Meeting the Needs of Children in Suffolk

Accompanying Guidance

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Document	Thresholds accompanying guidance
Title	Meeting the needs of Children and families in Suffolk: Social Care and Common Assessment Framework Thresholds Guidance
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Introduction

Chapter 1 in Working Together 2013 provides guidance on assessing need and providing help. Paragraph 1(3) states that 'local agencies should have in place effective ways to identify emerging problems and potential unmet needs for individual children and families. This requires all professionals, including those in universal services and those providing services to adults with children, to understand their role in identifying emerging problems and to share information with other professionals to support early identification and assessment'

(DfE Working Together 2013 www.education.gov.uk)

The information contained within the guidance is by no means definitive. However, it does aim to provide some additional information to support the LSCB Thresholds Guidance entitled 'Meeting the Needs of Children in Suffolk'

1. Assessment

Assessment is the term that describes the analysis of the information available.

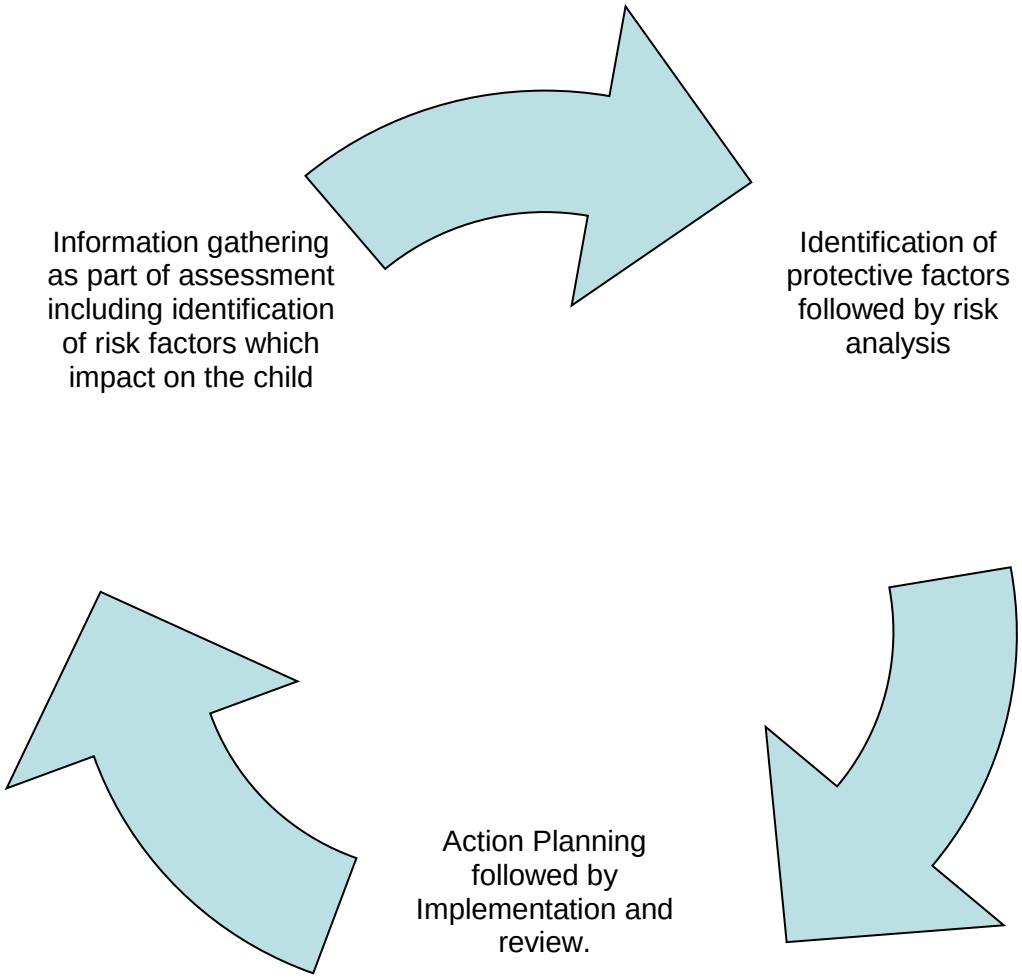
Assessment requires you to gather information and form judgements about a child's needs and the ability of the family to meet those needs within any given set of circumstances.

Good risk assessments construct a coherent story about the child's circumstances. Parenting capacity should be considered and at times you will be required to consider the likely level of risk to a child where there are concerns about the circumstances they are living in. The 'voice of the child' should be heard in the assessment. With babies and very young children, this may well be based on observations of their behaviour in the family environment or certain circumstances, rather than what they are able to verbalise.

Interventions should not be delayed until the end of an assessment, but should be determined in accordance with what need to be in place at the earliest opportunity to ensure a child or young person's safety. Protective factors should be weighed up against risk factors and vulnerability to determine the level of risk to the individual child or young person and the likelihood of future harm. Risk management must relate both to the immediate problem and be forward looking.

The type and level of intervention, irrespective of when it is made, should always be proportionate to the evidenced circumstances and risks to the child/ren.

The following diagram illustrates the process of assessment:



Consent and Information Gathering

The first part of any assessment is to gather information.

Families need to feel reassured that their confidentiality is respected. In most cases you will only share information about them with their consent, but there may be circumstances when you need to override this.

Explain openly and honestly at the outset what information will/could be shared, why and seek agreement, except here doing so puts the child or others at risk of significant harm

The child's safety and welfare must be the overriding consideration when making decisions on whether to share information about them.

Seek advice when in doubt and ensure information is correct, accurate and up to date.

Always record the reasons for your decision.

In Suffolk, the LSCB recommend the use of HM Government Information Sharing Guidance. This is available on the Suffolk LSCB website.

The common assessment domains will assist in you gathering information on:

- Developmental Needs of the child
- Parenting Capacity
- Family and Environmental factors

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

Responding to Need – Levels Map

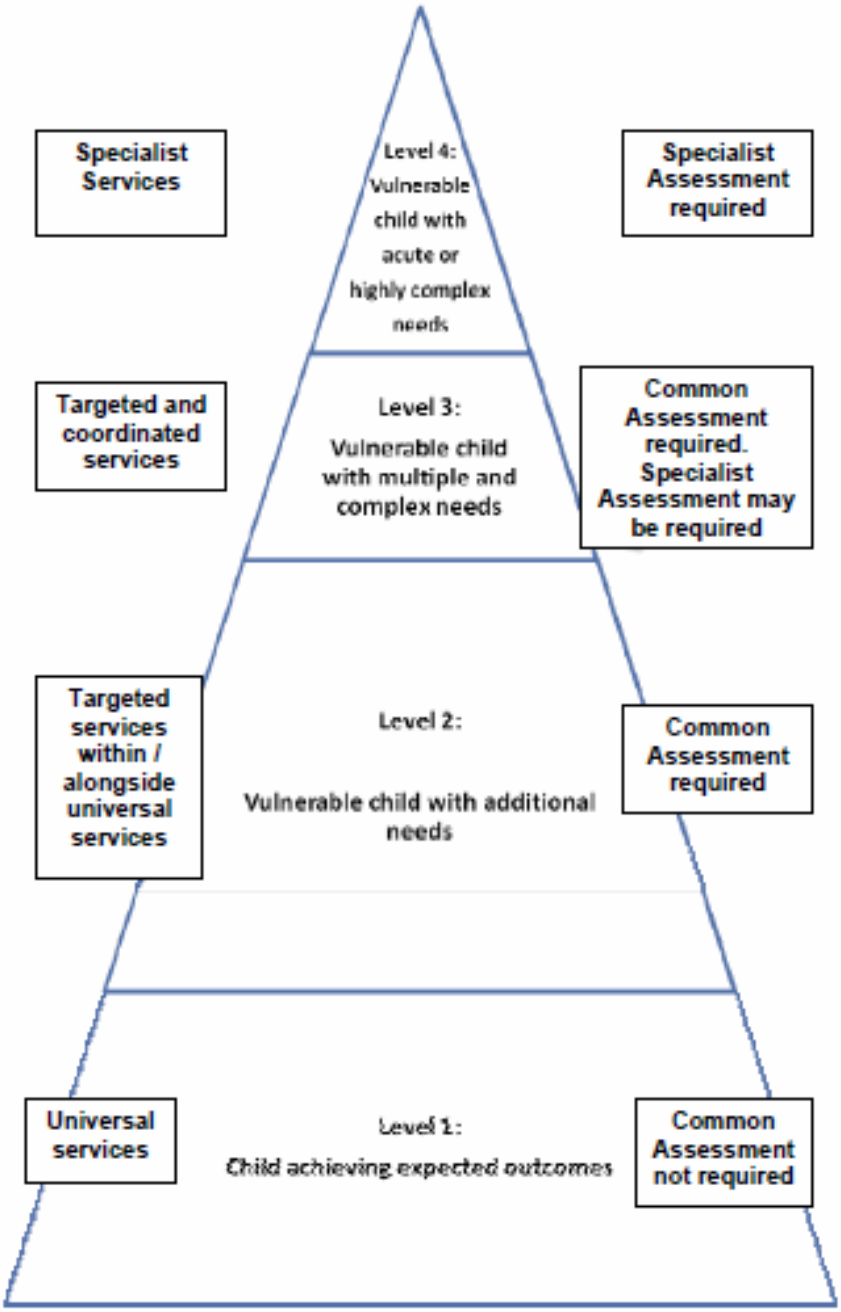


Diagram 1. The relationship between level of need, assessment framework and service type

Identification and analysis of risk and protective factors which impact on child

The analytical stage of assessment depends on information (evidence) having been systematically gathered and then clearly presented so that it can be readily understood and interpreted

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

In examining the range of information available - including chronologies - itemised risk factors and vulnerabilities should be laid out so they can be understood and interpreted and that interventions (risk management) can be planned accordingly.

Risk/Vulnerability Factors are defined as those which are likely to increase the likelihood of harm occurring.

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

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

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

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

Risk factors are increased by vulnerability, whereas the presence of protective factors helps to provide the potential for increased resilience in the child. Where you have a set of risk factors and a set of vulnerabilities, it is a fair assumption that the likelihood of continued or future harm is serious.

Once protective and risk factors have been analysed, the process requires an assessment of the likely outcomes of these factors on the child. The CAF provides a structure for this analysis.

Finally, the analysis must be specific about what needs to change if the level of risk is to be reduced.

Warning Signs

Warning signs should never be ignored and are an indication that immediate intervention might be needed to ensure the child or young person is safeguarded from future harm. Emergency measures should be considered if it is necessary to take immediate action to ensure the child or young person's safety.

Examples of warning signs include:

- Instance of physical injury to the child or young person or an admission of deliberate harm from care-givers
- A child or young person who is considered vulnerable goes missing (with or without their parents)
- Parents or care-givers who are hostile and aggressive to all of the professionals involved and are consistently non -cooperative (including with services that are universal)
- Parents or care-givers who threaten violence
- Children and young people who are deliberately hidden from view; are "unavailable" when professionals visit the family home or are prevented from attending school or nursery
- A child or young person with a sexually transmitted disease

Assessing pre-birth

The template for assessment before birth is part of the Integrated Children's System (ICS). Further guidance is available from the LSCB website.

Pre Birth Assessment

Assessing Neglect

The Graded Care Profile is a multi-agency and multi purpose assessment tool especially useful for assessing and re-assessing risk. These are the instructions for use and further guidance and information.

The Graded Care Profile

Instructions for use

Further guidance and information

Practice guidance

Action Planning, Implementation and Review

Children and families may experience a range of needs at different times in their lives. All children including children with additional needs require access to high quality universal services. Some children are at risk of poor outcomes. These are children with additional needs and they will require targeted support from education, health, youth inclusion support programmes and other services. A smaller proportion of children who have more significant or complex needs may benefit from assessment and or intervention by statutory/specialist services.

The child's plan must be subject to regular interagency 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 their 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. For example, once the child's needs are met through a child protection plan, a conference will normally decide to discontinue the plan and offer support via another route.

Immediate Safeguarding - Urgent Child Protection Referrals

If you identify situation where a child or children may have suffered or be at risk of suffering significant harm such as:

- Immediate risk of significant harm including physical, sexual, emotional harm and neglect;
- Unexplained injuries, or where there is an inconsistent explanation of the injury;
- Families experiencing a crisis likely to result in a breakdown of care arrangements, or vulnerable children left alone
- Where there are serious concerns regarding the risk of significant harm to an unborn baby
- Children who disclose abuse

You should, if appropriate, speak to the person nominated to be the child protection advisor/coordinator in your organisation. It is important however, that any consultation should not delay a referral to Customer First.
If you believe that a child or young person may be at imminent and significant harm risk of harm you should call Customer First immediately and then complete the LSCB multi agency referral form (available on the LSCB website) within 24 hours to confirm your referral.

Customer First freephone number: 0808800 4005
After 6.45pm and at weekends 0808800 4005

Suffolk Police main switchboard: 01473 613500

Children and Young People's Services are the lead agency for undertaking Section 17 and Section 47 enquiries.

2. Transfer of Cases

Referral Pathways/ Transfer of Cases (Step up Step Down)

The purpose of this guidance is to set out the arrangements made for cases to transfer between Integrated Teams and Social Care Teams in achieving progression both upwards and downwards through the levels of support for children young people and their families**,** according to need. The desired outcome is that all interventions are proportionate to the child's needs.

The child/young person and family should experience the range of support and services provided by CYPS as seamless.

Transfer of Cases (Step Up Step Down)

3. At a glance guide to chronologies.

'every child's case file should include a properly maintained chronology' ***(****Recommendation 58 the Victoria Climbie Inquiry (2003***)**

What is a child's chronology?

A chronology is an immediate visual overview by means of a series of headlines which record in date order the significant events and changes in a child or young person's life.

A chronology is not.

A 'blow by blow account', the Observations, a full assessment, a calendar or a list of professional interventions.

Why do a chronology?

It is a quick, effective way to see what is happening in the life of a child or young person. It helps identify patterns and issues - invaluable in assessing risk and when analysing the likely impact of events especially where there may be no single 'incident' as in, for example, cases of neglect.

It is therefore an essential tool in analysis and planning at all stages and especially when cases are transferred. A current chronology must be available at all CIN/CP/LAC planning and review meetings. And it is an essential tool in Life Story work.

When should I start a chronology?

From the end of a first assessment when services are provided. Add events/issues as they happen to maintain the chronology and make it useful in the future i.e. court or at review.

How do I record a chronology?

- One line only: ‘Scott moved to Greenhedge School’ + date of incident/event
- Neutral reporting: ‘Alleged assault on mother by father’. This is especially important for the child later and in court where the chronology must be agreed by all parties - Give the source – i.e. ‘Information in letter from Health Visitor of …date’
- Include all relevant information even if it seems contradictory
- Record events /issues as they happen
- Use the agreed format. Each sibling must have their own chronology.

What should I put into a chronology?

Whatever has an impact on the child or young person. Use your professional judgment but as a guideline: **Changes:** carer, address, legal status, school, household members **Issues for the child**: illness, injuries however caused, developmental issues, out of school episodes, incidents re bullying/gender/culture, missed appointments **Family or health issues:** domestic violence, separation/loss financial problems imprisonment, substance misuse, illness/accidents, homelessness,

Services and interventions: referrals and source, services offered with outcome, Sec 47 enquiries, CP/CIN/TAC plans, LAC episodes

Information from partner services e.g. Children’s Centres, Adult Services,

Is a Chronology for Court any different?

A detailed chronology will be part of your evidence in court. Follow the guidance above and legal advice and include all the factual information that has guided your decisions

*****Start your chronologies now and keep them up to date****

4. Guidelines for information sharing and safer communication

Seven golden rules for information sharing:

1. Remember the Data Protection Act 1998 is not a barrier to information sharing
2. Be open and honest with the person or family;
3. Seek advice if you are in any doubt;
4. Share with consent where appropriate;
5. Consider the public interest;
6. Necessary, proportionate, relevant, accurate and secure;
7. Keep a record of the reason for your decision.

Seven key questions for information sharing:

1. Is there a clear and legitimate purpose for information sharing?
2. Does the information enable a person to be identified?
3. Is the information confidential?
4. Do you have consent?
5. Is there sufficient public interest?
6. Are you sharing appropriately and securely?
7. Have you properly recorded your decision?

All sharing (and storing) of information should be done lawfully and comply with the Data Protection Act 1998. Practitioners are not required to read the Data Protection Act 1998 as all relevant information is available in *Information Sharing: Guidance for practitioners and managers*.

http://education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-00807-2008

Or alternatively, on the LSCB website.

Information should always be stored in a secure manner

Safer communication guidelines

These are guidelines for communications between health and local authority children's social care teams using the SAFER process when a child may be suffering or is likely to suffer significant harm.

All verbal communications can be carried out using the SAFER process.

The use of SAFER will ensure a uniform approach to communicating the level of risk to a child/children.

Section A: Prior to referral, ask yourself these questions:

- Have I assessed the child and documented my findings?
- Have I documented existing risk factors or issues?
- Is there any evidence of substance abuse, domestic abuse, mental illness, a chaotic lifestyle or missed appointments?
- Has a Common Assessment Framework (CAF) been followed?
- Has the situation been discussed with the child's parent(s)?
- Who else is in the household?
- Has the situation been discussed with the child's GP?
- Have I updated myself on the child's recent health history?
- Do I have knowledge of any siblings? May they be at risk of harm too?
- Is there a social worker already allocated? Have I discussed this with that social worker?
- Has the situation been discussed with a named nurse/senior colleague for safeguarding?

Prior to making a referral, have the following available:

- The child's health record.
- A list of recent events.
- The evidence triggering the referral.

Situation	This is the health visitor (give name) for (give your area). I am calling about … (child's name(s) and address). I am calling because I believe this child is at risk of significant harm. The parents are/aren't aware of the referral.
Assessment and actions	I have assessed the child personally (and done a CAF) and the specific concerns are … (provide specific factual evidence, ensuring the points in Section A are covered). Or: I fear for the child's safety because … (provide specific facts – what you have seen, heard and/or been told and when you last saw the child and parents). A CAF has/hasn't been followed. This is a change since I last saw him/her (give no. of) days/weeks weeks/months ago. The child is now … (describe current condition and whereabouts). I have not been able to assess the child but I am concerned because … I have … (actions taken to make the child safe).
Family factors	Specific family factors making this child at risk of significant harm are … (base on the Assessment of Need Framework and cover specific points in Section A) Additional factors creating vulnerability are … . Although not enough to make this child safe now, the strengths in the family situation are … .
Expected response	In line with *Working together to safeguard children*, NICE guidance and Section 17 and/or Section 47 of the Children Act I recommend that a specialist social care assessment is undertaken (urgently?). Other recommendations. Ask: Do you need me to do anything now?
Referral and recording	I will follow up with a Multi Agency Referral Form and would appreciate it if you would get back to me as soon as you have decided your course of action. Exchange names and contact details with the person taking the referral. Now refer in writing as per local procedures and record details and time and outcomes of telephone referral.

If a child is at risk of immediate, significant harm, the priority remains to move them to a place of safety. The police have the powers to remove a child to a place of safety without parental consent.

Acknowledgements:

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Newcastle upon Tyne Children's Trust

Young London Matters. Integrated Working without boundaries – The London Common Assessment Framework (CAF) Protocol, Annex 2(a) – The London Continuum of Need (CAF Thresholds), 2009

LSCB Haringey Multi agency Practice Guidance 2010

References:

- SCC CYPS Good Practice Guide 'Glance Guide to Chronologies' Glazer, S. 2008
- NHS SAFER communication guidelines

The SAFER tool was developed from another SBAR which originated from the US Navy and was adapted for use in healthcare by Dr M Leonard and colleagues from Kaiser Permanente, Colorado, USA

- Risk and resilience matrix, found in *The Child's World, Assessing children in need,* Edited Jan Howarth, United Kingdom, Jessica Kingsley,
- *Working together to safeguard children* DfE (2013)
- Your local safeguarding policy NICE (2009)
- *When to suspect child maltreatment* Children Act, 1989
- Framework for the Assessment of Children in Need and their Families. DfE&E, DoH, Home Office (2000)
- What to do if you are worried a child has been abused. (2006) DCSF
- Pocket information sharing guide (2008) HM Government