



Wakefield
Safeguarding Children
Partnership

Continuum Of Need: A Framework to Support Decision Making



Introduction

This document has been developed to help and support practitioners working in the Wakefield District with children across all agencies and organisations, when faced with a decision about the safety and wellbeing of a child. It is a collaborative approach to support what drives our shared ambition of the right help, at the right time from the right service and, importantly, from the right person, whilst always acting in the best interests of the child.

Across the district all children should be happy, healthy, safe, and able to achieve to their full potential. This document sets out which agencies and which type of support and intervention may be needed to support families to build on their strengths, promote resilience and overall outcomes for children and their families while ensuring children are protected from harm. It should be used by practitioners to aid decision making but not replace the conversations we have when faced with concerns about a child or to determine the best next steps. All practitioners should consult with their safeguarding leads for support, guidance, and reflection.

Protecting children can be complex. This document is to support those working or volunteering with children and families with making decisions in helping to safeguard and promote the welfare of children and families, but also to embed the Wakefield Families Together approach in working in partnership to support children and families. The Wakefield Families Together approach can be found at www.wakefieldfamiliesaltogether.co.uk.

This document sits alongside, and is complimentary to, existing Wakefield Safeguarding Children Partnership (WSCP) guidance, procedures and resources which can be found at www.wakefieldscp.org.uk and the [Early Help Strategy](#).



How We Work with Children and Families in the Wakefield District

In the Wakefield District, we are committed to providing the right help, at the right time by the right person across our agencies when it comes to working with children and families. The questions below underpin the conversations we need to have with families when we believe that children are not receiving the care and support they need, or may be at risk of harm:

- What are the strengths?
- What are the risks?
- What steps need to be taken?

When thinking about a child or family who might need help and support, practitioners should use these questions as a basis of evaluating their concerns. In addition, practitioners might want to think about:

- What have you seen or heard that worries you?
- What are you most worried about?
- What do you think will happen if nothing changes?
- Are things getting worse?
- Have you asked the child what they are worried about and captured this?
- Is anybody else worried about the child and have you spoken to them?
- What impact is all of this having on the child?
- Does the child or the family receive support from anywhere else? If they do, is it making things better?
- Does the child or family do anything already that makes things even a little bit better?
- What do you think needs to happen to make things better for this family?
- What services or agencies are needed to support this family?
- What support and interventions has already been offered and the difference it has made?

Using this approach as the basis of a conversation about a family's needs can help:

- Understand present and past concerns
- Recognise existing strengths and safety
- Be clear about what needs to happen next
- Remain curious about what you are hearing and seeing

The use of a strengths-based approach can often lead to families overcoming difficulties and challenges through adapting or tailoring universal or targeted services, without the need for statutory child protection services.

We know that sometimes families find it difficult to open up and agree to services and you need to consider what can be done differently to form trusting relationships and enable engagement, as well as considering if statutory intervention is necessary. Adopting an approach which is trauma informed, using non-victim blaming language to consider adverse childhood experiences and being professionally curious as to what you are hearing and seeing is key.

Where you are becoming more concerned about a child, please have a conversation with your manager or safeguarding lead. Where you are worried about a child and think a referral to Integrated Front Door (IFD) / Multi-Agency Safeguarding Hub (MASH) is required, please see

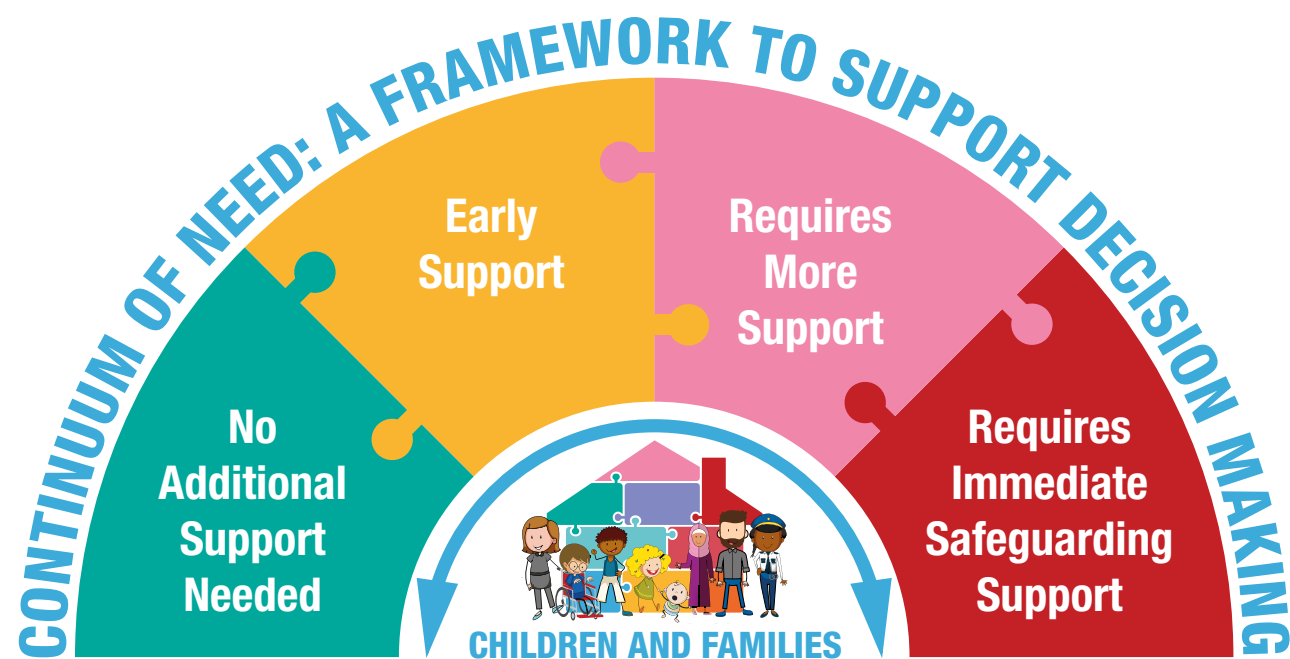
www.wakefieldscp.org.uk/worried-about-a-child

Where you have a safeguarding concern which relates to an adult (a person 18 years old and above), please see www.wakefield.gov.uk/health-care-and-advice/adults-and-older-people-services/safeguarding/safeguarding for information on the steps to take.

Continuum of Need: A Framework to Support Decision Making

The Wakefield District has developed a continuum of need along with some features we might expect to see in families across the continuum. It is vital to note that this does not represent a fixed, definition of need or a checklist – the examples cited are for guidance and context. It should be used alongside practitioner judgement and form part of a wider discussion about how best to meet the needs of a specific child and family and support the consistency of response to children and their families.

Our Wakefield Families Together model is to support children and families at the earliest opportunity from the right service at the right time by the right person. Children and families can move across the areas of need according to their circumstances. We have 4 broad areas of need which can overlap, therefore the divisions between the areas should not be conceived as 'hard and fast'. When deciding on what support is appropriate, the presence of a single or multiple combination of factors, the age of the child and protective factors all need to be considered.



No Additional Support Needed

Most children reach their full potential through the care of their families and communities. Universal services are provided to all children and their families through community networks such as schools, primary healthcare, family and youth hubs, leisure services, voluntary and community groups. Some examples may include supporting a child to have:

- Good physical health
- Good school attendance
- Ability to meet developmental milestones
- Good attachments and relationships
- Appropriate guidance and boundaries
- Carers who meet their physical and emotional needs and protect them from danger and harm



Early Support

Early Support provides help when a need is identified at any point in a child's life. It is not a service specific to one organisation, but rather a collaborative approach across all agencies and partners to work with children and families to prevent the need for statutory intervention. Across the Wakefield District, every person working or volunteering with children and families, regardless of organisation, status or position, has a responsibility to support the delivery of early support and where needed, ensure a family has access to appropriate services.

Single Agency Response

Children and families who are vulnerable and in need of additional support because of a developmental need, family circumstances or environmental factors. These children are at risk of not reaching their full potential and their life chances impaired without the provision of early support. Services who are already working with children and families can provide help and support required as a single agency or through a coordinated response.

Family Hubs & Youth Hubs

Family and Youth Hubs provide a venue and a linked network of community support, specialist services and a range of organisations which offer early support in each of the six cluster areas of the district. The offer of provision is developing in line with the national Family Hub and Best Start for Life programme for supporting families of children aged 0-19 and up to 25 where children have SEND, with a particular focus on the early years.

Support includes:

Early Years

- Baby massage
- Infant feeding
- Breastfeeding support
- Stay and play/sensory play
- Bookstart
- Evidence-based early years parenting
- Every Sleep, a Safe Sleep

Family Support

- Aspiration and Well Being
- Evidence based parent support programmes e.g. Triple P Family Transitions and Who's in Charge
- Young Carers up to the age of 18 (25 years if a SEND need is identified)
- Freedom programme for survivors of Domestic Abuse
- Short breaks for children and young people with SEND

For further information on the Family Hub offer, visit the [Family Hub page on the Wakefield Families Together website](#).

In addition to Family Hubs, Youth Hubs provide partnership-led support specifically centred on children and young people aged 11 up to 25 (where a young person has SEND) from a dedicated team of Wakefield Metropolitan District Council practitioners and partner services.

Universal and targeted interventions and engagement activity focuses on several priority themes including:

- Increasing participation and employment
- Improving health and wellbeing
- Access to positive activities
- Connecting children and young people with their communities

For further information on the Youth Hub offer, visit the [Youth Hub page on the Wakefield Families Together website](#).

Team Around the School / Team Around the Early Years

Children who are on roll at school and/or early years provision and who need a coordinated response to help access early support from a team of practitioners from different services dependent on their need. The Team Around meetings are made up of professionals from across the local authority and partner organisations including:

- Family and Youth Hub Team
- Future In Mind, Primary Intervention Practitioners
- Educational Improvement Teachers
- 0-19 Health Service (including School Nursing)

For further info on the Team Around School and Team Around the Early Years, please [click here](#).

At the stage of Early Support children and families may have one or a range of needs which could increase in complexity, those may include:

Child's Developmental Needs

- Worries about inappropriate diet/hygiene/clothing
- Not being taken to health appointments
- Not reaching anticipated developmental milestones
- Few opportunities for age appropriate play or socialisation
- Substance use or concerns
- Mental health difficulties
- Worrying levels of school attendance (between 70 – 90%) and/or Fixed Term Exclusion
- Experiencing bullying
- Special educational needs
- Start of disengagement from education, training, employment post 16
- Difficulties with peer group/ adult relationships
- Some evidence of inappropriate responses and trauma behaviours
- Finds it difficult to cope with anger, frustration and upset
- Disruptive or anti-social behaviour
- Disabilities
- Complex health needs
- Young Carers
- Concerns about online behaviour / risks
- Vulnerabilities to child exploitation such as criminal and sexual exploitation
- Experienced loss of a parent, carer, family member or somebody close to them



Parenting Capacity

- Parental conflict or lack of parental support/ boundaries
- Parental engagement with services is poor
- Parent is struggling or unable to provide adequate care
- Unrealistic parental expectations
- Child previously subject of a Child Protection Plan
- Post-natal depression
- Concealed pregnancy
- The child being perceived to be a problem by parents
- Minor to moderate mental health difficulties
- Minor to moderate parental drug and alcohol use
- History of unsafe sleeping practices with previous children

Family / Environmental Factors

- Parents have some conflict or difficulties that has direct impact on the children
- Has experienced loss of significant adult e.g. bereavement or separation
- Parent has physical or mental health difficulties starting to impact on the child
- Family is socially isolated
- Poor housing
- Poverty and/or financial difficulties such as debt and gambling
- Risk of offending
- Poor or overwhelming Care Coordination for a Child with Disabilities

Requires More Support

Family Help

Some children and families will have more acute needs and require support for these to be met.

Typically, this support is for children who are unlikely to reach or maintain a satisfactory level of mental or physical health or development. Children's needs are more complex, and they are at risk of social or educational exclusion. In addition, their welfare, social or education development is being impaired without the provision of Family Help.

Requires Immediate Safeguarding Support

Some children may require an immediate referral to the Integrated Front Door (IFD) / Multi-Agency Safeguarding Hub (MASH) for an assessment to be completed to better understand their needs. In addition, some families who have children and young people with complex disabilities do need an immediate referral and an assessment but because of their level of needs rather than concerns in relation to safeguarding. If a criminal offence occurs practitioners should also contact the police.

These are children and families with increasingly complex needs, those children who are at risk of or are suffering significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interest of children and gives local authorities a duty to make enquiries.

Significant harm could

include:

- Children at immediate risk of significant harm including physical, sexual, emotional harm and neglect
- Children with unexplained injuries, suspicious injuries or where there is inconsistent explanation of the injury
- Children from families experiencing a crisis likely to result in an imminent breakdown of care arrangements
- Where there are serious concerns regarding the risk of significant harm to an unborn baby
- Children who are remanded to Custody or who pose a risk of causing serious harm to others
- Children who allege abuse
- Vulnerable children who are left alone

The needs or worries across Requires More Support or Requires Immediate Support may include:

Child's Developmental Needs

- Disability (Permanent or substantial impairment of function)
- Significant health problems
- Significant emotional and behavioural difficulties
- Neglects to use self-care skills due to alternative priorities e.g. substance use
- Children who display significant harmful sexual behaviour
- Family breakdown related in some ways to the child's behavioural difficulties
- Long-term neglect which significantly impacts on child's development
- Child has significant mental health difficulties
- Child's health and development needs require specialist service provision
- Displays frequent and/or significant violent behaviour towards parents / carers
- Unaccompanied children
- Problematic or chronic drug and alcohol use
- Chronic neglect impacting on the emotional well-being and attachment of the child
- Impact of significant domestic abuse
- Significant self-harm or suicide attempts
- Persistent offending resulting in court action
- Is suffering harm in relation to neglect, physical, emotional or sexual abuse on or offline
- Persistent and severe absence from school (<50%) which is considered educational neglect

Parenting Capacity

- Significant and/or repeated domestic abuse
- Parenting is not safe
- Lack of parental engagement is having detrimental impact on the child's welfare and safety
- Physical or learning disability/mental ill health difficulties/substance use
- Children who are homeless
- Continued exposure by parents or carers to dangerous situations in the home/community
- Irrevocable child and parent relationship breakdown
- The child is undertaking the majority of parenting responsibilities which are significantly impairing the child's health and development
- Moderate, significant, or complex mental or physical health needs or learning disability, which places the child at risk of harm
- Concerns about parenting of a child who is or has been looked after or is at risk of becoming looked after
- Child has no parent/carer or has been abandoned
- Problematic drug or alcohol misuse by parent or within household

Child is currently being supported

- Children who are the subject to Care or Supervision Orders
- Children who are subject to a Child Protection Plan
- Children in Care
- Children who are remanded into the care of the Local Authority
- Children who are privately fostered
- Children receiving in-patient mental health treatment

Contextual Worries

- Children who go missing from home
- Children who are already experiencing child exploitation including sexual, criminal, and county lines
- Children who are already being radicalised
- Children who are part of a gang / organised crime group
- Children who have displayed / caused significant harm or serious violence to other children
- Children who are at risk of or who have been subjected to Honour Based Abuse, including Female Genital Mutilation and Forced Marriage
- Children who are being subjected to modern slavery and human trafficking
- Children who are being subjected to harm online

Accessing Early and More Support

If you are worried about a child and you have identified that they need early help and support, which does not meet the threshold for statutory intervention but is beyond a single agency response you may speak to your agency safeguarding lead or single point of contact as per your agency's arrangements or local Family Hub in the first instance. At times it is helpful in developing the next best steps for the child and family you are working with.

If you are a school or early years provider, speak to your Early Intervention and Prevention Link Worker in the first instance to consider whether Team Around the School or Team Around the Early Years is required. To find out what your local Family Hub is and for contact information visit www.wakefieldfamiliesaltogether.co.uk/community-support/family-hubs.

Where practitioners are working with a child and consider/suspect that a child is suffering or likely to suffer significant harm a phone call should be made to Wakefield's Integrated Front Door (IFD) / Multi-Agency Safeguarding Hub (MASH) on **0345 8503 503**.

Integrated Front Door (IFD) / Multi-Agency Safeguarding Hub (MASH)

There is one front door, (IFD, Integrated Front Door) for children and young people of the Wakefield District, where professionals are encouraged to ring to discuss their concerns. Within IFD is MASH (Multi-Agency Safeguarding Hub) which is made up of professionals from the police, education, health and housing, who all sit together in one room with Children's Social Care (CSC) staff.

Professionals will speak with experienced staff who can offer advice and information. If the concern reaches the threshold for CSC then a contact will be created, screened and if deemed necessary information sharing with partners will take place. This will determine that children receive the right help, support and protection at the right time. Where a child requires more support or is at immediate risk of harm you should contact the Police on **999**. If you believe a situation to be urgent but there is no immediate danger, call **0345 8503 503** in the first instance to speak to the IFD.

For further guidance on the steps you should take in making a contact with the IFD, visit www.wakefieldscp.org.uk/worried-about-a-child.

Multi-agency safeguarding children procedures are available here www.wakefieldscp.org.uk/professionals/procedures.



Designated Leads for Safeguarding in Agencies

Every organisation has a designated safeguarding officer/lead or a safeguarding team who is responsible for taking the lead on safeguarding matters within their organisation.

The designated lead for safeguarding or single point of contact as per your agency's arrangements should be the first point of contact for all staff who need advice and guidance around safeguarding concerns. This includes supporting colleagues within their organisation in decision-making and information sharing around concerns for a child's welfare or safety. Conversations with the designated safeguarding lead should be used to gain advice, reflection on concerns and determine next steps.

Information Sharing and Agreement

It is important that we understand the rules for information sharing, but this is not always easy. Most of the time we share information about families with their agreement. However, there are occasions when we need to share information about a family without their agreement (see examples on page 13). Refusal to engage with early support services or refusal to give agreement to share information are not in isolation reasons to escalate concerns.

All practitioners have a responsibility to work alongside children and their families to engage with them and build relationships that are honest and supportive, identifying strengths while being clear about the worries. We know from families that this approach works best, and they are more likely to engage with services in which they have confidence and trust.

Agreement means that the family is fully informed about the services they are being referred to, agree with the referral being made and understand what information practitioners are passing on and why.

Information Sharing and Agreement Continued

There are some exceptions when there is a need to protect children. For example, if having a conversation with the family would place the child, or another child, or someone else, or you the referrer, at increased risk of suffering harm you do not need agreement. You also don't need agreement if it might undermine the investigation of a serious crime. This includes making a child protection referral for a child who has made an allegation about a physical or sexual assault by a parent or carer, or where a delay in getting consent

may mean the child or young person is put at further risk of harm.

Anyone concerned about information sharing should also refer to [West Yorkshire Information Sharing Procedure](#) and [government guidance Information sharing advice for safeguarding practitioners](#).

Seven Golden Rules of Information Sharing:

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

What if there are Disagreements About Decisions and You are Still Worried About a Child?

There may be situations where consensus about the best way forward cannot be reached between practitioners. In such circumstances you should in the first instance discuss the case with your line manager or the designated lead for safeguarding within your own organisation.

If, after this discussion, consensus cannot be reached, the issue should be progressed in line with the guidance set out in the [WSCP Professional Resolutions practice guidance](#).

Whilst ongoing discussions are taking place between practitioners, should a child be in a situation where they are at immediate risk of harm you should contact the Police on **999**. If you believe a situation to be urgent but there is no immediate danger, call **0345 8503 503** in the first instance to speak to the IFD.

Supporting Guidance

Safeguarding concerns can often be complex, involving different agencies and managing risk and uncertainty.

WSCP has developed a wealth of resources for practitioners, available at www.wakefieldscp.org.uk. This includes multi-agency procedures, training, specific information pages, One Minute Guides providing bite-size briefings on key issues and a glossary explaining common terms and abbreviations often used in safeguarding. Key links you may wish to additionally refer to making a decision include:

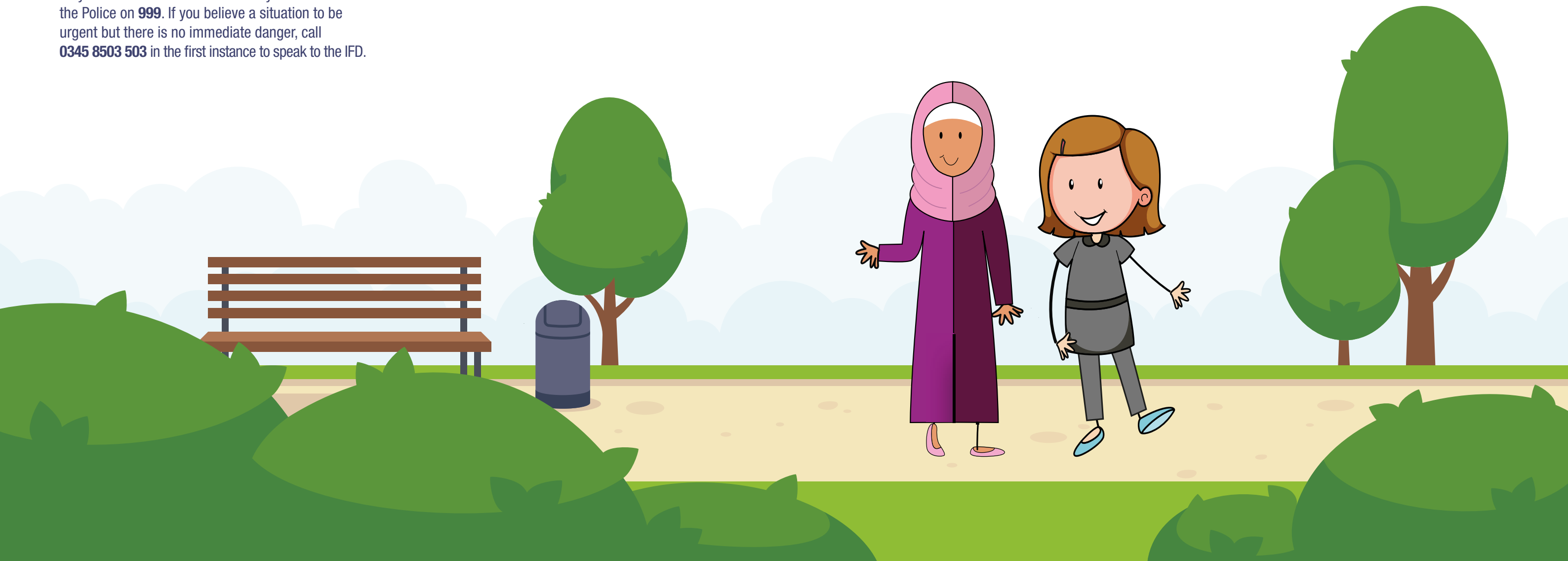
[West Yorkshire Inter Agency Safeguarding Children Procedures](#)

[Managing Allegations Against Those Work or Volunteer with Children \(LADO\)](#)

[WSCP Neglect Toolkit](#)

[Working Together to Safeguarding Children \(2023\)](#)

WSCP also has a range of training which can be accessed via www.wakefieldscp.org.uk/training where there is a host of bookable and on-demand learning available.



Find out more about the services and support available for your family

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