

Children's Services key guidelines 2010

Information from Southampton City Council

The threshold criteria for accessing **Tier 3/4 Social Work Services**



Introduction

Information sharing is as important as ever at this stage.

Social work services will intervene only when it is absolutely necessary, and more often, as the Common Assessment Framework (CAF) is fully implemented, when services have already been provided through the CAF but have not been successful in meeting the child's needs.

The Children Act 1989 introduced the definition of Children in Need, who are children who are eligible for social work services, and laid out the duties of local authorities and their partners to work with these children.

Every Child Matters and the Children Act 2004 expands the duties of local authorities and partners to work with vulnerable children and ensure that services are provided to stop their needs becoming more severe.

Working Together to Safeguard and Promote the Welfare of Children (last updated in 2010) sets out how agencies should work together to protect children who have suffered or are at risk of suffering significant harm.

Children, young people and their families will receive social work services only until their needs can safely be met again by universal or targeted services.

The Children First team takes referrals for children's social care services. If in doubt, please consult with the Children First team on 023 8083 3336.

Referrals

Each referral will be considered individually. It is in the best interests of the child that referrers give as much detailed knowledge of the child, their family, and their circumstances, so that a safe and appropriate response can be made. Working Together to Safeguard Children requires that professionals should follow up their referral to social work services with a written referral within 48 hours. The referral should almost always be shared with the family, unless it increases the risk to the child. Please call the information officers if you are in doubt.

However, when there is immediate danger to a child, lack of information should not deter an immediate referral.

There are 3 levels of response from social work services:

- 1. An immediate same day response will be made.**
- 2. Children and Young People who will receive a non urgent response:** a decision will be made within one working day, and an initial assessment will be made within seven working days.
- 3. Information or advice to the referrer.**

Telephone Number: 023 8083 3336

1. Circumstances where an immediate response will be made:

a. Children and young people where there is evidence that they have suffered significant harm or are at immediate risk of significant harm. These will include:

- a significant injury which may be non accidental or where there is no adequate explanation;
- an allegation of sexual abuse against an adult with whom the child has regular contact;
- an adult living in a household who poses a threat to a child/young person in the household;
- vulnerable children who have been left alone.

Information will be taken by Children First but immediately sent to the relevant locality Children in Need team. There will almost always be a multi-agency response, led by social work services, and strategy discussions will be held with partner agencies, including the police, according to the guidelines in Working Together to Safeguard Children and the multi-agency local child protection procedures. Child protection processes will run along-side the Framework for Assessment processes (see below).

b. Children and young people who have no known parent or anyone who can immediately care for them.

These will almost always be unaccompanied asylum seekers, for whom there is a duty that they become looked after by the local authority. Assessments will be carried out under the Framework for Assessment of Children in Need and their Families (See below).

2. Children and Young People who will receive a non urgent response:

For children who do not meet the criteria in section 1 the following response will be:

- information will be taken by the Children First team, and a decision whether it will become a referral will be made within 24 hours;
- the referral will be considered and the decision will be made whether to carry out an initial assessment;
- if an Initial Assessment is required, this will be carried out in the locality Children in Need team and the assessment made of the child/young person's needs within seven working days of the referral;
- joint child protection procedures may be used with the Framework for Assessment process, if a child has suffered or is likely to suffer significant harm.

Each child or young person's circumstances will be considered individually, but children in this category will include:

- a. children and young people who are suffering serious neglect or emotional abuse;
- b. children and young people whose development is being seriously affected by their experience of domestic violence;
- c. children and young people whose development is being seriously affected by alcohol or other substance misuse by their parents/carers or others in the family;
- d. children and young people whose development is seriously affected because their parent/carers have a mental health problem, or a disability;

- e. children and young people whose families, following consultation with other agencies, including housing and Home Office Borders and Immigration Agency, have no recourse to public funds;
- f. children and young people who because of their extreme challenging behaviour or mental health difficulties are at risk of family breakdown;
- g. children and young people who make a historic allegation of abuse, but where there is no immediate known danger to any child or young person (this will also be in partnership with the police, and may be under local multi-agency child protection procedures);
- h. children and young people who are living away from their immediate family and are therefore privately fostered;
- i. children and young people whose parents need to be hospitalised and there is no other family or friends carer who can look after them;
- j. children and young people who are missing from home.

Children's social work services are the first contact point when there is an allegation about a member of staff in any organisation which has contact with children.

These criteria are not exhaustive. If you have any doubt, consult with the Children First Team to talk about the child or young person.

3. Information or Advice

If a referral does not meet the above criteria, the Children First contact will discuss with the referrer what other course of action might be taken to meet the child's needs. This advice will be followed up in writing.

This may include advice that the CAF process might be appropriate for this child, or advice that you contact the lead professional if the CAF process is already being used.

Integrated working

Integrated working will continue and develop once a referral is accepted. Once a child is identified as being in need of social work services it is essential that the team of practitioners who know the child best remain involved to share their knowledge of the child and family and continue to work together to meet the child and family's needs. Other specialist services may be asked to join the team supporting the child, depending on the outcome of the social work assessment process.

The social work referral and assessment process

The response to referrals

The Framework for Assessment of Children in Need and their Families provides a statutory process for referral and assessment of the needs of children and young people referred for social work services.

Working Together to Safeguard Children provides a process for the multi-agency response to children and young people who have suffered significant harm. This provides the basis for the statutory local child protection procedures.

Initial assessment

Initial assessment is a **'brief assessment of each child referred to social services with a request for assistances to be provided'**. (Department of Health, Assessment Framework Guidance 2000).

An initial assessment should be undertaken and completed within seven working days of when the referral was agreed. An initial assessment considers the child or young person's development in the context of the parenting capacity of the parents/carers and the wider community.

A qualified social worker will visit and speak to the family, and see and speak to the child or young person, usually on their own. An initial assessment will take into account any previous involvement of social work services here or in other parts of the country. It will also take into account the CAF assessment and the views of any universal or specialist services involved with the child and family, such as schools, and health visitors.

The assessment will identify if a child or young person has needs which can be met by social work services (defined as a Child in Need by the Children Act 1989), or whether the needs can still be met by targeted or universal services. If the child does not meet our thresholds following the assessment the case will be closed. If the child does meet the threshold a core assessment may be carried out or a brief time limited plan made to provide services in partnership with other agencies, which will be regularly reviewed.

The department will aim to provide all services in partnership with children, families and other carers, parents and other significant individuals.

Support to families will be provided by the least intrusive means to resolve difficulties at an early stage thereby reducing the risk of family breakdown.

Once a referral is taken, referrers will be informed of the name of the allocated social worker and later informed of the outcome of the initial assessment.

Core Assessment

Children and young people with more complex needs will be subject to a core assessment as defined in the guidance Framework for Assessment of Children and their Families. If it becomes obvious prior to the completion of the initial assessment that a core assessment is needed, an initial assessment will be signed off and the core assessment immediately started.

'Core assessment is an in-depth assessment, which addresses the central or most important aspects of the needs of a child and the capacity of his or her parents as caregivers to respond appropriately to these needs within the wider family and community context'. (Department of Health Assessment Framework Guidance 2000).

If a core assessment is necessary it should be completed within 35 working days from the end of the initial assessment and/or when the decision was made to start the core assessment.

A core assessment will also consider the child or young person's needs in the context of the parenting capacity of the parents/carers and the wider community, but in a much more in depth way.

The conclusion of the core assessment a plan will be made, with the agreement of the child, young person and the family, and signed off by a social work manager.

Services can be provided as soon as a need is identified at any point in the process.

A children in need plan will be made to meet the needs identified in the assessment, and services provided in partnership with other agencies, with the agreement of the child, young person and the family and signed off by a social work manager. This will be regularly reviewed. Social work intervention will be focussed and purposeful.

Child protection investigation (section 47 investigation)

If at any time, there is evidence that a child or young person has suffered or is likely to suffer significant harm, or there is reason to believe a crime has been committed against a child, an initial discussion must take place with the police. This may decide that the threshold has been reached for a child protection enquiry, and a formal strategy discussion will take place between the police, social workers, and other professionals to discuss the instigation of the joint child protection procedures and how the process will be managed to secure the safety and well-being of the child or young person.

A core assessment will always be carried out if a child becomes subject to the child protection procedures.

At any stage of the process a practitioner can make an urgent referral to a specialist service if there are child protection or mental health issues.

For child protection concerns or if in doubt consult: 023 8083 3336

Child or young person's developmental needs

Physical health

TIER 1 Child or young people's needs are met by their family, community and universal services	TIER 2 Consider putting CAF processes in place	TIER 3 Consider referral to specialist services	TIER 4 Consider referral to services for children with complex needs/ child protection services
<ul style="list-style-type: none"> • Physically well. • Adequate and nutritional diet. • Adequate hygiene/clothing. • Developmental checks/ immunisations up to date. • Regular dental and optical care • Health appointments are kept. • Development milestones appropriate. • Appropriate height and weight. • Healthy lifestyle. • Sexual activity appropriate for age. • Generally happy and has sense of well-being. • Uses language appropriately for their age. 	<ul style="list-style-type: none"> • Inadequate diet; e.g. no breakfast or no lunch money. • Defaulting on some immunisations/checks. • Susceptible to persistent minor health problems or accidents, perhaps resulting in reduced attendance at school. • Slow in reaching some developmental milestones. • Concerns regarding hygiene or clothing. • Vulnerable to emotional problems, perhaps in response to life events such as parental separation or death of parent. • Early experimentation with alcohol or illegal drugs. 	<ul style="list-style-type: none"> • Serious concerns about diet, hygiene or clothing. • Child has serious health problems not treated or badly managed. • Constantly missing routine and non-routine health appointments for serious health issues. • Majority of developmental milestones not met. • Early sexual activity or awareness. 	<ul style="list-style-type: none"> • Non-accidental injury: hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. • Sexual abuse. • Self-harming. • Sexual exploitation. • Severe developmental delay. • Failure to thrive. • Lack of food may be linked with neglect. • Refusing medical care so endangering life/development. • Persistent and high risk substance misuse. • Dangerous sexual activity. • Parent fabricates illness.

Child or young person's developmental needs

Emotional and social development

TIER 1 Child or young people's needs are met by their family, community and universal services	TIER 2 Consider putting CAF processes in place	TIER 3 Consider referral to specialist services	TIER 4 Consider referral to services for children with complex needs
<ul style="list-style-type: none"> • Demonstrates appropriate responses in feelings and actions. • Secure early attachments are formed. • Able to adapt to change. • Able to demonstrate empathy. • Enjoys positive relationships with peers. • Reacts appropriately to different social settings. • Understands own strengths and weaknesses. • Self confidence. 	<ul style="list-style-type: none"> • Difficulties with family relationships. • Some difficulties with peer group relationships. • Some difficulties with adults. • Some evidence of inappropriate responses and actions. • Starting to show difficulties expressing empathy. • Not very self-aware. • Has experienced significant loss/trauma. • Finds it difficult to cope with or express emotions. • Significant difficulties with managing change. • Is often unhappy. • Is socially isolated. 	<ul style="list-style-type: none"> • Is having serious difficulties dealing with experiences of loss/trauma. • Family relationships are a serious cause for concern. • Very poor peer relationships /difficulty sustaining relationships. • Appears regularly anxious, stressed or phobic. • Mental health issues emerging e.g. conduct disorder; anxiety; depression; eating disorder; self-harming. 	<ul style="list-style-type: none"> • Severe emotions/behavioural challenges. • High conflict relationships with others (peers/adults/family). • Suffers from periods of depression. • Puts self or others in danger e.g. missing from home. • Self-harming or suicide attempts. • Acute mental health problems e.g. severe depression; threat of suicide; psychotic episode. • Requires institutional care to safeguard their welfare (e.g. psychiatric in-patient).

Child or young person's developmental needs family and social relationships

TIER 1 Child or young people's needs are met by their family, community and universal services	TIER 2 Consider putting CAF processes in place	TIER 3 Consider referral to specialist services	TIER 4 Consider referral to services for children with complex needs
<ul style="list-style-type: none"> • Stable and affectionate relationships with caregivers. • Able to socialise appropriately. • Good relationships with siblings. • Positive relationships with peers. • Good level of personal hygiene. • Sense of larger familial network and good friendships outside of the family unit. • Family is integrated into the community. • Good social and friendship networks exist for children as well as adults in the family. 	<ul style="list-style-type: none"> • Some inconsistencies in, or lack of support from, relationships with family and friends. • Has some difficulties sustaining relationships. • Unresolved issues arising from parents divorce, step parenting, or loss of parent or carer. • Lives in a family where one member has a serious disability or mental health problem. • Peer group characterised by anti-social behaviour. • Lack of friends/social network. • Emerging difficulties related to the family's relationships within the local community. 	<ul style="list-style-type: none"> • Child/young person caring for siblings/parent. • Relationship with family experienced as always negative ('low warmth, high criticism'). 	<ul style="list-style-type: none"> • Complete and violent rejection by a carer, parent; and have abandoned – child/young person. • Family breakdown related in some way to child/young persons behavioural difficulties.

Child or young person's developmental needs parenting capacity

TIER 1 Child or young people's needs are met by their family, community and universal services	TIER 2 Consider putting CAF processes in place	TIER 3 Consider referral to specialist services	TIER 4 Consider referral to services for children with complex needs
<ul style="list-style-type: none"> • Provides for physical needs, e.g. food, drink, appropriate clothing, medical and dental care. • Protects from danger or significant harm, in the home and elsewhere. • Provides guidance so that child/young person can develop an appropriate internal model of values and conscience. • Child/young person accesses leisure facilities as appropriate to age and interests. • Facilitates cognitive development through interaction and play. • Enables child/young person to experience success. 	<ul style="list-style-type: none"> • Basic care is not provided consistently. • Haphazard use of safety equipment e.g. fireguards. • Parent/carer engagement with universal services are poor. • Parent/carer requires advice on parenting issues. • Emerging concerns around child's basic needs being met. • Inappropriate child care arrangements and/or too many carers. • Inappropriate frequent visits to doctor/hospital. • Young parents without support from family. • Stress of parents or carers due to issues of housing, employment or finance is having an adverse impact on any children in the household. • History of parenting difficulties with siblings e.g. exclusion from school, involvement in substance misuse, criminal activities. • Parents are unable to provide stimulation to support effective emotional behavioural development. • Parents struggle/refuse to set effective boundaries e.g. too loose/tight. • Parental relationships with professionals are characterised by conflict to which the child is exposed. • Child/young person not receiving positive stimulation, with lack of new experiences or activities. • Child/young person under undue parental pressure to achieve/aspire. 	<ul style="list-style-type: none"> • Parent/carer is struggling to provide adequate care. • Parent has a disability, which affects their ability to parent effectively. • Parents have had previous children removed. • Parent's mental health problems or substance misuse adversely affects care of child/young person. • Parent/carer shows insufficient awareness of dangers to child/young person. • Parents are care leavers. • Domestic violence which seriously impacts on the development of the child. • Family life is persistently and seriously chaotic. • Parents/carers inconsistent, highly critical, rejecting or apathetic towards child/young person. • Child/young person completely beyond parental/carers' control. • Parent's own emotional experiences significantly impacting on their ability to meet child/young person's needs. 	<ul style="list-style-type: none"> • Parents/carers are consistently unable to provide parenting that is adequate and safe. • Refusal to consent to specific medical/health care interventions when the child's health may be at significant risk. • Parent/carer's mental health problems or substance misuse significantly and persistently affect care of child or young person. • Parents/carers were unable to care for previous children. • Parents unable to restrict access to child by dangerous adults. • Parents/carers own needs mean they are unlikely or unable to keep child/young person safe and/or promote their welfare. • Persistent and serious domestic violence. • Family's lifestyle is persistently chaotic and putting the child at risk of significant harm.

This written information is available on request in other formats or languages. Please contact 023 8083 3336 for help.

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