

Helping Children & Families

(Threshold Document 2016/20)



Contents

1 Welcome	03
2 Context and Drivers	04
3 Purpose	05
4 Vision and Principles	06
5 Levels of Need	07
6 Universal Services Targeted formal and informal	09
7 Specialist - Social Work Services	16
8 Risk Analysis Framework	21
9 Closing Statement	23

1 Welcome

Welcome to our North Lincolnshire “Helping Children and Families Threshold Document 2016–2020”. The document is set within the context of the Local Safeguarding Children Board (LSCB) Business plan. The document and associated guidance is required by Working Together to Safeguard Children 2015 which also emphasises the importance of ‘early help’.

Our vision is that children are safe, families are supported and lives are transformed. This is about providing help to all children and families through access to strong universal provision- these are services which are available to everyone. The aim is to provide help at the earliest point and lowest ‘level’ of service provision so that help is provided quickly and children and families get the help they need to become independent of services.

The Helping Children and Family offer relies upon a workforce where staff from across all agencies share the core values, knowledge, skills and abilities to engage well with children and families by building relationships which are based on the strengths within a family. They also need to be focused on solutions, able to motivate to achieve positive change and be aware of risk and protective factors. There will be a balance between ‘what works’ and ‘who works’.

We know that by working effectively together we can identify vulnerable children early to ensure that we keep them safe, support their families and transform their lives.



Edwina R Harrison

Edwina Harrison
Independent Chair
North Lincolnshire's
Local Safeguarding

Children Board

2 Context and Drivers

SAFE Children, SUPPORTED Families, TRANSFORMED Lives

2.1 Working Together to Safeguard Children 2015 places a statutory responsibility on all partner agencies to work together to identify children who need early help to reach their developmental milestones, experience emotional well-being, and be safe in their home, school and community.

2.2 Early Help means taking action to support a child and their family at an early stage to improve the outcome for the child. All partners' agencies are encouraged to work with children and families to improve outcomes within the context of their family and community environment and the universal service entitlement available to them. Doing this well will mean that we identify the children who need help at the earliest point and offer timely support to secure the child's health and wellbeing, to support them to live within their family, to be safe and reach their potential.

2.3 The LSCB is required to publish a threshold document which includes:

- the process for the Early Help Assessment and the type and level of early help services to be provided; and
- the criteria, including the level of need, for when a case should be referred to local authority children's social care for assessment and or 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 that a child who lives, or is found in their area is suffering or likely to suffer significant harm);
 - Section 31 (care orders); and
 - Section 20 (duty to accommodate a child) of the Children Act 1989.

2.4 The LSCB considers what children have told us and incorporates this in to our service developments, aspirations of our children and what they want from an effective safeguarding system. It is important to consider their views as we move forward with our Services to Children Offer.

Children tell us that they want:

- adults to notice when things are troubling them;
- to understand what is happening, to be heard and have that understanding acted upon;
- to be able to develop ongoing, stable relationships of trust with those adults helping them;
- to be treated with the expectation that they are competent rather than not;
- to be informed about and involved in decisions, concerns and plans;
- to be informed of the outcomes of assessments, decisions and reasons when their views have not been met with a positive response;
- support in their own right, as well as a member of their family; and
- to be provided with advocates to assist them in putting forward their views.

Locally children and young people have expressed their views within the Children and Young People's Plan (CYPP) and want to:

1. enjoy good health and emotional well-being
2. feel safe and besafe
3. recognise and achieve their potential

2.5 Partner agencies are encouraged to help and support children and families and build their capacity to create positive change and improve outcomes.

3 Purpose

3.1 The purpose of this document is to provide clear guidance to professionals as to how they should in the first instance offer help and encouragement to children and families to find their own solutions and within the context of their work offer help and support to children and families when needed.

3.2 Professionals should look to themselves and families for solutions to enable the child and family to build upon their strengths and experience to improve outcomes and be independent.

3.3 Professionals should make every contact count and offer help. They should know when and how to formally assess and plan for children, when they should access further help and support from their partners and/or refer to social work services where the child meets the specialist level of need outlined within this document.

3.4 The LSCB will ask all services and agencies to sign up to the principles outlined in this document.

3.5 We will know if we are making a difference if:

- Children and families are enabled to build upon their strengths, find solutions to their needs and access universal support.



Professionals need to be alert to certain additional vulnerabilities that may increase the need for early help. Where a child;

- 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 behavior;
- is vulnerable as a result of involvement with gangs and/or is at risk of criminal exploitation
- is in a family circumstance presenting concerns for the child, such as substance abuse, adult mental health and domestic abuse;
- is showing early signs of abuse and/or neglect;
- is showing early signs of mental health issues, including self-harm;
- is at risk of sexual exploitation, inappropriate relationships, drug taking and risky behaviours
- is living away from home;
- at risk of Female Genital Mutilation and other forms of body mutilation;
- family and or child have additional vulnerabilities (Culture, Immigration status, Language / literacy, Temporary accommodation, Recent trauma, Disability, Social exclusion)

4 Vision and Principles

We agree to offer Early Help at the earliest point and lowest level of service required to improve outcomes for children;

- To Keep Children Safe
- To Support Families
- To Transform Lives

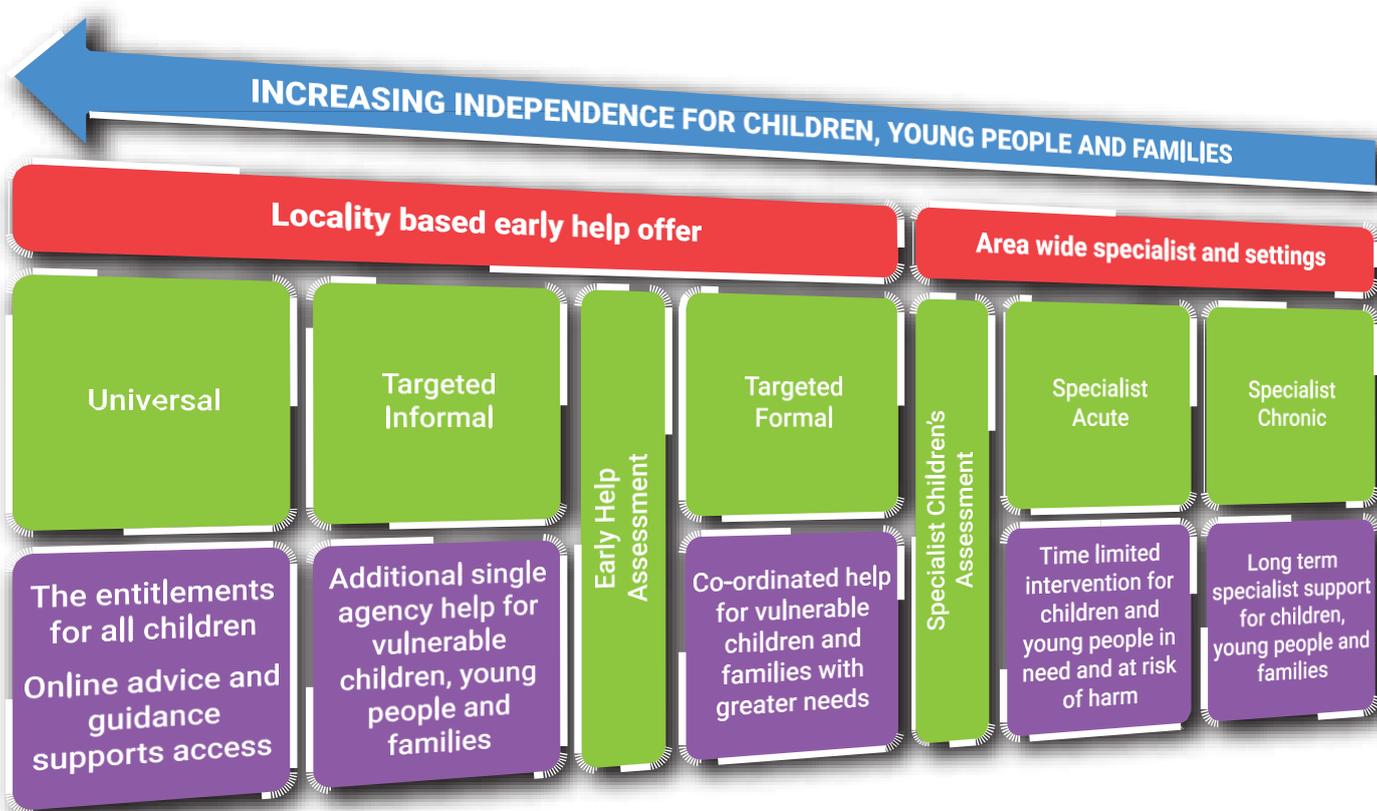
Principles of Early Help:

- Help and support children and families to find their own solutions and help them build support networks within the community.
- Work with the views and experience of the child and family, be solution focused and build on the strengths of the child and family so they can be independent.
- Be clear in our work with children and families about the intended outcome and how to achieve these.
- Provide a reflective approach to supervisory oversight within each agency to enable solutions and improve outcomes for children and families.
- Identify where a child is suffering or likely to be at risk of or suffered significant harm in line with Working Together 2015 and these thresholds. Refer to social work services where required.
- Ensure our staff understand and utilise the “Threshold” guidance and consult safeguarding leads /managers in considering next steps.
- Ensure that these principles underpin commissioning and contract management.



5 Threshold - Levels of Need

The 5 levels of needs are summarised below. The organisational model of Universal Targeted and Specialist has been refined to illustrate how children and families will access help at the earliest point and at the lowest level.



The diagram represents levels of need and reflects an ambition to provide early help to enable children and families to have positive outcomes and reach their full potential independent from additional services and or escalating need. The challenge for all being to offer help and support swiftly, by reducing "process" so that children and families with emerging need can be supported within the context of the service. These need levels have been refined to include a new concept from Targeted Informal to Targeted Formal help.

A threshold from Targeted Informal to Targeted Formal help is where change is not achieved within a timely way and the child and family would benefit from a formal assessment and plan to promote the longer term health and development of the child.

*The levels of need are aligned to Threshold indicators later in this document.

Making a Threshold Decision

North Lincolnshire LSCB understands that the needs of children, young people and families do not easily fit into categories, or 'boxes'. Circumstances can change quickly, and over time a child may move up or down the levels of need depending upon the interplay and impact of the strengths, vulnerabilities, and risk factors that are present at any onetime.

Making a judgement about level of need is not an exact science, and it should be emphasised that this document seeks to provide clarity and guidance to support a consistent understanding and application of thresholds by professionals from across the spectrum of services for children, but the key to 'getting it right for children' in terms of identifying a child and family's level of need will always be an evidence-based professional judgement.

5 Threshold - Levels of Need cont.



It may be the case that a child appears to have needs largely at one level, but there is a specific risk factor that means threshold for a specialist assessment is reached i.e. an acute incident and a referral to children's social work services is needed. Equally, there may be situations where an indicator at specialist level is present, but due to the presence of protective factors such as willingness to engage with support, it may be most appropriate for the child to receive services at a lower level with adults who have established relationships.

In making a professional judgement about level of need there are a number of key questions that should be given consideration, whether undertaking an early help assessment or thinking about making a referral to children's services:

- What are the individual needs and views of each child in the family?
- What is the evidence of impact on the child, in relation to their health and development or harm/likely harm?
- What are the risks to the child if things don't change? What is the likelihood of this happening, and what would be the level of severity?
- What have you, and/or others, done to try and help?

When making a judgement about level of need and determining whether to make a safeguarding referral to social work services professionals should seek guidance and approval from their supervisor or safeguarding lead within their agency and articulate their concerns in writing to support a referral. Where there is identified harm and or likely harm and it appears that a child may be suffering, or at risk of suffering significant harm, children's services should be contacted immediately on **01724 296500**.

6 Universal Service and Early Help

(Targeted Informal & Formal)

Children and families can access services and early support through universal services: a Midwife, Health Visitor, a School Nurse, at the local children's centre, their GP, their School and other services available to them in their communities or online.

All services should help support children and families to find their own solutions, this may include helping them access the internet for advice and guidance with regard a specific issue, signposting them to help within their community, including helping them make contact with their local Children Centre that can offer advice and guidance to all children and families and help them access support – housing advice, debt management, support groups- and or support them and offer encouragement to make positive change.

Early Help Assessment - Services should offer an early help assessment to children and families who have additional needs over and above those they can help within the context of their core function. This will cover the child, the family and the environmental factors that have an influence upon the child's life. This assessment should be undertaken in partnership with the child and family and shared with them. It should in the first instance be used to shape the service and enable agencies to work together at the lowest possible level to offer help and prevent escalation.

It is important when conducting an early help assessment that consent to share information is provided and that the assessment engages and embraces the child and family, involving others in being part of a wider multi-agency approach and plan to promote the child's wellbeing, promote positive parenting and prevent needs and problems from escalating and becoming problematic.



Early Help Assessment, plan and guidance

Assessment Protocols

Levels of Need – Overview Descriptions	
Universal	
<p>The majority of children in North Lincolnshire have their needs met by their parents and family members where there are positive/protective factors. At universal level, families know how, and are able to, seek out information from the internet or library, and can ask for support from the services that form part of our universal entitlement and so families are enabled to access entitlements to help themselves – such as the GP, children’s centre, school, health visitor, or local wellbeing hub. This support relies upon the skill and ability of the worker and their motivation to help within the context of their role to make every contact count. This can also involve the provision of advice, signposting and guidance.</p> <p>Universal Services have long(er) term involvement with children and families and play a key role in helping them throughout stages of life. Services are encouraged to help and support children and families to resolve need at this level.</p>	
UNIVERSAL - Child’s Development Needs	
<p>HEALTH</p> <ul style="list-style-type: none"> • Good physical health • Adequate diet/hygiene/clothing • Developmental reviews/immunisations up to date • Developmental milestones met including: <ul style="list-style-type: none"> • Accessing health services when needed • Speech & Language • Height & weight within expected parameters • Healthy lifestyle • Sexual activity appropriate for age • Good state of mental/emotional health • No substance misuse (including alcohol) <p>EDUCATION & LEARNING</p> <ul style="list-style-type: none"> • Good attendance at school/college/training • No significant barriers to learning • Achieving key stages <p>EMOTIONAL & BEHAVIOURAL DEVELOPMENT</p> <ul style="list-style-type: none"> • Growing level of competencies in practical and emotional skills • Good quality early attachments 	<p>IDENTITY</p> <ul style="list-style-type: none"> • Positive sense of self & abilities • Demonstrates feelings of belonging & acceptance • An ability to express needs <p>FAMILY & SOCIAL RELATIONSHIPS</p> <ul style="list-style-type: none"> • Stable & affectionate relationships with care givers • Good relationships with siblings • Positive relationships with peers <p>SOCIAL PRESENTATION</p> <ul style="list-style-type: none"> • Appropriate dress for different settings • Good level of personal hygiene <p>SELF-CARE SKILLS</p> <ul style="list-style-type: none"> • Age appropriate independent self-care/living skills

Early Help Assessment, plan and guidance Assessment Protocols **cont.**

UNIVERSAL - Parenting Capacity	
<p>BASIC CARE, SAFETY AND PROTECTION</p> <ul style="list-style-type: none"> • Carers able to identify and provide for child's needs and protect from danger and harm <p>EMOTIONAL WARMTH AND STABILITY</p> <ul style="list-style-type: none"> • Carers able to provide warmth, love, praise and encouragement 	<p>GUIDANCE, BOUNDARIES AND STIMULATION</p> <ul style="list-style-type: none"> • Carers provide positive guidance and boundaries • Supports development through opportunities for interaction and play

UNIVERSAL - Environmental Factors	
<p>FAMILY HISTORY AND FUNCTIONING</p> <ul style="list-style-type: none"> • Supportive family relationships, including when parents are separated <p>HOUSING, EMPLOYMENT AND FINANCE</p> <ul style="list-style-type: none"> • Housing has basic amenities and appropriate facilities • Appropriate levels of cleanliness/ hygiene are maintained 	<p>FAMILY'S SOCIAL INTEGRATION</p> <ul style="list-style-type: none"> • Positive social, community and friendship networks • Take part in community events and activities <p>COMMUNITY RESOURCES</p> <ul style="list-style-type: none"> • Able to identify and access universal service entitlement

Early Help Assessment, plan and guidance Assessment Protocols cont.

Targeted – Informal

Sometimes children and families need more structured and focused help, primarily from one professional or agency, to prevent needs from escalating, and to support them through times that may be challenging. At targeted – informal level, one professional may be able to provide the extra help that is needed, or help the family to identify where to access the right help, and then support them through, this could include welfare rights and debt management, health issues, or behaviour management strategies in the home. For instance a school nurse or learning mentor are encouraged to offer support where they can do so and where this does not necessitate formal assessment and planning. They should help children and families resolve any difficulties.

Services should use the early help assessment and framework to work with children and families and shape their work where this helps.

TARGETED – Informal - Child’s Development Needs

HEALTH

- Assessed development delay
- Missing/late immunisations or checks
- Minor concerns, about health including impact of low level mental/emotional health issues, diet, hygiene, or alcohol consumption (but not immediately hazardous)
- Disability requiring low-level support
- Starting to have sex with similar age group (under 16)
- Childhood obesity
- Sexual behaviours which cause concerns, behaviours are persistent, increasing in frequency, inequality in age, power developmental stage

EDUCATION & LEARNING

- Occasional missing from school, low risk identified
- Some non-attendance, poor punctuality
- At risk of fixed term exclusion or had a previous fixed term exclusion
- Not in education, employment or training
- Identified language and communication difficulties
- Not reaching educational potential

EMOTIONAL & BEHAVIOURAL DEVELOPMENT

- Low level emotional health issues requiring support/ monitoring
- Substance misuse that is not immediately hazardous including alcohol

- Involved in behaviour seen as anti-social
- Low-level emotional and behavioural difficulties that may be linked to attachment and/or emotional development delay e.g. adopted child
- Involved in bullying behaviour, or victim of bullying

IDENTITY

- Some insecurities around identity
- May experience bullying around ‘difference’

FAMILY & SOCIAL RELATIONSHIPS

- Some support from family and friends
- Has some difficulties sustaining positive relationships
- Undertaking occasional caring responsibilities
- Low parental aspirations

SOCIAL PRESENTATION

- Can be over-friendly or withdrawn with strangers
- Personal hygiene starting to be a problem

SELF-CARE SKILLS

- Concerns about poor hygiene
- Slow to develop age appropriate self-care skills
- Overprotected/unable to develop independence

Early Help Assessment, plan and guidance Assessment Protocols cont.

TARGETED – Informal - Parenting Capacity

BASIC CARE, SAFETY AND PROTECTION

- Parental engagement with services may be inconsistent
- Parent requires advice and help with parenting
- Low-level concerns about neglect
- Professionals are beginning to have some concerns about substance misuse (including alcohol) by adults within the home
- Some exposure to inappropriate situations in home/community/online
- Teenage parent(s)

EMOTIONAL WARMTH AND STABILITY

- Inconsistent parenting
- Parental mental health not impacting upon care
- Child perceived negatively by parent

GUIDANCE, BOUNDARIES AND STIMULATION

- May regularly have different carers
- Inconsistent boundaries offered
- Anti-social behaviour in family
- Carers provide some stimulation
- Few opportunities for new experiences

TARGETED – Informal - Environmental Factors

FAMILY HISTORY AND FUNCTIONING

- Parents have relationship difficulties which may affect the child
- Domestic abuse, infrequent, short duration such as verbal abuse, aggression and physical (not requiring medical treatment) – some factors may increase risk such (previous history, UBB, young children, not seen)
- Experienced loss of significant adult
- May look after younger siblings
- Parent has health difficulties
- Previous social care referral

HOUSING, EMPLOYMENT AND FINANCE

- Families affected by low income or unemployment
- Parents have limited formal education
- Frequent house moves / poor housing
- Family seeking asylum, accessing help

FAMILY'S SOCIAL INTEGRATION

- Family may be new to area
- Some social exclusion in the community
- Low-level victimisation by others

COMMUNITY RESOURCES

- Adequate universal resources but family may not access them at the right time

Early Help Assessment, plan and guidance Assessment Protocols cont.

Targeted Formal – single or multi agency

At targeted – formal level children’s needs are such that a more structured support plan is required to co-ordinate the help needed to achieve agreed outcomes. It may be that the needs of the child are escalating and help at a targeted-informal level has not been sufficient, or that needs are reducing from a period of specialist intervention. At this level there may be concern about a number of risk factors but where the threshold for statutory social care intervention is not met. These factors may include ongoing lower level neglect, domestic abuse, adult or child mental / emotional health problems, substance misuse, anti-social and or risk taking behaviour, and it may be difficult to engage family members to create change.

In such circumstances an early help assessment should be undertaken to understand how best agencies can work together with the family to reduce the level of need. After the assessment the early help plan should be co-ordinated by a lead professional who takes responsibility for reviewing the plan.

TARGETED – EARLY HELP (formal) - Child’s Development Needs

HEALTH

- Concerns around mental/emotional health
- Has some assessed or physical development delay that may be connected to neglect
- Missed planned health appointments
- Concerns re: diet, hygiene, clothing
- Substance misuse impacts negatively on their risk taking behaviour (e.g. unprotected sex)
- Disability requiring significant support services
- Sexual behaviours which are escalating in frequency, where there is a level of risk to the health and safety of the child or others

EDUCATION & LEARNING

- Short term exclusion or persistent missing from school, poor school attendance
- At risk of permanent exclusion or previous permanent exclusion
- Identified learning needs and may have EHCP
- Not achieving key stage benchmarks
- Limited access to books, toys
- Persistent NEET

EMOTIONAL & BEHAVIOURAL DEVELOPMENT

- Emotional health and development raising concerns (including due to self-harm)
- Difficulty coping with feelings
- Challenging behaviours that may be linked to early experiences, including attachment difficulties

- Early onset of sexual activity (13 –14)
- Hazardous substance misuse (including alcohol)
- Persistent bullying behaviour
- Inappropriate sexual behaviour including online and via social media
- Offending behaviour
- Vulnerable to criminal and/or sexual exploitation

IDENTITY

- Subject to discrimination
- Significantly low self-esteem
- Developing extremist views
- Gang membership

FAMILY & SOCIAL RELATIONSHIPS

- Peers also involved in anti-social behaviour
- Regularly cares for another family member
- Involved in conflicts with peers/siblings
- Family relationships under severe stress

SOCIAL PRESENTATION

- Clothing regularly inadequate or unwashed
- Hygiene problems
- Body language and general presentation impacts on relationships

SELF-CARE SKILLS

- Poor self-care skills for age - hygiene
- Able to care for self

Early Help Assessment, plan and guidance Assessment Protocols cont.

TARGETED – EARLY HELP (formal) - Parenting Capacity

BASIC CARE, SAFETY AND PROTECTION

- Parent is struggling to provide adequate basic care
- Parental learning disability impacting on parent's ability to meet the needs of the child
- Parental substance misuse (including alcohol) impacting on parent's ability to meet the needs of the child
- Parental mental health impacting on parent's ability to meet the needs of the child
- Previously subject to child protection plan
- Teenage parent(s) with little support
- Child/parent previously looked after

EMOTIONAL WARMTH AND STABILITY

- Child often scapegoated
- Child is rarely comforted when distressed
- Receives inconsistent care
- Has few or no other positive relationships

GUIDANCE, BOUNDARIES AND STIMULATION

- Few age appropriate toys in the house
- Parent ignores disputes between siblings
- Inconsistent parenting impairing development

TARGETED – EARLY HELP (formal) - Environmental Factors

FAMILY HISTORY AND FUNCTIONING

- Evidence of domestic abuse, controlling behaviour, frequent short duration/ verbal and physical (not requiring medical treatment) some factors may increase risk such (previous history, UBB, young children, not seen)
- Acrimonious divorce/separation, ongoing conflict
- Family members have physical and mental health difficulties
- Parental involvement in crime
- Evidence of problematic substance misuse (including alcohol)

HOUSING, EMPLOYMENT AND FINANCE

- Overcrowding, temporary accommodation, homelessness, unemployment
- Poorly maintained bed/bedding, home conditions poor
- Serious debts/poverty impacting on ability to care for child

FAMILY'S SOCIAL INTEGRATION

- Family socially excluded, or part of a risky network
- Escalating victimisation

COMMUNITY RESOURCES

- The family do not engage positively with the community
- Parents unable or unwilling to access universal services

7 Specialist Safeguarding Services

For those children, young people and families who are more vulnerable, where early help plans are not making sufficient positive difference and the child may be at risk of long term impairment to health and development and or where they are at risk of or have suffered significant harm:

Definition - Children in Need

"...is defined under CA 1989 as a child who is unlikely to achieve or maintain a satisfactory level of health or development, without provision of services or a disabled child..."

(Children in Need may be assessed under section 17 in relation to their Special Educational Needs, disability, as a young carer or because they have committed a crime)

Definition – Significant Harm

The Children Act 1989 introduced Significant Harm as the threshold that justifies compulsory intervention in family life and the best interest of the children. Physical Abuse, Sexual Abuse, Emotional Abuse and Neglect are categories of significant harm.

Harm is defined as the ill treatment or impairment of health and development. It was defined in the Adoption and Children Act 2002 that it may also include impairment suffered from seeing or hearing the ill treatment of another

"Where there is reasonable cause to suspect that a child is suffering or likely to suffer significant harm." Working Together 2015 the local authority shall make enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote a child's welfare. A strategy discussion with Police Health and Education and any other agency identified as required should be held in order to determine the required next steps.

Agencies are required to refer to social work services and to provide information in writing to support referrals, in line with the Assessment protocols

Referrals to Specialist / Social Work Services should be made to Children Services – Single Access Point on 01724 296500. Out of office hours for Child Concern 01724 296555, free phone 0800 085 3737.

A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services, or a child who is disabled. In these cases, assessments by a social worker are carried out under Section 17 of the Children Act 1989. Children in need may be assessed under Section 17 of the Children Act 1989, in relation to their special educational needs, disabilities, or as a carer, or because they have committed a crime. The process for assessment should also be used for children whose parents are in prison and for asylum seeking children. When assessing children in need and providing services, specialist assessments may be required and, where possible, should be coordinated so that the child and family experience a coherent process and a single plan of action.

Some children in need may require accommodation because there is no one who has parental responsibility for them, or because they are alone or abandoned. Under Section 20 of the Children Act 1989, the local authority has a duty to accommodate such children in need in their area.

Concerns about maltreatment may be the reason for a referral to local authority children's social work service or may arise during the course of providing social work services to the child and family. In these circumstances, local authority children's social care must initiate enquiries to find out what is happening to the child and whether protective action is required. Local authorities, with the help of other organisations as appropriate, also have a duty to make enquiries under Section 47 of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, to enable them to decide whether they should take any action to safeguard and promote the child's welfare. There may be a need for immediate protection whilst the assessment is carried out.

7 Specialist Safeguarding Services cont.

If it is assessed by Social Work Services that a child is at risk of immediate significant harm it may be necessary to take legal measures to ensure the child's safety. Examples of these are an application for an emergency protection order or for a care order.

Following an application under Section 31A, where a child is the subject of a care order, the local authority, as a corporate parent, must assess the child's needs and draw up a care plan which sets out the services which will be provided to meet the child's identified needs.



Integrated Multi Agency Partnership (IMAP)

Social Work Services will within the context of the "Front Door" **Integrated Multi Agency Partnership (IMAP)** and share information to consider next steps on all contact/referrals.

The **IMAP** will also triage incidents of Domestic Abuse where:

- children live in the household or are affected by the domestic abuse, and
- the police risk assessment determines them to be consider low and or medium, and
- they assess that these should be shared with Social Work Services

This will be via the **Early Help-IMAP** which will determine next steps.

Where Specialist Services assess that there is no, or no longer, a need for the service, children and families should be supported via locality based early help and where agreed through targeted family support services.

If there is a dispute regarding cases these should be discussed and agreed or professionals can use the LSCB escalation process for forward resolution.

7 Specialist Safeguarding Services cont.

Levels of Need – Overview Descriptions

Specialist – Acute / Chronic

A small minority of very vulnerable children and young people need specialist help and support led by children's social work or other specialist service. This guidance focuses upon safeguarding concerns where a child may be in need, in need of protection or of being looked after as defined by statutory guidance. When there are significant concerns about the safety and wellbeing of a child, the child has been harmed or likely to be harmed, or universal and targeted intervention has not created sufficient change and there is risk of long term significant impairment in terms of health and development an assessment should be completed under the Children Act 1989 to determine the needs of the child, giving regard to their wishes and feelings, and to then decide whether services should be provided as part of a child in need, child protection, or child in care plan.

This also includes children who need to be accommodated because they have been abandoned.

Specialist services can be provided to those with acute need where the goal is to create change and support them to manage with longer term support from universal provision and chronic need where they will require long term support i.e. those looked after, disabled children.

The Risk Analysis Framework will be used to assess and manage risk.

SPECIALIST - Child's Development Needs

HEALTH

- Has severe/chronic health problems (including mental/emotional and/or physical health)
- Persistent substance misuse
- Unexplained or suspicious injury
- Concerns that children are suffering significant physical, emotional or sexual harm
- Non-organic failure to thrive
- Fabricated / Induced illness
- Early teenage pregnancy
- At risk of FGM or breast ironing
- Dental decay and no access to treatment
- At risk of sexual exploitation/abuse
- Sexual activity under the age of 13
- Disability requiring highest level of support
- Harmful Sexual Behaviour towards others where sexual behaviours are excessive, compulsive, coercive or threatening, may involve secrecy or trickery. Significant power/age imbalance

EDUCATION & LEARNING

- No education provision
- Permanently excluded from school
- History of previous exclusions
- Significant developmental delay due to neglect/poor parenting

EMOTIONAL & BEHAVIOURAL DEVELOPMENT

- Regularly involved in anti-social/criminal activities
- Puts self or others in danger through behaviour
- Endangers own life through self harm/substance misuse including alcohol/eating disorder/suicide attempts including online/through social media
- Displays or experiences obsessive/compulsive behaviours which have a harmful impact on daily life
- At risk of or being sexually exploited
- At risk of or being criminally exploited
- Frequently goes missing from home/school/care
- Child who abuses others
- Significant attachment problems and/or severe emotional development delay

7 Specialist Safeguarding Services cont.

SPECIALIST - Child's Development Needs cont.

IDENTITY

- Experiences persistent discrimination
- Is socially isolated and lacks appropriate role models
- Alienates self from others
- Distorted self-image
- Extremist views or behaviour

FAMILY & SOCIAL RELATIONSHIPS

- Looked after child
- Care leaver
- Family breakdown blamed in some way on child's behavioural difficulties
- Is a young carer for a family member
- Adoption breakdown
- Forced marriage of a minor

SOCIAL PRESENTATION

- Poor and inappropriate self-presentation

SELF-CARE SKILLS

- Lack of age-appropriate self-care skills
- Neglects to use self-care skills due to alternative priorities, e.g. substance misuse
- Unaccompanied asylum seeker

SPECIALIST - Parenting Capacity

BASIC CARE, SAFETY AND PROTECTION

- Parents unable to provide "good enough"
- Parents' mental health problems or substance misuse significantly impact upon care of the child
- Parents unable to care for previous children resulting in removal/alternative carers
- There is regular instability and violence in the home
- Parents are involved in crime that impacts upon the care of the child
- Parents unable/unwilling to keep child safe
- Extremist views or behaviour
- persistent domestic abuse including referral to MARAC, frequent aggression /violence requiring medical treatment. some factors may increase risk such as previous history, UBB, young children, not seen

EMOTIONAL WARMTH AND STABILITY

- Parents provide inconsistent, emotional warmth and are highly critical or apathetic towards child
- Child is rejected or abandoned

GUIDANCE, BOUNDARIES AND STIMULATION

- No effective boundaries set by parents
- Regularly behaves in an anti-social way in the neighbourhood
- Child beyond parental control
- Subject to a parenting order which may be related to their child/young person's criminal behaviour, antisocial behaviour or persistent absence from school

7 Specialist Safeguarding Services cont.

SPECIALIST - Environmental Factors	
<p>IDENTITY</p> <ul style="list-style-type: none"> • Significant parent discord • Child looked after by a carer in line with Private Fostering Regulations • Harmful relationships with extended family • Parents are deceased and there are no family/friends options • Parents are in prison and there are no family/friends options • Children having contact with an adult who poses a risk of harm. 	<p>HOUSING, EMPLOYMENT AND FINANCE</p> <ul style="list-style-type: none"> • Physical accommodation places child in danger • No fixed abode or homeless • Multiple house moves • Extreme poverty/debt impacting on ability to care for child <p>FAMILY'S SOCIAL INTEGRATION</p> <ul style="list-style-type: none"> • Family socially excluded, including rejection by community <p>COMMUNITY RESOURCES</p> <ul style="list-style-type: none"> • Unwilling or unable to access community support • Restricting and refusing intervention from services
<p>Social Work Services - Threshold Criteria for Care:</p> <ul style="list-style-type: none"> • Child has been abandoned and there are no family/ friends options • Parents are deceased and there are no family/friends options • Parents are in prison and there are no family/friends options • Parents in hospital and no family and friend options • Child whose welfare and development can only be safeguarded through provision of accommodation outside of the family/friend network • Child is beyond parental control and there are no family/friends options • Meets criteria for secure accommodation • Child remanded to Local Authority care/custody • Unaccompanied asylum seeking children who require accommodation • Eligible & Relevant Care Leavers • Children and young people whose adoption placement has broken down and there is no family or friend options. 	

8 Risk Analysis Framework

Any assessment and intervention by Children's Services due to ongoing concern or significant harm is underpinned by the North Lincolnshire Risk Analysis Framework (RAF).

The risk analysis process acknowledges that it is never possible to remove all risk from a child's life and that the experience of assessing, understanding and mitigating risk within a consistent framework is essential in balancing the needs of a child or young person within the wider family and environmental factors that impact on a child/young person.

Managing and mitigating risk is essential in engaging with children and young people to understand what factors indicate usual adolescent development; recognising what risks exist in a child's life, what level of threat the risks present to the child's wellbeing, and how well these can be managed so that the level of threat is reduced and safely managed.

Within North Lincolnshire there is a well-embedded RAF which is utilised when working with babies, children and young people and provides a consistent model for the assessment, analysis and management of risk.

The RAF may be used to underpin Early Help Plans where risk and protective factors should be considered. It is integral to individual plans for children and young people where there is statutory involvement due to child concern and child protection. This includes cases that are:

- Child in Need, (including disabled children);
- Child Protection;
- Looked After Children;
- Care Leavers;
- Young Offenders; and
- Older Young People.

The analysis of risk also takes place within the three domains of the National Assessment Framework: child's developmental needs, parental capacity to meet those needs, and family and environmental factors that support or hinder. It focuses on two key aspects; what factors are there in the child's life that present a risk to their wellbeing (risk factors), and what factors guard against risk (protective factors).

Having determined what risk and protective factors exist, the process is then to judge the balance of those factors, particularly whether there are sufficient protective factors in place to balance out the risk factors. The next stage is to judge what meaning the level of risk has for and the impact on the child / young person. This will be on a continuum from no significant risk to severe risk.

Finally, the worker must determine what needs to change in order to reduce risk and devise a plan to deliver that change.

The risk analysis is repeated at milestones such as reviews of the child's plan, and at times when significant change occurs in the child's circumstances, e.g. episodes of the child going missing, change in family circumstances, new and emerging evidence etc.

8 Risk Analysis Framework cont.

Risk Analysis Questions

1.1 Identified Risk Factors

Identify those factors relating to the child's development, parenting capacity and family and environmental factors that may increase the risk of future harm.

1.2 Identified Protective Factors

Identify those factors relating to the child's development, parenting capacity and family and environmental factors that may diminish the risk of future harm



2. Which of these factors are likely to be most significant for the child in terms of increasing or reducing risk and protective factors?

Assess the relative strength of the risk and protective factors in the child's world

3. What are the likely outcomes of this for the child?

Assess the likely outcomes of future harm for the child if the current level of risk continues – consider safety, health and development. Assess the acceptability of the estimated risk, given the likely outcomes identified.

4. What needs to change if the level of risk is to be reduced?

Specify those actions and resources needed to boost the strength and range of identified protective factors, or diminish risk factors. Specify what needs to change if the child is to be kept safe and experience healthy outcomes.

9 Closing Statement

Working together we can make a real difference and safeguard children, support families and transform lives, we will continually monitor safeguarding arrangements. If we are successful:

- Children feel safe and are safe
- Children enjoy good health and emotional well-being
- Children recognise and achieve their potential



