



**A model for identifying needs and
analysing risk when working to
strengthen and support families**
Thresholds of need guidance

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1 Introduction

1.1 Context

It is important that there are clear criteria for taking action and providing help across the full continuum. Having clear thresholds for action which are understood by all professionals, and applied consistently, should ensure that services are commissioned effectively and that the right help is given to the child at the right time. (Working Together to Safeguard Children 2015)

The LSCB should publish a **threshold document** that includes:

- the process for the early help assessment and the type and level of early help services to be provided;
- the criteria, including the level of need, for when a case should be referred to local authority children's social care for assessment and for statutory services under:
 - section 17 of the Children Act 1989 (children in need);
 - section 47 of the Children Act 1989 (reasonable cause to suspect children suffering or likely to suffer significant harm);
 - section 31 (care orders); and
 - section 20 (duty to accommodate a child) of the Children Act 1989
- Clear procedures and processes for cases relating to the sexual exploitation of children and young people.

(Working Together to Safeguard Children 2015)

This document, alongside the local guidance for frontline practitioners [*What to do if you suspect a child is being sexually exploited a step by step guide*](#), have been developed to fulfil these requirements.

The publication of clear thresholds and processes, and the development of a common understanding of them, will also help to support the development and successful implementation of the Children, Young People and Families Board Early Help Strategy for the City. This strategy is based on a growing body of research evidence in relation to the effectiveness of early support to children and families (Allen Report (2011), Field Report (2010), Marmot Review (2010), Munro Review (2011), Tickell Report (2011)).

The provision of Early Help services should form part of a continuum of help and support to respond to the different levels of need of individual children and families (Working Together to Safeguard Children 2015)

Services offering early support to families are aimed at improving the life chances of children in all areas of their development as well as preventing the escalation of difficulties such that more specialist, high cost services are required.

One of the recommendations of the Munro Review (2011) is for the *“development of an integrated “early help” offer for children and families where needs do not meet the criteria for receiving specialist services”*. Among the necessary components of a successful integrated “early help” strategy will be the level of shared confidence across all professionals, agencies and

organisations about thresholds and assessment processes, in order that need can be identified and met and the risk of poor outcomes reduced.

This 'threshold of need' guidance brings together information designed to help professionals, agencies/organisations to work together effectively to meet the needs of all children in Hull.

1.2 What is the status of the document?

The document is issued as **guidance**. It offers a model and a framework. Every child's situation is unique and the discussions and decisions about how best to meet their needs, and who is best placed to do so, will be based on informed professional judgements.

Professionals are encouraged to discuss concerns openly within their own agency/organisation's line management or with Children's Social Care. **If in doubt, consult.**

This document does not replace each agency/organisation's own internal policies and procedures. Rather it should be used alongside these, together with the Hull Safeguarding Children Board Guidelines and Procedures (2015), Working Together to Safeguard Children (2015) and NICE guidelines.

Hull Safeguarding Children Board has approved this 'Thresholds of Need Guidance' with a clear expectation that it will be used to guide and inform the support provided to all children and families in Hull.

All Hull Safeguarding Children Board members have made a pledge setting out how they will ensure that the document is disseminated and implemented within their own agency/organisation.

Implementation will further be supported by a programme of seminars and briefings developed by Hull Safeguarding Children Board.

1.3 How was this document developed?

Recognising the need for guidance to support professionals and agencies/organisations in working with thresholds for intervention, a group of practitioners and managers from Children's Social Care began by looking at models used in other areas of the Country; those from Lincolnshire, Durham and Bradford were drawn upon to create a first draft of Hull's threshold guidance.

This first draft was brought to Hull Safeguarding Children Board, where it was agreed that in order to develop a shared ownership and understanding of threshold guidance a wide multi agency consultation was essential.

A number of half day events were organised and facilitated by Hull Safeguarding Children Board, bringing together practitioners, managers and commissioners from a wide variety of agencies/organisations to discuss, comment on and contribute to the development of Hull's threshold guidance. There was also an extensive e mail consultation running alongside and following these events in order to facilitate as wider consultation as possible.

This document is the product of the collective knowledge and experience of all those involved in the consultation process. Hull Safeguarding Children Board now has a role in supporting the integration of this guidance into practice, ensuring that it is up to date with both National and local learning and in evaluating its usefulness to professionals, agencies/organisations who are working together to meet the needs of children and their families in Hull.

1.4 What is the 'thresholds model'?

The thresholds model draws on a conceptual model known as 'the windscreen' to illustrate the relationship between universal services, single agency intervention, early help,, targeted and specialist services.

It provides an overview of the continuum of needs of all children and their families in Hull

The model set out in this document offers:

- A structure for consultation, co-ordination and co-operation to promote the welfare of children;
- A framework to identify when a child or young person may be at risk of poor outcomes;
- A process to assess risk to enable professionals, agencies /organisations to balance vulnerability with protective factors; and
- A structure for delivering integrated support to children which safeguards and promotes their welfare.

1.5 Definition of a child

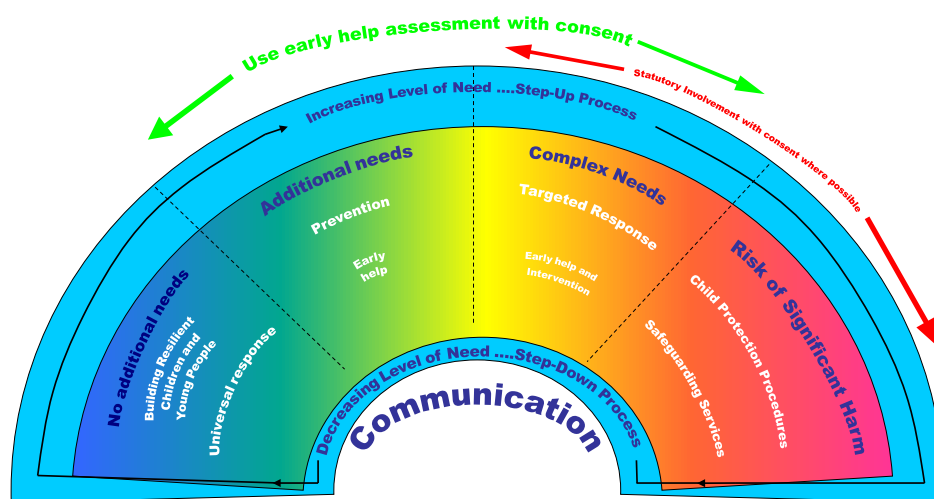
Throughout this guidance the term child has been used as defined in legislation as a person under the age of 18 (section 105 Children Act 1989). Whatever their circumstances, prior to them becoming 18 they are still children. Some young people over the age of 18 continue to access services provided by Children's Social Care, for example Care Leavers, those subject to a Statement of Educational Need and those young people who have transitional care packages in place from Children's Social Care to Adult's Social Care.

2 Assessing Need

2.1 Model of assessment

Hull's approach to meeting the needs of children and their families is based on the 'Framework for the Assessment of Children in Need and their Families' (Department of Health 2000) and is consistent with Hull Safeguarding Children Board Guidelines and Procedures (2015). The model provides a framework to develop a common understanding amongst professionals of the needs and vulnerabilities of children, shared assessment procedures and a platform for integrated working.

This is described in the following diagram - Figure 1 Model for meeting children's needs



2.2 Principles of assessment

The welfare and safety of children is everyone's responsibility and practice should:

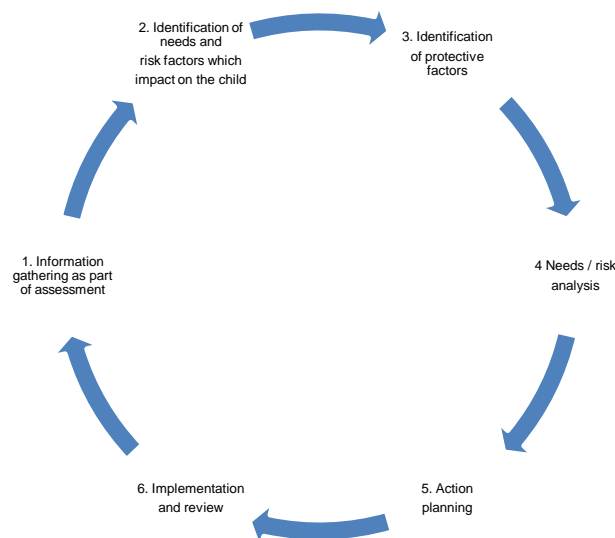
- Be child centred;
- Be rooted in child development;
- Be focussed on outcomes;
- Be Holistic in approach;
- Involve children and families;
- Have a multi agency approach for children with additional needs;
- Ensure that the skills and knowledge of all agencies are fully utilised;

- Ensure that the rights of parents and carers are considered;
- Ensure that agencies/organisations work together to reduce unnecessary intrusion into family life;
- Build on strengths as well as identifying difficulties;
- Be a continuing process;
- Provide and review services;
- Meet identified need within locally based services;
- Be non discriminatory; and
- Give families the opportunity to find their own solution.

Assessment requires information to be gathered and judgements formed about what the needs of the child or young person are and the ability of the family to meet those needs within any given situation. At times, this will require considering the likely level of risk to a child where there are concerns about the circumstances in which the child is living.

The following diagram illustrates the process of assessment

2.3 Process of assessment - Figure 2 the process of assessment



2.4 Early help assessment

Best practice for early help assessment is based on the Department of Health Framework for the Assessment of Children in Need and their Families (2000).

An Early Help Assessment can be completed by any practitioner and:

- Provides a process to holistically assess and identify accurately and speedily a child's needs at an early stage;
- Should have the child at the centre;

- Can be used for children of any age including unborn babies;
- Supports the practitioner to consider the whole family;
- Can include assessing the needs of parents/ carers in relation to their capacity / ability to parent;
- Enables information to be gathered in a structured way through discussion with the child and their parents / carers;
- Looks at all unmet need, not just those in which individual services specialise; and
- Is a process that supports children and their families to access appropriate services early.

The absence of an Early Help Assessment should not be a barrier to accessing services or prevent a referral to Children's Social Care where there is an issue of Significant Harm.

At any time in the Early Help Assessment process, any professional can discuss concerns/seek advice from their line manager, designated safeguarding advisor or Children's Social Care.

Professionals should, in particular, be alert to the potential need for early help for a child who:

- Is disabled and has specific additional needs
- Has special educational needs;
- Is a young carer;
- Is showing signs of engaging in anti social or criminal behaviour;
- Is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems and domestic violence;
- Has returned home to their family from care; and/or
- Is showing early signs of abuse and / or neglect

(Working Together to Safeguard Children 2015)

2.5 Consent

The child/young person, parent or carer must agree and give written consent to an early help assessment as it is entirely voluntary. Additional consent must be obtained on the completion of the assessment with regard to the sharing of information within it. Obtaining explicit consent is good practice and written consent is preferable as it reduces the scope for subsequent

dispute. The approach to securing consent should be transparent and respect the individual child/young person and family.

For more information see the Hull Safeguarding Children Board Guidelines and Procedures - [Effective Communication, Consent and Information Sharing](#).

2.6 Role of lead professional

When a child/young person needs a package of support, experience shows that they and their families benefit from having one person who can help them through the system, ensure that they get the right service at the right time and that agencies/ organisations communicate effectively with each other.

Where a child has been identified as having additional or complex needs, a lead professional can act as a co-ordinator. They form a partnership not just with their colleagues across services but with the child and their family too.

2.7 The child's voice and lived experience

Seeing and speaking with the child is an essential part of gaining knowledge of the child's experience, which is critical in any assessment.

The findings from several Serious Case Reviews have identified that too much attention had been paid to forming a trusting relationship with the adults at the expense of considering whether good enough care was also being provided to the child (Ofsted 2011)

2.8 Think family

When undertaking an early help assessment, the child is always the focus. However, the practitioner also needs to consider the whole family and the impact that parental need has on capacity to parent, possibly signposting or referring for support to meet those needs and working closely with adult service providers to ensure a co-ordinated response.

2.9 Early Help Action Meetings

Early Help Action (EHA) Meetings are part of the City's collaborative approach to delivering early help and intervention. The meetings provide help for practitioners and agencies working with children, young people, vulnerable adults and their families causing concern and where there is escalating risk of poor outcomes and complex needs. They are designed to:

- Build skills and confidence in universal and targeted services and enable practitioners and managers in these services to manage and contain risk in cases below the level of children's social care services

- Will be places to bring cases that are 'stuck' and in need of a conversation with a broader group of practitioners
- Discuss cases of 'Children Causing Concern', including those with whole family issues. The cases will be those that are or are likely to become complex and require intensive and coordinated responses. (if there are safeguarding concerns members will be expected to follow their agency procedures)
- Be solution focused and practitioners are expected to come to the meetings prepared and to contribute and pick up actions/ cases as required
- Build the skills and capacity of practitioners and managers to manage risk, and to build collaborative responses through conscious reflection on learning gained in meetings
- Identify, discuss and provide solutions to issues in the community and interpret and act upon reports of local need in the area

Provide social care oversight and guidance to practitioners and managers in universal and targeted provision including Children's Centre Services and Schools with the purpose of building the confidence and capacity of agencies around safe decision-making. For all of these partners access to social care oversight will be provided through the EHA meeting.

2.10 The process for practitioners undertaking early help assessments

Working to ensure children are protected from harm requires sound professional judgements to be made, decision making needs to be objective and evidence based. This is demanding work that can be distressing and stressful. All of those involved in such work should have access to advice and support from, for example, peers, managers, named and designated professionals

The NSPCC 'Ten pitfalls and how to avoid them' (2010) provides useful guidance for any assessment process.

At any time in the early help assessment process any professional can discuss concerns/seek advice from their line manager, designated safeguarding advisor within supervision or with Children's Social Care.

2.11 Stage 1) Information Gathering

The first part of any assessment is to gather information, using the assessment framework domains:

- Child's Developmental Needs
- Parenting Capacity
- Family and Environmental Factors

Consideration should be given to whether additional support or intervention is needed if the child is to be kept safe, experience healthy outcomes and to ensure that their developmental needs are adequately met. Information gathered during the assessment, analysis of the information and decisions made as a result of this analysis should be clearly recorded.

2.12 Stage 2 – 4) Identification and analysis of need, risk and protective factors which impact on a child.

When undertaking an analysis of information gathered during an assessment, the first thing to do is to identify the child's/ young person's needs including those factors which are causing concern that a child has unmet needs or may be at risk of harm or of poor outcomes.

Information from other professionals and historical information should be considered in relation to current concerns.

How the child sees these issues is a critical consideration.

2.13 Protective / resilience factors and risk and vulnerability factors

It is important to consider strengths as well as needs

Protective/resilience factors are those factors in the child's world which may be seen as containing a protective component, such as:

- One supportive parent/carer
- Relatives/adults other than parents/carers who provide a positive experience
- Sibling Support
- School – teacher, after school club, breakfast club
- Temperament and personality of the child
- Good social skills and intelligence

Risk / vulnerability factors are defined as those in the child's world which are likely to increase the likelihood of harm occurring:

- Lack of protective factors
- Poor prognosis of change in circumstances
- Compounding environmental factors
- A style of parenting which is low on warmth towards the child and high on criticism

The child’s “experience” is critical. Whereas vulnerability is increased by the presence of risk factors, the presence of protective factors provides the potential for increased resilience.

Once needs, protective and risk factors have been analysed, the process requires an assessment of the likely impact of these factors on the outcomes for the child.

Analysis must also consider what needs to change if needs are to be met and the level of risk reduced. This leads to action planning.

2.14 Stage 5) Action Planning

The initial action plan identifies the immediate actions that people present at the assessment will take (including the child or young person and family). Where a multi-agency response is required, a Team Around the Family meeting will be formed and a delivery plan will be agreed by the members.

The action plan should state clearly what is to be done, by when and by whom and how the plan will be monitored. This process should be:

- Comprehensive – considering all significant options and impacts
- Efficient – not wasting time or resources
- Inclusive – the child or young person, their parent/carer and other people affected by the plan must be involved and encouraged to take on actions themselves where appropriate
- Informative – decisions are understood by the people involved, focused, short-term decisions support long-term goals
- Logical – each step leads to the next within a broad strategic framework of SMART (Specific, Measurable, Achievable, Realistic, Time-bound) objectives and solution-focused outcomes
- Transparent – everybody involved understands how the process works

2.15 Stage 6) Implementation and Review

Once implemented, the action plan must be subject to regular review in partnership with the child (if old enough), young person and family, and other agencies where a multi-agency action plan is in place. This will monitor progress toward agreed outcomes.

The review can identify any unmet or additional needs for the child or young person’s smooth transition between universal, targeted and specialist services. In the case of multi-agency responses, this will involve further multi-agency meetings and liaison between the members of the Team Around the Family meeting.

As a child's needs are met, practitioners should vary their response accordingly.

2.16 Sharing information

Knowing when and how to share information is not always easy but it is important to get it right. Children and families need to feel reassured that their confidentiality is respected. In most cases you will only share information about them with their consent but there may be circumstances when you need to override this.

Whilst the law seeks to preserve individuals' privacy and confidentiality, it should not be used (and was never intended) as a barrier to appropriate information sharing between professionals. The safety and welfare of children is of paramount importance, and agencies may lawfully share confidential information about the child, young person or the parent, without consent, if doing so is in the public interest.

A public interest can arise in a wide range of circumstances, including the protection of a child from harm, and the promotion of child welfare. Even where the sharing of confidential medical information is considered inappropriate, it may be proportionate for a clinician to share the fact that they have concerns about a child. Lord Laming (2009).

Safeguarding children is always in the public interest.

Seven golden rules of information sharing:

1. Remember that the Data Protection Act is not a barrier to sharing information
2. Explain openly and honestly at the outset what information will / could be shared, why, and seek agreement, except where doing so puts the child or others at risk of significant harm.
3. The child's safety and welfare must be the overriding consideration when making decisions on whether to share information about them.
4. Respect the wishes of children and families who do not consent to share confidential information unless in your judgement there is sufficient need to override the lack of consent. Consent may be overridden if the child would be placed at increased risk of harm if information is not shared.
5. Seek advice when in doubt
6. Ensure information is accurate; up to date; and necessary for the purpose for which you are sharing it; shared only with those who need to see it; and shared securely.
7. Always record the reason for your decision.

Information sharing Advice for Practitioners Providing Safeguarding Services to Children, Young people, Parents and Carers (Department for Education,

2015)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf

For more information on information sharing and consent see Hull Safeguarding Children Board Guidelines and Procedures - [Effective Communication, Consent and Information Sharing](#).

3. Levels of need

The following is a guide only and can only offer a sense of thresholds. Degrees of severity and combinations of indicators for individual children need to be understood and assessed. **The examples cannot be a substitute for informed professional judgement.**

3.1 Children with no identified additional needs

These are children who make good overall progress in all areas of development. These children receive appropriate universal services, such as health / education / leisure facilities / children's centres or voluntary services.

The following table provides a summary of indicators of children assessed as having no additional needs.

| Factors relating to the child/young person's Health and development | Factors relating to Parents and carers |
|--|--|
| <ul style="list-style-type: none">• Physically well• Developmental assessment / immunisations up to date• Meets developmental milestones• Access to health services• Attends school• Success and achievements are celebrated• Good quality early attachments• Positive sense of self and demonstrates belonging | <ul style="list-style-type: none">• Provide for children's needs and protect them from danger or harm• Show warmth and encouragement• Provide appropriate boundaries and guidance• Support age appropriate development through support / play <p>Relating to Family and Environmental Factors</p> <ul style="list-style-type: none">• Material needs are met• Supportive wider family |

| | |
|--|---|
| <ul style="list-style-type: none"> • Good relationships with carers / siblings and peers • Growing level of competencies in practical and emotional skills | <ul style="list-style-type: none"> • and community networks • Appropriate accommodation (housing) |
|--|---|

All assessments should be supported by having seen the child and having talked to him/her to confirm that this is their experience of the situation.

3.2 Children with Additional Needs

This group of vulnerable children may require additional support either at school, home or in the local community. They may require additional support because they may have personal or physical difficulties or may be affected by family crisis. This additional support can be provided by one or several statutory or voluntary agencies (universal, preventative, or targeted services).

An early help assessment should be used to gather information and assess the level of response required for a child with additional needs. A single agency/organisation may be able to meet this child’s needs or a referral to a single/specialist agency/organisation may be required. In most cases a Team Around the Family (TAF) meeting would not be needed at this level.

If a child is identified to have a number of additional needs/vulnerabilities and the early help assessment demonstrates that a number of agencies may be needed to support the child and their family, a TAF meeting should be convened.

3.3 The following factors may be evident in children with additional needs:

Children, parents / carers or families express a willingness to accept support

| | |
|---|---|
| <p>Factors relating to the child / young person’s Health and development</p> <ul style="list-style-type: none"> • Concerns about diet / hygiene / clothing • Defaulting on health appointments • Disengagement from mainstream education • Not reaching developmental milestones • Few opportunities for play / socialising • Drug or alcohol use concerns • Mental health concerns • Poor school attendance / | <p>Factors relating to Parents and Carers</p> <ul style="list-style-type: none"> • Parental conflict • Domestic violence • Lack of parental support/boundaries • Teenage pregnancy and parenthood • Parental engagement with services is poor • Parent is struggling to provide adequate physical or emotional care • Post natal depression |
|---|---|

| | |
|--|--|
| <p>exclusion</p> <ul style="list-style-type: none"> • Experiencing bullying • Special Educational Needs • Disengagement from education, training or employment post 16 • Difficulties with peer group relationships and with adults • Some evidence of inappropriate responses or behaviours • difficulty in coping with anger, frustration and upset • Disruptive and anti-social or risk taking behaviour • Being a young carer • Disabilities • Self harm concerns • Cultural or religious needs not being met • Long term life limiting health condition | <ul style="list-style-type: none"> • Child Perceived to be a problem by parents – including emotional scapegoating <p>Relating to Family / environmental factors</p> <ul style="list-style-type: none"> • Parents have some conflict or difficulties that can involve the children • Loss of significant adult e.g. bereavement or separation • Parent has physical / mental health problems • Family is socially isolated • Language / communication barriers • Poor housing • Poverty • Involvement in / risk of offending • Poor access to universal services • Families who are homeless |
|--|--|

3.4 Children with complex needs

This smaller group of children require intensive help and support to meet their needs. This group includes those children who require an assessment to determine whether or not they are children in need and those that have been assessed as children in need. Interagency assessment and care planning for children with complex needs may be led either by a lead professional through the early help process or by Children’s Social Care. Universal, preventative or targeted services may be sufficient and appropriate to meet needs.

The majority of children with complex care needs will have already been receiving support through an early help process.

Although an early help assessment is not a prerequisite for a referral to Children’s Social Care, it provides a structure for a referral and is deemed good practice. If an early help assessment has been undertaken and it indicates that a referral should be made to Children’s Social Care then any existing assessment should always accompany the referral. If a child is at risk of significant harm then there must be no delay in making a referral to Children’s Social Care.

It is important that referrals to Children’s Social Care are NOT labelled as child protection unless there is good reason to do so

If Children’s Social Care becomes the lead agency/organisation, the early help assessment will form the basis of further assessment and ensure that duplication is not required. It is important that the child and their family have

been consulted and consent given to share the assessment and plan with Children’s Social Care, unless to do so would place the child at increased risk of harm. Their views should be recorded and they should sign the form or agree at the TAF meeting which confirms that a referral to Children’s Social Care is required. All professionals that have contributed to the early help assessment should have consented for their information to be shared with the family and with other agencies.

The child and family, the original referrer, and other professionals and services involved in the assessment should, as far as possible, be told what action has been and will be taken, consistent with respecting the confidentiality of the child and family concerned, and not jeopardising further action in respect of concerns about harm (which may include Police investigations). This information should be confirmed in writing to agencies, the family and where appropriate the child.

Some children with complex needs may be children who are defined as being “in need” under section 17 of the Children Act 1989. The criteria for section 17 is:

- Those children whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development; or
- Their health and development will be significantly impaired without the provision of services; and
- Those children who are disabled.

3.5 The following factors may be evident in children with complex needs

| Factors relating to the child / young person’s Health and Development | Factors relating to the Parents and carers |
|--|---|
| <ul style="list-style-type: none"> • Disability (permanent / substantial impairment of function) • Life threatening conditions • Complex health problems • Complex emotional and behavioural difficulties or significant mental health needs. • Complex involvement in alcohol / substance misuse • Suicide attempts and self harm • Neglects to use self care skills due to alternate priorities e.g. substance use • Family breakdown related in some ways to the child’s behavioural difficulties • Children who are homeless • Families who are homeless • Children who go missing or put themselves in danger • Children who are at risk of sexual exploitation • Offending behaviour • Concealed pregnancy / lack of ante natal care | <ul style="list-style-type: none"> • Domestic violence • Complex family relationship breakdown • Parenting is not safe • Previously subject to child protection plan • Physical or learning disabilities / mental ill health / are seriously ill / use substances • Parent does not take medical advice as directed (non compliance with medication) • Parental involvement in offending • Private fostering arrangements <p>Relating to Family and environmental factors</p> <ul style="list-style-type: none"> • Poor/hazardous/overcrowded accommodation which places child in danger • Extreme poverty impacting on ability to care for child (including families who have no recourse to public funds or services) • Family chronically socially excluded • Children returning home from care |

- Being a young carer
- Experiencing bullying
- Children in custody (Police)

Points for consideration:

- At any time in the early help assessment process, any professional can discuss concerns/seek advice from their line manager, designated safeguarding advisor within supervision or with Children's Social Care.
- It is possible to have a consultation with Children's Social Care's Access and Assessment Team about a case in anonymous terms without giving personal details of a child or family, in order to help make a decision as whether to make a formal referral needs to be made.
- If there is a combination or a number of factors which raise the level of concern about a child's wellbeing, then consultation or referral to Children's Social Care may be needed.
- If the child or family decline/refuse an early help assessment being undertaken and there is concern about the child's welfare, a decision to consult with Children's Social Care may be made or a decision to revisit the family at a later date to see if they will reconsider.
- If there are concerns that a child is suffering or at risk of suffering significant harm, **always** refer to Children's Social Care.
- Seek the consent of parents/carers and children (if old enough) to make a referral to Children's Social Care unless to do so would increase the risk of harm to the child.

3.6 Significant Harm

The Children Act 1989 introduced the concept of significant harm as the threshold that justifies when compulsory intervention in family life is in the best interest of the child and it gives local authorities a duty to make inquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

The table below includes those children where there is a need for immediate safeguarding as they may have suffered or be at risk of suffering significant harm. These children would require an immediate referral to Children's Social Care and an assessment to be completed to better understand their needs. The Hull Safeguarding Children Board Guidelines and Procedures should be followed. Specialist / acute services are likely to be needed for these children.

The Children's Social Care assessment protocol describes this assessment process (see [Assessment - Hull Children's Social Care Assessment Protocol](#)).

3.7 The following factors may be evident in children in need of protection (This category includes all children who are looked after and those subject to private fostering arrangements)

| | |
|---|---|
| <p>Factors relating to the child's health and development</p> <ul style="list-style-type: none"> • Children at immediate risk of significant harm including physical, sexual, emotional harm and neglect • Children with unexplained injuries, suspicious injuries or where there is an inconsistent explanation of the injury • Where there are concerns regarding the risk of significant harm to an unborn baby • Children who are remanded in custody (HM prison) • Children who have abused another child • Children who allege abuse • Children who are homeless (alone) • Children who go missing or put themselves in danger • Persistent neglect which significantly impacts on child's development • Vulnerable who are left alone • Children whose mental health problems place them at risk of significant harm • Children whose substance misuse places them at risk of significant harm • Children whose relationship with others places them at risk of significant harm • Children who self mutilate | <p>Factors relating to the parent and carer</p> <ul style="list-style-type: none"> • Children whose parents are unable to provide care whether for physical, intellectual, emotional or social reasons • Children at risk of Female Genital Mutilation • Children at risk of scarification • Children for whom domestic violence places them at risk of significant harm • Children who are at risk from fabricated or induced illness • Children whose parents have mental health problems and the parent expresses delusional beliefs about a child • Children whose parents have substance misuse problems which place the child at risk of significant harm <p>Relating to family and environmental factors</p> <ul style="list-style-type: none"> • Children from families experiencing a crisis likely to result in breakdown or care arrangements • Children who are sexually exploited • Children at risk of forced marriage • Children at risk of honour based violence • Families who are homeless • Children who are being trafficked |
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- Children who are in contact with an individual identified as a risk to children.
- Families seeking asylum with no leave to remain or recourse to public funds
- A child for whom the carer has failed to seek the necessary medical attention

4 Children's Social Care Processes

Children's Social Care are the lead agency/organisation for providing support under section 17 of the Children Act 1989 and for undertaking section 47 enquires. If you are in any doubt or would like to discuss particular concerns contact your line manager, designated safeguarding advisor or the Access and Assessment Team

Children's Social Care has a statutory responsibility for:

- Children in need who are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired without the provision of services, including children with disabilities
- Children who are subject to a Child Protection Plan
- Children subject to Care or Supervision Order
- Looked After Children
- Children for whom the care plan is adoption
- Children remanded into local authority or youth detention accommodation
- Children who are privately fostered
- Unaccompanied asylum seeking children

4.1 Children's Social Care Assessment

Each child who has been referred into Children's Social Care should have an individual assessment to identify their needs and to understand the impact of any parental behaviour on them as an individual. In Hull this is called a Children's Social Care Assessment .

The purpose of a Children's Social Care Assessment is:

- To gather important information about a child and family;
- To analyse their needs and/or the nature and level of any harm being suffered by the child;
- To decide whether the child is a Child in Need (Section 17) and/or is suffering or likely to suffer Significant Harm (Section 47); and

- To provide support to address those needs to improve the child's outcomes to make them safe.

Assessment should:

- Be a dynamic process, which analyses and responds to the changing nature and level of need and/or likelihood of harm faced by the child;
- Monitor and record the impact of any services provided to the child and family and review the help being provided; and
- Be focused on the needs of the child and on the impact any services are having on the child.

The assessment investigates the child's developmental needs, including whether they are suffering or likely to suffer significant harm; parents or carers' capacity to respond to those needs; the impact and influence of wider family, community and environmental circumstances; and assessment of risk.

Children should be actively involved in all parts of the process based upon their age, developmental stage and identity. Direct work with the child and family should include observations of the interactions between the child and the parents/ carers. Children should be seen alone and their wishes and feelings should be ascertained. If this is not possible or in their best interests, the reason should be recorded.

The assessment is led by Children's Social Care but it is a multi-agency assessment and all agencies and professionals involved with the child also have a responsibility to contribute to the assessment process. This might take the form of providing written or verbal information and direct or joint work.

The analysis of information gathered during assessment is a crucial element of the process and will inform recommendations for the provision of services.

The timeliness of an assessment is a critical element of the quality of that assessment, outcomes and impact for the child. The speed with which an assessment is carried out should be determined by the needs of the child and the nature and level of any risk of harm faced by the child. The maximum timeframe for the assessment to conclude should be no longer than 45 working days from the point of referral.

Every assessment should be focused on outcomes and impact, deciding which services and support to provide to deliver improved welfare for the child.

All relevant agencies, and the family, should be informed in writing of the decisions and if the child is a child in need, of the plan for providing support and the referrer informed of what action has been or will be taken.

4.2 Outcomes of the Children's Social Care Assessment

Every assessment should be focused on outcomes, deciding which services and support to provide to deliver improved welfare for the child and reflect the child's best interests. In the course of the assessment the Social Worker and the Consultant Social Worker should determine:

- Is this a Child in Need? (Section 17 Children Act 1989);
- Is there reasonable cause to suspect that this child is suffering, or is likely to suffer, Significant Harm? (Section 47 Children Act 1989);
- Is this a child in need of accommodation? (Section 20 or Section 31a Children Act 1989).

The possible outcomes of the assessment should be decided on by the Social Worker and the Consultant Social Worker who should agree a plan of action setting out what services are to be delivered, how and by whom in discussion with the child and family and the professionals involved.

There are a range of possible outcomes which may include:

- No Children's Social Care support required but other action may be necessary including:
 - Support to access early help provision;
 - Referral into single agency / specialist provision.
- The development of a multi-agency Child in Need Plan, led by Children's Social Care for the provision of Child in Need services to promote the child's health and development;
- Specialist assessment for a more in-depth understanding of the child's needs and circumstances;
- Undertaking a Strategy Discussion/Meeting, a Section 47 Child Protection Enquiry;
- Emergency action to protect a child.

Following the assessment the Social Worker should:

- Discuss outcomes with the child and family and provide them with the assessment in written form. Exceptions to this are where this might place a child at risk of harm or jeopardise an enquiry;

- Inform in writing, all the relevant agencies of their decisions and, if the child is a Child in Need, of the plan for providing support;
- Inform the referrer of what action has been or will be taken.

For more information about the Children's Social Care Assessment protocol please see [Assessment - Hull Children's Social Care Assessment Protocol](#).

4.3 Child/Young Person's Plans.

When Children's Social Care is the lead agency/organisation, a multi-agency plan is developed to meet the child's needs based on the findings of the Children's Social Care Assessment. Children and their families are involved in the development of their plans along with other professionals, agencies/organisations who have been identified as having a role.

For a child in need, a plan is developed which is monitored and reviewed through core groups. If the child is looked after a care plan is developed which is reviewed through statutory Looked After Child reviews but core groups also take place as appropriate.

If it is decided at an initial child protection conference that a child needs a child protection plan, this will be developed within the conference and further detailed and monitored in core groups. Child protection plans are reviewed at child protection conference reviews.

For more information about child protection conferences see -
http://hullscb.proceduresonline.com/chapters/p_ch_protection_conf.html

5 Conclusion

This guidance has provided an overview of the continuum of needs of all children in Hull. It provides guidance on the key concepts and processes in working with children and their families according to their needs.

It is acknowledged that every child and families situation is unique and discussion and decisions about how and who is best to meet a child's needs are based on informed professional judgements.

Professionals are encouraged to discuss any concerns that they may have openly with their own agency/organisation's line manager or with Children's Social Care. **If in doubt consult.**

Appendices

Local Guidance and Procedures

Hull Safeguarding children Board (2015) Guidelines and Procedures
www.proceduresonline.com/hull/scb/

Contacts

Hull City Council 01482 300300

Hull Safeguarding Children Board 01482 379090

Access and Assessment Team – 01482 448879

Immediate Help (out of hours) – 01482 300304

Resources

- Allen, G (2011) Early Intervention: The next steps
- Children's Workforce Development Council (2009) Early identification, assessment of needs and intervention. The Common Assessment Framework for children and young people: A guide for practitioners
- Department for Education (2011) A child centred system: The Government's response to the Munro review of child protection
- Department of Health (2000) 'Framework for the Assessment of Children in Need and their Families'
- Field, F (2010) The Foundation Years: Preventing poor children becoming poor adults
- HM Government (2015) Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers.
- HM Government (2010) Working Together to safeguard children – A guide to inter agency working to safeguard and promote the welfare of children
- HM Government (2015) Working Together to Safeguard Children - A guide to inter agency working to safeguard and promote the welfare of children
- Lord Laming (2009) The Protection of Children in England: A Progress Report
- Marmott M (2010) Fair society, healthy lives
- Munro, M (2011) The Munro review of child protection: Final report a child centred system
- NICE (2011) <http://www.nice.org.uk/guidance/>
- NSPCC (2010) Ten pitfalls and how to avoid them
- Ofsted (2011) The voice of the child: learning lessons from serious case reviews
- Tickell, C (2011) The early years: Foundations for life health and learning

Examples of identified need, process and provision

| Needs | Required response | Examples provision |
|---------------------------------------|---|---|
| No identified additional needs | Individual agency/organisation response | <ul style="list-style-type: none"> • Universal Provision • Children's Centres • Community Support • Connexions • School provision • Housing • Voluntary and Community Sector services • Leisure • School nurses • After school provision • Religious organisations • Voluntary organisations • Early years providers • NSPCC services |
| Additional needs | <p>Use of an early help assessment to gather information and assess level of response</p> <p>Possible outcomes of assessment:</p> <ul style="list-style-type: none"> • Needs can be met within a single agency/organisation • Referral to specialist agency/organisation • Interagency care planning through Team Around the Family meeting (TAF). | <ul style="list-style-type: none"> • Universal provision (as above) • Universal plus provision • Preventative / Targeted services • Children's Centres • Youth Inclusion and Support Panel (YISP) • Pastoral Support in schools • Home Start • Voluntary and Community Sector services • NSPCC services • Family Group Conferencing • Substance misuse services • Housing support workers • Portage Service Support to families • Women's Aid • Young Carers Service • Parenting Support Services • Support Services for Families and children with disabilities • Domestic Abuse Services • Local Authority Early Help services |
| Complex needs | Assessment and care planning led either by lead professional through the early help assessment process or by Children's Social Care | <ul style="list-style-type: none"> • Universal provision (as above) • Universal plus provision (as above) • Preventative / Targeted Services (as above) • Voluntary and Community Sector services • NSPCC services • Children's Centres • Children's Social Care assessment and planning processes for child in need (core groups and reviews) • Youth Justice Service • Child and Adolescent Mental Health Service (CAMHS) • Specialist Health Teams • Statutory Assessment of Special Educational Needs • Educational Psychology • Family Intervention Projects |
| Need for child protection | <p>Interagency assessment and planning under HSCB procedures</p> <p>Lead agency Children's Social Care</p> | <ul style="list-style-type: none"> • Universal Provision (as above) • Universal plus provision (as above) • Preventative / Targeted services (as above) • Voluntary and Community Sector services • NSPCC services • Specialist/acute services • Children's Centres • Children's Social Care assessment and planning, child protection e.g. Child Protection Conference • Child protection strategy discussion / meeting • Police • Legal Services to safeguard children |

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| | | <ul style="list-style-type: none">• Admission to acute health• Youth Justice Service• Family Group conference• Processes for looked after child (LAC reviews) |
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