

# Meeting the Needs of Children

A model for analysing risk & identifying needs when working to strengthen families



Lincolnshire  
Safeguarding  
Children Board

## **Context**

This document brings together information which will help you to work with other agencies to meet the needs of all children in Lincolnshire. *For the purpose of this document 'all children' refers to children and young people up to the age of 18 years and pre-birth.* It will help you in identifying when a child may have additional need(s): this means that they are unlikely to meet the 6 Priorities of the Children and Young People's Strategic Partnership (CYPSP) without additional support or intervention.

The 6 Priorities contribute to the overall goal of improving the wellbeing of all children:-

### **Early Intervention and Prevention**

- Strong universal services, focusing on early action and intensive support for vulnerable children and young people

### **Safeguarding**

- Ensuring children are safe in every environment

### **Aspiration and Well being**

- Closing the gap between vulnerable groups and children living in disadvantaged communities
- Developing self esteem and self belief in all children, young people and their families

### **Achievement**

- Ensuring all children achieve their potential

### **Best Use of Resources**

- Make best use of resources to provide better services locally
- Empower communities, creating more opportunities for them to engage and make a contribution

This model offers:

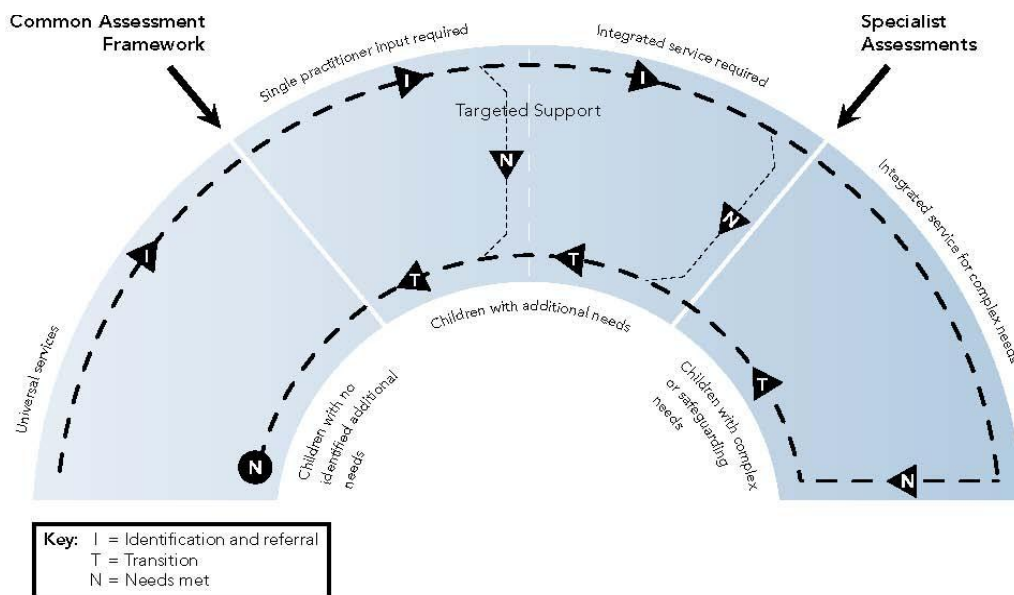
- A structure for consultation, co-ordination and co-operation to promote children's welfare.
- A framework to identify when a child may be at risk of poor outcomes
- A process to assess risk to enable staff to balance vulnerability with protective factors
- A structure for delivering integrated support to children which safeguards and promotes their welfare.

## Model of Assessment

Lincolnshire's approach to meeting children's needs is based on the Department of Health Guidance, [Framework for the Assessment of Children in Need and their Families 2000](#) and is consistent with LSCB Procedures. Lincolnshire's model (Fig. 1) provides a framework to develop a common understanding amongst professionals of children's needs / vulnerabilities, shared assessment procedures and a platform for integrated working.

The model follows a continuum of assessing a child's needs starting on the left hand side of the diagram for children with no identified needs. This continues through to children with additional/complex needs, following with children with immediate safeguarding needs on the right of the diagram. The underlying principal is that children's needs should be met as soon as possible and intervention should attempt to keep the children at the universal end of provision or move them from specialist back to universal.

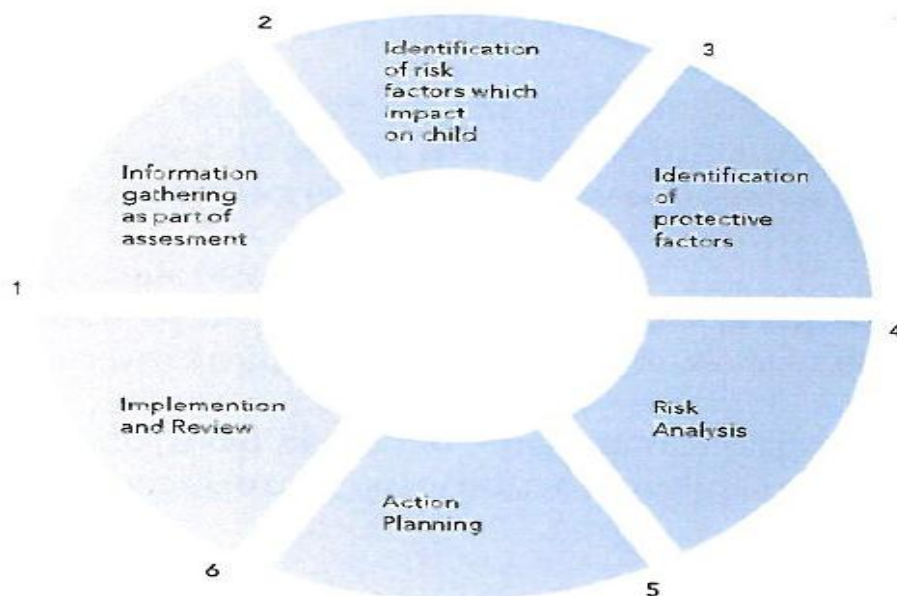
**Fig. 1 Model for Meeting Children's Needs.**



## Principles

- Child-centred
- Rooted in child development
- Focused on outcomes
- Holistic in approach
- Involving children and families
- Child's welfare and safety is everyone's responsibility
- Inter-agency approach for all children with additional needs
- Skills and knowledge of all agencies are fully utilised
- The rights of parents and carers are considered
- Agencies work together to reduce unnecessary intrusion into family life
- Building on strengths as well as identifying difficulties
- A continuing process
- Providing and reviewing services
- Meeting the needs within locally based services
- Non discriminatory
- Families given the opportunity to find their own solutions

Assessment requires you to gather information and form judgements about a child's needs and the ability of the family to meet those needs within any given set of circumstances. At times, this will also require you to consider the likely level of risk to a child where there are concerns about the circumstances the child is living within. The following diagram illustrates the process of assessment.



## **Stage 1 - Information Gathering**

The first part of any assessment is to gather information. Using the following domains:

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

You will need to consider 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. Reference should be made to [LSCB Working with Uncooperative and Hostile Families Practice Guidance](#).

The Common Assessment Framework form (CAF) should be used for information gathering. This can be found on:

[www.lincolnshirechildren.net](http://www.lincolnshirechildren.net)

Consideration of involving and informing other professionals in assessments should also be adhered to. The LSCB have provided specific guidance on [Sharing Information in Order to Safeguard and Promote the Welfare of Children](#).

## **Stage 2 - Identification of risk factors which impact on a child**

When undertaking an analysis of the information gathered, the first thing to do is identify those factors which are causing you to be concerned that a child may be at risk of harm or at risk of poor outcomes:

**Risk / Vulnerability Factors** are defined as those in the child's life which are likely to increase the likelihood of harm occurring e.g:

- Lack of protective factors
- Poor prognosis of change in circumstances
- Compounding factors emanating from the environment

## **Stage 3 – Identification of protective / resilience factors which impact on a child.**

These are those factors in the child's life which may be seen as containing a protective component e.g:

- School- teacher, after school club, breakfast club
- Relatives / adults other than parents who provide care / positive experiences
- Temperament and personality - do adults like the child
- One supportive parent
- Sibling support
- Sense of humour in child
- Good social skills and intelligence

## **Stage 4 – Risk Analysis**

The child's 'experience' should be considered. Children in families where there is 'low warmth/high criticism' are particularly vulnerable.

Whereas vulnerability is increased by the presence of risk factors, the presence of protective factors provides the potential for increased resilience.

Once protective and risk factors have been analysed, the process requires an assessment of the likely outcomes of these factors on the child. Professionals should be aware of both multi-agency and single agency tools to assess risk. The CAF provides a structure for this analysis.

The risk analysis must consider what needs to change if the level of risk is to be reduced.

## **Stage 5 - Action Planning**

Children and families may experience a range of needs at different times in their lives. All children, including those with additional needs require access to universal services although some children are at risk of poor outcomes. These are children with additional needs and they will require targeted support from agencies and other support services. A smaller proportion of children who have more significant or complex needs may benefit from assessment and or intervention by statutory Social Care services.

## **Stage 6 - Implementation and Review**

The child's plan must be subject to regular inter and intra agency review in partnership with the child (age appropriate) and the family. The plan must outline what needs to change for the child to achieve their potential and what the agencies and the family will do to help the child achieve this. As a child's needs are met or additional factors/risks are identified, practitioners should review and evaluate the child's plan.

## **Meeting a Child's Need's**

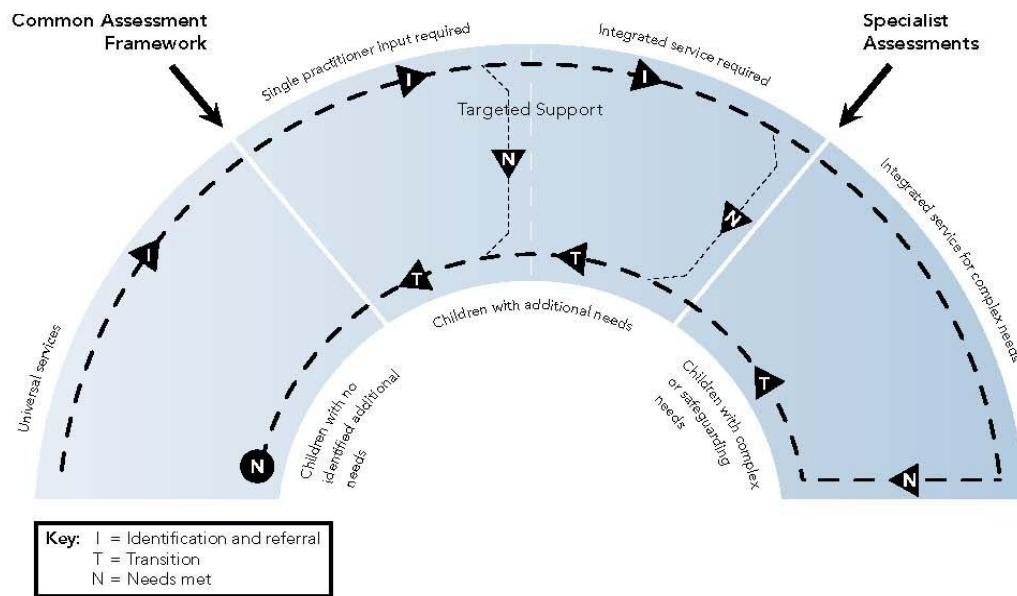
Using the Model of Assessment in Fig. 1 a child's needs can be identified as falling into four categories:

- Children with no identified additional needs
- Children with additional needs
- Children with complex needs
- Immediate Safeguarding

Indicators to help identify what is happening and what action is needed to meet a child's needs are described in the following pages.

## 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 / housing or voluntary services.

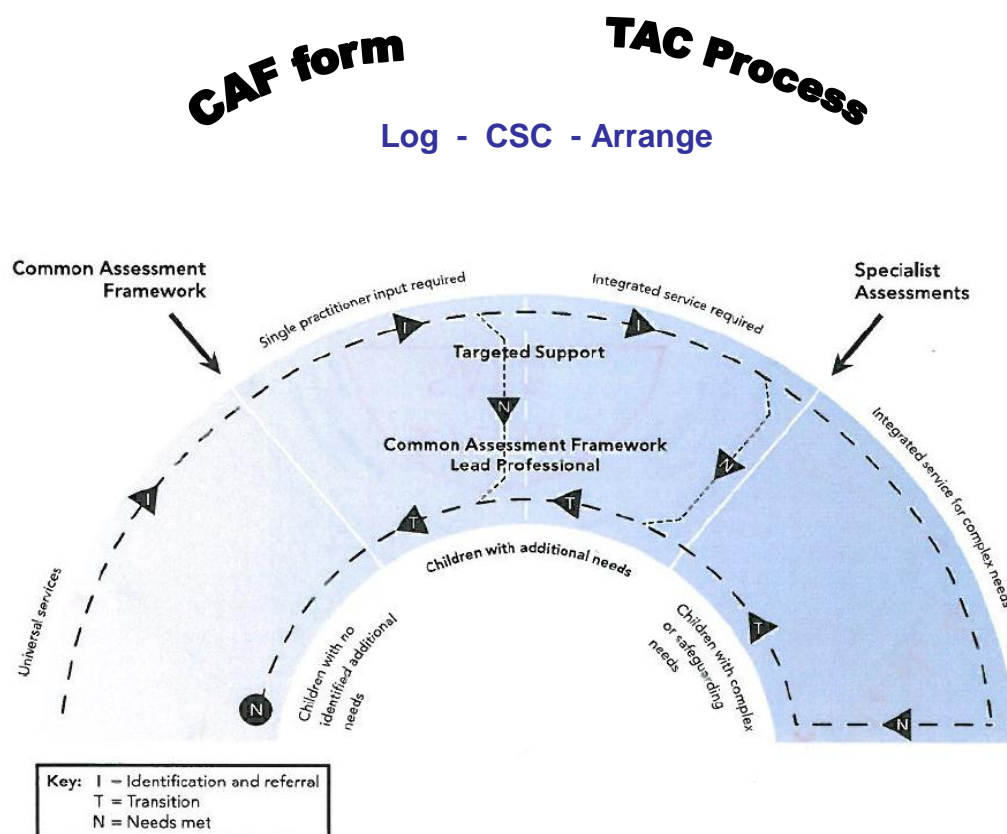


The following table provides a useful summary of indicators children assessed as having no additional needs.

Children assessed as having no additional needs:	
<b>Health / Development</b> <ul style="list-style-type: none"> <li>• Physically well</li> <li>• Developmental assessments/ immunisations up to date</li> <li>• Meets developmental milestones</li> <li>• Accesses Health services</li> <li>• Attends school: Success and achievements are celebrated</li> <li>• Good quality early attachments</li> <li>• Positive sense of self and demonstrates belonging</li> <li>• Good relationships with carers / siblings and peers</li> <li>• Growing level of competencies in practical and emotional skills</li> </ul>	<b>Parents and Carers</b> <ul style="list-style-type: none"> <li>• Carers provide for children's needs and protects from danger and harm</li> <li>• Shows warmth and encouragement</li> <li>• Carer provides appropriate boundaries and guidance</li> <li>• Supports development through play</li> </ul> <b>Family / Environmental Factors</b> <ul style="list-style-type: none"> <li>• Not living in poverty</li> <li>• Supportive wider family and community networks</li> <li>• Appropriate accommodation and housing</li> </ul>

## Children with Additional Needs

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



You may identify a child with an additional need and should use a CAF form to gather information and assess the level of response required. You may decide that your own agency can meet the child's needs. Or a referral to a single / specialist agency is required. In most cases a TAC meeting would not be needed. If you identify a child with a number of additional needs / vulnerabilities and the CAF assessment demonstrates that a number of agencies are involved or may be needed to support the child / family, you will need to convene a TAC meeting

For details of the process go to [www.lincolnshirechildren.net](http://www.lincolnshirechildren.net) or contact the [Children's Customer Service Centre \(CSC\)](#).

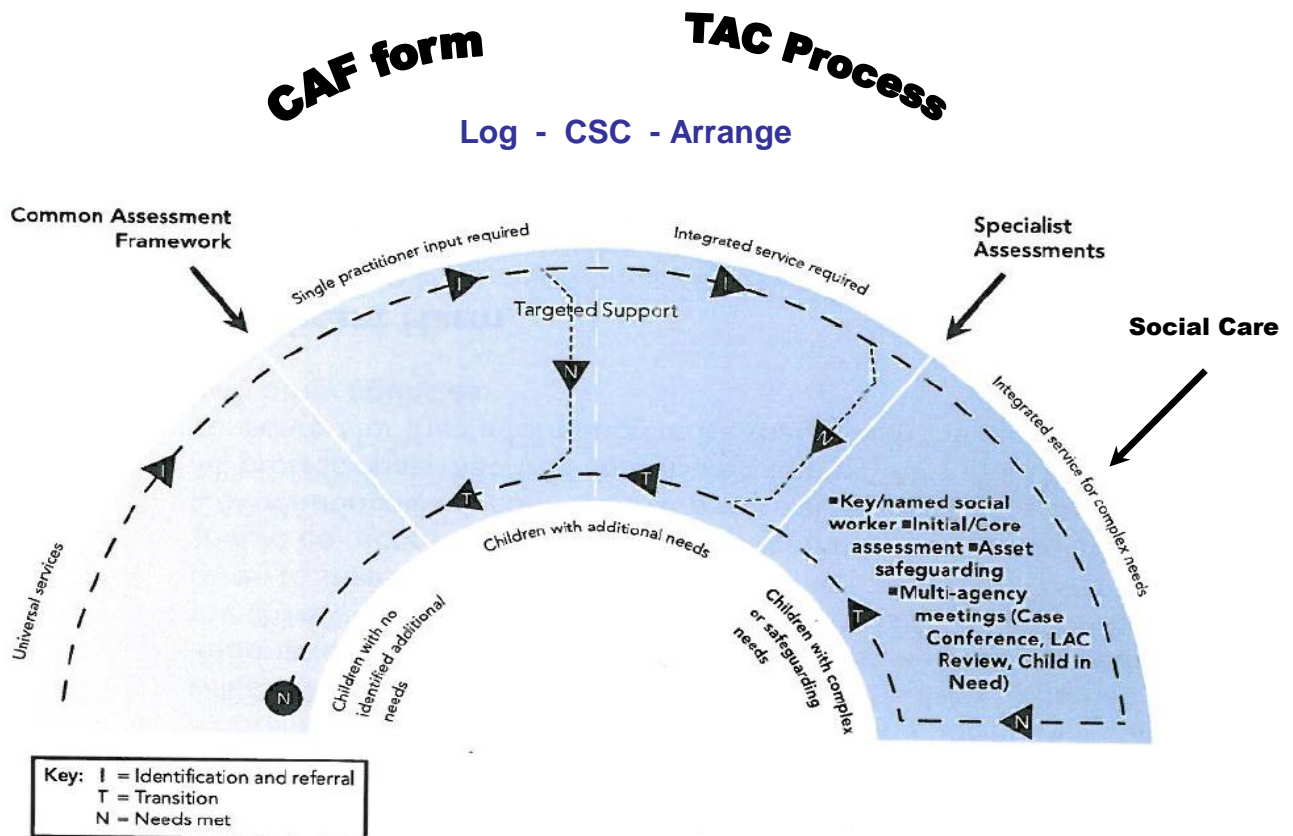
The following table provides a useful summary of factors which may be evident for a child with additional needs.

<b>Children with Additional Needs:</b>	
<p><b>Health and Development</b></p> <ul style="list-style-type: none"> <li>• Concerns re diet / hygiene/ clothing</li> <li>• Defaulting on health appointments</li> <li>• Not reaching developmental milestones</li> <li>• Few opportunities for play / socialisation</li> <li>• Substance and alcohol use concerns</li> <li>• Mental health concerns</li> <li>• Poor school attendance / exclusion</li> <li>• Experiencing bullying;</li> <li>• Additional educational needs;</li> <li>• Disengagement from education, training or employment post-16</li> <li>• Difficulties with peer group relationships and with adults</li> <li>• Some evidence of inappropriate responses and behaviours</li> <li>• Finds it difficult to cope with anger, frustration and upset</li> <li>• Disruptive or anti-social behaviour;</li> <li>• Slow to development age appropriate self care skills</li> <li>• Disabilities</li> </ul>	<p><b>Parents and Carers</b></p> <ul style="list-style-type: none"> <li>• Overt parental conflict or lack of parental support/boundaries;</li> <li>• Pregnancy and parenthood</li> <li>• Parental engagement with services is poor</li> <li>• Parent is struggling to provide adequate care</li> <li>• Previously looked after by Local Authority</li> <li>• Child previously subject of a Child Protection Plan</li> <li>• Concealed pregnancy</li> <li>• Perceived to be a problem by parents</li> <li>• Inconsistent boundaries</li> <li>• Mental health issues including post natal mental health needs</li> <li>• Substance &amp; alcohol use issues</li> </ul> <p><b>Family / Environmental Factors</b></p> <ul style="list-style-type: none"> <li>• Parents have some conflict or difficulties that can involve the children</li> <li>• Has experienced loss of significant adult e.g. bereavement or separation</li> <li>• Young carers</li> <li>• Parent has physical / mental health</li> <li>• Family is socially isolated</li> <li>• Poor housing</li> <li>• Poverty</li> <li>• Involvement in / risk of offending</li> <li>• Poor access to universal services</li> <li>• Domestic abuse</li> <li>• Rural Isolation</li> </ul>

## 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, those that have been assessed as children in need and those who may be at risk suffering significant harm. For further information on the definition of 'Child in Need' please refer to Section 17 of the [Children Act 1989](#).

You should undertake an assessment using the CAF form, balancing risk with protective factors to evidence and confirm whether the child has complex needs which would benefit from an Initial/ Core assessment by Children's Social Care. The majority of children with complex needs will have already been receiving support through the TAC process.



## Section 17 Child in Need

Some children with complex needs maybe children who are defined as being 'in need', under [S17 of the Children Act 1989](#). The criteria for S17 are 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 plus those who are disabled.

### The following factors may be evident:

<b>Health and Development</b>	<b>Parents and Carers</b>
<ul style="list-style-type: none"><li>• Disability (permanent / substantial impairment of function)</li><li>• Life threatening conditions</li><li>• Severe Health Problems</li><li>• Significant emotional and behavioural difficulties or significant mental health needs</li><li>• Significant involvement in alcohol/ substance misuse</li><li>• Suicide attempts</li><li>• Neglects to use self-care skills due to alternative priorities e.g. substance use</li><li>• Children whose behaviour has been sexually harmful</li><li>• Family breakdown related in some ways to the child's behavioural difficulties</li><li>• Children who are runaways or who put themselves in danger</li><li>• Long term neglect which significantly impacts on child's development</li></ul>	<ul style="list-style-type: none"><li>• Serious family relationship problems</li><li>• Parenting is not safe</li><li>• Previously subject to child protection plan</li><li>• Physical or learning disability / mental ill health / are seriously ill / use substances</li><li>• Children who are sexually exploited</li><li>• Children who are homeless</li><li>• Young Carers</li></ul>
	<b>Family and Environment</b>
	<ul style="list-style-type: none"><li>• Housing places child in danger</li><li>• Extreme poverty impacting on ability to care for the child</li><li>• Family chronically socially excluded</li><li>• High risk domestic abuse</li></ul>

The CAF will form the basis of the Initial Assessment and ensure that a duplicate assessment is not required. To assist, it is important that the child / young person / parent have been consulted and consent given to share the assessment and plan with Social Care. Their views should be recorded and they should sign the form or agree at the TAC meeting which confirms that a referral to Social Care is required. All professionals that have contributed to the CAF should have consented for their information to be shared with the family and with other agencies.

## Significant Harm

Some children are in need because they are suffering, or likely to suffer, significant harm. [The Children Act 1989](#) introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interest of children, and gives Local Authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering / likely to suffer, significant harm.

The court may make a care order or supervision order in respect of a child if it is satisfied that:

- The child is suffering, or is likely to suffer, significant harm;
- The harm or likelihood of harm, is attributable to a lack of adequate care or control

## Statutory Responsibility of Social Care

The following list provides a guide of all children where Children's Services Social Care has a statutory responsibility:

- Children 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;
- Children who are subject of a child protection plan;
- Children subject to care or supervision order;
- Looked after children;
- Children for whom adoption is the plan;
- Offenders remanded into the care of the Local Authority
- Children who are privately fostered
- Unaccompanied asylum seeking children
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## Children with Disabilities

According to the Children Act 1989 the definition of a 'disabled child' is as follows:

**[...] a child is disabled if he is blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed; and in this Part— “development” means physical, intellectual, emotional, social or behavioural development; and “health” means physical or mental health. [The Children Act \(Section 17\(11\) 1989](#)**

In addition to the above definition; Children with Disabilities is a service for profoundly disabled children with complex needs between birth and 18 years old. Substantial, permanent and enduring physical disability or impairment and/or a moderate to severe learning disability.

This is the definition that Lincolnshire will apply when considering if a child or young person is eligible for access to the Children with Disability Team.

The following table provides a useful summary of the eligibility criteria for access to the Children with Disability Team.

<b>Children with Disabilities Eligibility Criteria:</b>
<ul style="list-style-type: none"><li>• The child may be vulnerable because they have ongoing health needs arising from the disability, which require nursing care and supervision</li><li>• The child may be vulnerable in ordinary day to day situations without supervision because of his/her disability</li><li>• The child may have a level of physical dependency in terms of his/her day to day care needs which substantially impact upon the family or other carers</li><li>• The child may have behavioural or emotional difficulties arising out of his/her disability</li></ul>

The above criteria outline those children and young people that should be referred to specialist services and those that should not. The CSC team manager screens all referrals to social care and makes the decision as to the most appropriate team to assess the needs of the child or young person. Disabled children are a particular group of children who are vulnerable. An assessment will focus on what support the disabled child needs. In some cases, there may be a need to provide special support where services would otherwise be inaccessible. It should be noted that the basic needs of disabled children and their families are no different to those of any other child and family.

It must be acknowledged that there will always be exceptions that will require professional judgement due to the complexities of the presenting issues. These cases must not be subject to delays given the required timescales and it is expected that the Heads of Service will reach decisions should the fieldwork teams be unable to do so.

## Section 47 Immediate Safeguarding

The table below includes those children where there is a need for immediate safeguarding identified under [S47 of the Children Act 1989](#), 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 Initial / Core assessment to be completed to better understand their needs.

<b>Immediate Safeguarding:</b>	
<ul style="list-style-type: none"><li>• Children at immediate risk of significant harm including physical, sexual, emotional harm and neglect</li><li>• Children with unexplained injuries, suspicious injuries or where there is an inconsistent explanation of the injury</li><li>• Children from families experiencing a crisis likely to result in a breakdown of care arrangements</li></ul>	<ul style="list-style-type: none"><li>• Where there are serious concerns regarding the risk of significant harm to an unborn baby</li><li>• Children who are remanded</li><li>• Children who are engaged in criminal activity ( refer to YOS)</li><li>• Children who allege abuse</li><li>• Vulnerable children who are left alone</li><li>• Children whose parents are unable to provide care whether for physical, intellectual, emotional or social reasons</li></ul>

Children's Social Care is the lead agency for undertaking Section 17 and Section 47 enquiries. If YOU are in any doubt or would like to discuss particular concerns contact your line manager or the Team Manager based in the Customer Service Centre.

## Inter Agency Conflict Resolution

The LSCB expects members of staff working directly with families to share information appropriately, and work to plans agreed in all relevant forums. Where members of staff from any agency feel concerns regarding a child are not being addressed it is expected that the escalation process should be used until a satisfactory conclusion is achieved. Further information on the Escalation Policy can be found on [Lincolnshire SCB](#)

## Information Sharing

Knowing when and how to share information isn't always easy, but it's important to get it right. 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.

Six Key Principles:

1. 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.
2. The child's safety and welfare must be the overriding consideration when making decisions on whether to share information about them.
3. Respect the wishes of children or families who do not consent to share confidential information unless in your judgement there is sufficient need to override that lack of consent.
4. Seek advice when in doubt.
5. 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.
6. Always record the reasons for your decision

Points for consideration:

[The Seven Golden Rules](#) will help to support employees with decision making, ensuring all information is being shared legally and professionally.

Where employees are unsure whether information should be disclosed they must seek advice from a supervisor, manager, or nominated person within their organisation or area.

The Seven Golden Rules: *(Extract from HM Government Information Sharing: Guidance for practitioners and managers)*

### **1. Is there a clear and legitimate purpose for sharing information?**

Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.

### **2. Does the information enable a living person to be identified?**

Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

### **3. Is the information confidential**

Seek advice if you are in any doubt, without disclosing the identity of the person where possible.

### **4. Do you have consent to share?**

Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.

### **5. Is there sufficient public interest to share the information?**

Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.

### **6. Are you sharing information appropriately and securely?**

Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

### **7. Have you properly recorded your information sharing decision?**

Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose

Lincolnshire's Information Sharing Toolkit for partners and practitioners is available on [www.lincolnshirechildren.net](http://www.lincolnshirechildren.net)

Further guidance can be found in the [LCC Children's Services Information Sharing Policy](#) and [Information Sharing Guidance](#). The LSCB have produced guidance on [Sharing Information in Order to Safeguard and Promote the Welfare of Children](#)

## **Common Assessment Framework / CAF**

The Common Assessment Framework (CAF) provides:

- A standardised assessment that is designed to get a complete picture of a child's additional needs at an early stage.
- It can be used for children and young people of any age, including unborn babies.
- It enables information to be gathered in a structured way through discussions with the child and their parent(s).
- It looks at all unmet needs, not just those in which individual services specialise.
- It is an approach that is helping children get access to the right services earlier.

Detailed guidance can be obtained via [www.lincolnshirechildren.net](http://www.lincolnshirechildren.net)

## **Role of the Lead Professional**

When a child needs a package of support, experience shows they and their family benefit from having one person who can help them through the system and ensure they get the right services at the right time. Where a child has additional or complex needs, the lead professional acts as a co-ordinator. They help create a partnership, not just with their colleagues, but with the child and young person and their family too. It is a new role which builds on existing good practice.

## **Initial Assessment**

A decision to **gather more information by Children's Services** in respect of a child constitutes an Initial Assessment. It should involve all the agencies relevant to a child and be undertaken within a maximum of 7 working days from the date of the decision by Children's Services to undertake the assessment. The Initial Assessment is a brief assessment of each child referred to Children's Social Care where it is necessary to determine whether the child is in need, the nature of any services required, and whether a further, more detailed core assessment should be undertaken.

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

## **Core Assessment**

A core assessment is an in-depth assessment that addresses the central or most important needs of the child and the capacity of his or her parents or caregivers to respond to those needs within the wider family and community context. The Core Assessment is also the tool which is used when Children's Social Care undertake S47 Enquiries to assess whether the child is suffering or likely to suffer significant harm. The assessment is led by Children's Social Care but it is essential that key agencies contribute information they have about family members, specialist knowledge or advice and potential and ongoing support to the family. The timescale for completion of a core assessment is a maximum of 35 working days. A core assessment can commence in any of the following circumstances:

- The conclusion of the Initial Assessment which recommends that one is undertaken
- When a strategy discussion decides to initiate enquiries under section 47 of the Children Act 1989

## **Conclusion**

This summary guide provides an overview of the continuum of needs of all children in Lincolnshire. It provides guidance on the key concepts and processes in working with children, young people and their families according to their needs.

It is acknowledged that decisions about how and who is best to meet a child's needs are based on individual judgements and involves professional and personal values. Professionals are encouraged to discuss concerns openly with their own agency line manager or with Children's Social Care (**If in doubt consult**).

The Social Care representative based in Customer Service Centre will be able to offer advice on meeting the needs of children.

## **Local Guidance and Procedures**

Lincolnshire Safeguarding Children Board (2010)  
Code of Practice  
Website: [www.lincolnshire.gov.uk/lscb](http://www.lincolnshire.gov.uk/lscb)

Lincolnshire Common Assessment Toolkit (2010)  
Website: [www.lincolnshirechildren.net](http://www.lincolnshirechildren.net)

Lincolnshire Children's Services Manual  
Website: [www.proceduresonline.com/lincolnshire](http://www.proceduresonline.com/lincolnshire)

## **Contacts**

Customer Service Centre Number  
Telephone: 01522 782111  
Emergency Duty Team (For out of hours)  
Telephone: 01522 782333

If you would like a copy of this leaflet in an alternative format or a different language please contact 01522 782111.

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