



DONCASTER SAFEGUARDING CHILDREN BOARD

MULTI-AGENCY LEVELS OF NEED

July 2016

Version	Date	Changes Made	Changes Made By
2	5.8.15	Incorporated various comments	Rosie Faulkner
3	21.8.15	Incorporated EH strategy	Rosie Faulkner
4	02.09.15	Incorporated various comments	Deborah Gore
5	17.5.16	Various changes and clarification of terminology regarding the windscreen; SEND and stronger families information added.	Rosie Faulkner / Gemma Roberts

1. Introduction

Most children, young people and families have a number of basic needs that can be supported through a range of universal services. These services include education, early years, health, housing, youth services, leisure facilities and services provided by voluntary organisations. However, some families have needs which will require additional support to enable them to reach their full potential.

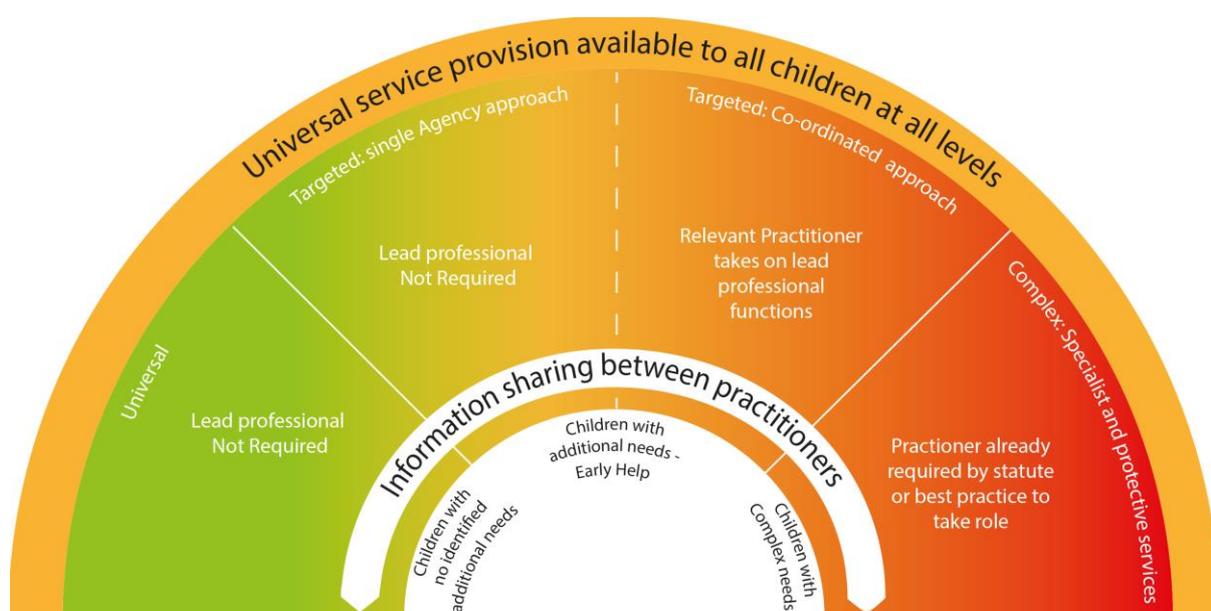
This document provides guidance for professionals and families, to clarify the circumstances in which to refer a family to a specific agency to address an individual need, when to carry out an early help enquiry and when to refer to Children's Social Care Services.

This document describes:

- The criteria for access to services for children, young people and their families in Doncaster and how that fits within the wider context of multi-agency services and a range of needs;
- The legal definition of 'Children in Need' and eligibility for Children's Social Care Services;
- The process by which Children's Services assesses eligibility for 'Children in Need'
- The criteria, process and benefits of identifying families as Stronger Families.

2. Children's Needs and Multi-agency Levels of Intervention

Doncaster has developed a pathway through services to ensure that children, young people and their families receive the appropriate help at the right time. In Doncaster the CAF has been replaced by the early help assessment (EHA). The levels of need have not changed and can be depicted as a continuum as follows:



3. Principles

The following principles should be considered in applying the framework:

- (i) The descriptions in Appendix 1 provide illustrative examples about how need might present itself, rather than an exhaustive list of fixed criteria that must be met. The level of need may be increased by the interaction of **multiple factors**.
- (ii) Intervention should be at the lowest level appropriate to meet the needs of the family and prevent the need for escalation to specialist services.
- (iii) Consideration should always be given to making an early help enquiry into the early help hub. This may lead onto undertaking an early help assessment and forming a Team Around the Child/Family to resolve the families difficulties and prevent the need for a specialist service.
- (iv) If there are child protection concerns about a child's health or development professionals must follow the Doncaster Safeguarding Children Procedures and make an immediate referral to Doncaster Children's Services Trust, Referral and Response Team.

4. Levels of Need

The four levels of need identified in the windscreen diagram have been developed into a matrix of needs and risks in appendix 1. The Appendix describes the circumstances in which an early help enquiry should be considered and when a referral to children's social care services may be necessary. This section provides a brief overview of the journey through the levels of need. More detail can be found in the Early Help Strategy and the Early Help Practitioners Handbook.

The Early Help Hub will keep a record of all Early Help Assessments undertaken to assure joined up support is offered and enables support workers from different agencies who may have identified a need, to keep in touch with each other.

Most families' needs will generally be met by level 1 services (universal services). If problems arise families are encouraged to access self-help services such as libraries, information from GP surgeries, schools and online help services in the first instance.

If the problems continue or escalate then more targeted support may be offered at level 2. This support would usually be offered by a single agency approach, but may also include children where specific needs are identified (eg need for Speech and Language Therapists, or need for universal Children Centre services such as Stay and Play sessions). There is unlikely to be a need for a 'lead practitioner' to be identified but it may help to understand and record children and young people's needs if an Early Help Assessment is undertaken. The practitioner who identifies the concerns should make an early help enquiry into the Early Help Hub. The Early Help

Hub will then screen the enquiry for further information and make a decision whether there is a need to progress to an Early Help Assessment. Professionals can seek information, advice and guidance for themselves or their family from the Early Help Hub or DMBC Early Help Coordinators.

If the Early Help Hub identify problems continuing or escalating a multi-agency coordinated approach may be required, a lead practitioner will be identified by the Early Help Hub who will lead the Early Help Assessment and TAC/TAF meeting, that will, with the family develop the plan to address need.

If following multi-disciplinary TAC/TAF support it is concluded that the needs of the child or young person continue to be unmet then use the matrix in appendix 1 to decide on either a further enquiry into the Early Help Hub or a referral to Children's Social Care Referral and Response. Both services also offer professional consultation.

When working with children and young people practitioners should consider if the children and/or adults in their family would benefit from support from the Stronger Families programme. This support is available for all levels of need if the criteria are met on any member of the family.

5. Which Level?

It cannot be over emphasised that the list of individual indicators of potential needs or risks from harm to a child contained in this document is not an exhaustive one. In assessing if the level of need and/or risk may require additional intervention or support from specialist services, **multiple and interacting factors** are likely to be present and decisions as to whether the criteria are met requires the application of professional judgement and dialogue. It is also important to remember that often the signs that a child, young person or family has particular needs are not found in a single piece of evidence but in a combination of factors or indicators presenting to several agencies. For example, within the framework described in this document, a cluster of indicators in Level 2 when considered together may indicate the need for a Level 3 support. There will also be, in some situations, a single indicator that is so obviously significant that it will demand assessment at a particular level even in the absence of any other indicator.

Other factors which will influence the level of need and assessment of risk and may be indicators that early help is needed include:

- A history of abuse and neglect both of other children in the family and of the parents
- The age of the child and of the parent
- If the child is disabled and has specific additional needs;

- The child has special educational needs;
- The child is a young carer;
- The child is showing signs of engaging in anti-social or criminal behaviour;
- The child is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems and domestic violence;
- The child has returned home to their family from care;
- Poverty & financial exclusion
- The child is showing early signs of abuse and/or neglect.
- Family motivation to change and accept help

6. Stepping-up and stepping-down through the levels

Where a family have been receiving a service from a single agency or where an Early Help Assessment and TAC/TAF has been in place, but over time it becomes apparent that the family's needs have not been met, it may be appropriate to provide a service at a different level. A child for example, who was receiving a service at level 2, may need to receive a more coordinated response within Level 3. Similarly, a child in Level 3 whose circumstances and situation do not improve sufficiently may need to receive the specialist assessment and support provided at Level 4.

Whilst the assessed response to children's needs may move from one level of need to another all agencies (including universal services) may offer support at more than one level. Wherever possible the lead professional should remain the same to give the family consistency – 'one family, one worker, one plan'. Except where a child is the subject of a statutory child protection plan when a social worker will become the responsible lead practitioner for the 'core group' as part of continuing a whole family integrated approach.

Not all children will move up the levels of support in a sequential manner. Problems may arise which will require an immediate high level response, such as a child protection issue. In these instances a referral must be made to the Referral and Response Team to ensure the matter is fully investigated. It may be that as a result of assessment further support to the child will be 'stepped-down' to other agencies that are more appropriate to support the family based on the level of risk or need.

7. Children with special educational needs and disabilities (SEND)

When considering children with additional needs and SEND professionals need to be aware of the additional vulnerabilities which exist in relation to communication,

mobility and dependence. The indicators can aid decision making, but there will be variances for SEND children and decisions should not be reached based on comparisons to developmental stages of non-SEND children but be taken based on a full understanding of the nature and impact of the child's SEND.

Many children are identified by schools and early help providers as needing help in school due to their SEND. In most cases children will be supported by the school or by a referral to the appropriate specialist team who can provide this support. This would still be seen as being at level 2 of the continuum of need. In these cases the child would not need to have an Early Help Assessment and would not qualify for an Education, Health and Care Plan (EHCP).

If however the needs of the child, including emerging, indicate that a multi-agency response is required then consideration must be given to which type of assessment and plan would be most appropriate, bearing in mind the principle of 'Say it once'.

If it is clear that the child's additional needs are brought about by their SEND and wider issues are not apparent, then it is possible to complete an Education Health and Care plan. This would still be at Level 2 of the continuum of need. If, however there appears to be other support needs, brought about by for example, compromised parenting or behavioural issues in the child not necessarily linked to their SEND, then an Early Help Assessment should be undertaken in addition to the EHCP. Every opportunity should be taken to merge these two plans to prevent duplication. The assessment and review processes should be merged and the Lead Professional should coordinate both processes through one assessment, planning and review process. The TAC/TAF meeting must review both plans. This would be at Level 3 of the continuum of need.

If the child's needs reach a level where statutory intervention by social care is required then this would require a level 4 approach. Legally this would be either through a Child in Need Plan, Child Protection Plan or Care Plan. This would be the case if the child needed respite care or intensive support packages or if the child could not live at home due to complex, life threatening or terminal illnesses. If in addition to the SEND the child was likely or had suffered from significant harm as a result of abuse or neglect then in the child would be the subject of a child protection plan. In these cases the child would be supported by a multi-agency plan, coordinated by the social worker.

In summary the required plans are as follows:

	Type of assessment required				
	No formal assessment required	EHA	EHCP	EHCP+EHA	EHCP and CIN/CP/LAC plan
Child has low level SEND requiring single agency response or additional support from a specialist disability service	☐				
Children has emerging SEND needs		☐			
Child has SEND which requires multi-agency response			☐		
Child and family have additional needs as well as SEND				☐	
Child/family have complex needs in additional to SEN or very severe SEND					☐

8. The Early Help Assessment (formally known as Common Assessment Framework or CAF)

The aim of the early help assessment (EHA) is to help identify, at the earliest opportunity, a child, young person's or families additional needs which are not being fully met by the existing services they are receiving and to support the provision of timely and coordinated support to meet those needs.

If you identify that a child requires Early Help then the first step is to complete an Early Help Enquiry into the Early Help Hub. Details of the Early Help process and the Early Help enquiry form can be found in the Early Help Practitioners Guidance, which can be downloaded at:

http://www.doncastersafeguardingchildren.co.uk/DSCB/early_help.asp

This can only be undertaken with informed and explicit consent from the child/young person and/or their parents/carers.

The early help assessment:

- Is a process for consistently carrying out a common holistic assessment, to help everyone including the child in the family and those working with the family understand information about their needs and strengths;
- Uses a standard format to help record and where appropriate, share with others the information given during the assessment;
- Can only be undertaken with informed and explicit consent from the child/young person and/or their parents/carers.

When undertaking an assessment practitioners should take account of what works best for families as identified in the Government guidance 'Working with Troubled Families' (Department for Communities and Local Authority 2012):

1. Having a dedicated worker, working with the child and their family
2. Practical 'hands on' support for them and their family
3. A persistent, assertive and challenging approach to meeting the child's needs
4. Considering the child's family network as a whole when gathering the information about them
5. Having a common purpose and agreed actions

Advice is available from the DMBC Early Help Hub and Early Help Coordinators on when and how to undertake an EH assessment.

In some cases the need for consent to share information can be waived. The EHH can offer advice on when this is the case.

Early Help Hub Contact Details	
Tel: 01302 734110	Email: earlyhelphub@doncaster.gov.uk

Early Help Coordinators – please contact the hub for their details	
Tel: 01302 734110	Email: earlyhelphub@doncaster.gov.uk

9. Multi-Disciplinary Working or Team Around the Child/Family (TAC or TAF)

If the early help assessment identifies that coordinated multi-disciplinary support is required to meet the needs of the child and family then this team of practitioners becomes the Team Around the Child/ Family. The parent/carer and TAC/TAF will agree who is best placed to become the Lead Practitioner who will lead the TAC/TAF in developing a plan of action to support the child in context of their family network. This may for example include housing officers, teachers or early years workers. Being a Lead Practitioner is about ensuring that the plans made for the child are carried out and to help resolve any difficulties which may arise; it is not a defined service or role.

10. Stronger Families

All families who are eligible for Stronger Families support (see eligibility criteria) will have a named lead practitioner and a plan in place. The Stronger Families Programme is not a separate service or team but it provides extra resources for families and their workers to help them, including easy access to small amounts of funds to overcome issues and barriers to engagement or improvement, access to

family leisure passes, access to additional capacity ion other services, access to training for workers and initiatives and interventions for families. To provide these extra resources we must be able to evidence outcomes with families to make Payment by results claims to Government. To do this we need you to ensure you check eligibility and then monitor family progress against those criteria.

All families must meet at least two of the following criteria:

- 1. Parents and children involved in crime or anti-social behaviour.**
- 2. Children who have not been attending school regularly.**
- 3. Children who need help. (CP/CIN, early years, etc)**
- 4. Adults out of work or at risk of financial exclusion and young people at risk of worklessness.**
- 5. Families affected by domestic violence and abuse.**
- 6. Parents and children with a range of health problems.**

The full Stronger Families Outcomes Plan and much more information is available on the DMBC website or by following the link below:

<http://www.doncaster.gov.uk/services/schools/what-is-stronger-families>

11. Eligibility for Children’s Social Care

The Children Act 1989 places a duty on the Local Authority to “safeguard and promote the welfare of children within their area who are in need and so far as is consistent with their welfare, promote the upbringing of children by their families by providing a range and level of services to meet their needs”. In Doncaster this responsibility is delegated to Doncaster Children’s Services Trust (in so far as it relates to some CIN who may be at risk of harm or impairment) and specifically CA duties in relation to children at risk at harm or LAC.

The Children Act 1989 defines a ‘Child in Need’ as:

- A child who is unlikely to achieve or maintain, or have opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority;
- A child whose health or development is likely to be significantly impaired or further impaired, without the provision of services;

- A child who has a substantial and permanent disability.

These are not clear-cut definitions and allow room for discussion and professional judgement about the level of need and the associated risk.

Advice on thresholds, Early Help Assessments and Team around the child/family meetings can be accessed through the Early Help Hub.

The attached multi-agency Needs/Risks Matrix – Appendix 1 has been developed to help inform decision making about the thresholds to the four levels of need descriptors and what service children and young people might receive.

The content of the levels has been developed taking into account the learning from local and national serious case reviews, good practice and other case reviews and audits as well as the needs of the local population.

All children receiving a service at level 4 from Doncaster Children's Services Trust will have a clear plan in place, whether this is a 'Child in Need' plan, child protection plan, Looked After Children (LAC) plan or a plan specific to their circumstances. In these situations the social worker is always the lead practitioner. All 'Child in Need' plans will be monitored and reviewed at least every six months.

Appendix 1:

Level 1: Universal			
Description	Examples of what you might see	Action to take	Desired outcome
<p>Children and young people living in families whose needs are being met or whose additional needs can be met by universal services</p> <p>Universal services include:</p> <ul style="list-style-type: none"> • Antenatal support via midwifery • New baby support via Health Visitor • Baby groups, “stay and play” groups etc • Early Years Library • Child-minder support and advice on childcare • Advice on benefits • Advice on school enrolment • Schools and out of school provision • School Nursing • General Practitioners and other universal health services • Neighbourhood policing and Communities Area Teams (safer neighbourhood team function) • Communities Well Being support • Jobcentre Plus 	<p>The indicators listed below are examples only and not intended to be a comprehensive list. The indicators can never replace professional judgement and analysis.</p> <p>These children, young people and families have no additional needs other than those which are met by universal services for example such as health or education providers.</p> <p>This includes:</p> <ul style="list-style-type: none"> • Immunisation & vaccination • Routine health visiting services • Accommodation and rehousing needs • Positive youth activities • Targeted diversionary activities and projects in areas • Neighbourhood policing and Communities Area Teams (Safer Neighbourhood Team function) • Supporting the community with accident prevention initiatives, healthy eating and obesity • Supporting the community to provide cleaner, safer neighbourhoods • Providing help to find young people and parents employment and support into pathway to work • Providing community 	<p>At this level needs are met by parents, carers and communities and by universal services.</p> <p>Parents can access ‘self-help’ support and advice through a range of settings such as Children’s Centres, Schools libraries and on line.</p> <p>Routine surveillance should include awareness of emerging needs and the importance of discussing these with the child, parents or colleagues</p> <p>Stronger Families eligibility should be checked to ensure help is given at the earliest point.</p>	<p>Children and young people are:</p> <ul style="list-style-type: none"> • Physically, emotionally and sexually healthy • Looked after by parents or carers who promote healthy and safe choices • Not affected by avoidable hospital admissions as a result of poor health or accidents etc • Safe from abuse, neglect and exploitation • Ready for school and able to attend and enjoy school and achieve educational milestones • Achieve developmental milestones in accordance with their potential ability • Are ready to participate in appropriate employment, education or training after leaving school • Safe from bullying, maltreatment, exploitation, discrimination & non-accidental injury • Safe from criminal or anti-social behaviour and do not take part in it either • Confident and taking part in leisure, sporting and social opportunities <p>Parents:</p> <ul style="list-style-type: none"> • Provide a safe, supportive home • Provide age appropriate boundaries • Promote healthy life-style choices • Promote pro-social behaviour

	participation and volunteering opportunities <ul style="list-style-type: none"> • Children and young people who are NEET or at risk of becoming NEET 		
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Level 2: Targeted: single agency approach

Description	Examples of what you might see	Action to take	Desired outcome
<p>Children and young people living in families who need extra support by taking a more planned approach. Generally this will be through a single agency but it may require services to enlist the services of another agency to meet the families needs. Work will be to be time-limited to support families to become self-reliant again.</p>	<p>The indicators listed below are examples only and not intended to be a comprehensive list. The indicators can never replace professional judgement and analysis.</p> <ul style="list-style-type: none"> • Children and young people with emerging health or developmental problems for example relating to diet and nutrition, dental health etc • Children and young people with isolated or unsupported carers • Children and young people who need support due to mental or physical health difficulties • Children and young people requiring additional educational support e.g. behaviour, emotional or social difficulties • Children and young people with permanent disabilities who require support to access services • Children and young people who live in households where there has been parental conflict 	<p>Use the Early Help enquiry form as a means of identifying the potential level of need.</p> <p>Professionals make an Early Help Enquiry into the Early Help Hub. Professional support and advice about thresholds can be accessed through the Hub and the locality based Early Help Coordinators.</p> <p>Stronger Families criteria to be checked.</p> <p>A child and their family's needs may be met by an existing service offering extra support within its own remit or by signposting or asking another service including:</p> <ul style="list-style-type: none"> • Health Visiting support • Speech and Language services • Children's Centres Universal Offer • Extra learning support • Money and debt advice • Family learning • Help to find work • 1:1 family support and home visits • Healthy and wellbeing support for example Healthy 	<p>The overall outcome from activity at Level 2 is that the child and family are provided with appropriate support to enable them to continue to be supported by 'universal' community based services without further need for targeted or specialist service support.</p>

	<ul style="list-style-type: none"> • Young people who need support or advice in relation to housing • Young people who are starting to experiment with substances • Children and young people who have parents/carers in custody • Children and young people who are involved in anti-social or nuisance behaviour in their communities • Supporting the community to reduce and tackle anti-social behaviour e.g. using a range of early intervention and prevention initiatives and the new ASB Crime and policing act 2014 • Children whose parents/carers need support to deal with low level domestic conflict or substance misuse • Children whose parents/carers are struggling to manage their behaviour • Children whose parents/carers need support to maintain school attendance • Children whose parents or carers are affected by low level mental, physical or learning difficulties • Children whose parents/carers need support with finances in order to meet their needs 	<p>weight management, smoking cessation etc</p> <ul style="list-style-type: none"> • Substance and alcohol support • Neighbourhood policing and Communities area team (safer neighbourhood team function) • Adult support services 	
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	<ul style="list-style-type: none"> Children whose parents/carers who need support to improve hygiene or safety in the home 		
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Level 3: Targeted: Coordinated approach

Description	Examples of what you might see	Action to take	Desired outcome
<p>Children and young people living in families who need multi-agency support to meet their needs coordinated by a lead practitioner model.</p> <p>If an authority determines following assessment that a disabled child needs support under Section 17, it must first consider whether such support is of the type outlined in Section 2 of the Chronically Sick and Disabled Persons Act (CSDPA) 1970.</p> <p>Where there is an EHC needs assessment, it should be a holistic assessment of the child or young person's education, health and social care needs. EHC needs assessments should be combined with social care assessments under section 17 of the Children's Act 1989 where appropriate.</p> <p>If services are to be provided following an assessment there should be a 'child in need plan' which sets out who is going to do what, where and when to help the child.</p>	<p>The indicators listed below are examples only and not intended to be a comprehensive list. The indicators can never replace professional judgement and analysis.</p> <ul style="list-style-type: none"> Children and young people with multiple Level 2 indicators Children and young people with increasingly severe behavioural, emotional and social difficulties Children and young people with prolonged or acute absence from school Children and young people who are at immediate risk of becoming homeless Children who have previously been subject to a Child in Need or Child Protections Plan and whose parents need support to help them sustain progress over a planned period Children and young people who are consistently not accessing universal services and are therefore "invisible" to agencies 	<p>Professionals make an Early Help Enquiry into the Early Help Hub. Professional support and advice about thresholds can be accessed through the Hub and the locality based Early Help Coordinators.</p> <p>The Early Help Hub will screen the enquiry and a lead practitioner should be identified to coordinate the Early Help Assessment and a TAC/TAF and establish a holistic plan for the family that is aimed at reducing the level of need</p> <p>The Doncaster Risk & Resilience Frameworks and similar tools can support the measurement of changes in risk and resilience. These are embedded within the Early Help Module</p> <p>Child & Family Assessment tools and techniques (over 200 people trained across partners.</p> <p>Stronger Families eligibility to be checked</p>	<p>The overall outcome is that the child and family gain resilience and are enabled to be safely supported by the provision of early help and prevention or supported and thrive through universal provision following the early help support.</p>

	<ul style="list-style-type: none"> • Children and young people whose health is being potentially impaired as a result of not attending health appointments or complying with treatment plans • Children and young people whose parents are unable to meet their basic needs as a result of extreme poverty • Children and young people whose parents are receiving support and treatment who need coordinated support to meet their child's needs due to the effects of their alcohol or drug misuse • Children and young people whose parents need coordinated support to meet their child's needs due to their illness, mental health or learning difficulty or disability • Children and young people who are at risk of becoming involved with crime or anti-social behaviour • Children, young people who or whose parents have frequent neighbour disputes or are reported for nuisance behaviour ASB or issues regarding physical conditions of their home • Children, young people who or whose parents are victims of ASB and crime including racial abuse or other hate crime 		
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Level 4: Complex needs: Integrated support from statutory or Specialist and protective services

Description	Examples of what you might see	Action to take	Desired outcome
<p>Children and young people living in families and other settings who are in need of support and/services whose health or development is likely to be significantly impaired or further impaired or have suffered or are likely to suffer significant harm as a result of abuse, neglect or exploitation.</p> <p>Children and young people who have a substantial and permanent disability whose health or development is likely to be significantly impaired or further impaired.</p> <p>Children who require a statutory intervention as a result of offending.</p> <p>Children who have acute mental health needs requiring treatment</p>	<p>The indicators listed below are examples only and not intended to be a comprehensive list. The indicators can never replace professional judgement and analysis.</p> <p>Examples could include:</p> <ul style="list-style-type: none"> • Children or families who display multiple Level 2 or 3 indicators in combination • Children and young people who have suffered or are likely to suffer significant harm as a result of sexual, physical or emotional abuse by an adult or a child • Children and young people whose behaviour presents a serious risk to themselves or others • Children or young people who need respite care or intensive support packages due to complex disability or health issues • Children and young who are at risk of significant harm due to substance misuse issues • Children and young people who have suffered or are likely to suffer significant harm due to sexual exploitation or violence within a relationship • Children and young people with chronic ill health or life- 	<p>These children are likely to require a statutory intervention from children’s social care services or if they have entered the criminal justice system, from the YOS or if they are not attending school education welfare services or medical intervention including hospital admissions.</p> <p>At this level a referral must be made to DCST Referral and Response Team which is accessed in the same way as the Early Help Hub.</p> <p>Children and young people will require coordinated services from specific agencies including: DCST, DMBC SY Police, RDaSH and DBHFT. They may be subject to Child Protection or Care Plans and may live in alternative settings including fostering, residential, custodial and hospitals.</p> <p>If you assess a child or young person to be at or continue to be at risk, dependant on circumstances, actions may include:</p> <ul style="list-style-type: none"> • Seeking advice from your agency’s designated worker or child protection lead • Calling the Police or emergency medical if a child or young person or adult is in immediate danger If a child young person or adult is in immediate danger 	<p>The overall outcomes from activity at this level of assessed need is to mitigate and reduce the level of risk to the child so they are no longer likely to suffer significant harm.</p> <p>Having assessed the child’s ongoing and future needs in most circumstances it is expected that support will be “stepped down” to lower levels of provision to help the the family to maintain the progress that has been made.</p> <p>In some cases where this is not possible the outcome is likely to be that alternative arrangements are made for the care of the child for example with family members or within the Looked After Children system</p>

	<p>limiting conditions</p> <ul style="list-style-type: none"> • All children and young people assessed as having an underlying mental health disorder and who are receiving treatment • Children and young people whose parents/carers are unable to provide care due to the effects of their alcohol or drug misuse where evidence suggests the child is at immediate risk of or is suffering from significant harm. NB these could include unborn babies • Children and young people whose parents/carers are unable to provide care due to domestic abuse where evidence suggests the child is at immediate risk of or is suffering from significant harm NB these could include unborn babies • Children and young people whose parents/carers are unable to provide care due to the effects of their own mental health or learning disability; where evidence suggests the child is at immediate risk of or is suffering from significant harm. NB these could include unborn babies • Children and young people who have entered the criminal justice system • Children and young people 	<ul style="list-style-type: none"> • If you feel a child has suffered or is at risk of significant harm you have a duty to refer to the DCST the Referral and Response <p>When you are referring to the Referral and Response Team you must provide information about the previous support that has been provided to the family and the involvement of your or other agencies.</p> <p>A telephone or email referral should be followed up in writing within 48 hours and the DCST will provide you with information regarding their actions and the outcome of your referral.</p> <p>There are other opportunities to share concerns about future risk of harm to a child, including MARAC and MAPPA serious crime and domestic abuse meetings and the DCST.</p>	
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	<p>who have been adopted and who or whose adopters are assessed as needing support</p> <ul style="list-style-type: none">• Children and young people who are privately fostered• Young people aged 16 and 17 who are homeless and require the council to provide accommodation• Children who present a risk of serious harm to themselves or others• Children and young people who are not able to live at home due to complex, life threatening or terminal illnesses• Children who have been hospitalised due to a mental health issue		
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