MEETING THE NEEDS OF CHILDREN IN LINCOLNSHIRE

A SHARED RESPONSIBILITY

REVISED MAY 2014

PLEASE NOTE THAT THIS DOCUMENT WILL BE CONTINUOUSLY UPDATED AND EVERY EFFORT SHOULD BE MADE TO READ THE LATEST VERSION.

www.lincolnshirelscb.org.uk
v3.7
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Introduction

This guide was agreed by LSCB on the 5th July 2012 and was updated on the 11th April 2013 and now forms Lincolnshire’s response to Working Together 2013 (This is a ‘Live’ document which will be amended over time. The latest version will be available on the LSCB website).

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

This document should be read in conjunction with “Lincolnshire Children’s Services Early Help Offer” see www.lincolnshire.gov.uk/children/partners/cypsp/action-groups/early-help-offer/

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 Early Help Advisors based in Customer Services Centre will be able to offer advice on meeting the needs of children.

“Children are best protected when professionals are clear about what is required of them individually and how they need to work together” (Working together to Safeguard Children, A guide to inter-agency working to safeguard and promote welfare of Children. March 2013 .p7)

Attached to this document are a set of flowcharts to assist practitioners:

Concern/Worry/Need for a child
Pathway 1 - Lincolnshire Early Help
Pathway 2 - Safeguarding Referral
Pathway 3 - Action following a strategy discussion
Pathway 4 - Out of Hours
Pathway 5 - Referral received by Social Care Locality Team
Pathway 6 - CAMHS

Local Guidance and Procedures
Lincolnshire Safeguarding Children Board
www.lincolnshirelscb.org.uk

Lincolnshire Team Around the Child
www.lincolnshirechildren.net

Early Support Care Coordination (ESCO)
ESCO is similar to the TAC process but specifically supports the care coordination of Children with Disabilities (CWD) Further information can be seen at www.lincolnshire.gov.uk/ESCO
A Shared Vision

“Preventative services will do more to reduce abuse and neglect than reactive services and the coordination of services is important to maximise efficiency” Munro 2011

This document is a framework for assessment, planning, delivering and review. It provides a single coherent approach for undertaking these key processes of working with all children who are in need of support services.

The child’s voice should be evident through all assessments, planning, delivery and review of services.

Support for children must promote the welfare and safeguard the child and where possible, prevent harm before the child’s needs become more complex. Early intervention will reduce the likelihood of needs becoming more complex.

Lincolnshire’s Early Help Offer identifies the need for help for children and families as soon as problems start to emerge, or when there is a strong likelihood that problems will emerge in the future.

The Early Help Offer is not just for young children as problems may emerge at any point throughout childhood and adolescence. The Early Help Offer includes Universal and Targeted services designed to reduce or prevent specific problems from escalating or becoming entrenched.

Our overriding philosophy is that if a child is in need of support this should be provided using a range of interventions within a child centred approach. Plans should take into account the wishes and feelings of the child, and should be developed by working in partnership with the family.
Having identified a potential need for support, it is crucial that there is a rigorous assessment of the child's needs. It should involve the child and family, as well as all the professionals who are working with them and must be child focused. Every assessment should focus on outcomes, through a clear and realistic action plan, deciding which services and support can deliver an improved life experience for the child. The plan should set out what work needs to be done, why, when and by whom: including actions for the parents and/or carers.

Meeting a child’s needs depends largely on parental capability (or those of the child’s principal carers). Factors such as learning disability, mental health problems, substance misuse and environmental pressures can have a great impact. Parenting capability can be challenged in cases of children with very complex disabilities, making certain aspects of their care very difficult.

As a result the involvement of those supporting adults, parents or carers is very important to the child’s progress and needs to be known, understood and integral in the child’s plan.

**FIG 1. “Framework for Assessment of Children in Need and their families”**
Department of Health, Department for Education and Employment
About Assessments

At all levels of service provision the needs of the child/young person should be assessed with the full participation of the child/young person, as appropriate, and the family. It is important to make sure the assessment must be proportionate to need.

“Providing early help is more effective in promoting welfare of children than reacting later (Working together to Safeguard Children, A guide to inter-agency working to safeguard and promote welfare of Children. March 2013 p11”)

Assessment requires us 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 in which the child is living. With specific reference to children with a disability, every effort must be made to ensure effective communication for the child - where this is difficult, advice can be sought from Children with Disabilities (CWD) colleagues. Research regarding safeguarding this very vulnerable group of children has shown that it can be overlooked due to some of the difficulties practitioners face in gathering information.

Key Principles: All our work with children and families should;

- Be child-centred with a clear understanding of the needs and views of the child
- Focus on outcomes
- Be holistic in approach
- Involve children and families
- Raise awareness of Children’s welfare and that safety is everyone’s responsibility
- Use Multi and Inter-agency approach
- Build from previous assessments
- Be evidence based
- Build on strengths as well as identifying difficulties
- Meet the needs within locally based services
- Give families the opportunity to find their own solutions

The use of the Early Help Assessment will help to identify if there are additional needs and how they can be supported. Agencies will continue, where appropriate, to carry out specialist assessments particularly where more complex provision is required.

Early Help Assessments should “identify what help the child and family require to prevent needs escalating to a point where intervention would be needed via a statutory assessment under the Children Action 1989” (Working Together 2013).

If it is considered that a child has suffered or may be suffering significant harm a
referral should be made to the local authority’s children’s social care service. In such circumstances social care staff will need to undertake an assessment. This Social Care Assessment replaces the initial and core assessments and was introduced in October 2013. The Social Care Assessment will cover the same areas as the Early Help Assessment but in greater depth. As with the Early Help Assessment a social care Assessment will be best developed in partnership with the child and family, and with the assistance of all those other professionals who are working with or who have had contact with the child and family. Professionals involved with the child should be ready to contribute to the Social Care assessment with the Social Worker.

A Social Care Assessment is a statutory assessment as described in the Children Act 1989. “When professionals refer a child, they should include any information they have on the child’s developmental needs and the capacity of the child’s parents or carers to meet those needs. This information may be included in any assessment, including the early help assessment (in Lincolnshire this is the Early Help Assessment), which may have been carried out prior to a referral into local authority children’s social care. (Page 15, point 10, Working Together 2013).

“Assessments should be a dynamic process, which analyses and responds to the changing nature and level of need and/or risk faced by the child. A good assessment will monitor and record the impact of any services delivered to the child and family and review the help being delivered. Whilst services may be delivered to a parent or carer, the assessment should be focused on the needs of the child and on the impact any services are having on the child.

Good assessments support professionals to understand whether a child has needs relating to their care or a disability and/or is suffering or likely to suffer significant harm. …” (Working Together, page 18, points 28 and 29).

From 2013 onwards Social Care staff are implementing “Signs of Safety” as part of the assessment process, and to ensure consistency for families and smooth transitions. The same methodology has been used to develop the Early Help Assessment. After 2014 it is anticipated that there will be a growing awareness of, training in, and use of “Signs of Safety” across all agencies.
Sharing Information

“Effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision.

Early sharing of information is the key to providing effective early help where there are emerging problems. At the other end of the continuum, sharing information can be essential to put in place effective child protection services. Serious Case Reviews (SCRs) have shown how poor information sharing has contributed to the deaths or serious injuries of children.” (Working Together 2013, page 15)

Knowing when and how to share information is not always easy, however fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children.

Guidance for Practitioners and Managers (2008) supports frontline practitioners, working in child or adult services, who have to make decisions about sharing personal information on a case by case basis.

www.gov.uk/dfe

The guidance identifies Seven Golden Rules for information sharing:

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

4. 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 child’s/public interest. You will need to base your judgement on the needs of the child facts of the case.

5. 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. 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. 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.

Where a professional wishes to discuss a situation with a registered social worker this can be done by contacting the Customer Service Centre, 01522 782111.
Complaints/\nCommendations

Where agencies have formal complaints/commendations systems, staff working with the family should provide the family with clear information on how to make a complaint or commendation. Both aspects allow children and families to challenge providers and give positive feedback. Both aspects should be used constructively in a continuous cycle of improvement. Where possible children and families can and should help to design services.

Compliments, comments and complaints regarding Local Authority Children’s Services are welcome and can be contacted through: The complaints manager, Witham Park House, Waterside South, Lincoln, LN5 7JN, 01522 782 060 or e-mail feedback@lincolnshire.gov.uk.

Information gathering

The first part of your assessment is to gather information, which is used to identify those factors that are causing concern and ensure that the level of support is proportionate to the identified needs.

When initiating any assessment you should gather information using the Assess, Plan, Deliver and Review process in conjunction with the Assessment Framework. This should always involve the Child, young person and family via the Early Help Assessment.

Assessment

You will need to consider whether additional support or intervention is needed for the child to be kept safe, experience healthy outcomes and to ensure that their developmental needs are adequately met.

The Early Help Assessment Form should be used for information gathering. This can be found on www.lincolnshirechildren.net

Support should be provided by Universal services (i.e. Children Centres, health services, schools etc.), when it is possible and appropriate to do so, and bearing in mind the Lincolnshire Early Help Offer.

When one agency identifies that a child and family need an additional form of support, from a second agency a TAC should be initiated or if need relates to a child’s disability then a referral to ESCO should be made.

To create a TAC or ESCO (See page 30 or see TAC Handbook) or refer a case to Social Care, the telephone number for the Customer Service Centre is 01522 782111
All assessments are best completed on a multi-agency basis and draw on a wide range of professional disciplines. It should be possible at the end of any assessment for the child and families needs to be identified and supported by the appropriate services.

If the child is disabled, services should be provided that seek to minimise the effects of the disability and give the child the opportunity to lead as normal a life as possible (CA 1989 Ch 17(1) 5).

All interventions should be based on assessed need and provided within a clear framework, which identifies the roles/responsibilities of those delivering support and the timescale for this support.

Signs of Safety is a way of looking at the strengths and difficulties for and with a child and family and was first introduced in Lincolnshire in Summer 2013. It helps to better understand what needs to change, how this can be done and who needs to do what to reduce risk and improve the lives of children.

Management of Risk

The assessment information should identify difficulties and risk factors as well as develop a picture of strengths and protective factors. There is no doubt that the identification of potential risk factors has led to substantial improvements in many areas of children’s physical health. However, it has not always led to similar improvements in many aspects of children’s emotional and psychological well-being.

See also the information regarding Signs of Safety in the previous section on assessments.

It is important to understand the resilience of the individual child when planning appropriate services. “Resilience is a quality that helps children resist and recover from adversities.” Barnardo’s Promoting Resilience: A Review of Effective Strategies for Child Care Services - 2002

Every assessment should reflect the unique characteristics of the child within his/her family and community context. Some children may do well even in the most adverse circumstances whilst others may not. It is therefore important that every assessment should draw together relevant information from the child and their family and from relevant professionals including teachers, early years workers, health professionals, the police and adult social care to ensure a full understanding of the resilience of the individual child.
Plans

Plans should be clear, specific and child focused.

The different plans for children’s needs are;

- Team around the Child (TAC)
- Child in Need (CIN) Plan
- Child Protection Plan
- Care Plan for looked after Children (LAC)
- Pathway plan for young person who is in or about to leave care.
- Early Support Care Coordination (ESCO) Family Support Plan
- Placement Plan
- Plan for Child involved with Youth Justice Service (Work in Progress)
- Mental Health Care Plan (or Learning Disability (CAMHS) Plan

All plans should set out what work needs to be done, why, when and by whom:

- Describe the identified development needs of the child and what action or services are required;
- Include specific, achievable, child-focused outcomes
- Include realistic and specific actions to bring about the changes;
- Clearly identify and set out roles and responsibilities of the family members and professionals;
- Include a contingency plan to be followed if circumstances change significantly
- Set out when and in what situation the child will be seen by the lead professional
- Lay down points at which progress will be reviewed and the means by which progress will be judged.

Delivery

The plan should aim to empower children, young people and the family to avoid dependency upon the agencies working to support the child. It is known however that there will always be children and young people with complex needs who may require on-going support.

A study commissioned by Barnardo’s in 2010 showed conclusively that care and support improves the lives of many vulnerable children and young people. Those children whose support plan is delayed by indecision or drift, risk longer exposure to damage and neglect, increased emotional and behavioural problems, and more disruption and instability.

Services may focus on improving family functioning and building the family’s own capability to solve problems; this should be done within a structured, evidence-based framework involving regular review to ensure that real progress is being made. Some of these services may be delivered to parents
but should always be evaluated to demonstrate the impact they are having on the outcomes for the child.

To facilitate this process a lead professional will be appointed who should “… provide support to the child and family, act as an advocate on their behalf and coordinate the delivery of support services. The lead professional role within Team Around the Child could be undertaken by a General Practitioner (GP), family support worker, teacher, health visitor and/or special educational needs coordinator. Decisions about who should be the lead professional should be taken on a case by case basis and should be informed by the child and their family” (Working Together 2013). For ESCO cases the lead professional is known as a Designated Key Worker (DKW) or Non Designated Key Worker (Non DKW)

The role of Lead Professional will always be undertaken by a registered Social Worker in Child in Need and Child Protection Plans and for Children Looked after by the Local Authority.

The child’s plan must be subject to regular inter-agency review in partnership with the child (if old enough) and the family. The plan must outline what needs to change for the child to achieve his/her potential and what the agencies and the family will do to help the child achieve this. As a child’s needs are met, practitioners should vary their responses accordingly.

Review

All plans must be subject to regular review. (The maximum period between TAC reviews is generally 8 weeks and definitely no later than 12 weeks. ESCO review process is dependant on family needs on average no later than 12 weeks)

The agency providing the Lead Professional/Designated Key Worker should assist the said member of staff in making sure the plan is active and moving forward and quality assured.


In all situations all professionals involved should ensure a plan is reviewed as frequently as needed even if this is more often than the guidelines describe.

For a full step by step guide for TAC please see www.lincolnshirechildren.net
Quality Assurance

It is expected that all agencies ensure that their staff are using the Early Help Assessment, the TAC or ESCO process and that they participate in all other Children’s plans as required. This should include as a minimum:

- All relevant staff attend multi agency training
- All staff who act as lead professionals in any capacity have appropriate case supervision
- All staff maintain records in line with agencies policies
- All agencies have clear expectations that their staff participate in all relevant meetings regarding children when required/invited.
- All staff are expected to promote the welfare of children including professional challenge to colleagues from all other agencies, and the use of LSCB escalation policy. www.lincolnshirelscb.org.uk
- Various quality assurance or auditing processes may exist within agencies. In addition LSCB will ask for or conduct quality assurance processes to be undertaken.
Meeting the Needs
The model is based on the principle that services should be provided as soon as possible (The Early Help Offer), at the lowest level proportionate to the assessed needs of the child/young person. The aim is to support families and prevent things becoming more difficult so the family can continue to get support in universal services.

Effective and efficient use of resources across all agencies should be within a clear framework following the principles described here:

- Assessment
- Planning
- Deliver
- Review

The model considers four levels of support:

- Universal
- Targeted
- Specialist
- Immediate Safeguarding

This model identifies levels of need and how to meet them rather than levels of service.

The use of the assessment, planning, delivery and review process ensures there is no drift in support provided and resources are available on demand to meet assessed need.

* Practitioners need to be aware that whilst TAC or ESCO is aimed at early help, early identification, intervention and/or prevention, it by no means replaces LSCB guidelines and procedures and in any case involving safeguarding of children, the LSCB guidelines and procedures must be followed.*
The model underpins the provision of universal services to all. The services identified as universal are such services as schools, children centres, early education, health provision i.e. GP, hospitals - available to everyone as they are required. The provision of universal services will invariably be provided by a single agency working in isolation. It is Universal Services who are best placed to ensure children and families have access to the Early Help Offer.

The needs of the child/young person are appropriately met within this framework.

### Child’s Developmental Needs

- Physically well
- Developmental assessments and immunisations up to date
- Meets developmental milestones
- Accesses health services
- Attends school and success and achievements are celebrated
- Good quality early attachments
- Positive sense of self and demonstrate belonging
- Good relationships with carers/ siblings and peers
- Growing level of competencies in practical and emotional skills

### Parenting capacity

- Carers provide children’s physical and emotional needs and protects from danger/harm
- Shows warmth and encouragement
- Carers provide appropriate boundaries and guidance
- Supports development through play

### Family/ Environmental Factors

- Supportive wider family and community networks
- Appropriate accommodation and housing
This refers to children, young people and families who have been assessed as having additional needs which cannot be provided purely by universal provision. Services identified within targeted can include for example Young Carers, Special Educational Needs (SEN), Family Support and Child Health Services (CAMHS Tier 2). These needs may be met by an additional piece of support by one agency or a number working together to address the identified needs of the whole family.

Within universal services, when one agency can identify that the child and family need one additional form of support from a second agency. This can be achieved through a direct request to the second agency and a TAC/ESCO is not required to coordinate services. LSCB expect that assessment via the use of a Early Help Assessment.

It must be remembered that the universal provision is part of the overall plan.

When a multi-agency response is required the TAC/ESCO process needs to be initiated. For a full TAC guide and definition please log onto www.lincolnshirechildren.net for more information regarding ESCO log onto www.lincolnshire.gov.uk/ESCO
Child’s Developmental Needs

- Concerns about diet/hygiene/clothing
- Defaulting on health appointments
- Not reaching developmental milestones
- Few opportunities for play or socialisation
- Substance use or concerns
- Mental health concerns
- Poor school attendance or exclusion
- Experience bullying
- Special educational needs
- Disengagement from education, training, employment post 16
- Child appears withdrawn
- Difficulties with peer group/adults relationships
- Some evidence of inappropriate responses and behaviours
- Finds it difficult to cope with anger, frustration and upset
- Disruptive or anti-social behaviour
- Slow to develop age appropriate self-care skills
- Disabilities
- Complex health needs
- Young Carers

Parenting capacity

- Overt parental conflict or lack of parental support/boundaries
- Pregnancy and parenthood
- Parental engagement with services is poor
- Parent is struggling to provide adequate care
- Unrealistic parental expectations
- Previously looked after by local authority
- Child previously subject of a Child Protection Plan
- Post natal depression
- Concealed pregnancy
- Perceived to be a problem by parents
- Inconsistent boundaries
- Minor to moderate mental health issues
- Parental drug and alcohol use (Non problematic)
- Child’s safety is beginning to be compromised by parental care/ Anxieties related to the recent diagnosis of Child’s disability or condition

Family/ Environmental Factors

- Parents have some conflict or difficulties that can involve the children
- Has experienced loss of significant adult e.g. bereavement or separation
- Young carers
- Parent has physical or mental ill-health
- Family is socially isolated
- Poor housing
- Poverty
- Involvement in or risk of offending
- Poor access to universal services
- Poor or overwhelming Care Coordination for a Child with Disabilities
Of those children and young people who have complex needs there will be a small proportion with more acute needs. These are identified as:

- Children who are unlikely to reach or maintain a satisfactory level of mental or physical health or development, or their health and development will be significantly impaired, without the provision of services
- Children who are the subject to Care or Supervision Orders
- Looked after Children
- Children for whom adoption is the plan
- Offenders remanded into the care of the Local Authority
- Children who are privately fostered
- Children receiving in-patient mental health treatment (Will be subject to multi-agency care programme approach)

Those who require a specialist service - the specialist may be a single provision i.e. a mental health unit for eating disorders, a SEN school, but they are also likely to have multi-agency support requirement.

Once acute needs have been stabilised, the long-term plan may be managed via the TAC or C.I.N.

**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, or likely to suffer, significant harm. Where professionals working with a child consider/suspect that a child is suffering or likely to suffer significant harm, the situation should be discussed with the Customer Service Centre, 01522 782111.

The following list provides a guide for all children where Children’s Social Care have a statutory responsibility:

- Children subject to a child protection plan
- Looked after Children
- Children with severe complex special educational needs
- Children with complex disabilities or complex health needs
- Children diagnosed with significant mental health problems
- Young offenders involved with the Youth Justice Services (Community and custodial)
- Children suspected of being subject to fabricated or induced illness.

**Child’s Developmental Needs**

- Disability (Permanent or substantial impairment of function)
- Life threatening conditions
- Severe health problems
- Significant emotional and behavioural difficulties
- Neglects to use self-care skills due to alternative priorities e.g. substance use
- Children whose behaviour has been sexually harmful
- Family breakdown related in some ways to the child’s behavioural difficulties
- Children who are runaways or who put themselves in danger
- Long-term neglect which significantly impacts on child’s development
- Health conditions or impairment which significantly affect everyday life functioning, whether chronic or acute
- Child has severe, complex or challenging mental health problems
- Child has severe disability
- Child’s health and development needs require specialist service provision
- Unaccompanied children
- Dangerous sexual activity and/or early teenage pregnancy
- Problematic, severe or chronic drug and alcohol misuse
- Chronic neglect impacting on the emotional well-being and attachment of child
- Impact of severe domestic violence
- Emotional neglect or severe attachment problems
- Significant, serious or numerous self harm or suicide/attempt
- Actions within school leading to exclusion or imminent permanent exclusion
- Persistent offending results in court action and potential entry into custody
- Children and Young people who require specialist services that are not normally provided within Lincolnshire
- Statutory legal interventions are required to safeguard the child
- Inability to develop or sustain peer relationships e.g. is aggressive or violent, a bully, a victim etc.
- Is suffering harm in relation to physical, emotional or sexual abuse or neglect
- Child is the subject of sexual exploitation
**Meeting the Needs**

- Serious/ repeated domestic abuse;
- Serious family relationship problems;
- Parenting is not safe
- Lack of parental cooperation is having detrimental impact on the child’s welfare and safety
- Previously subject to a Child Protection Plan
- Physical or learning disability/ mental ill health/ are seriously ill/ use substances
- Children who are sexually exploited
- Children who are homeless
- Irretrievable family breakdown related in some way to the child’s behaviour and parenting capacity
- Continued exposure by parents or carers to dangerous situations in the home/community
- Irrevocable child and parent relationship breakdown
- The child is undertaking the majority of parenting responsibilities which are significantly impairing the child’s health and development
- Moderate, severe or complex mental or physical health needs or learning disability such that vital parenting roles cannot be undertaken and child is at risk of significant harm
- Concerns about parenting of a child who is or has been looked after or is at risk of becoming looked after
- Child has no parent/carer or has been abandoned
- Problematic drug or alcohol misuse by parent or within household.

**Parenting capacity**

**Family/ Environmental Factors**

- Housing places child in danger
- Extreme poverty impacting on ability to care for the child
- Family chronically socially excluded
- Continued inconsistencies in parenting leading to significant attachment difficulties
- Person posing a risk to children is living in the property
- Lack of adequate food, warmth, essential clothing
- Homeless and not eligible for temporary housing
- Family or young person not entitled to benefits with no means of support
- Imminent family breakdown and risk of child becoming looked after
- Family chronically socially excluded, no supportive network
Meeting the needs

**Immediate Safeguarding**

There are children where there is a need for immediate safeguarding as they may have suffered or be at risk of suffering significant harm. These children require an immediate referral to Children’s Social Care and or Lincolnshire Police for an Assessment to be completed to better understand their needs. These children are:

- Children at immediate risk of significant harm including physical, sexual, emotional harm and neglect
- Children with unexplained injuries, suspicious injuries or where there is inconsistent explanation of the injury
- Children from families experiencing a crisis likely to result in an imminent break down of care arrangements
- Where there are serious concerns regarding the risk of significant harm to an unborn baby
- Children who are remanded
- Children who are engaged in criminal activity (Refer to YOS)
- Children who allege abuse
- Vulnerable children who are left alone

Children’s Social Care is the lead agency for undertaking Section 17\(^1\) and Section 47\(^2\) enquiries.

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1. Children Act 1989 Chapter 41, Section 17, Provision of services for children in need, their families and others.
2. Children Act 1989 Chapter 41, Section 47, Local authority’s duty to investigate,
If you are in any doubt or would like to discuss particular concerns contact your line manager or the Early Help Advisor based in the Customer Service Centre, 01522 782 111.

If a child is in need of immediate medical treatment this should not be delayed by referring first to Social Care or by attempts to contact parent or guardian in advance; in some cases of suspected child abuse it would be inappropriate to alert parents. Medical advice must be sought and, where necessary, Emergency Services should be called on 999.

Pathways attached to this document show how referrals are handled following contact with the Customer Service Centre, and also regarding situations which arise out of normal working hours.
Children with Disabilities

For the purposes of this strategy it has been decided to employ the Equality Act 2010 definition of a disability.

A Child has a disability if:
- they have a physical or mental impairment
- the impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities

For the purpose of the Strategy, these words have the following meanings:

- substantial (that is, more than minor or trivial); and
- adverse; and long term (that is, it has lasted or is likely to last for at least a year or for the rest of the life of the person affected).
- Physical or mental impairment includes sensory impairments. Hidden impairments are also covered (for example, mental illness or mental health problems, learning disabilities and conditions such as diabetes or epilepsy).

Lincolnshire have further defined children with disabilities adding:

- The child may be vulnerable because they have ongoing health needs arising from the disability, which require nursing care and supervision
- The child may be vulnerable in ordinary day to day situation/s without the supervision because of his/her disabilities
- 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
- The child may have behavioural or emotional difficulties arising out of his/her 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 Disabilities Team. This outlines those children and young people that should be referred to specialist services and those that should not.

It is 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 the subject to delays given the required timescales and it is expected that Children’s Service’s Heads of Service will reach decisions, should the fieldwork teams be unable to do so.
Children likely to receive services from the disability team:

- Children who have chronic, permanent and substantial ill health. This might include children with childhood cancer or severe juvenile arthritis.
- Children who have a substantial sensory impairment. This might include severe head injuries following an accident.
- Children who have a substantial sensory impairment. This might include being blind or deaf.
- Children on the autistic spectrum who are severely disabled by their condition.
- Children with disabilities where their care needs cannot be met because their carers have a disability themselves. In such cases a Joint Assessment will be requested with the appropriate Adult Services Team.
Early Support Care Coordination (ESCO)

ESCO works alongside children and young people with a disability and their families providing timely support and care co-ordination placing them at the heart of decision making about their child.

ESCO is committed to improving the delivery of services for disabled children, young people and their families. It enables services to coordinate their activity better and provide families with a single point of contact, continuity through key working and face to face information sharing and signposting.

ESCO ensures that service delivery is child, young person and family centred. It focuses on supporting services and practitioners to work in partnership with children, young people and their families.

ESCO is committed to raising standards for Children with Disabilities within Lincolnshire and will provide a service for children and young people between the ages of birth to 18 years old and their families where unmet care coordination needs present from their disability; this can include:

- Long term complex health needs including those with disability and life limiting conditions/palliative care
- Cognitive, sensory and/or physical impairment that significantly impact on daily living
- Autistic Spectrum Disorder (who have severe learning disabilities or behaviour which is challenging) OR those children and young people whose behaviour is associated with other impairments such as severe learning disabilities

ESCO DROP-IN CLINIC APPOINTMENT:

Provides the opportunity for parents to meet with an ESCO keyworker for an appointment to discuss the available information, services and support in Lincolnshire. ESCO offers one hour sessions for parents/carers at a convenient Children’s Centre and parents can book a drop-in appointment directly with Lincolnshire Customer Services Centre on: 01522 782111

ESCO CARE CO-ORDINATION:

Facilitating a multi-agency support network with an ESCO Designated Key Worker providing a single point of contact to prioritise the child/young person’s needs through regular review meetings. To access care co-ordination requires the electronic completion of a Early Help Assessment Form (SAF), which is screened to determine if ESCO can support the unmet needs and then if appropriate a Designated Key Worker from the ESCO team will visit the family at home to further explain about care co-ordination.

ESCO can be found by logging onto www.lincolnshire.gov.uk/ESCO, contacted by telephone on: 01522 552389 or email at: esco@lincolnshire.gov.uk
Meeting the Needs
Other aspects of Assessment & Service Delivery

The following sections are in development and are classed as Work in Progress. Please keep checking the LSCB website for updates.

SEN, Health Education Care plans

At the time of writing (March/April 2014) work is in hand to develop the Education Health and Care Plan which will ultimately replace Statements of Special Education Need.

Young Carers

“Currently Young Carers (that is to say those under the age of 18 with caring responsibilities) are identified by professionals or others working with them or with the adults for whom they care. It is possible to identify needs and undertake a Early Help Assessment and develop a Team Around the Child, with the plan led by a lead professional. This is cross referenced with Early Help arrangements and also with Team Around the Child Arrangements.

Similarly, when Social Care identify a young carer, the social care assessment would need to take account of the caring responsibilities and, if needed, would meet identified needs through, usually, a child in need plan.

In both cases above, young carers may have needs, for example, respite, access to social activities, practical support, and specific and understanding support within their educational setting.

At the time of writing, (November 2013) the entitlement to a carer’s assessment is not a right, and the assessment of young carers is through the above assessments. However within the Children and Families Bill currently going through parliament there is the likelihood of an amendment which allows for the right to a carer’s assessment for young carers. This would consolidate and simplify the legislation relating to young carers making rights and duties clearer to both young people and professionals. It would also, if finally agreed, extend the right to an assessment of need for all young carers and would make it clear that local authorities must carry out such an assessment.

This Section will need to be updated as relevant and in due course”.

Also see The Lincolnshire Young Carers Count Leaflet.
http://microsites.lincolnshire.gov.uk/children/practitioners/team-around-the-child-tac/tac-manuals/
Families Working Together

Families Working Together (FWT) is Lincolnshire’s response to the national “Troubled Families” programme, led by Department of Communities & Local Government. “Troubled families” are identified as those who are involved in the following:

- Anti-social behaviour or children involved in youth offending; AND/OR
- Children regularly not attending school or permanently excluded from school; AND/OR
- Adult(s) on out-of-work benefits

In addition, the cost to the public purse of supporting or reacting to the issues presented by such families is likely to be very high.

Eligible families are those meeting at least two of the three criteria indicated above. Families can be referred to the project by professionals and partner agencies. In addition, families may be identified through data sources that highlight families who meet the criteria. Where families are identified through data, FWT will contact the professional involved to find out if the family would benefit from family intervention support.

Key Workers in FWT work intensively, over a long period (usually about 9 months on average) to help ‘turn around’ families. Key Workers spend the first four weeks assessing the issues for the family holistically and working together with the whole family to create and implement a Family Action Plan, which details the outcomes they want to achieve as a result of the interventions. Key Workers offer practical support to families, co-ordinate services on their behalf and help them to achieve their own solutions in order to achieve the goals they have set on the Plan.

**For further information please contact:**

Alison Poxon – Team Manager: Families Working Together
Tel: 01522 552130 or 07901117444
alison.poxon@lincolnshire.gov.uk

**FWT Office:**
Tel: 01522 552078
fwt@lincolnshire.gov.uk

**FWT Website**
www.lincolnshire.gov.uk/children/familiesworkingtogether
Lincolnshire Youth Offending Service

The principal aim of the youth justice system is to prevent offending by children and young people and Lincolnshire Youth Offending Service have a key role in supporting this objective.

YOTs are multi-agency teams responsible for the supervision of children and young people subject to pre-court interventions and statutory court disposals. They are therefore well placed to identify children known to relevant organisations as being most at risk of offending and to undertake work to prevent them offending.(Working Together 2013)

A significant number of children supervised by the Youth Offending Service are likely to have additional needs which must also be addressed to prevent harm, promote the welfare of the child and effectively safeguard young people within the youth justice system

The needs of young people will be identified by the Youth Offending Service through comprehensive assessment within the community and custody settings at the following key stages:

- Prevention Referrals
- Out of Court Disposals – Youth Caution/Youth Conditional Caution
- Bail and Remand Assessments
- Pre- Sentence Reports
- Post Court - Referral Orders/Youth Rehabilitation Orders/Detention and Training Orders

‘Asset’ is the specialist structured assessment tool used by Lincolnshire Youth Offending Service on all young people who come into contact with the criminal justice system. It aims to look at the young person’s offending and identify the dynamic and static risk factors or circumstances which may have contributed to that behaviour. This may include a multitude of factors or circumstances - ranging from lack of educational attainment, parenting capacity, mental health problems or substance misuse. The assessment should draw on all available information and also include strengths and protective factors.

The information gathered from ‘Asset’ will be used to inform court reports and to develop appropriate intervention programmes to prevent an escalation in offending behaviour. This may be related to offending behaviour but may also relate to the risk of harm young people present to others and ensuring the safety and well being of young people under the supervision of the Youth Offending Service.

The assessment process will also highlight any particular needs or difficulties the young person has, so that these may also be addressed. Assessments undertaken by the Youth Offending Service will contribute to identifying if support is required at a Universal, Targeted. Specialist or Immediate Safeguarding level.
Practitioners within the Youth Offending Service will contribute to the objectives of Working Together (2013) by:

- Using the Early Help Assessment framework to ensure safety of young people and the access to necessary resources when identified through assessment.
- Contribute to and where required undertake the role of Lead Professional within the TAC process and assist in formulating robust exit strategies. [www.lincolnshire.gov.uk/TAC](http://www.lincolnshire.gov.uk/TAC).
- Fully integrate TAC, CIN, LAC and CP plans within any Youth Justice plans and interventions to ensure co-ordination and consistency in multi agency practice.
- Share information promptly with relevant agencies to protect and promote the welfare of children and young people under its supervision.
- Initiate immediate referrals to Children's Social Care where children and young people are considered to be at risk of significant harm (physical, emotional, sexual) or neglect.
Contacts

Telephone:
Customer Service Centre
01522 782 111

ESCO Business Support
01522 552389

Websites:

TAC
www.lincolnshire.gov.uk/TAC

LSCB
www.lincolnshirelscb.org.uk

ESCO
www.lincolnshire.gov.uk/ESCO

Children with Disabilities
www.cwdsi.co.uk

TAC Administrator

Boston
TAC_Administrator_Boston@lincolnshire.gcsx.gov.uk

South Holland
TAC_Administrator_SH@lincolnshire.gcsx.gov.uk

South Kesteven
TAC_Administrator_SK@lincolnshire.gcsx.gov.uk

Lincoln
TAC_Administrator_Lincoln@lincolnshire.gcsx.gov.uk

North Kesteven
TAC_Administrator_NK@lincolnshire.gcsx.gov.uk

East Lindsey
TAC_Administrator_EL@lincolnshire.gcsx.gov.uk

West Lindsey
TAC_Administrator_WL@lincolnshire.gcsx.gov.uk

Child & Adolescent Mental Health Services. Parental Drug & Alcohol or Mental Health Services - www.lpft.nhs.uk/our-services

ESCO business support
ESCO@lincolnshire.gov.uk
Pathways

Concern/Worry/Need for a child
Pathway 1 - Lincolnshire Early Help
Pathway 2 - Safeguarding Referral
Pathway 3 - Action following a strategy discussion
Pathway 4 - Out of Hours
Pathway 5 - Referral received by Social Care Locality Team
Pathway 6 - CAMHS

Glossary of Terms

LP: Lead Professional
EHA: Early Help Assessment
CSC: Customer Service Centre
TAC: Team Around the Child
LTA: Locality TAC Administrator
CiN: Child in Need
ESCO: Early Support Care Coordination
DKW: Designated Key Worker (Employed by ESCO)
Non DKW: Non Designated Key Worker (Similar role to lead professional)
ESCO PS: ESCO Practise Supervisor
ESCO TM: ESCO Team Manager
CONCERN/WORRY /

INITIATING EARLY HELP

COMPLETE EARLY HELP ASSESSMENT

ESCO  SINGLE AGENCY  TAC

SEE PATHWAY 1

CONCERN/WORRY /

CONCERNS WHEN A TAC IS IN PLACE

DISCUSS WITH LP

LP DISCUSSES WITH EARLY HELP CONSULTANT

CONTINUE WITH PLAN  ADDITIONAL EH SERVICE REVIEW EHA & TAC PLAN  SAFEGUARDING CONCERNS

SEE PATHWAY 1

SEE PATHWAY 2

PATHWAY 4 - OUT OF HOURS SERVICE
NEED FOR A CHILD

SAFEGUARDING CONCERN

CONTACT CUSTOMER SERVICE CENTRE

DISCUSS WITH EARLY HELP ADVISOR

NO FURTHER ACTION

EARLY HELP SERVICES

SAFEGUARDING CONCERNS

SAFEGUARDING SCREENING

NO FURTHER ACTION

EARLY HELP SERVICES

SAFEGUARDING CONCERNS

INITIATE EARLY HELP

REFFERRAL TO AREA TEAM SCA

SEE PATHWAY 1

IMMEDIATE SAFEGUARDING CHILD PROTECTION

REFERRAL TO AREA TEAM

CHILD PROTECTION STRATEGY DISCUSSION

SEE PATHWAY 3
Pathway 1 - Lincolnshire Early Help Pathway

Concern/worry/need for a child or young person.

Talk to child and family

Safeguarding concerns, ring Customer Service Centre
01522 782111 (See Safeguarding pathway)

Complete Early Help Assessment

We need to involve another agency TAC RESPONSE

Submit EHA to TAC Administrator and arrange initial TAC Meeting

Develop TAC Plan and submit to TAC Administrator

Identified needs are related to the child’s disability or special need ESCO RESPONSE

Submit EHA to ESCO Practice Supervisor for Screening

if allocated develop ESCO plan

Deliver Services

Review

Needs met therefore no further action

Identified needs can be addressed within my own agency SINGLE AGENCY RESPONSE

Deliver Services

Review

Send updated TAC Plan to TAC Administrator

Needs met Submit Closure Form to TAC Administrator

Needs met therefore no further action
Pathway 2 - Safeguarding Referral

Safeguarding Concerns
Professionals working with children who are not open to Children's Social Care; Lead Professionals having followed Pathway 2; Members of the Public

CONTACT CUSTOMER SERVICES CENTRE 01522 782111

IF OPEN TO CHILDREN'S SOCIAL CARE - CSC worker transfers referrer to Keyworker/Duty Social Worker to take concern and act accordingly

EARLY HELP ADVISOR CONSULTATION
*Referrer to consider completing Early Help Discussion Form to assist consultation

EARLY HELP ADVISORS CONSULTATION WITHIN 24 HOURS

CONSENT NOT GIVEN HYPOTHETICAL DISCUSSION HELD
Not recorded on ICS

CONCERNS IDENTIFIED THEREFORE CONSENT TO BE GAINED

CONSENT GIVEN
CONSULTATION
Recorded on Child(rens)
ICS record

SAFEGUARDING CONCERN AGREED SCREENING REQUIRED

NO FURTHER ACTION
Does not meet the threshold for Children's Social Care intervention. Record as information only. Advise to approach Universal Services. Record of consultation or outcome of screening decision sent to referrer via secure email

EARLY HEP SERVICES
Does not meet the threshold for Children's Social Care intervention. Single Agency response (Referrer or Targeted Services) Record of consultation or outcome of screening decision sent to referrer via secure email

TAC TO BE INSTIGATED FOR EARLY SUPPORT
Does not meet the threshold for Children's Social Care intervention. Multi-agency response. Record of consultation or outcome of screening decision sent to referrer via secure email

SAFEGUARDING CONCERNS AGREED
Does meet the threshold for Children's Social Care intervention and the completion of a Social Care Assessment by locality area team. Record of outcome of screening decision sent to referrer via secure email

IMMEDIATE CHILD PROTECTION SAFEGUARDING CONCERN PATHWAY THREE
Referring professional to confirm in writing within 24 hours using the Safeguarding Referral Form

REFERRAL TO SCREENING MANAGER
Referring professional to confirm in writing within 24 hours using the Safeguarding Referral Form

REFERRAL OUTCOME GIVEN WITHIN 24 HOURS

SCREENING PROCESS
Outcomes are confirmed in writing via secure email within 24 hours

EARLY HELP Pathway 1
Pathway 3 - Action following a Strategy Discussion (Direct from Working Together)

Strategy discussion is convened by LA Children’s social care to decide whether to initiate section 47 enquiries. Decisions are recorded.

- **Decision to initiate Section 47 of the Children Act 1989**
  - Social Worker leads assessment under section 47 of the Children Act 1989 and other professionals contribute. Assessments follow local protocol based on the needs of the child within 45 working days of the point of referral.
  - **Concerns substantiated but child not likely to suffer significant harm**
    - Police investigate possible crime
  - **Concerns substantiated, child likely to suffer significant harm**
    - Social worker Manager convenes Child Protection Conference within **15 working days** of the last strategy discussion
    - Decisions made and recorded at Child Protection Conference
    - Child likely to suffer significant harm
    - Child is subject of Child Protection Plan; outline Child protection Plan prepared; core Group established
  - **Concerns about child not substantiated but child is a Child in Need**
    - With family and other professionals, agree plan for ensuring child’s future safety and welfare and record act on decisions.
  - **Decision to complete assessment under Section 17 of the Children Act 1989**
  - **No further LA Children’s Social Care involvement at this stage, but other services may be required**

- **Concerns substantiated but child NOT likely to suffer significant harm**
  - Agree whether Child Protection Conference is necessary and record decisions
  - **Yes**
    - Social Worker leads completion of assessment
    - With family and other professionals, agree plan for ensuring child’s future safety and welfare and record act on decisions.
  - **No**
    - Social Worker leads assessment under section 47 of the Children Act 1989 and other professionals contribute. Assessments follow local protocol based on the needs of the child within 45 working days of the point of referral.
    - **Concerns about child not substantiated but child is a Child in Need**
      - With family and other professionals, agree plan for ensuring child’s future safety and welfare and record act on decisions.
Call to CSC re Childcare concerns

CSC Advisor logs information and contacts EDT Social Worker where crisis or emergency indicated

CRISIS

Crisis averted
- Notify/Referral to area team

Crisis escalates
- Family supported e.g. through Family Support Worker assisting family at home

Crisis escalated
- EDT supports family at home
  - Child requires accommodation
    - Head of Service Agreement
      - Child Protection Procedures followed by Social Care/Police/Health.
        - Child safeguarded and/or accommodated.
        - Family Supported (Family Support Worker assisting family at home) if appropriate.
      - Notify/Referral to area team

Crisis averted (Child remains at home)
- Notify/Referral to area team

Emergency CP Issue

EDT Worker calls Strategy Discussion/Meeting with Police and Health ('on call' health professional (via ULHT LCHospital)).

Decision recorded and sent out to Police (OOH mail box) and Health (Central ULHT contact).

Health and Police confirm receipt by email and any concerns raised.

Child to defuse situation

Family placement (Connected person)

Foster Carer

Notify/Referral to area team

Logged and screened next working day as per pathway 2.
Referral received by Social Care Locality Team

Practice Supervisor decision: No further action required

Advise referrer (Locality, Social Care responsibility)

Practice Supervisor directs Social Worker to complete Assessment S17 (Child in Need)

Social Care commence Assessment and within 15 working days, Social Care should come to a view if Child in Need (CIN) plan is required. CIN meeting should be convened.

NB. Social Care Assessment must be completed within maximum of 45 days.

Child becomes Child in Need

CIN meeting should be convened. Where TAC is in place, this can be terminated when the CIN is in place but should otherwise continue.

Advise referrer (Locality, Social Care responsibility)

Deliver Services

CIN Review

Complex Needs met therefore no further Social Care Intervention

No unmet Needs: No further action

Additional Needs: Transfer for EH TAC/Single Agency provision

See pathway 1

Long-term neglect/ unborn babies/sexual exploitation/physical injury.

Social Worker & Practice Supervisor decide if Strategy Discussion required

Practice Supervisor agree Strategy Discussion/meeting required and speak to referrer at this stage. See pathway 3

PS/Manager undertakes telephone Strategy Discussion with:
- Health
- Police
- Referrer (Not member of public)
- Any relevant professional

If meeting convened by Social Worker and Manager.

Practise Supervisor/ Manager Chairs.

Minimum Police/Social Care/Health and referrer

Immediate protection (Page 29 W/T)

See pathway 3

Meeting the Needs
Lincolnshire Children Safeguarding Board
4:11 Orchard House
Orchard Street
Lincolnshire County Council
LN1 1BA
01522 554085