Continuum of Need

This document is for use by all practitioners working with children and their families across Dorset. It may be seen as the 'threshold document' required by <u>Working Together 2023.</u>

The purpose of the document is to help identify a child's degree of need, ensure support is offered by the right agencies, at the right time and prevent their needs escalating to a higher level. It will help identify when referrals to specialist Children's Social Care services are required.

The purpose of the document is to help provide conversation opportunities to identify a child's degree of need and appropriate support for children and families ensuring this support is offered by the right agencies, at the right time and to prevent their needs escalating to a higher level. It will help identify when conversations with, including referrals to specialist or statutory Children's Social Care services, are required.

The document should be used alongside the <u>Dorset multi-agency safeguarding policy and procedures</u>.

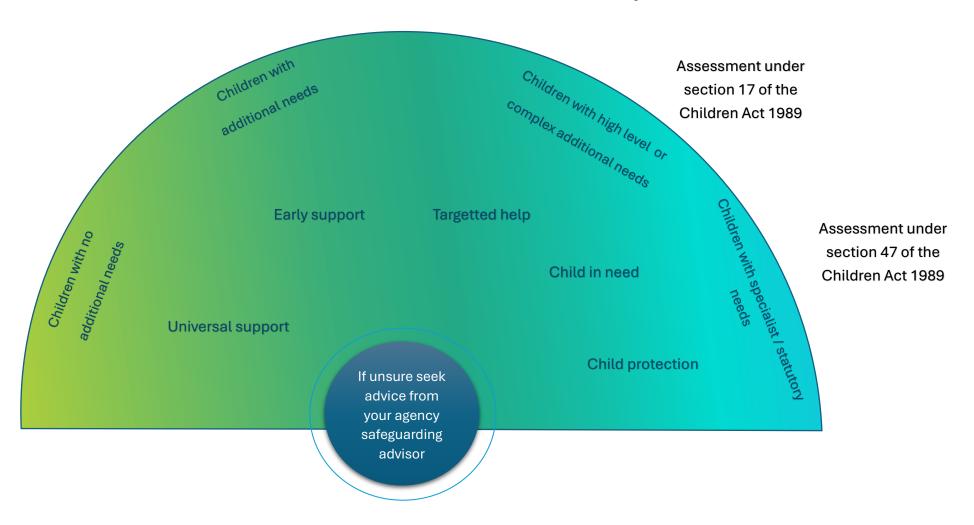
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Guidance:

- This document refers to children, but includes the unborn, infants, children and young people. Agencies will be aware of child development, rather than chronological age, in applying to individuals.
- Principles of working with children will always involve their families and networks. They will form part of the 'Team Around the Family'.
- In the majority of cases, it should be the decision of parents/carers when to ask for help or advice, but there are occasions when practitioners may need to engage them actively to help them and prevent their difficulties from becoming more serious. If seeking consent increases the risk to the child, it can be overridden.
- Children who are disabled are entitled to a Section 17 Child in Need (CiN) assessment.
- The need identified in any assessment at Early Help or Children's Social Care level may be met from across the continuum of need, ie. at different levels of vulnerability.

Levels of need and vulnerability



Providing effective support to children and families

Universal Support

Children and young people are supported by their family and universal services to meet all their needs. This can include early years, education, primary health care, maternity services, public health nursing, housing, community and voluntary organisations and faith groups.

The majority of children living in Dorset are expected to require support from universal services alone to have their needs met.

Support at this level should be open access and universally available. If families require advice or support to access this, <u>Dorset Family Hubs</u> can be contacted to assist.

Early Support

One or more services provide voluntary support that is in addition to their universal offer to meet the child or young person, and their family's emerging needs. Where multiple agencies are involved, this is coordinated through a Team around the family led by a service that knows the child/young person best. This is recorded in a Whole Family plan.

Consent is required for the referral to & provision of support by individual services and for any multi-agency co-ordination of this support.

The Locality may be involved in this work either through the provision of advice and guidance to the Team Around the Family, or through the provision of services through our Family Hubs (eg. Parenting Groups; Youth Work etc). Documents and resources to support provision at this level can also be found through Dorset Families Matter.

Early Support also includes the provision of Direct Payments to support families caring for a child who has a disability through our B2SA service.

Practitioners should talk to the family and carry out an Early Support assessment. They should either provide single agency support if they can meet the needs this identifies or engage with other appropriate services to work with them. This should be co-ordinated through a Team around the family meeting and recorded in a whole family plan.

Note: Dorset Children's Services do not need to be notified where this support is taking place but the Family Support and Advice Line can be contacted on 01305 228558 for advice and guidance on this.

Dorset Family Support and Advice Line should also be contacted on 01305 228558 where assessment for direct payments is being requested.

Targeted Early Help

A multi-disciplinary Team Around the Family approach, led by a Lead Family Help Practitioner who coordinates information sharing, services and practical support to meet the child or young person's and their family's needs, where these are multiple, interconnected and may escalate without a coordinated multi-agency service intervention and direct support to the family in their home. This may also include where there are specific support needs for a family with a child with a disability.

Consent is required for the referral to & provision of support by individual services and for any multi-agency co-ordination of this support.

If you believe a family require this level of support, please gain consent from the family and then contact the Family Support and Advice Line on 01305 228558 for discussion about support and identification of a lead practitioner.

The following process charts are available to show the pathway from this point:

1.When a child is referred.vsdx

2. Family Help Pathway.vsdx

Child in Need

A child in need is defined under section 17 of the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired without the provision of services, or a child who is disabled.

To fulfil this duty, practitioners undertake assessments of the needs of individual children, giving due regard to a child's age and understanding when determining what, if any, services to provide.

Where assessment identifies support is required at this level, this will be multi-disciplinary help and protection, led and co-ordinated by a Lead Family Help Practitioner with a Child or young person & their family.

If you identify a child or young person thought to require this level of assessment or support contact the Family Support and Advice Line on 01305 228558 for discussion about support and identification of a lead practitioner.

Consent is required for the referral to & provision of support under child in need and for any multi-agency coordination of this support.

The following process charts are available to show the pathway from this point:

- 1. When a child is referred. vsdx
- 2. Family Help Pathway.vsdx

Child Protection

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Specialist CiC

Children who need protecting may include those who experience harm in their own family and those who are harmed or exploited by others, including their peers, in their community and/or online.

Suffering or being likely to suffer significant harm is the threshold for child protection enquiries and can take different forms, including sexual, physical or emotional abuse, neglect or domestic abuse (including controlling or coercive behaviour), exploitation by criminal gangs or organised crime groups, trafficking, online abuse, sexual exploitation, and the influences of extremism which could lead to radicalisation.

If you identify a child or young person you believe to have suffered or be at risk of significant harm, a safeguarding conversation should take place with the Family Advice And Support Line immediately on 01305 228558. Consent is required unless you believe seeking this would place the child or others at increased risk of significant harm. In an emergency, the agency should call 999.

The following process charts are available to show the pathway from this point:

1. When a child is referred. vsdx

Key legislation regarding Children's Services support to families

Section 10 and 11 of the Children Act (2004) sets out how local authority Children's Services and other agencies and bodies need to work together effectively to protect and promote the welfare of children in the UK, this includes through the offer of early help services to children and families.

Child in Need Section 17 of the Children Act (1989) states that a child shall be considered in need if:

- They are unlikely to achieve, maintain or have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision of services by a local authority.
- Their health and development is likely to be significantly impaired, or further impaired, without the provisions of such services and/or;
- They are disabled.

Child Protection Section 47 of the Children Act 1989 states that the authority shall make necessary enquiries to enable them to decide whether they should take action to safeguard or promote the child's welfare where there is reasonable cause to suspect a child is suffering or likely to suffer significant harm.

<u>Children Looked After by the Local Authority Part III Children Act 1989</u> outlines the support for children and families provided by Local Authorities in England. Examples where a child is looked after by a Local Authority include:

- An Emergency Protection Order (Section 44 Children Act 1989) if the child is likely to suffer significant harm if not removed to Local Authority care.
- Being provided with accommodation under <u>Section 20 of the Children Act 1989</u>; duty to accommodate a child, for more than 24 hours with the agreement of the parents or of the child if s/he is aged 16 or over.
- A Care Order (Section 31 of the Children Act 1989; care and supervision orders)
- Being remanded by a criminal court to Local Authority Accommodation or Youth Detention Accommodation under <u>Chapter 3 Legal Aid Sentencing</u> and <u>Punishment of Offenders Act 2012</u>. There are national standards for children in the youth justice system which outlines the minimum expectations for all agencies to provide statutory services to children in the youth justice system <u>Standards for children in the youth justice system</u> GOV.UK

Potential Indicators of Need

- Note: This is an illustrative list of potential indicators that provide conversation opportunities to identify appropriate support for children and families
 - It is important to know that this list is not exhaustive, indicators do cross between different levels of need, as illustrated by the columns without headings.

	Universal	****	Early Support		Targete d Early Help	← →	Child in Need	←	Child Protectio n
Childs Developm ental Needs Health, Learning, Emotional and Behavioural Developmen t, Identity, Relationship	Is generally physically well, Nutritious diet, Adequate hygiene and dress. Development and health reviews /immunisation s up to date. Developmenta I milestones and motor skills reviewed.	Pregnancy with complications or impact of parental lifestyle Has some identified additional learning needs Has some difficulties sustaining relationships Finds accepting responsibility for own	Few positive relationships No access to books/toys Concerns about developmental progress: e.g. overweight/unde rweight bedwetting/soilin g Missing some routine and nonroutine health appointments May experience bullying or be	Disability prevents self- care in a significant range of tasks Ongoing, challenging behaviour at school, possible risk of exclusion Consistently poor education attendance and punctuality Consistently	Self- harming behaviours Relationshi ps with carers characteris ed by unpredicta bility Evident mental health needs Serious or persistent offending behaviour	Chronic/recurring health difficulties are not treated or are badly managed Serious professional concern; family declining services Child lacks a sense of safety and as a result often finds him/herself in dangerous situations Starting to commit offences/re-offend Child reported missing from home	Unsafe sexual activity Persistent and/or high-risk episodes of missing Child/youn g person is out of education or not receiving education due to parental neglect	Allegation of abuse/phy sical injury caused by a profession al Refusing medical care endangering life/development Failure to thrive, likely to be due to	Disclosure or suspicion of physical, sexual or emotional abuse or neglect Non-accidental injury and/or unexplained injury, particularly in non-mobile children Puts self or others in danger
S	Good mental Health	actions difficult	exhibiting bullying behaviour	not reaching educational potential	Dellavioui	Developmental milestones are not	Unaccomp anied	care provided	Serious decay from persistent

	Minor			Significantl	being met due to	refugee/asy	Seriously	lack of dental
Good quality	concerns re	Disability limits	Emerging	y poor self-	parental care	lum seeker	obese/	care
early	diet, hygiene	amount of self-	mental health	image/iden			seriously	
relationships.	or clothing	care possible	issues e.g.	tity	Changed behaviour,	Child	underwei	Unborn baby
Telationships.			anxiety,		reference to	involved	ght	impacted in
Ablataalaa	Dental	Lack of positive	depression,	Persistent	radicalised thoughts/	with	3	utero by
Able to adapt to change	difficulties	role models	eating	and	threats to act	serious,	Dangerou	neglect/abuse
Understands	untreated/so		disorder	significant		persistent,	s sexual	neglecquoose
others'	me decay	Not reaching		disruptive/		high risk	activity	
feelings.	Vulnerable to	education	Poor	challengin		substance	and/or	
reenings.	emotional	potential	punctuality/p	g		misuse	early	
Takes	difficulties,		attern of	behaviour		Physical/	teenage	
responsibility	perhaps in	a child/young	regular	at school,		learning	pregnancy	
for behaviour.	response to	person who has	education	home or in		disability		
TOI Dellavioui.	life events	special	absences/fixe	the		needing	Suspected	
Carrage 1	such as	educational	d term	communit		constant	risk of	
Sexual activity	parental	needs (whether	exclusions	У		supervision	Female	
is age-	separation	or not they have					Genital	
appropriate.		a statutory	Potential	Young		Presentatio	Mutilation	
	Child appears	education, health	support need	carer with		n (including		
Responds	anxious, angry	and care (EHC)	where a child	developme		hygiene)	Child	
appropriately	or phobic	plan)	has	nt		significantl	displaying	
to boundaries			previously	compromis		y impacts	sexually	
and	Delay in	a child/young	returned	ed through		on	harmful or	
constructive	reaching	person who is	home to their	caring role		relationshi	abusive	
guidance.	developmenta	disabled	family from			ps	behaviour	
	l milestones		care	Relationshi		5		
Can	D			ps with		Privately	Acute	
discriminate	Distances self		a child/young	family		fostered	mental	
between safe	from others		person who is	experience		Daiaetica	health	
and unsafe	Language		viewing	d as		Rejection	difficulties	
contacts.	Language and communicatio		problematic	negative ('low		by a	e.g.	
			and/or			parent/care	severe	
Has positive	n difficulties		inappropriate	warmth, high		r, family no	depressio n or risk of	
self-image	Some		online	rign criticism')		longer willing to	suicide	
	insecurities re		content (for	CHUCISIII')			Solcide	
Stable and			example,	Age		care for, or have		
affectionate	identity eg. low self-		linked to	inappropri		abandoned		
relationships	esteem, lack		violence), or	ate		abandoned		
with family	esteem, lack		developing	ate				

	of confidence,	inappropriate	sexualised	child/young	
Able to make		relationships	behaviour	person	
and maintain		online			
friendships	identity				
menasiiips		a child/young			
Access to	Showing early	person who is			
books and to	atama af austi	bereaved			
Is provided	social				
with	behaviour/offe				
appropriate	nding				
education ar	nd l				
learning	Experiments				
Carring	with				
Enjoys and	tobacco/alcoh				
participates	in ol/ illegal				
learning	drugs				
activities					
	Some				
Has	difficulties				
experiences	of with adult or				
success and	peer				
achievemen	relationships				
	e.g. 'clingy',				
Sound links	anxious or				
between ho					
and education	on Line in the control of the contro				
provider	Limited				
	engagement				
Planning for					
career/ adult	others/has few or no				
life	friends				
Unborn with	Not always				
needs met	engaged in				
	play/learning,				
	poor play/learning,				
	concentration				
	Concentration				

Parenting	Provide for	Inconsistent	Parent/carer	Parents	Exposed to	Severe	Child	Non-
Parenting	child's physical	responses to	stresses starting	sometimes	domestic	disability –	beyond	compliance of
Capacity &	needs, e.g.	child/young	to affect ability to	find it difficult	abuse or	parents	parental	parents/carers
	food, drink,	person	ensure child's	to positively	chronic	who	control	with services
Family	equipment,		safety	resolve	parental	require		where risk of
	appropriate	Parent/carer		conflict in	conflict	additional	Parent's	harm to child
	clothing,	offers	Unnecessary or	their	within the	support	mental	has been
Basic Care,	medical and dental care	inconsistent	frequent visits to	relationship	household	and breaks	health difficulties	identified
Ensuring	dental care	boundaries	doctor/casualty	Lack of	or family.	in care to meet care	or	Family home
Safety,	Protection	No effective	Parent/carer	routine in the	Α	needs	substance	used for drug
Emotional	from danger or	support from	requires advice	home	child/youn		misuse	taking, sex
	harm	extended	on parenting		g person is	Request for	affect care	trade or other
Warmth,		family.	issues		taking on a	child to be	of child/	illegal
Stimulation,	Shows warm	Low level	Basic care is not		caring role in relation	accommod ated	young person	activities
Guidance	regard, praise and	parental	consistently provided		to their	acca	pe.50	Suspected/evi
and	encouragemen	substance	'		parent/car	Parent says	Parental	dence of
	t	misuse	Inappropriate		er or is	someone	substance	fabricated or
Boundaries,			child care		looking	is/has harmed	misuse impacts	induced illness /
Stability	Ensures stable	Parents	arrangements		after	their child	on ability	perplexing
	relationships	struggling to	and/or too many		younger	their crind	to	presentation
		have their own	carers=		siblings.	Pregnant	consistent	presentation
	Ensure the	emotional			CL II L L	parents/car	ly meet	Chronic and
	child can	needs met			Child has multiple	ers who	child's	serious
	develop a	need3 mee			carers,	have been	needs	domestic
	sense of right	Provides			some of	unable to		abuse in the
	and wrong	limited access			whom may	care for	Contact	home.
	Child/young	to new			have no	previous	with	
	person	experiences or			significant	children	individual	Parent/carer's
	accesses	leisure			relationshi	NI	posing a	mental health
	play/activities/l	activities			p with	No effective	suspected or known	or substance
	eisure facilities				them.	eπective boundaries	or known risk to	misuse significantly
	as appropriate					set by	children	affects care of
	to age and				Parents	parents/car	ciliaren	child
	interests				are	ers		C.I.IG
					consistentl			Persistent and
					y unable to			high-risk
					act as			

	Good			positive		Parents/car		parental
	relationships			role		ers own		substance
	within family,			models		needs		misuse
	including when					mean they		
	parents are			Some		are unable		
	separated			exposure		to keep		Parents/carers
				to		child/young		involved in
				dangerous		person safe		violent or
				situations				serious crime or criminal
				in the				offences
				home or communit		Child has		against
				V		no-one to		children
				У		care for		
				Parents do		him/her		Parent/carer
				not				is failing to
				provide				provide safe
				access to				physical care
				positive				or emotional
				experience				support to
				S				child
				Parents				
				unable to				
				set effective				
				boundaries				
				e.g. too				
				loose/tight				
Environme	Accommodati	Parents/carers	Family have	Emerging	Unsuitable	Extreme	Child/you	Home
	on has basic	have limited	physical and	behaviours	accommodation/inte	poverty/de	ng person	conditions are
ntal and	amenities and	formal education	mental health	which are	ntionally homeless	bt	persistentl	dangerous or
Contextual	appropriate	or are impacted	difficulties 	seen as		impacting	y involved	seriously
Contextual	facilities to	by other	impacting on	being anti-	Homeless, or	on ability	with the	threatening to
Factors	meet family needs	disadvantage	their child	social or violent	imminent homelessness if not	to care for child	supply of illegal	health
	neeus	Difficulty	Low income	Violetti	accepted by housing	Ciliu	substance	
	Managing	accessing	or financial/	Child	department	Child/youn	S	
Community,	budget to	community	debt	subject to	a cp ar critical	g person is		
Social	meet	facilities	difficulties/	persistent		at risk of		
500101				paratetric		GC 1151C OT		

Integration	individual		rent arrears	discriminat	Chronic	radicalisati	Child/you	
Integration,	needs	Not in education,	. circuit cars	ion, e.g.	unemployment or	on	ng person	
Income and		employment or	Community is	racial,	poverty that severely		is	
Employment	Is able to	training post-16	hostile to	sexual,	affected parents'	Physical	assessed	
	access local		family.	disability	ability to meet the	accommod	as at risk	
	services and	Periods of			child's needs	ation	of sexual	
Housing,	amenities	unemployment	Known to be	Parent/car		places child	or	
Criminal and		of parent/carer	at risk of	er serving	Child/young person	in danger	criminal	
	Family feels		exploitation,	a prison	is known to be		exploitati	
Exploitation	part of the		sexual	sentence	carrying weapons	Family	on,	
Risks	community		exploitation, violence,			seeking asylum or	including through	
			criminality or			asylumoi	trafficking	
			radicalisation			refugees	tranicking	
			radicalisation			relogees	cuckooing	
			Some social				, County	
			exclusion or				Lines or	
			conflict				modern	
			experiences				day	
			or victim of				slavery	
			crime or					
			bullying				Child/you	
							ng person	
			Child				has	
			experiences				known	
			persistent discriminatio				involveme nt with	
			n which is				gangs or	
			internalised				organised	
			and reflected				crime	
			in poor self-				group	
			image					
			Home					
			conditions					
			present a risk					
			to child's					
			safety or					
			health					

	Child who is	;		
	showing			
	signs of bei	ng		
	drawn into			
	anti-social o	or		
	criminal			
	behaviour,			
	including			
	being			
	affected by			
	gangs,			
	county lines	,		
	organised	_		
	crime group)S		
	and/or			
	serious			
	violence			
	including			
	knife crime			

Sources of further information:

1. How we Do things in Dorset Guidance

(link to be added)

2. Dorset Family Support And Advice Line (including children's Social Care and Family Help Hub:

Telephone number – 01305 228558 childrensadviceanddutyservice@dorsetcouncil.gov.uk

(from 03/02/2025 please use :familysupportandadviceline@dorsetcouncil.gov.uk instead of above email)

Referral via telephone consultation, no requirement to complete inter-agency referral form.

3. Child and Adolescent Mental Health Services (CAMHS)

- CAMHS Gateway CAMHS Dorset
- Referral Guidance
- Referral form
- If you are over 18, please visit the Steps2Wellbeing website where you will find information about this service and how to access it. For urgent mental health support, please call our Connection service which is open 24/7. Dorset residents or people visiting Dorset can call direct on 0800 652 0190 at local call rate or access via NHS 111 for free. More information on our Access Mental Services is available on the Dorset HealthCare website.
- As part of CAMHS Gateway, the service is available for self-referral for young people aged 16-18 years old. <u>Visit the Dorset HealthCare</u> website to complete the self-referral form. Visit the Dorset HealthCare website to complete the self-referral form.

4. Dorset Health visiting duty line

01305 361071 (West) 01929 557593 (East)

5. Dorset Family Hubs

Family Hub - Dorset Council

6. Pan-Dorset Multi-Agency Safeguarding Policies and Procedures Manual

Pan-Dorset Multi-Agency Safeguarding Policies and Procedures Manual

Includes: Making a Good Referral, Information Sharing Guidance and the Escalation Policy

7. Government Guidance

- Working Together to Safeguard Children 2023 (Statutory Guidance)
- Keeping Children Safe in Education