge.



## Having the right conversations

Collaborative partnership working relies not just on information sharing or making referrals; it also requires meaningful dialogue, discussion or 'conversations' with the family and between the professionals who are involved or those who might need to be involved with them to offer support.

These conversations are very important and should go beyond the presenting concerns developing part of an informed assessment and the building the understanding of the child, and leading to appropriate action and support for the child and their family.

**Remember this is only a guide - individual cases need judgment and when in doubt contact your named or designated Safeguarding Professional**

**The practitioner approach to thresholds and the decisions to make a referral should not reflect the anxieties or uncertainties of the referrer but should focus on the needs and risks for the child and value the knowledge and relationship of those already in contact with the family. Consistency for families in relation to the people supporting them is an important factor in building resilience.**

## Important factors to consider

- **What is life like for this child or young person now? What will it be like tomorrow and in the future?**
- **What are the child's or young person's wishes and feelings?**
- **What are the parents or carer's feelings about the situation? To what extent do they understand that they need help and support and what is their capacity to change?**
- **What support or interventions can your organisation offer? Could this meet the needs of the child, young person and their family, or is help needed from another agency?**
- **What additional support or intervention is needed to help protect them?**



# Signs of Safety

The Rotherham partnership has adopted the Signs of Safety approach which has a common language for all practitioners. This strengths based approach uses three questions when considering a child and their family.

1. **What are we worried about?**
2. **What's working well?**
3. **What needs to happen next?**

When answering these questions it is important that practitioners consider the child's circumstances holistically in terms of child development, parenting capacity, family and environmental factors

The above provides a structured focus for the discussions that take place with a child, family or each other when we believe that children's needs are not being met or that they may be at risk of harm.



Example questions that practitioners need to be able to consider in the course of their conversations:

## What are we worried about?

- What have you seen or heard that worries you?
- What are you most worried about?
- If nothing changes what are you worried will happen to the child?
- What do you already know about the family and the child's needs and the difficulties that makes this problem harder for them to manage?
- What has been the impact on that child?
- What are the child's feelings or worries?
- Have things become worse recently?

## What is working well?

- Where do the family and child get their most effective support from?
- Who and what are those supports?
- In relation to the worry, what do the family and child do already that makes things even a little better?
- What has already been done to try and help the situation: who did what and when?

## What needs to happen?

- What do you think needs to happen to make the situation better?
- What do the family think needs to happen to make things better?

## Get help and support for a child & family

**These pathways are for referral and also for consultation and advice if practitioners are unsure of the level of identified need or risk.**

We know that it is better to provide focussed support when problems first emerge, rather than delivering a more complex statutory intervention when need and risk may have escalated. The right Early Help support, at the right time, can reduce the likelihood of specific problems getting worse.

If you are supporting a child/and or family below statutory levels of need and risk and you think an early help assessment might be helpful, you can ring and have a conversation with the Early Help Triage Team on 01709 334905 and speak to a member of the team who can provide consultation, advice and guidance.

The MASH is the Multi-Agency Safeguarding Hub which provides timely information sharing and risk analysis for all referrals where there may be a need or risk to a child.

Children's Social Care Services, Police, Health, Probation, Housing, Schools and the Early Help Service are part of the MASH response and ensure that effective and timely decisions are made following a referral to ensure that we make the right response at the right time.

Before providing Early Help support to a child and family it is important to check whether there is existing Early Help support in place. If you are unsure, contact the Early Help Triage Team 01709 334905.

If you are not sure if the child is already known to Children's Social Care or you do not know who the social worker is, you should call the **Multi Agency Safeguarding Hub (MASH)** on **01709 336080** and have a conversation.

If the child is in immediate danger contact the police on **999** (in an emergency only)

If the child is not in immediate danger contact the **MASH** on **01709 336080** and then complete **Multi-Agency Referral Form (MARF)**.

If the child is not in immediate danger but you believe a crime may have been committed, you can also contact the police on **101**

[Link to Early Help Assessment and Support Plan](#)

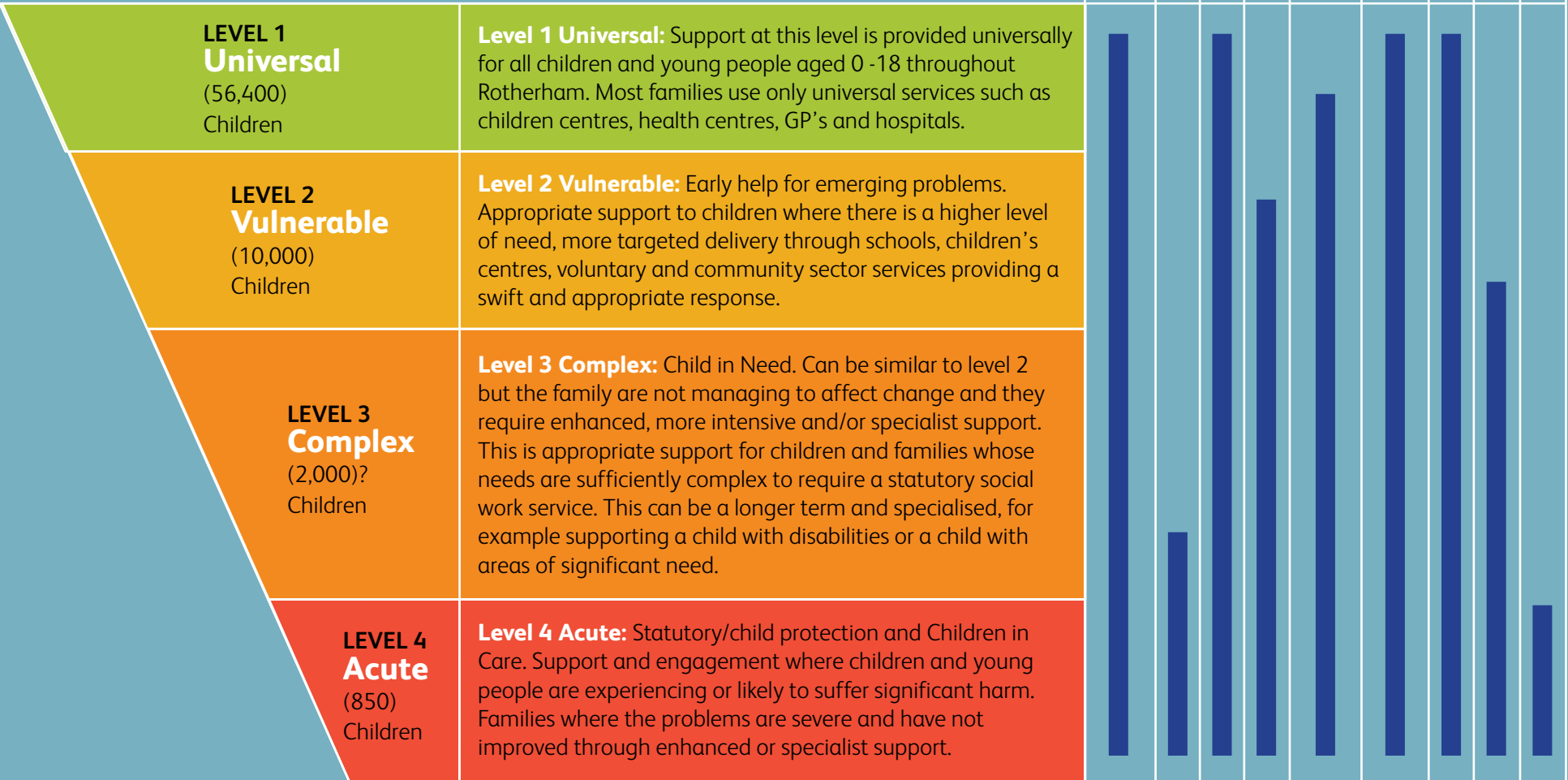
[Link to Guidance on completing a Multi-Agency Referral Form](#)

[Link to the Multi-Agency Referral Form](#)



# Continuum of Need and Support

Working together in partnership to help children, young people and their families improve their lives across the continuum of need.



# Case Example

## Level 1: Universal

### Jordan Smith

All children use universal services which include schools, health care including health visitors, GPs, housing, and other universally available services. At this level, children would be expected to do well with minimum intervention from any additional services.

#### Child's Voice

I like my life I feel loved, safe and secure with my parents and relatives. I have high hopes for the future and have the support that I need to achieve them. My family put me first.

We have ups and downs but we know how to cope with these. As a family we know when we need help and how we can get it. We have fun together and we feel settled.

#### Example Interventions

- Regularly attends nursery
- Goes swimming
- Attend dentist regularly for check ups
- 6 weeks speech and language support from therapist

#### What are we worried about?

Jordan is 13, and he has moved with his parents Karl and Pat to Rotherham. They have moved from Scotland as Pat has a new job in Sheffield. Jordan is worried because he does not know anyone in Rotherham.

#### What's going well?

Jordan gets on well with his parents and has a good relationship with them.

Jordan is normally quite a confident and outgoing young person. He had many friendships in Scotland that were positive.

#### What needs to happen?

Jordan would like to be able to go to school, to meet other young people and to know where to go to have his health needs met.

#### Next Steps

Pat and Karl sit down with Jordan to explore which schools he would like attend.

The family will register with a doctor and dentist.

Jordan used the Early Help website to find a local youth club so that he can meet some young people his age.

#### 3 months later

Jordan is now registered with a doctor and dentist and he has started at school.

Jordan also went to some drop in sessions at the "Youth Bus" in Kimberworth; he found that this really helped him to meet other young people and form friendships.

#### Examples of key services that provide support at this level:

- Education
- Health Visiting Service
- Midwifery
- School Nursing
- GP
- Families' Information Service
- Leisure, parks and library services
- Early Help & Family Engagement Service
- Police
- Voluntary & Community Sector

#### Example Indicators

- The majority of children can have a single need met by universal services
- Have parents/carers who seek or and accept universal support and/or advice with parenting;
- Would benefit by knowing how to access community support services i.e. a children's centre
- May have single health issues which require support but do not require a co-ordinated response e.g. school nurse.
- Have proactive parents that access services i.e. preschool settings, dental care and attend routine appointments



# Case Example

## Level 2: Vulnerable

### Mohammed Ravji

**Children and their families that have additional need and require help to prevent problems from escalating and becoming more difficult to resolve. The help may come from schools, health services or Early Help teams, in the local authority or from voluntary sector organisations.**

#### Child's Voice

My life feels OK most of the time but there are things that I wish were better. Things are a little difficult for my family lately.

My parents need some support to make good decisions and choices to make sure that I am safe and well, but they aren't always consistent in doing this on their own. We know that we need to make changes in our home and our lives, but can't do this on our own yet.

#### Example Interventions

- An Early Help Assessment and action plan with a lead professional will help to identify all areas of need and will coordinate a planned response with the child, parents and partner agencies.
- Access to parenting support
- Housing champion involved with supporting tenancy

#### What are we worried about?

Mohammed is 6 and he has 2 brothers Zayan who is 4 and Rohan who is 2. They live with their mum Practima. Pratima's husband died a year ago.

Rohan and Zayan go to nursery for a few hours a week and Mohammed goes to school.

The Head Teacher at School asked to speak to Pratima as they were worried about Mohammed's behaviour. Mohammed has been calling some of the other children names and hitting them.

When the teacher told Pratima what was happening, Pratima shared her worries. She feels that she can't cope with the boy's behaviour at home particularly around routines such as bedtimes. Pratima is struggling to get the children to eat properly and worries that when things gets on top of her she shouts at them.

#### What's going well?

Pratima loves her children and tells them so regularly.

Pratima tries to give the boys a good diet, she includes lots of fruit and vegetables in their diet but they are reluctant to eat them. Pratima wants to have help with her parenting of the children. Mohammed, Zayan and Rohan have a good relationship with their grandparents.

#### What needs to happen?

Mohammed, Zayan and Rohan need to have good relationships in School and Nursery and to be able to make friends. Mohammed, Zayan and Rohan need to have consistent parenting from Pratima as when she is shouting at them it can feel very scary.

#### Next Steps

The head teacher spoke with Mohammed about his worries, the good things in his life and his dreams. The Health Visitor completed an Early Help Assessment with Pratima and made a request to the speech and language service to contribute to the assessment and the Team Around the Family Plan. The Health Visitor, Head Teacher, Pratima and the children's grandparents met together at a Team Around the Family Meeting and agreed a Support Plan. They agreed that the grandparents would come in twice a week to help Pratima with the children. The health visitor found a parenting course that would give Pratima some more skills and techniques to help with the boys.

#### Examples of key services that provide support at this level:

- Learning Support Service
- GP
- Substance misuse services
- Health Visiting
- Midwifery
- Youth offending service
- Police
- Voluntary & community sector
- Early Help services
- Education
- Childcare provider
- School nursing
- Educational Psychology
- CAMHS
- Housing

#### Example Indicators

- Poor nutrition or inadequate clothing, poor home conditions or risk of homelessness
- Low level self-harm or substance misuse
- Family circumstances which present challenges for a child or unborn baby i.e. parental substance misuse or mental health problems
- Poor attendance, at risk of exclusion from school or post 16 education, training or employment
- Disabilities (low level) non complex health needs
- Behavioural difficulties, or risk of offending behaviour
- A young carer who is evidenced to be coping and has support
- Potential low level risk to child of sexual exploitation such as inappropriate use of texting
- Emerging parental conflict or lack of consistent parental boundaries

#### 3 months later

Pratima and the professionals are still working together with the Early Help Family Support Plan in place. Pratima has set some goals that she wanted to achieve which included having a bedtime routine for the children and this was going well. The head teacher has seen some improvement in Mohammed's behaviour at school and Rohan was attending his speech and language therapy.

# Case Example

## Level 3: Complex Needs

### Josh Henson

**Children and families at this level have complex needs that require a co-ordinated multi-agency response.**

#### Child's Voice

My life is not always good. I have often been late for school and I may have also missed some school and medical appointments and this means that I am struggling to keep up with other children my age. There are times when I don't look or feel that well. My family are really struggling to consistently care for me and keep me safe.

At times I feel hungry and thirsty and I have taken food from my friends packed lunch at school. I do not have many toys or clothes and do not see any other children outside of school. There are times when I feel alone and have no one to talk with about how I am thinking and feeling. My mum knows that things aren't as good as they should be and wants to change

#### Example Interventions

- An Early Help Assessment and Early Help Family Support Plan with a lead professional will be in place; if not, consideration should always be given to this.
- Supported housing for young homeless
- Therapeutic intervention for children who exhibit sexually harmful behaviours
- Behaviour management advice and support
- Access to recognised parenting programme e.g. Triple P/Family links.
- Family Group Conferencing
- Children's Social Care Services may undertake a child and family assessment leading to a Child In Need plan if issues are escalating and change is not evident
- Solution focussed therapy

#### What are we worried about?

Tanya is a single mother who has had some instability in terms of housing and relationships. Tanya has a 6 yr old son, Josh and a 10 month old daughter, Kayleigh and at times has not coped with all her parenting responsibilities. The health visitor had referred Tanya to a parenting course but Tanya was unable to fulfil this commitment which would have helped her understand the needs of Josh and Kayleigh.

Tanya has had two recent presentations at A&E due to self-harm and has a fragile relationship with her birth family. She says that she feels depressed. Tanya and her children are socially isolated and the health visitor feels that this is contributing to signs of developmental delay for Kayleigh. This week Tanya has been given an eviction notice from her property, due to noise and antisocial behaviour caused by other adults frequenting her home, and has told the health visitor that she intends to go back and live with a family member but is not specific about this. She says if this does not work out then she is likely to drink alcohol, use drugs or harm herself again.

#### What's going well?

Tanya has a strong positive attachment to Josh and Kayleigh. Tanya manages her finances well. Tanya recognises that she often not consistent with her routines.

Tanya talks positively about her future and that of Josh and Kayleigh

#### What needs to happen?

Both children need to have consistent parenting from Tanya. We need to know that Tanya's mental health and wellbeing are good. Josh and Kayleigh needs to have regular contact with other children and adults. Tanya and the children need to live in a safe and secure home.

#### Next Steps

The social worker in conjunction with other professionals completed a single assessment with Tanya and made a referral to Family Links parenting programme to help her develop clear priorities and routines for Josh and Kayleigh and increase her confidence in her own parenting skills. Tanya regularly attends the child in need meetings and is working well with the agreed plan.

#### Examples of key services that provide support at this level:

- SEN services
- Probation Service
- Specialist health or disability services
- Children's Social Care Services
- Child Development Centre
- Adult Crisis Intervention Team (for parents with mental health issues)
- Early Help Services and the Youth Offending Service

#### Example Indicators

- With a disability (medium/high level needs) or significant mental health needs
- Who are aged 16 plus and are homeless
- At medium risk of child sexual exploitation or are going "missing"
- Who are young carers and are not coping and/or have unmet needs
- Whose parents are experiencing difficulty in providing a reasonable standard of parenting and care
- Who are living in a situation where there is domestic abuse (this includes unborn babies) or who are age 16/17 and are a victim /perpetrator of domestic abuse
- Who are living in families where there is a likelihood of family breakdown without coordinated support
- Who are living in a private fostering arrangement
- Who are living in a family from a FGM practising community
- Where early intervention attempts to improve the situation have been consistently unsuccessful or have had little impact

#### 3 months later

Tanya has been supported by the housing champion and has secured a new tenancy in an area where she has family networks. Tanya is continuing to engage well with the parenting programme and the social worker has observed increased confidence and a greater focus on meeting Josh and Kayleigh's needs through play and activities. Tanya has more recently engaged with a counsellor via her GP practice. Josh's attendance and demeanour at school have improved and his class teacher can see the progress he has made.

## Case Example

### Level 4: Acute Needs

#### Harry Wiltshire

**Children at this level will be at risk of or experiencing harm and may be subject to child protection enquiries, taken into the care of the local authority or need specialist mental health intervention. Children at this level may be in secure accommodation/Young Offender's Institution as a result of crime and offending behaviour. The agencies involved might include any of those working with children or adults at all levels.**

#### Child's Voice

My life has real difficulties, I am not treated appropriately. I may have to care for myself and I am not able to do this on my own as I am either too young or make poor and sometimes dangerous choices and decisions. I have missed a lot of school and medical appointments and this means that I have fallen behind other children of my age. I spend a lot of the time feeling unhappy or involved in risky behaviour such as criminal activity. At times the pressure I feel causes me to hurt myself. My parents are not always able to keep me safe. I don't know if my parents love me.

They can prioritise their needs or my siblings over mine. I can be left alone for a lot of the time with no adults checking that I am safe and well or knowing where I am. I often feel that I have no one positive to listen to me and support me.

#### Example Interventions

- Statutory interventions such as child protection investigations or legal interventions (such as a Care Order) may be needed in order to safeguard and promote the children's welfare. These children may also need to be accommodated by the local authority either on a voluntary basis or by way of Court Order or Youth Offending Order.

#### What are we worried about?

Chelsea is 8 years old and lives with her brother, Harry who is 14 yrs. They live with their mum, Sarah, and their Dad, Scott. Today in school, Chelsea has told the teacher that she is worried about her brother Harry. Harry and Mum have been arguing lots and Harry has been going to stay with his friend John. Last night Harry went to Johns and did not come back and their mother phoned the police to report him as missing...

A few days ago their dad came home from work and Harry and his mother were arguing. Harry threw something at his mother and swore so dad punched Harry on the head. The School made a referral to the MASH and a social worker contacted Sarah. Sarah said that she is worried about Harry's relationship with John who is 18 and has his own flat. Sarah thinks that Harry might be thinking about running away from home and she has noticed some deep scratch marks on his arm that he won't talk about.

#### What's going well?

- Sarah loves and cares about her children and wants to work with the extended family and services to keep them safe.
- Chelsea and Harry are doing well in their studies at School and have good School attendance.
- Scott loves his family and works hard to provide for them, he also wants to know how he can build a better relationship with Harry.
- Sarah has said that she would like to have some help with Harry as she is worried about him.

#### What needs to happen?

- We need to know that Harry is safe.
- We need to speak with Harry and let him know that his mum, dad and the professionals are worried about him spending time with John who is an adult.
- Chelsea would like to live in a house with no arguments and where she does not have to worry about her brother.

#### Next Steps

Harry is at risk of significant harm. If a child of 14 yrs is in a possible sexual relationship with an adult and/or who has also been physically assaulted by his father, requires a Section 47 enquiry is required. The decision is made to hold a strategy meeting with the police and other agencies in order to agree a plan of assessment and investigation.

#### Examples of key services that provide support at this level:

- Key agencies that may provide support at this level are the same as for level 1, 2 and 3;
- Children's Social Care Services will take the lead, in collaboration with other agencies, in safeguarding children and co-ordinating services for children at this level.

#### Example Indicators

- With non-accidental, unexplained injuries or suspicious injuries
- Who have alleged abuse
- Who are in contact with a person identified as a risk to children
- Who have suffered, or are suffering neglect or emotional abuse that is significantly impairing their development
- Whose care is significantly affected by parental difficulties such as serious substance misuse, high risk domestic abuse, significant mental health issues or learning disability (this includes risk to unborn babies)
- Who are at imminent risk of honour based violence, forced marriage or FGM
- Who are at high risk of or experiencing child sexual exploitation or high risk "missing"

#### 3 months later

The Police and Social Services investigated and John was arrested for sexual offences against Harry. Harry was very angry with his family and the professionals as he did not feel that he was at risk. Scott was remorseful that he had used physical violence against Harry but had felt frustrated at the time.

A Child Protection Conference was held and Harry was made subject to a Child Protection Plan. Harry did not want a referral made to CAMHS and said that his self harm behaviour was due to the pressure that he felt he was under both from John and at home.

With the support of his family, his keyworker and the other professionals Harry was able to stop contact with the people who he used to hang around with when he was with John. Harry has started to go to School more often and there are fewer arguments at home.