

Thresholds for Intervention

**Understanding need and identifying risk
Providing the right help, at the right time,
in the right place**



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Barnsley Safeguarding Children's Board

Threshold for Intervention - Providing the right help, at the right time, in the right place.

Keeping children safe is everyone’s responsibility. This guidance has been developed alongside multi-agency partners to offer guidance for practitioners in agencies working with children, young people and families. It is aimed at every agency that works directly or indirectly with children, young people and their families. The purpose of this guidance is to support agencies and practitioners to understand the needs of children, young people and their families and ensure that families receive the right support at the earliest opportunity, from the most appropriate service.

This guidance sets out a framework of needs and vulnerabilities and considers the needs of children, young people and their families on a spectrum that can be used to assist practitioners in understanding the individual circumstances of each child or young person. It is vital that the support offered to families is coordinated and considers the needs of the whole family.

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. This framework is a tool for understanding needs and communicating often complex situations

Professionals should refer to this guidance and the descriptors on the next page, taking note of all those that apply to the child and family, in order to identify what support is best placed to enable effective sustainable change. The descriptors should be used to support decision making and should not prevent any professional from contacting a service, we would always encourage professional discussion if you have concerns about a child, young person or family at any level.

Barnsley is committed to a needs-led approach which places the child at the centre of all that we do, empowering families through active involvement in the decisions made about their own support and care. This guidance encourages a holistic view of the child and their family and the principle of identifying and building on strengths and resilience within families, as well as identifying what we are worried about and what needs to happen.

Context and Background

In December 2023, the Government published revised statutory guidance, 'Working Together to Safeguard Children: a guide to multi-agency working to help, protect and promote the welfare of children'. It sets out the legal requirements that health professionals, social workers, police, education professionals and others working with children must follow.

The way in which these organisations and agencies work together is known as [multi-agency safeguarding arrangements \(MASAs\)](#). Robust arrangements help to ensure that information about a child and their family is shared effectively, risk of harm is correctly identified and understood, and that children and families receive targeted services that meet their needs in a co-ordinated way.

Strong, collaborative leadership and timely decision-making are crucial to the effectiveness of multi-agency working and to identify and address system issues. The three safeguarding partners are responsible and accountable for this in their local areas.

The statutory guidance also emphasises that safeguarding is the responsibility of all professionals working with children and states that all Local Authorities, with their partner agencies must develop and publish local frameworks for assessment which must be based on good analysis, timeliness and transparency and be proportionate to the needs of the child and their family.

The Local Protocol for Assessment and Support sets out clear arrangements for our response once a child is referred into Barnsley Children's Social Care. The protocol is an overarching document and is aligned to Barnsley Safeguarding Children Partnership (BSCP) safeguarding policies, procedures and guidance including the Barnsley Early Help Strategy and early help pathway. It should be read in parallel with this Barnsley Threshold for Interventions guidance and [Working Together 2023](#).

Every child who is referred to Barnsley Children's Social Care should have an individual assessment to determine the threshold of needs and to identify their needs as well as any impact of parental behaviour on them as an individual.

Barnsley Children's Social Care and partner agencies are to give due regard to a child's age and understanding when determining what (if any) services to provide under **section 17 of the Children Act 1989**, and before making decisions about action to be taken to protect individual children under **section 47 of the Children Act 1989**.

Definitions

A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled. Services to meet and assess this need are under [section 17 of the Children Act 1989](#).

The Department for Education's revised Working Together to Safeguard Children policy allows Local Authorities to assign Section 17 cases to non-social work staff. The Section 17 assessment is a multi-agency assessment that evaluates a child's needs, any risks of harm, and the family's ability to respond to the child's needs. The assessment is usually conducted by a Social Worker, but a lead practitioner can also perform it. A lead practitioner will work under the supervision of a qualified Social Worker or practice supervisor. Currently in Barnsley, this task continues to be the responsibility of Children's Social Care, with work ongoing across the partnership to consider how we adopt this locally and in the best interests of children.

We are in the process of setting out the skills, knowledge, experience, and competences that are required for the lead practitioner role to ensure that they are able to work effectively with the child and their family at a CIN level. This includes also having the necessary time required to undertake the lead practitioner role, have access to ongoing social work support, supervision, and effective decision making, and developed systems to monitor and record at a local level.

Child Protection Enquiries: in these cases, the lead practitioner will always be a qualified Social Worker with the appropriate skills, knowledge and capacity to carry out the assessment.

Under section 47 of the Children Act 1989, where a Local Authority has reasonable cause to suspect that a child who lives or is found in their area is suffering or is likely to suffer significant harm, it must make such enquiries as it considers necessary to decide whether to take any action to safeguard or promote the child's welfare. Such enquiries, supported by other organisations and agencies, as appropriate, should be initiated where there are concerns about all forms of abuse, neglect, and exploitation whether this is taking place in person or online, inside or outside of the child's home.

Assessments should consider the parenting capacity of both resident and non-resident parents and carers, as well as any other adult living in the household that can respond to the child's needs. Assessments should also consider the influence of the child's family network and any other adults living in the household, as well as the impact on the wider community and environment

Consent

Anyone who believes a child or family requires help, has a responsibility for identifying concerns, sharing information and taking prompt action. It could ensure that an individual receives the right services at the right time and prevent a need from escalating; and in more serious cases it could be the difference between life and death.

However, it is important that you seek consent prior to making any referral.

In Barnsley we acknowledge that children and families have a right to privacy, and we should always seek their consent and cooperation when we want to share their information, complete assessments, or work with them. By taking reasonable steps to secure consent, professionals can maintain the trust of children and families and ensure the best prospect of effective assessments and interventions.

Therefore it is best practice to ensure that individual consent is absolutely clear; It should be freely given, specific, informed and unambiguous.

You should always ask for consent before sharing confidential, personal and sensitive information unless there is a compelling reason for not doing so.

For example, because:

- a) delay in sharing relevant information with an appropriate person or authority would increase the risk of significant harm to the child or young person
- b) asking for consent may increase the risk of significant harm to the child, young person, you or anyone else.

Our Vision and Principles

We want all children and young people to be safe, secure and able to reach their full potential. We are committed to being child-centred, ensuring that the voice of the child is at the heart of all that we do. We want to build on families' existing strengths, ensuring that we recognise what is working well, alongside considering what we might be worried about. We aim to enable families to develop their own resilience and support networks so that families have the tools they need to achieve the best possible outcomes and make sustained changes.

Barnsley is committed to working in a multi-agency way, recognising the role all services play in providing support and intervention to children, young people and families.

There is a wide range of support options available across the borough and families may engage with support through statutory, voluntary and community agencies. We are committed to ensuring all services are aware of how to identify needs, and how to access the right support, from across the system for our families.





Barnsley's Vision

Barnsley is a place of possibilities:

We are one service with one goal, working together to build a brighter Barnsley for every child

Our principles

- 1 Putting children and families first**
- 2 Working together in partnership to deliver joined-up care**
- 3 Delivered by a strong and valued workforce**



Early Help

Early Help is our approach to providing support to vulnerable children, young people and families as soon as problems start to emerge, or when there is a strong likelihood that problems will emerge in the future. Early Help may occur at any point in a child or young person's life, from childhood to adolescence, and includes both interventions early in life as well as interventions early in the development of a problem.

Key to Early Help is the way we can all work together, share information, and put the child and their family at the centre. It's about providing effective support to help them solve problems and find solutions at an early stage, so we avoid needs becoming so great that specialist statutory interventions are required. In Barnsley, our approach is that Early Help is everyone's responsibility, and we utilise the early help assessment (EHA) to support the understanding of needs, strengths and risks that exist for the child, young person and their family. Additionally, the EHA supports the development of a whole family plan of actions to be taken to improve outcomes for children and families as a whole, based on a holistic view of the needs of the family.

The EHA is not just a form; it's a supportive process which allows practitioners to assess needs as well as strengths, identify service delivery requirements and ensure that needs are being addressed as part of a structured framework with a whole family plan. An early help assessment can be undertaken by any practitioner working with a child, young person, or their family regardless of the area of need.



Information and guidance regarding the completion of an Early Help Assessment can be found by accessing the Early Help toolkit for practitioners at www.barnsley.gov.uk/early-help-toolkit

If you are unsure whether an Early Help Assessment is already in place for a family, or you need to confirm who the Lead Practitioner is for a family, you can email earlyhelp@barnsley.gov.uk for support.

Having the right conversations

Collaborative partnership working relies not just on information sharing or making requests for support; it also requires meaningful 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 (utilising the EHA where appropriate). They should build on the

understanding of the child/young person and lead to appropriate action and support for the child/young person and their family.

Important factors to consider

What is life like for the child or young person now?

What will it be like tomorrow and in the future?

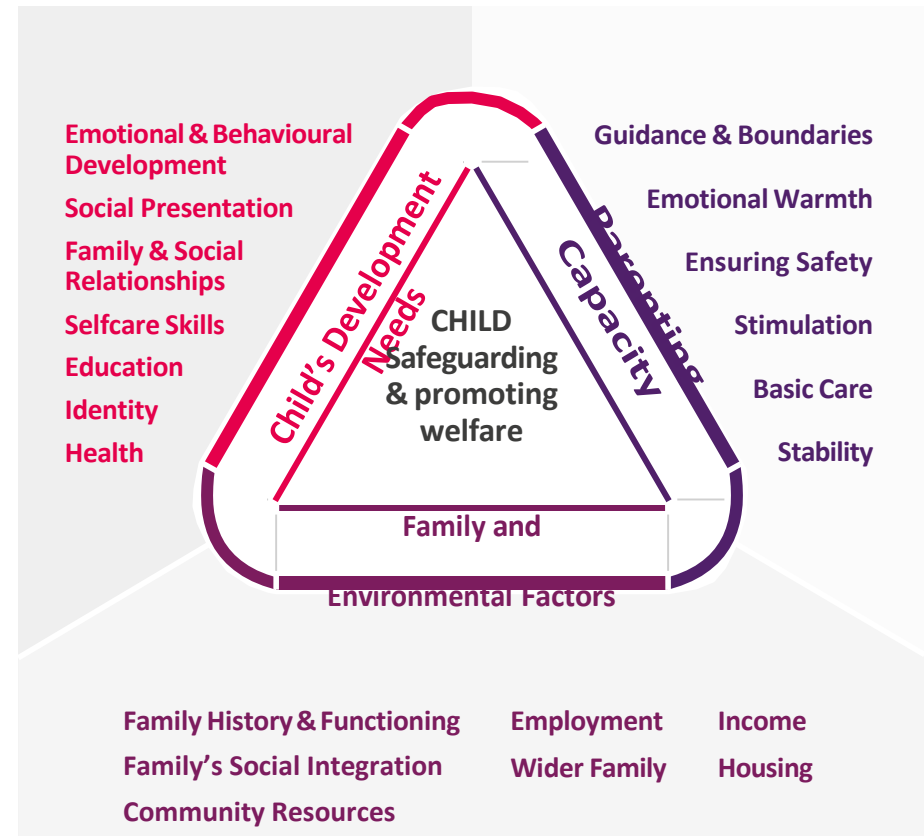
What are the child's or young person's wishes and feelings?

What are the parent's 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?



The practitioner's approach to thresholds and the decisions to make a request for service/support should not reflect the anxieties or uncertainties of the requestor. Instead, it should focus on the needs and risks of 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.

Remember this is only a guide - individual cases need judgement and when in doubt you should contact your named or designated Safeguarding Lead Professional.

Spectrum of Need

Our approach to understanding need is underpinned by the **i-THRIVE Framework¹**

The i-THRIVE Framework is a person-centred and needs-led approach to delivering services for children, young people and their families. The model identifies **five categories of need**:

- 1 Thriving:** *those who may need support to maintain high levels of wellbeing through effective prevention and promotion strategies.* Around 80% of children at any one time are experiencing the normal ups and downs of life but do not need individualised advice or support. They are considered to be in the Thriving group. They may however benefit from prevention and promotion activities and strategies.
- 2 Getting Advice:** *those who need advice and signposting.* Within this group are children, young people and families adjusting to life circumstances with mild or temporary difficulties. The best intervention is within the community with the possible addition of self-support.
- 3 Getting Help:** *those who need focused goals-based input.* Within this group are children, young people and families who would benefit from focused, evidence-based help and support, with clear aims and criteria for assessing whether these aims have been achieved.





- 4 **Getting More Help:** *those who need more extensive, specialised goals-based input.* Within this group are children, young people and families who would benefit from extensive intervention. This group might include children with a range of overlapping needs which means they may require greater input.
- 5 **Getting Risk Support:** *those who have not benefitted from or are unable to use help but are of such risk that they are still in contact with services.* Within this group are children, young people and families who are currently unable to benefit from early help support but remain a significant concern and risk. This group might include children and young people who routinely go into crisis but are not able to make use of help offered, or where help offered has not been able to make a difference.

¹<http://implementingthrive.org/>

The spectrum of support and

the relationship between different levels of need

- A child's level of need is not static, it can move forward and backwards across the spectrum depending on circumstances. This highlights the importance of multi-agency working and integrated service delivery, ensuring continuity of care when a child moves between different levels of support and different services.
- It is key that there is always a lead practitioner in place to ensure there is a whole family approach to support, to coordinate support and act as a single point of contact for the family.
- In Barnsley we acknowledge the wide range of support services that are available to our children, young people and families. Families with multiple or complex needs often require the support of multiple agencies. It is important that all services work together to provide a holistic package of care which meets the needs of the whole family.

Thriving

1

No current needs requiring additional support, needs are met by our Universal Service offer.

Children who make good overall progress in all areas of development.

May benefit from prevention and health and wellbeing promotion strategies to maintain positive health and wellbeing.

Support services include:

GP, Education, Healthy Child Programme, COMPASS BE via schools, 0-19 PHNS

Local Voluntary and Community Sector Services

Getting Advice

2

Children and young people are adjusting to life circumstances and may require advice, guidance and signposting to navigate these. Families are supported by community services and empowered to access self-help tools to meet their needs.

Consider whether an Early Help Assessment would support the family and ensure needs are identified at the earliest opportunity.

Support services include:

Local voluntary and community sector services

Families Information Service, FSD, SEND Local Offer, 0-19 PHNS, Family Hubs, CYP Hub (H.O.M.E), EWS, COMPASS Be, Branching Minds, Housing Teams, CAB, Adult mental health services, Barnsley Eating Disorder Framework

Continued overleaf

Getting Help

3

Children whose health and wellbeing may be adversely affected and would benefit from focused, evidence-based support.

Practitioners should consider the needs of the whole family and ensure that an Early Help Assessment has been completed by the most appropriate person.

Additional support may or may not require a multi-agency response, this will be established through completion of the early help assessment.

Support services include:

Local voluntary and community sector services

Family Hubs, Parent Education Programmes, Targeted Early Help Support, Targeted Youth Support, Youth Justice Service, EWS, COMPASS Be, Assessment and Primary Intervention Team – CAMHS, Branching Minds, CYP Hub (H.O.M.E), Barnsley Eating Disorder Framework, Housing Teams, Adult mental health services

Getting More Help

4

Children and families with multiple and complex, additional needs. Children whose health or development is being impaired or there is a high risk of impairment.

Practitioners should consider the needs of the whole family and ensure that an Early Help Assessment has been completed by the most appropriate person.

The child, young person and family may require intensive, focused support.

Additional support will require a multi-agency response.

Support services include:

Targeted Youth Support, Youth Justice Service, Targeted Early Help Support, Children's Social Care, Assessment and Primary Intervention Team- CAMHS, Mood and emotional pathway – CAMHS, Complex Behaviour pathway – CAMHS, Barnsley Eating Disorder Framework² Branching Minds, Housing Teams, adult mental health services

Getting Risk Support

5

Children who are experiencing significant harm or where there is likelihood of significant harm.

Practitioners should complete a request to Children's Social Care Multiagency Safeguarding Hub (MASH).

Where concerns relate to radicalisation or risk of radicalisation, a Prevent referral should be submitted (prevent referrals should not be disclosed to the child or young person or their family at the time of referral).

The child young person and family may require focused risk support.

Support services include:

Children's Social Care, Crisis and home-based treatment team – CAMHS, Youth Justice Service, Eating Disorders Team - CAMHS, adult mental health services, Adults Social Care

What are we worried about?

What needs to happen?

Further information about services available to support children, young people and families can be found on our virtual family hub family services directory by visiting www.barnsley.gov.uk/fsd

1. The Supporting Families Outcome Framework³

The Supporting Families Framework sets out 10 headline outcomes which represent 10 areas of need we may consider when working with children, young people and their families. The Supporting Families Framework aims to identify families who have multiple or complex needs and who may need a multi-agency approach to their support.

Supporting Families provides a holistic framework to assess a family's needs. Barnsley's indicator of needs and threshold for intervention considers all of these areas, and our spectrum of support services provides intervention across all of these outcomes.

Practitioners should consider what is going well, what are we worried about and what needs to happen within each of these areas when assessing the needs of a family.

³<https://www.gov.uk/government/publications/supporting-families-programme-guidance-2022-to-2025/chapter-3-the-national-supporting-families-outcome-framework>





Signs of Safety



Each child and family member is an individual, each family is unique in its make-up and reaching decisions about levels of need and the best intervention requires discussion, reflection and professional judgement in collaboration with the family.

Our aim is that we are one service with one goal, working together to build a brighter Barnsley for every child. To do this, we use a Signs of Safety and Restorative approach. These tools are evidence-based, so we know that they have been tried, tested and work well to help the children and families we support.

Signs of Safety is our over-arching practice framework that sits within all aspects of what we do to achieve the best outcomes for our children, young people and families. This helps our practitioners to be child-focused, developing strong partnerships with families. Using tools helps families to identify strengths and risks, so we can work together to create safety for children.

Signs of Safety' provides a framework for us to do this together, by considering seven domains in any assessment:

- What is the harm (past and present) that we are worried about in respect of a child?
- What are the complicating factors in this family?
- What are we worried about that is going to happen to the child in the future if nothing changes?
- What are their strengths and positive attributes?
- Is there any existing safety or protection?
- What needs to happen to keep the child safe now?
- What does the family want to happen?



Indicators of Need and Threshold for Intervention

Desired outcome:
getting a good education

Thriving

1

No additional action required

Access to appropriate education provision and/or training

Regular attendance at nursery, school or training provision

No concerns raised by teaching staff

Meeting all developmental and educational milestones

Getting Advice

2

Advice, guidance and signposting

Consider completion of an Early Help Assessment

Child/young person or parent/carer has raised initial concerns about educational provision or progress

Emerging behaviour concerns but no current risk of suspension

Emerging attendance concerns, attendance has dropped below 95%

Historic gaps in schooling or learning

School has identified some areas of limited progress

Recent change of school or transition period

Home-school link not well established

Parents/carers are considering home education and seek advice, guidance and support

Please note, this is an illustrative rather than a comprehensive list of indicators.

Continued overleaf

What are we worried about?

What needs to happen?



Getting Help

3

Complete an Early Help Assessment

Consider requests for agencies best placed to support the family

Poor punctuality, frequent absence from school, attendance below 90%

Risk of fixed-term suspension

Developmental delay

Delay in development of self-care skills

Failure to make progress in learning

School have identified mild to moderate learning needs in line with SEN code of practice

Frequent school moves

Poor home-school link

Parents/carers have made the decision to Electively Home Educate their child or young person

Getting More Help

4

Check if an Early Help Assessment is in place – if not, complete an Early Help Assessment, and consider enhanced support offer and request for support services

Persistent non-attendance, attendance significantly below expected levels

Repeated short-term suspensions

Significant delay in developmental milestone

Progress significantly below expected level for age range

Complex learning and/or disability needs

Additional SEND support, including EHCP

Home-school link is inadequate

Child/young person is home educated and there are concerns about vulnerability

Getting Risk Support

5

Request for service to Children's Social Care

Request support from additional specialist risk support services

Child is permanently suspended from school and there is a risk of family breakdown

Child is missing from education and the family are not currently engaged with any services

Complex learning difficulties and communication needs leading to safeguarding vulnerabilities

NEET and there is evidence of additional risk factors

Concerns around elective home education and evidence of additional significant risk factors e.g., missing episodes, domestic abuse incidents, substance misuse concerns

What is working well?



What are we worried about?

What needs to happen?

Desired outcome: good early years development

Thriving

1

No additional action required

All antenatal appointments are kept, and medical advice followed

All 0-19 mandated contacts are attended and positive (Antenatal contact

New birth contact

6–8-week contact

8–12-month assessment

2-2.5-year assessment)

Child/young person is healthy and well, and development is age appropriate

Child/young person has had all appropriate immunisations

Parents provide secure attachment and caring parenting

Guidance and boundaries in place to help child develop appropriately

Parents provide access to consistent and positive activities

Family have engaged positively with health visitor and statutory health visits

Child is engaged in early years setting and attends regularly

Getting Advice

2

Advice, guidance and signposting

Consider completion of an Early Help Assessment

Some antenatal appointments missed and some concerns that medical advice is not always followed

Child entitled to 2-year-old provision but not currently engaging with any early years setting

Slow progress toward developmental milestones

Emerging concerns around family relationships

Parent has requested advice, guidance and/or support

Family is isolated and has limited support networks

Child and/or parent display poor social skills

Continued overleaf

What is working well?

Getting Help

3

Complete an Early Help Assessment

Consider requests for agencies best placed to support the family

Repeated non-attendance at antenatal appointments

Lack of preparation for the birth

Erratic or inconsistent responses and care from caregivers

Delay in developmental milestones

Early identification of SEND which may require additional support

Delay in development of self-care skills and independence

Lack of engagement with health visitor, non-attendance at 2-year health check

Getting More Help

4

Check if an Early Help Assessment is in place – if not, complete an Early Help Assessment, and consider enhanced support offer and requests for support services

Majority of antenatal appointments missed/ evidence that medical advice has not been followed causing risk of harm to the child (e.g., continued smoking, use of alcohol or drugs)

Significant delay in developmental milestones

Speech, language and communication delays which have a significant impact on everyday life

Significant physical disability

Child displays aggressive or unpredictable behaviour towards parents/carers leading to concerns about family attachments and relationships

Getting Risk Support

5

Request for service to Children's Social Care

Request support from additional specialist risk support services

Concealing or denial of pregnancy or unwanted pregnancy

Avoidance of prenatal care

Lack of cooperation with healthcare or non-compliance with medical treatment

Lack of understanding of the needs of an unborn child and inability to prioritise the needs of an unborn or newborn baby

Profound and/or multiple disabilities with significant unmet needs

Disordered attachments which have severe impact on child and family

What are we worried about?

What needs to happen?





What is working well?

Desired outcome: improved physical and mental health

Thriving

1

No additional action required

Physically well, physical care needs provided for, and health needs effectively promoted

Child/young person's height and weight is measured for age and falls in ranges for age and sex

Growth measurements for age and gender are within normal parameters

Child has adequate, nutritious diet with access to range of foods

Developmental checks and immunisations are up to date

Additional needs are met e.g., additional medical appointments, speech and language therapy

All health appointments are kept

Registered with GP and dentist

Good quality early attachments

Positive sense of self and abilities, demonstrates feelings of belonging and acceptance

Engagement in education, employment and training is positive

Getting Advice

2

Advice, guidance and signposting Consider completion of an Early Help Assessment

Emerging concerns regarding physical health
Dental care/optical care/ immunisations are not up to date

Child has some hygiene issues, has limited self-care and independence skills

Young person requires support managing their periods/puberty

Emerging concerns regarding healthy eating and weight, child is falling above or below expected weight ranges

Child is not registered with a GP and/or dentist

Inconsistent opportunities for stimulation and socialisation

Emerging concerns about emotional wellbeing

Child, young person or family are adjusting to life circumstances which may have recently changed

Child, young person, parent or carer is experiencing mild or short-term worries around their emotional wellbeing

Child shows a lack of self-esteem and/or motivation

Child, young person or parent/carer requests advice and guidance around physical or mental health

Continued overleaf

What are we worried about?

What needs to happen?



Getting Help

3

Complete an Early Help Assessment Consider requests for agencies best placed to support the family

- Child is overweight or underweight
- Child does not have regular access to a healthy, nutritious diet
- Inconsistent attendance at medical appointments
- Susceptible to minor health problems, has regular periods of illness
- Additional health needs are not consistently met or up to date
- A&E attendance giving cause for concern
- Home conditions and environment may impact on child's needs or safety
- Difficulties in relationships with peer groups or adults
- Struggles to manage emotions and this is beginning to impact education/employment
- Child, young person, parent or carer seeks support for their mental health
- Child, young person, parent or carer would benefit from focused, evidence-based emotional wellbeing interventions

Getting More Help

4

Check if an Early Help Assessment is in place – if not, complete an Early Help Assessment, and consider enhanced support offer and requests for support services

- Chronic health problems with a severe impact on everyday functioning
- Child's health needs are not addressed or poorly managed by parent/carer
- Poor diet which is adversely affecting child's health, growth and/or development
- Some evidence of disordered eating
- Failure to access appropriate healthcare
- Multiple A&E attendances causing concern
- Unexplained minor injuries and/or delay in seeking medical or dental attention *
- Child, young person, parent or carer has serious mental health issues which are impacting their day-to-day functioning (e.g., access to education, employment or self-care)
- Parent/carer unresponsive to child's emotional needs, child may present self-harming behaviours or suicidal ideation or actions

Getting Risk Support

5

Request for service to Children's Social Care Request support from additional specialist risk support services

- Unhealthy eating causing severe concerns or impairments to child's health/evidence of faltered growth
- Sudden weight loss or extreme weight gain
- Eating disorder
- Child or unborn child has significant unmet or outstanding health needs
- Consistent poor basic care which compromises general wellbeing
- Lack or absence of basic care or supervision causing harm or risk of significant harm
- Lack of self-care skills is adversely impacting on child's health and development
- Suspected non-accidental injury, abuse or neglect
- Child, young person or parent has acute and serious mental or physical health needs or behavioural difficulties including life threatening self-harm or suicide
- Child or young person is a risk to themselves or others due to their mental health and may require risk management

What is working well?

or inpatient intervention



What are we worried about?

What needs to happen?

Desired outcome:
**promoting recovery
and reducing harm
from substance use**

Thriving

1

No additional action required

No one in the family is currently using substances

Child, young person and parent/carer have an understanding of the risks of drug and alcohol use

Child or young person is actively and positively involved in education, employment or training

Getting Advice

2

Advice, guidance and signposting

Consider completion of an Early Help Assessment

Parent/carer has emerging concerns about their own substance use and requests advice and guidance

Parent is seeking advice about young person's substance use

Child, young person or parent/carer has a low level of substance use which is not currently causing noticeable harm

Child is seeking information about substances

Child is socialising with peer group known to engage in substance use

Child or young person known to socialise in areas of high drug availability or high levels of neighbourhood crime

Continued overleaf

What is working well?

Getting Help

3

Complete an Early Help Assessment

Consider requests for agencies best placed to support the family

Child, young person, parent or carer has an issue with substance misuse and there are emerging concerns around health

Substance misuse is impacting daily routines, e.g., sleep routines, eating habits

Child, young person or parent/carer has attended A&E in relation to substance misuse

Concerns that substance use may be having an impact on education or employment e.g., non-attendance, lack of motivation and engagement

Parents or carers are known to have a history of substance misuse

Getting More Help

4

Check if an Early Help Assessment is in place – if not, complete an Early Help Assessment, and consider enhanced support offer and requests for support services

Persistent excessive drug or alcohol use which is having a severe impact on everyday life

Lack of meaningful engagement with substance misuse services

Substance misuse is having a severe impact on health and emotional wellbeing

Repeated A&E attendance in relation to substance misuse

Unmet or undiagnosed needs being met by substance misuse

Getting Risk Support

5

Request for service to Children's Social Care

Request support from additional specialist risk support services

Class A/Serious drug misuse

Unwillingness to engage in support services

Failure to comply with medical intervention around substance misuse e.g., methadone

Significant substance misuse has a severe impact on parenting capacity and parent/carer is unable to prioritise the needs of the child

Child's substance misuse dependency putting them at such risk that intensive specialist resources are required

What are we worried about?

What needs to happen?





What is working well?

Desired outcome: **improved family relationships**

Thriving

1

No additional action required

Family relationships are stable and affectionate, with evidence of good-quality attachments

Parents are positive during pregnancy and making plans for becoming a parent

Child or young person displays feelings of belonging and acceptance

Parents are able to meet the child's needs and know how and where to access support should they need it

Home environment is positive and stable, conflict is resolved in a positive way

Parents are always emotionally responsive to needs and behaviours of the child

Getting Advice

2

Advice, guidance and signposting

Consider completion of an Early Help Assessment

Family has limited support networks

Unresolved issues arising from parents' relationship, divorce, separation, step-parenting or death of parent or significant carer

History of conflict in parents' previous relationships

Parent has requested advice and guidance to support their parenting

Child's disability can make parenting challenging at times

Parent and/or child displays poor social skills

Expectant parent who may require additional support

Child, young person or parent/carer requires advice and guidance due to a family bereavement

Continued overleaf

What are we worried about?

What needs to happen?

Getting Help

3

Complete an Early Help Assessment

Consider requests to agencies best placed to support the family

Parental vulnerability or behaviour prevents them from always being emotionally responsive to the needs and behaviours of the child

Parents struggling to meet child's or young person's needs without support

Child or young person is exposed to conflict within the family home

Relationships between parents is difficult and often result in conflict

Sibling relationships are unstable and inconsistent

Child or young person is a young carer and requires additional support

Parent provides poor home routines and inconsistent boundaries

Family has history of involvement with statutory services

Child or young person requires support following a family bereavement

Getting More Help

4

Check if an Early Help Assessment is in place – if not, complete an Early Help Assessment, and consider enhanced support offer and requests for support services

Inappropriate parenting strategies exposing the children to inconsistencies in care

Child and parent relationship is at risk of imminent breakdown

Persistent, high levels of parental conflict which remain unresolved

Parents do not set effective boundaries and cannot influence child or young person's behaviour

Family at risk of breakdown relate to child's behavioural difficulties

Chaotic lifestyle including frequent moves, changes in family dynamic

History of parent refusal to engage in support for identified needs

Child included in parental conflict, may be emotional

Getting Risk Support

5

Request for service to Children's Social Care

Request support from additional specialist risk support services

Persistent absence of resources to provide basic care for child

Parent/carer unable or unwilling to provide even basic care needs to child

Breakdown of relationship between parent and child e.g., family no longer wants to care for the child

Asylum seekers, unaccompanied children, families with no access to public funds, missing family or children

Parents emotionally unresponsive to child's needs and behaviours, child living in high criticism, low warmth family

Non-engagement with professionals, services or disguised compliance

Lack of effective parental boundaries leading to adverse consequences to child

What is working well?



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What are we worried about?

What needs to happen?



Desired outcome: children are safe from abuse and exploitation

Thriving

1

No additional action required

Child displays age-appropriate physical, sexual and emotional development

Strong family networks and friendships

Stable and affectionate relationships with parent/carer

Child has a good level of practical, emotional and independent living skills appropriate to age

Home conditions and environment are appropriate and adequate for the child's needs/safety

Child has appropriate level of confidence in social situations and is aware of 'safe' and 'unsafe' relationships

Child has appropriate guidance in relation to online use and risk, parents set appropriate boundaries

Child/young person is positively and actively engaged in education, employment or training

Getting Advice

2

Advice, guidance and signposting

Consider completion of an Early Help Assessment

Parents/carers identified a need for advice and guidance around boundaries and consequences

Young person is vulnerable to unsafe relationships due to lack of awareness of 'healthy' and 'unhealthy' friendships and relationships

Child/young person or parent/carer requires support to understand online risks

Parents struggle to enforce boundaries around online activity

Continued overleaf

What is working well?



Getting Help

3

Complete an Early Help Assessment

Consider requests to agencies best placed to support the family

Frequent accidental injuries/concerning patterns of injuries which indicate a lack of parental supervision

Inappropriate parenting/behaviour management strategies which resort to physical punishment

Difficulties with family relationships

Parents/carers are unable to support the child in maintaining healthy relationships with significant adults

Home conditions and environment may impact on child's needs/safety

Attendance at sexual health services or agency where age or other factors indicate vulnerability

Child has limited guidance or boundaries relating to online risks

Regularly coming home late, staying out overnight without parental oversight

Emerging concerns about child/young person's dress, presentation, money

Emerging concerns around child's peer relationships, including bullying/controlling behaviour

Family has history of involvement with statutory services

Disruptive/challenging behaviour, including in school or early years settings likely to result in exclusion

Concerns about sexual development and behaviour

Inappropriate relationships with adult or peers

Getting More Help

Check if an Early Help Assessment is in place – if not, complete an Early Help Assessment, and consider enhanced support offer and requests to support services

Escalating patterns of accidents causing injury

Environmental factors which place child at risk of physical harm

Child/young person demonstrates significantly low self-esteem and lacks confidence

Child has significant emotional and/or behavioural challenges

Child is emotionally/physically harmed by bullying

Clothing is regularly unwashed and ill-fitting; poor hygiene which is not addressed

Unacceptable or deteriorating provision of basic care, care arrangements or level of supervision

Continued overleaf

What are we worried about?

4

Sexualised language or behaviour which is not consistent with the child's age

Associating with unknown adults or evidence of a relationship with a power imbalance

Child is withdrawn or isolated, displaying self-harm behaviours and/or suicidal statements or actions

Evidence of inappropriate online activity, exchanging images, vulnerable to online exploitation

Escalating missing episodes

Potential indicators of child exploitation with escalating concerns around substance misuse, criminal activity, peer group

Parents/carers use physical punishment to manage behaviour and do not recognise the risks/refuse to engage with services (parenting programmes, early help support)

Getting Risk Support

Request for service to Children's Social Care

Request support from additional specialist risk support services

Disclosure of abuse from a child or other

Evidence that a child has suffered emotional, physical, sexual abuse or neglect

Physical harm has occurred/is suspected/non-accidental injury

Female Genital Mutilation (FGM) occurred or suspected

Environment is not safe for the child, there is a risk of significant harm

Risk of physical and emotional abuse from domestic abuse

Little or no confidence, self-esteem and self-image affecting all areas of life

Frozen watchfulness

Complete rejection by parent/carer

5

Child displays sexually inappropriate behaviour for their age which is considered harmful

Significant evidence that a child is at risk of or experiencing child exploitation

Concern that a child/young person is at risk of radicalisation/extremism

Child presents as severely neglected

Frequent and prolonged missing episodes

Peer-on-peer exploitation, abuse or bullying

Criminal behaviour linked to, or because of exploitation



What needs to happen?

Desired outcome: crime prevention and tackling crime

Thriving

1

No additional action required

Family has no history of criminal activity

There is no evidence or concerns about current antisocial behaviour/criminal activity

Family has positive relationships in the community

Child/young person has positive relationships with peers and is aware of 'safe' and 'unsafe' relationships

Child/young person is actively and positively engaged in education, employment or training

Getting Advice

2

Advice, guidance and signposting

Consider completion of an Early Help Assessment

Parent/carer seeks advice and guidance around parenting, boundaries or consequences

Child/young person has had a recent change in presentation which may be linked to a change in circumstances or peer group e.g., change in behaviour, school attendance, motivation

Child/young person is not engaged in any positive activities, may spend time in community locations which causes concern

Family is isolated in the community

Continued overleaf

What is working well?

Getting Help

3

Complete an Early Help Assessment

Consider requests to agencies best placed to support the family

Difficulties in relationships with peer groups and/or adults

Impulsive or lacks self-control

Parent has received a custodial sentence

Getting More Help

4

Check if an Early Help Assessment is in place – if not, complete an Early Help Assessment, and consider enhanced support offer and requests support services

Regularly missing from education, employment, or training

Young person regularly involved in anti-social activity

Young person regularly involved in violent or risky behaviour

Child displays elements of harmful sexual behaviours

At risk of permanent suspension

Disruptive/challenging behaviour at school, in their neighbourhood and at home

Child's peers are known to be involved in risk-taking activity and/or criminal activity

History of criminal activity within family and/or wider family, evidence of intergenerational criminal behaviour

Getting Risk Support

5

Request for service to Children's Social Care

Request support from additional specialist risk support services

Young person is NEET and has additional, significant risk factors

Child/young person has been permanently suspended from school

Frequent and prolonged missing episodes

Parent does not take appropriate action if child/young person is missing

Child/young person involved in multiple criminal incidents/activity

Child/young person displaying behaviour that would constitute criminal activity

High level of concern about radicalisation/extremism

Parents actively involved in criminal behaviour and/or parent has history of serious criminal offences

What are we worried about?

What needs to happen?





What is working well?

Desired outcome:
**safe from
domestic abuse**

Thriving

1

No additional action required

Family relationships are strong, stable and affectionate

Parental conflict is managed positively and resolved

Strong family networks and friendships outside the family home

Child/young person displays positive self-esteem

Child/young person has strong and stable attachments with significant adults

Child/young person demonstrates feelings of belonging and acceptance and is able to express their own needs

Getting Advice

2

Advice, guidance and signposting

Consider completion of an Early Help Assessment

Poor socio-economic situation (e.g., housing, finances).

Family is isolated in the local community with poor social networks

What are we worried about?

What needs to happen?

Continued overleaf



Getting Help

3

Complete an Early Help Assessment

Consider requests to agencies best placed to support the family

Suspected/occasional low-level domestic abuse

History of or emerging domestic abuse, neglect, abuse

Over-protective care which inhibits child's social and emotional development

Relationship difficulties identified during pre-birth appointments

Parental vulnerability or behaviour prevents them from always being emotionally responsive to the needs and behaviours of the child

Historic domestic abuse which is continuing to have emotional impact on child/young person or parent/carer

Getting More Help

4

Check if an Early Help Assessment is in place – if not, complete an Early Help Assessment and consider enhanced support offer and requests to support services

Family characterised by conflict and chronic relationship difficulties

Some concerns regarding domestic abuse/suspected domestic abuse identified at pre-birth appointments

Threats of physical abuse and violence from parent, carer or sibling

Child/unborn child exposed to domestic abuse

Controlling home environment

Destructive relationships with wider family including historical and intergenerational issues

Getting Risk Support

5

Request for service to Children's Social Care

Request support from additional specialist risk support services

Current domestic abuse/significant risk of abuse from previous partner identified at pre-birth appointments

Long-term and serious domestic abuse or parent unable to restrict access to home by dangerous adults

Case referred/heard at MARAC

Risk of physical and emotional abuse from domestic abuse

Assault and/or injury because of domestic abuse

Non-engagement with professionals or disguised compliance

What is working well?



What are we worried about?

What needs to happen?

Desired outcome: secure housing

Thriving

1

No additional action required

Family has long-term, suitable accommodation

Accommodation provides appropriate facilities and is in full working order

Family is integrated in the community and has strong, positive social networks

Getting Advice

2

Advice, guidance and signposting

Consider completion of an Early Help Assessment

Family have sought advice regarding unsuitable housing

Recent change in family circumstances which may impact on stability of housing, e.g., poor finances

Continued overleaf

What is working well?

Getting Help

3

Complete an Early Help Assessment

Consider requests to agencies best placed to support the family

Housing causing family stress

Family experiencing frequent housing moves

Getting More Help

4

Check if an Early Help Assessment is in place – if not, complete an Early Help Assessment and consider enhanced support offer and requests for support services

Barely adequate/poor or temporary accommodation

Victimisation of family in their local area

Family at risk of eviction

Getting Risk Support

5

Request for service to Children's Social Care

Request support from additional specialist risk support services

Accommodation places child at serious risk of harm

Children negatively affected as a result of overcrowded living conditions and potential homelessness

Family are homeless/young person has been excluded from family home and as at risk of homelessness

What are we worried about?

What needs to happen?





What is working well?

Desired outcome: financial stability

Thriving

1

No additional action required

Parents have reasonable income over time with resources used appropriately to meet individual needs

Parents able to manage working or unemployment arrangements adequately and do not perceive them as excessively stressful

Getting Advice

2

Advice, guidance and signposting

Consider completion of an Early Help Assessment

Difficult to obtain employment due to poor basic skills

Low-level debt/in need of financial advice

Low income/financial hardship

Continued overleaf

What are we worried about?

What needs to happen?



Getting Help

3

Complete an Early Help Assessment

Consider requests to agencies best placed to support the family

Children negatively affected by their family's low income or unemployment

Parents experience continuing stress due to unemployment or 'overworking'

Difficulties managing household finances

Lack of affordability for basic amenities including household fuel and food

Getting More Help

4

Check if an Early Help Assessment is in place – if not, complete an Early Help Assessment and consider enhanced support offer and requests for support services

Long-term unemployment due to significant lack of basic skills

Significant rent arrears causing family to be at risk of eviction

Getting Risk Support

5

Request for service to Children's Social Care

Request support from additional specialist risk support services

Extreme debts/poverty impacting ability to meet family's basic needs

What is working well?



What are we worried about?

What needs to happen?

Support from Children's Social Care

If you think a child is in immediate danger, call the police on **999** or **101**.

If the child is not in immediate danger, but you're still concerned about them, call the Children's Services Integrated Front Door on **(01226) 772423** (weekdays before 5pm).

Call our emergency duty team on **(01226) 787789** if you're calling after 5pm, at weekends or on bank holidays.

You can also discuss your concerns with a professional you trust who works with children and families. This could be a health visitor, social worker, school nurse or teacher (all schools have a teacher in charge of child protection).

For further information about Children's Social Care please visit <https://www.barnsley.gov.uk/services/children-families-and-education/childrens-social-care/>









Resolution of professional disagreements relating to the safeguarding and protection children - Multiagency escalation process

When working with children and families there may be times when practitioners have differing views on the best course of action relating to the safeguarding and protection of children. Professional disagreements always require constructive management and timely resolution. Barnsley Safeguarding Children's Partnership's escalation policy sets out the process for resolution of professional disagreements relating to the safeguarding and protection of children. It outlines the steps to be taken when there are disagreements between practitioners (from different agencies) in relation to concerns about the safety and welfare of a child or young person, and/or action being taken to safeguard them. Following this process will ensure that all professionals have a quick and straightforward means of resolving professional differences to safeguard the welfare of children. The escalation policy can be found at <https://www.barnsley.gov.uk/media/23878/escalation-policy-amended-112022.pdf>.

Useful Links and phone numbers

Barnsley Safeguarding Children's Partnership www.barnsley.gov.uk/bscp

Barnsley Family Services Directory www.barnsley.gov.uk/fsd

Barnsley Early Help Toolkit www.barnsley.gov.uk/early-help-toolkit

Barnsley Council Prevent and Channel guidance
<https://www.barnsley.gov.uk/services/community-safety-and-crime/prevent-and-channel/>

Children's Social Care Emergency Duty Team **01226 787789**

South Yorkshire Police **999** (in an emergency) 101 (non-emergency calls)

Children's Social Care Integrated Front Door **01226 772423**

Families Information Service **0800 0345340**

Branching Minds (emotional health and wellbeing support) **01226 107377**

0-19 Public Health Nursing Service Single Point of Access **01226 774411**

Community Safety and Enforcement **01226 773555**



Glossary

Abuse

Child abuse occurs throughout society and affects children of all ages. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

CAMHS

Child and Adolescent Mental Health Services. NHS service that helps young people with mental health, behavioural, and emotional difficulties.

Child Exploitation

When someone uses a child for financial gain, sexual gratification, labour or personal advantage. Using cruel and violent treatment to force a child to take part in criminal or sexual activities often leads to physical and emotional harm to the child, to the detriment of their physical and mental health, education, and moral or social development.

COMPASS Be

A free, confidential mental health support team in Barnsley that works with children, young people, and families. They offer support for mental health and emotional wellbeing.

Competent person

Anyone aged 12 years or over depending on level of understanding deemed to understand their rights under the Data Protection Act 1998 and any consequences arising from the processing of such information.

Consent

A person has given consent to share data with, or between specific organisations or individuals. This can be withdrawn or withheld without notice or reason. For those aged under 12 years, or otherwise classed as unable to give consent, the appropriate parent/guardian/carer can do so on their behalf.

Continuum of need and intervention

A process that can help decide whether an EHA would be appropriate, to help further clarify need and appropriate response.

Disclosure

A disclosure is when someone shares information about abuse, neglect, or harm. It can be verbal or written and can happen over time. Disclosures can be made by children, young people, or adults

Domestic Abuse

Domestic abuse as an incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behaviour, including sexual violence, in the majority of cases by a partner or ex-partner, but also by a family member or carer.

EP

Educational Psychology - is the study of how people learn and how to apply that knowledge to improve learning. It uses psychological theory and research to help children and young people develop socially and emotionally.

EHA

An Early Help Assessment is a way of gathering information about children & families in one place and is used to decide what type of support is needed to help the family.

EHCP

Education, Health, Care Plan a legal document that outlines a child's needs and the support they require. It's for children and young people with special educational needs and disabilities (SEND).

EHSP

Early Help Support Plan, a record of the support required and progress that is being made throughout intervention period.

Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:

- conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person
- imposing age or developmentally inappropriate expectations on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction
- seeing or hearing the ill-treatment of another e.g. where there is domestic violence and abuse
- serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger;
- exploiting and corrupting children

Families Information Service

Free and confidential advice on a variety of services for children and young people (from birth to 25 years old), parents and families.

Family Hubs

Family hubs in Barnsley are services that help children and families from pregnancy through to young adulthood. They offer information, support, and activities to help families meet their social, emotional, physical, and financial needs

LP

Lead Professional, this is the person that assists the family by writing the assessment and coordinating the Team around the Family meetings (TAF).

Multi Agency Working

Bringing professionals from different agencies together to meet the needs of children and families and jointly agree the delivery of the actions arising from an early help or specialist assessment

Neglect

When a child's basic needs are consistently not met, which can seriously harm their health and development. It can include physical, emotional, or psychological neglect. Not providing enough food, clothing, or shelter

- Not protecting a child from harm or danger
- Not providing adequate supervision
- Not ensuring access to medical care
- Not responding to a child's emotional needs

Parent/guardian/carer

This is a parent or guardian who within the meaning of the Children Act 1989, is deemed to have 'parental responsibility'. A carer has the care of the child, but does not have 'parental responsibility'.

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent feigns the symptoms of, or deliberately causes, illness in a child. This is known as fabricated or induced illness.

Practitioner

A person working with children, young people and families.

Radicalisation/extremism

Is the process of adopting extreme views that can lead to violence. It can be motivated by political, religious, or social beliefs, or by prejudice against certain groups.

SEND

Special Educational Needs and Disabilities It's a term used to describe learning difficulties or disabilities that make it harder for a child or young person to learn.

Sexual Abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

- The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or
- non-penetrative acts, such as masturbation, kissing, rubbing, and touching outside of clothing.
- They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse.
- Sexual abuse can take place online, and technology can be used to facilitate offline abuse.

Targeted Early Help Support

A time limited service that helps families and children with multiple needs. They support children, young people and families where an Early Help Assessment has been completed by a partner agency. They work with the family and partner agencies to develop a coordinated package of support. The support plan is reviewed on a regular basis to ensure the plan is effective.

Targeted Youth Support

a service that helps young people deal with issues that may affect their lives. TYS can include one-to-one support, group work, and community work.

Team Around the Family (TAF)

is a gathering of a family, child, young person, and professionals to create and update a support plan. TAF meetings are used to identify the family's needs and strengths, monitor process and successes and to decide on services and interventions.

Thresholds

a set of guidelines that help identify when a child or family needs support, and what kind of support they need. Threshold documents help ensure that children and families receive the right help at the right time.



